



life skills integrated therapy for infertility couple: case study susan koruthu

KEYWORDS

The Issue: Infertility problem is currently a graving issue and it has major impact on the psycho-social wellbeing of an individual.

Objective: To address the issue with a psychological perspective and bring positive result in the lives of childless couple and build confidence in them in seeking right treatment and face the stressful medical processes.

Areas Addressed: personal, professional, cognitive, communication, intra and interpersonal skills, values and morals.

Techniques and Tools Used: individual and couple counselling, essential skills coaching and grooming, role-plays, meta-cognition, assertiveness, cognitive behavioral therapy, psychometric tests, relaxation and meditation.

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ABSTRACT *It has often been claimed that psychological problems accompany infertility among some couples attending infertility clinics. However, there were not many studies done in the areas of psychological factors influencing infertility. Many will agree that the state infertility itself can provoke psychological symptoms. This case study focuses on the effects of psychological aspects of infertility and the importance of life skills integrated therapy in overcoming this socially graving problem. There are three aspects to consider when dealing with childless couple: 1) Psychological factors as a cause of infertility, 2) The impact of infertility on psychological functioning and 3) The effect of life skill integrated therapy in infertile couple.*

Introduction

Infertility is defined as the inability to conceive after two years of trying for a baby. WHO (1991) defines infertility as failure to conceive despite two years of cohabitation and exposure to pregnancy. If the couple has never conceived despite cohabitation and exposure to pregnancy (not using any contraception) for a period of two years, it is called primary infertility. If a couple fails to conceive following a previous pregnancy, despite cohabitation and exposure to pregnancy for a period of two years, it is secondary infertility. The desire for a child is a natural feeling in every couple and the desire turns to be a grave concern if this wish is not fulfilled. Childless couple faces various psychological and sociocultural problems as the society and the family put lots of pressure on them. They mostly are treated as a curse in their family.

There may be desperation and grief. The problem of infertility becomes a problem within the relationship of the partners. The childless woman is stigmatized not just in the family, but beyond it. There is a high probability that she get traumatized in her in-law's house. The childless women in India experience stigma and isolation. Infertility can threaten a woman's identity, status and economic security and consequently, be a major source of anxiety leading to lowered self-esteem and a sense of powerlessness leads to depression. Up-to-date knowledge about the modern medical treatment and technology will help giving proper guidance to the suffering childless couple to seek the right and genuine treatment and can protect them from being a pray of mal practices including surrogacy and sperm donors. During the last two decades great advancements have been made in the field of assisted reproductive technology (ART). Treatments such as in-vitro fertilisation (IVF) and Intra-Cytoplasmic Sperm Injection (ICSI) have given new hope to many infertile couples. There is a danger that the psychological impact of infertility is neglected and that the problem is reduced to a biological or medical one. However, in addition to the necessary medical procedures, one should also focus on the clients' psychosocial and emotional needs by helping them to:

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- ✧ Understanding and accepting childlessness,
- ✧ Understanding the gravity of the issue and stigma attached with the condition,
- ✧ Giving right information and ensuring it is processed,
- ✧ Implications of counselling other cognitive therapies,
- ✧ Assisting in finding right or genuine specialists in the field of infertility treatment,
- ✧ Giving life skills coaching and ensuring it is practically applied.

Caring for the emotional needs of the client's demands continuity and should not be treated as a single event.

Indian statistics

The reported infertility cases are rising in cities dramatically. Based on the census reports of India 2001, 1991, 1981 researchers show that childlessness in India has raised by 50 per cent since 1981. Understanding the gravity of the problem will help the client to feel that they are not alone in fighting this issue. They are a part of considerably large vulnerable group. Underlining the growing infertility rate among Indian couples, a nine-city survey has found that 46% of the couples who landed up at infertility clinics belonged to the prime reproductive age group of 31 to 40. Of them, 49% had already undergone IVF or ICSI, a treatment for infertility.

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The incidences of infertility are increasing day by day; it may be due to many reasons such as sexually transmitted infections, coping with stress, the way of living, job pressure, postponing parenthood, galloping urbanization, obesity.

"Infertility will become more common in future generations with more couples needing help to have a baby," warns the influential British Medical Journal "If there are about 300 million couples in the fertile age group of 18 to 44 years, 10 per cent, or 30 million couples, are infertile," says Dr Hrishikesh Pai of Mumbai, vice-president of the India Society of Assisted Reproduction.

"It is believed that 10 - 15% of the general population suffers from some form of infertility. Given that India has a population of over 1.2 billion, the number of Indians suffering from infertility is huge," said Dr Jaideep Malhotra, the president-elect of the Asia Pacific Initiative on Reproduction.

The Case

While presenting the above survey we report a case study where the client is Ms. Supriya (fake name) aged 32 years who has been married for five years. Supriya is a professional graduate working in a multinational firm in a mid-management level handling responsible duties and tight deadlines. She is married to Vikrant (fake name) who is in the same profession as hers and holding senior position in a large corporate. Both of them visited our organization to seek support in managing their frustrated and depressed situation as they were undergoing infertility treatment for four years but with little success. She attempted four cycles of ovulation induction with IUI (intra-uterine insemination) and two cycles of ovulation induction with one In Vitro Fertilization (IVF) and one Intra-Cytoplasmic Sperm Injection (ICSI). These unsuccessful attempts lead to losing hope. Doctors said her uterus was not accepting the embryos that were transferred. The couple, especially Supriya started experiencing a fear of failure, rejection and social isolation.

Vikrant is the elder son in the family and he has a younger brother who also faced some infertility issues but after treatment now have twin babies and that made Supriya more anxious to have a baby immediately and she felt that the in-laws were more supporting her husband's brother and wife. She presented different scenarios where the in-laws were neglecting her and her husband. Vikrant was of the opinion that Supriya is always irritated and quarreling. There has been lots of misunderstanding and trouble in the family because of the infertility problems. Their personal and marital relationships become troublesome and their life was becoming a nightmare and she had gone into a self-blaming mode. They live in Dubai and the absence of her parents' presence and support aggravated the issue. She was in the state of hopelessness and self-humiliated and self-neglected when they approached the counsellor.

She was diagnosed of being stressed and depressed due to childlessness. Her infertility problem has already taken a toll on herself and her relationships. She was also facing problems from her in-laws where she has been teased and neglected by her husband's family members. She has developed inferiority complex and lethargy which lead to stagnation in her professional life with no promotion. She feels hurt when asked about her treatment progress by friends and relatives and she has lost her self-care. She felt lonely and traumatized. She started alienating herself from any social gathering whether personal or official. A series of unsuccessful infertility treatment processes including IUI, IVF and ICSI has made her more depressed and irritated. She developed strong self-defeating beliefs and blamed herself for everything. One positive thing was her supporting husband who accepts the situation and encourages her to face the reality with confidence; however, he was more depending on their family doctor who is a practicing

gynecologist (not a specialist in infertility treatment) in Dubai. All the details were collected from the client and her husband. Individual session and couple counseling was given through life skills integrated therapy.

Interventions Techniques

The entire process was delivered deviating from the traditional method of counselling and entirely focusing on developing and improving competencies and overall wellbeing of the person. The client has been into a tailor-made client centred therapy session for 6 months started in June and

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completed by mid-November 2013; that included one-on-one and couple sessions. Sessions were 90 minutes long conducted every week with discussions, PowerPoint presentations, video discussions and role plays. Follow-up sessions were given through phone during the period of pregnancy and delivery.

Counselling

Initial counseling sessions started with the couple and they were gradually led into the various other models of therapy. Short-term counseling was started immediately—especially to increase coping strategies to cope with the current frustrations. Professional guidance was given to help with making decisions to seek the right infertility treatment. A comprehensive evaluation was done on the client's prolonged changes in mood, sleep patterns and relationship problems as these may be signs of anxiety or depression. I am feeling relieved and can see things with more clarity... Supriya
She appears calm and not confrontational now ... Vikrant
Counsellor allowed her to pour her mind out and helped her to first accept her situation with all psychosocial problems that she faces and encouraged her to have hope. As a professional working with infertile client, gave her techniques on how to manage fatigue, reduce stress and anxiety, and improve communication and relationship with others.

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Cognitive therapy

I am confident in handling my functional areas; waiting for next promotion opportunity. Life has to go on whatever may be the circumstances are... Supriya
Cognitive therapy was used to change the thoughts, feelings and behavior that were connected, and that the client can move toward overcoming difficulties and meeting her goals by identifying and changing unhelpful or inaccurate thinking, problematic behavior, and distressing emotional responses. The client was working collaboratively with the therapist to develop skills for testing and modifying beliefs, identifying distorted thinking, dealing with family and workplace issues, modifying behaviors.

Life skill Coaching

A coaching and personal grooming session has been designed to address the key areas to improve the client's abilities for adaptive and positive behavior. This enabled her to individually deal effectively with the demands and challenges of everyday life both personal and professional. Coaching focused on improving her psycho-social and professional skills and that improved her confidence. The skills focused on

on developing personal skills such as self-awareness, intra and interpersonal skills, goal setting and strategic planning. Applying critical thinking in problem solving and decision making so that what, why, who, where and why are applied when deciding to pursue the specialist medical treatment. Practicing life skills lead her to qualities such as self-esteem, sociability and tolerance, take appropriate action and embrace change, and to capabilities to have the freedom to decide what to do and when to do and who to be. Another main

I am using all the learned skills in my personal as well as professional areas and feels more confident and relaxed and more in control.

It is the right time to pursue our treatment and I am very happy about the way our life is now. Last vacation with Vikrant's family was peaceful and happy. Both were able to bring in-laws to Dubai to stay together for three months.

skill was emotional intelligence including sub-conscious conditioning and positive self-talk.

Relaxation and meditation techniques were also given such as mindfulness meditation, progressive relaxation method, deep breathing, guided imagery, and yoga for stress management and promote mental peace and tranquility.

Outcome and Impact

During the end of the face-to-face therapy process in early-November the client has decided to consult the same infertility specialist they have approached earlier who has a good track record in treating infertility cases in Dubai. Counsellor and coach guided her through the entire process of her IVF. She went through the process with the right mind set without having any anxiety or self-sabotage. The doctor transferred three embryos this time as she has rejection history. She confirmed pregnancy in three weeks' time and scans showed that all three embryos were successfully implanted. The couple was overjoyed with the positive news of having triplets in her womb. However, for a safe pregnancy the doctor advised them to remove one of the triplets within the three months of pregnancy. They have approached the counsellor's advise to take the right decision and after couple of sessions they have decided to save their two baby's at the cost of one. Supriya had a safe pregnancy and she delivered a baby boy and a girl in the eighth month of pregnancy.

Conclusion

Infertility is painful for the childless couple and many faces problems with unsuccessful treatment. The medical treatments are highly costly and by the time the couple gets a baby they might have spent all their savings. Any physical ailment can be successful if the person is psychotically healthy and possess a strong and right mindset. Here Supriya had repeated failures in the most modern mode of infertility treatment. She had conceived when she approached her treatment with a clear mind and strong conviction.

Supriya and Vikrant's case is one of the many cases handled by the centre and we have 100% success rate for those who have undergone the complete therapy process. However, more in-depth studies are required in this area to demonstrate the strong impact of psycho-social wellbeing in infertility treatment.