

Psychosocial aspects of infertility

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Dr Jim Monach, Lecturer in Mental Health Studies, University of Sheffield

Being unable to conceive and give birth to a child has long been recognised as a very disturbing situation for the estimated 1 : 6 couples involved. Our society is generally seen as one that places a high value on couples bearing children and consequently may be less than supportive to those who cannot fulfil this expectation. The psychological care of those who offer to donate eggs or sperm for the treatment of others is also important.

The level of distress involved for infertile people was an important factor in the decision by Parliament (in 1990) that all assisted conception clinics must provide a counselling service to their patients. This emotional impact affects everyone before and during treatment. Whilst those treated successfully may put such feelings behind them, others may experience long lasting psychosocial problems in their personal feelings, and stigma in their relations with friends and family and the wider community.

There is no longer any disagreement that infertility is a distressing experience. Indeed some studies have suggested that it is one of the most distressing medical conditions treated in the health service, especially where infertility lasts for a long period and is never resolved. This distress extends not just to those who have never had children, but those who have had children in previous relationships, or fewer children than they hoped for.

What sort of distress is seen amongst involuntarily childless people?

Prior to and during treatment this commonly takes the form of:

- Depression
- Anxiety
- Sexual anxiety/difficulty
- Relationship problems with partner, family and friends
- Increased sense of self-blame and guilt (especially in the subfertile partner)

Following unsuccessful treatment, all of the above feelings are still very commonly reported and also:

- Poor coping skills
- Sense of helplessness
- Increased marital/partner tensions
- Heightened anger
- Sense of loss or bereavement

It is important that clinics address these issues for the emotional well-being of their patients. It is also vital because there is evidence that high levels of psychological distress, of whatever kind, will make conception less likely. Emotions and the endocrine (hormone) system central to reproduction are closely linked.

Psychosocial pressures on sperm and egg donors

Sperm and egg donors give something of incalculable value to infertile people. However they also face heavy emotional demands: tests may reveal unknown problems; their own fertility might be revealed as reduced; from April 2005 all donors will be identifiable, these donors will have to deal with the issue that in the future a child born of their donation might wish to find out more about their genetic background.

How do clinics seek to help their patients and donors cope in such potentially distressing circumstances?

Support groups

Many organise such groups where patients can share problems and support each other. Not only do many patients value this, but also it is known to help some succeed in treatment.

Counselling

Counselling is a valuable resource for all clients, proven to be effective in helping people cope with distress. The emotional implications of treatment are complex and demanding, and counsellors help patients think these through in a setting where they need not feel their suitability or commitment to treatment is under scrutiny. Others will value the opportunity to explore the difficult feelings that seem to besiege them, even potentially overwhelm them. For a donor, the complexities of possibly being identified by a child as his/her genetic parent in the future require sensitive consideration with a counsellor.

Therapeutic counselling

Some people will benefit from targeted interventions to deal with particularly difficult feelings. High levels of anxiety and difficulties in coping respond well to relaxation training or the use of specialised psychological and behavioural treatments.

No professional, assisted conception service will attempt to help people with fertility issues without paying careful attention to their needs as 'whole' people experiencing a period of turbulence and potential difficulty. Their social and emotional well-being should be an important priority

References

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BFS Secretariat

Euro House
22 Apex Court
Woodlands
Bradley Stoke
Bristol BS32 4JT
UK
Tel: +44 (0)1454 642 219
Fax: +44 (0)1454 642222
Email: bfs@bioscientifica.com
Web: www.fertility.org.uk