

## STUDENT'S PERCEPTION OF COUPLES' NEED FOR PSYCHOLOGICAL HELP AFTER DIAGNOSIS OF INFERTILITY AND SUGGESTION OF IVF TREATMENT

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### Abstract

The diagnosis of infertility and the recommendation of in vitro fertilization (IVF) treatment, has been reported to be associated with stress and to affect both personal and social relationships of the involved couple. We studied the beliefs of our students about the couple's need for psychological help after infertility diagnosis. We developed and assessed a questionnaire on the psychological aspects which may be involved in infertility and the need of IVF treatment. 100 students answered the questionnaire. Results show that 71% of our students believe that when a couple visits for the first time an IVF clinic for evaluation and treatment, apart from the usual physical and laboratory tests, a psychological interview is definitely needed.

67% of the students believe that meeting the psychologist helps the couple to face their personal needs better. 68% of the students believe that couples facing IVF may need more than the initial psychological interview. 74% of the students think that the initial psychological interview of IVF couples involves a lot of stress. 80% of the students think that if they had to face IVF, they would need psychological help themselves. 62% believe that psychological help is in fact offered to the couples.

62% of the students think that psychological help during IVF is better offered in the European Community and in the USA.

**Key words:** *In vitro fertilization (IVF), questionnaire, psychological interview*

### Introduction

Although the psychological impact of infertility in couples has been mentioned 50 years ago, only the last 20 years, psychological involvement in infertility patients has evolved as an independent specialty in health professions.

The need to involve psychology as a specialty in reproduction was recognized in 1980 (Dennerstein and Morse, 1985), after the important technological achievement of the first birth after IVF conception in 1978.

In Australia, the Waller report was followed by law that included psychological involvement as necessary in IVF clinics and in 1995, the Fertility Society of Australia Technology Accreditation Committee, in its Code of Practice, made the specialist psychologist an integral part of the IVF clinic (Burns and Covington, 2004, Yovich and Matson, 1996, Walters, 1987).

In Britain, the Warnock Committee, in 1984, suggested that a specialist counselor should be involved with IVF patients and the 1990 law of Human Fertilization and

Embryology Act which followed the Warnock Committee, included the psychologists in the therapeutic team in order to be able to work out the impact of the IVF on the patient (Priest, 1985, Bahadur, 2005). Thus it is stressed that before providing or receiving gametes for use, donation, or fertilization, the act requires that a person must have a suitable opportunity to receive proper counseling on the implications of taking the proposed steps and that their consent should not be effective unless such counseling has been offered. All reproductive medicine units should provide access to an appropriately trained fertility counselor, although the patients do not have to accept the offer of counseling to receive treatment. Counseling for people having treatment in which donor gametes are to be needed is strongly advised (Braude and Muhammed, 2003).

Similar legal arrangements were introduced in Canada and the USA, albeit later compared to the above countries.

So counseling is now an obligatory service in assisted reproductive technology (ART) (Boden, 2007).

In the past, due to the prejudice that the woman was the infertility cause, treatment was offered by psychiatrists, usually men with a psychoanalytic orientation, and the central part were women thought to have to face unresolved negative feelings towards maternity or their mothers. Thus, infertility which could not be explained in medical terms, was thought to be psychosomatic and the goal was to treat the underlying “neurosis” (Burns and Covington, 2004).

Nowadays, there is a change in the literature since the emotional pressure of infertility is considered more to be the aftereffect and not the cause. This difference led to the gradual recognition that counseling should be offered to all couples involved in IVF treatment (Cousineau and Domour, 2007, Ardeni et al., 1999, Oddens et al., 1999, Laffont and Edelman, 1994).

And as this recognition expanded, there is more and more involvement of the psychologists into the therapeutic team (Burns and Covington, 2004).

### **Aim of our study**

Our aim was to investigate our students’ beliefs on the need for psychological help after infertility diagnosis and need of IVF treatment in couples.

We believe that the young people are a sensitive subpopulation with progressive ideas and their views might improve established ways of thinking and reacting

### **Materials and methods**

We developed and assessed a questionnaire on the psychological aspects which may be involved in infertility and the need of IVF treatment (Copyright MS Venetikou, E Politi, A Vassiliadou, 2008).

Various aspects of psychological health were assessed, especially stress levels, different experienced feelings, personal and social relationships, ways of dealing with the diagnosis and suggested treatment, need for psychological help, effect of stress on hormonal and ovarian or embryo quality, ways to deal with unsuccessful IVF results, religious and social acceptance of people with infertility issues, economical strain on IVF couples, adoption versus IVF and public knowledge together with the need for further information on IVF techniques.

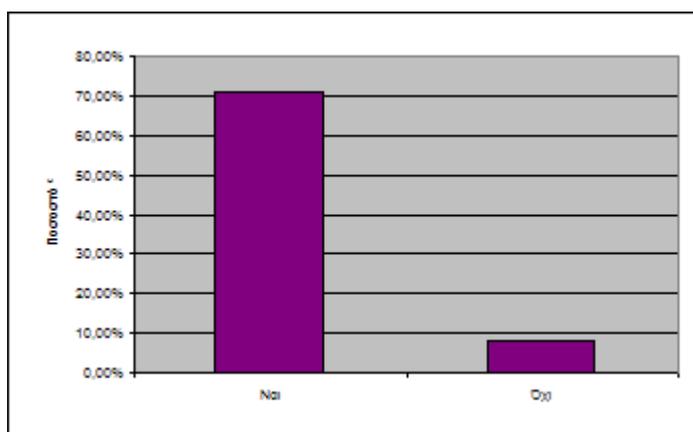
100 students answered the questionnaire.

Relevant asked questions involved in assessing students’ views on the need for psychological assistance, were

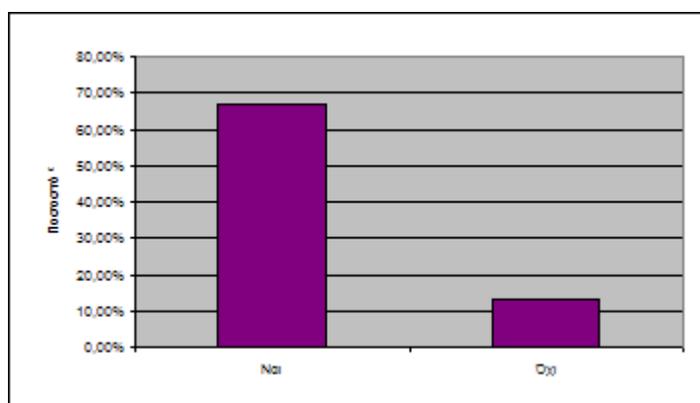
1. Do you think that when a couple visits an IVF clinic for the first time apart from the general clinical and laboratory tests, needs a psychological interview?
2. Do you think that a meeting with the psychologist would help a couple to face their individual needs better?
3. Do you think that during IVF treatment some couples might need more than one meetings with a psychologist?
4. Do you think that couples, in their first IVF treatment might have a lot of stress?
5. If you were an IVF patient do you think you might need psychological assistance
6. Do you think that in your country psychological help is in fact offered in IVF patients?
7. Do you think that psychological help is better offered in the European Community or in the USA compared to that offered in Greece?

## Results

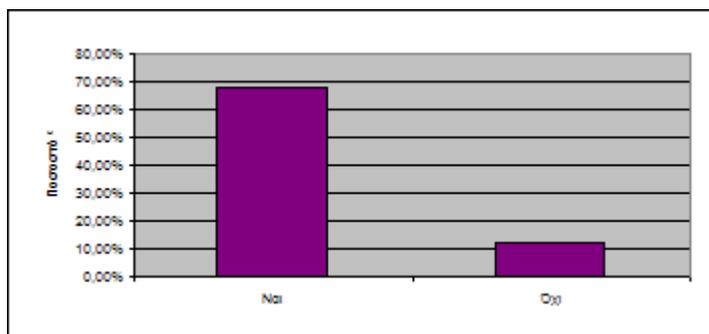
**Figure 1:** Results show that 71% of our students believe that when a couple visits for the first time an IVF clinic for evaluation and treatment, apart from the usual physical and laboratory tests, a psychological interview is definitely needed. Only 8.2% think that this is not indispensable



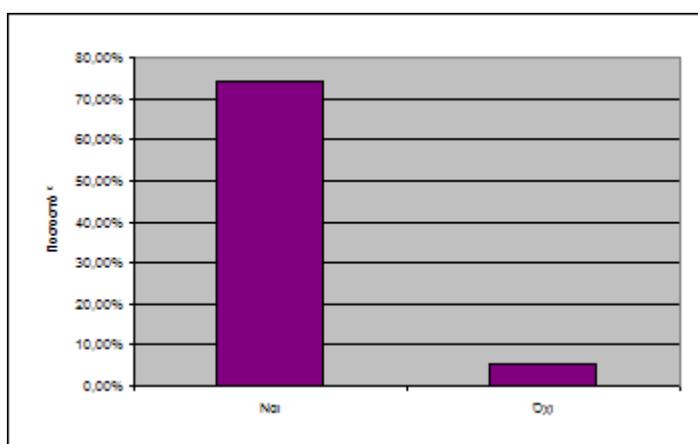
**Figure 2:** 67% of the students believe that meeting the psychologist helps the couple to face their personal needs better. 13.5% though, do not consider this possible.



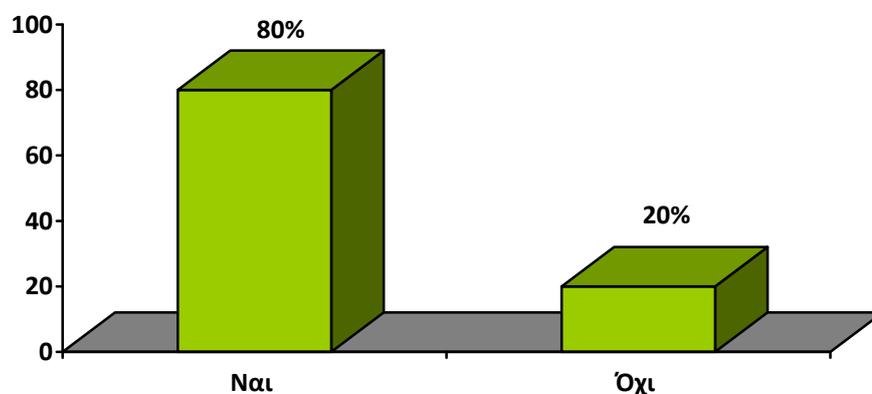
**Figure 3:** 68% of the students believe that couples facing IVF may need more than the initial psychological interview. 12.4% think that one interview may be enough.



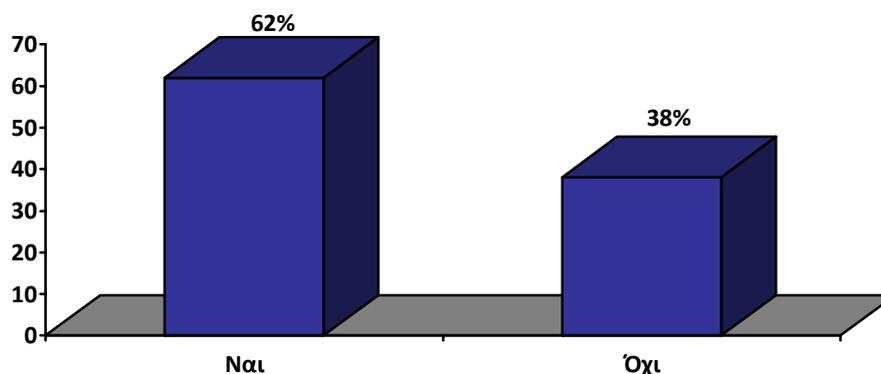
**Figure 4:** 74% of the students think that the initial psychological interview of IVF couples involves a lot of stress and only 5.2% seem not to agree



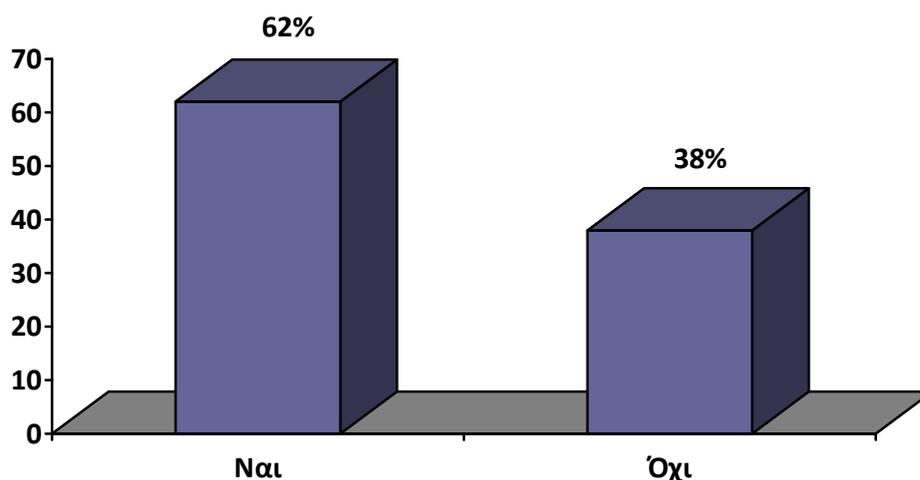
**Figure 5:** 80% of the students think that if they had to face IVF, they would need psychological help themselves, the rest doubt this.



**Figure 6:** 62% believe that psychological help is in fact offered to the couples, while the rest of the students think that this is not the case.



**Figure 7:** 62% of the students think that psychological help is better offered in the European Community and in the USA



## Discussion

It is not surprising that the majority of the students think that when a couple visits the IVF clinic for the first time will need psychological help and that an initial psychological interview is necessary.

It clearly shows that young people are sensitized towards modern needs of extra assistance in couples facing infertility and its burden. Young people appear to consider apart from the physical and laboratory medicine, another dimension of health provided service, and to this context maybe differ from older generations who may not have considered psychology as important as other indispensable physical treatments.

It is also of notice that the younger generation thinks that only one interview may not satisfy the needs of the couple with such a treatment which may involve many long cycles. The above suggest that students appear psychologically minded and favorable to this type of medicine.

Psychosocial stress of infertility has been investigated in various studies both as initial regulators of seeking help and as consequences after successful or unsuccessful treatment. Various variables have been considered through the years, such as fertility problem stress, marital benefit bringing partners together, infertility related communication and stress related increase due to difficulties in communication, attitudes to fertility medical treatment, coping strategies (Schmidt, 2006). Various couple parameters are expected to be already negatively affected after the medical diagnosis of infertility, and stress or depression are thought to be common (Verhaak et al., 2001). The couples are thought to experience serious psycho-sentimental pain, rating from simple emotion to clinical depression. The sexuality of the partners, the frequency of contacts, self confidence, interest, libido and spontaneity may be affected in the beginning or during the IVF treatment (Burns and Covington, 2004).

In the first interview, there is no doubt that many issues regarding fertility, and expectations from the treatment are discussed with the couple.

Many difficult feelings may be dealt with such as disappointment, depression, anger, shame, guilt and various human reactions, such as feeling surprised, insulted, different, insufficient, isolated or even stigmatized may be explored (Mazure and Greenfield, 1989, Oddens, 1999, Verhaak et al., 2001, Verhaak et al., 2005).

Since it is difficult for people to evaporate and discuss the above and also in the meantime face a long term treatment with uncertain outcome, the first interview is with no doubt colored with lots of stress (Burns and Covington, 2004).

Our students seem to their majority understand this. They also believe that if they themselves needed IVF, they would need psychological support as all the other people.

On the whole, quite a percentage of the young people, believe that psychological help is in fact offered in people facing IVF.

There is no doubt, that despite the suggestions and the regulations, many busy IVF clinics in the country may in fact either forget or disregard the involvement of the psychologist in the treatment as much as they should.

People, not knowing exactly what they should expect forget to inquire or ask about this. Thus, there is no doubt that more should be done towards this important aspect of fertility support and treatment. Lots of steps for improvement should be undertaken.

It is of no surprise that more than half of the students think that psychological help in IVF is better offered in the European Union and the USA where the law involves the psychologists obligatorily in the therapeutic team.

In conclusion, the majority of our students believe that psychological help is needed in all infertile couples which are candidates for IVF, it may face better people's individual needs, may be needed more than once during evaluation and treatment and that initial interviews may be stressful.

Most of the students think that if they had to face IVF themselves, they would also need psychological help as well..

They also feel that it is not really given in practice as it should, and that in EEC and USA it is better offered than in Greece.

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