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Does Psychological Support and Counseling Reduce the Stress Experienced by Couples Involved in Assisted Reproductive Technology?

Thousands of infertile couples worldwide have had their hopes raised, and indeed many have had their dreams fulfilled, by the advent of assisted reproductive technologies such as in vitro fertilization. The excitement and promise of these new treatments, however, have been somewhat diminished by psychological stress of a sort that seems unique to those attempting to take advantage of this technology. Couples entering these programs, already burdened by grief associated with their inability to achieve pregnancy, find themselves drawn into an emotional maelstrom of hope and despair, euphoria and dysphoria that appears to be generated in part

by their experience of the technology itself. Ongoing research in this field continues to provide clinicians with information about the etiology and treatment of infertility. Research on the psychological aspects of infertility has evolved over time from an early view which described women as psychologically to blame for their infertility. Current research supports the very different conclusion that psychological dysphoria is one of a spectrum of predictable emotional responses to infertility.

Assisted reproductive technology (ART), it is now clear, generates its own psychological impact. In the relatively brief time since in vitro fertilization

resulted in the first successful birth in 1978, a myriad of studies on the psychological profile of participants in these programs has appeared in the literature (1–3). Evidence of serious psychopathology in this patient population is rare, but the ART experience appears to have a profound psychological affect on participants (4,5). Accordingly, the need for counseling and support in this treatment milieu has been clearly demonstrated. This paper describes the stress that is unique to ART, with particular focus on the intensity of the treatment, the issue of success or failure, and ethically complex decision making. The role of the mental health professional in providing psychological assessment, supportive counseling, and education to participants in ART programs, and how such interventions help alleviate stress; are discussed.

WHAT IS SO STRESSFUL ABOUT THIS TECHNOLOGY?

The Intensity of the Treatment. The demands of the treatment—complicated treatment protocols, daily injections, semen analyses, multiple ultrasounds, and invasive procedures—have frequently been cited as a cause of psychological distress for ART participants (1,6,7). Long waiting lists and the financial burden of this treatment—very high costs and little insurance coverage—are also sources of anxiety. Additionally, participants are charged with the task of learning a complex new treatment language (and frequently complain that they are learning more about the reproductive life cycle than they ever intended or wanted to). Studies have shown that regular exposure to the sight of one's own follicles (through the use of ultrasound) and viewing one's embryos may promote an emotional investment in the notion of pregnancy in early stages of the treatment, long before they can have any assurance of a successful outcome to the treatment (8,9). Patients frequently describe a sense of isolation and anxiety following embryo transfer. While waiting to learn whether or not they have achieved pregnancy, they typically feel "cut off from" and "forgotten" by the institution.

The Question of Success or Failure. Patients in ART programs frequently complain that they were completely unprepared for a failed cycle. Their seemingly naive expectations for success fail to take into account the more modest reality of the actual chances for a so-called "take-home baby"

(9). This unrealistic view may be complicated by the tendency of some ART professionals to "accentuate the positive" during the treatment, leaving the couple emotionally unprepared to cope with the disappointment. Grief and depressive symptoms have been described as typical reactions to a failed cycle (10). Though most recover quickly from these symptoms and go on to another cycle, a minority suffer more severe grief reactions (9), and one study described patients who discontinued treatment as a result of the emotional strain following a failed cycle (5).

Difficult Treatment Decisions. In addition to involvement with difficult and demanding treatment protocols, participants in programs of assisted reproductive technology are often confronted with emotionally and ethically complex decisions. For example, decisions about the distribution of embryos raise many questions: How many should be transferred? Should "extra" embryos be frozen? Should "extra" embryos be donated for research? To other couples?

Couples taking part in ART often run the risk of multiple pregnancy (a pregnancy involving two or more fetuses). Since each additional fetus adds significant health and safety risks, the couple with a multiple pregnancy must address a number of difficult issues: How many fetuses are too many? Should multifetal pregnancy reduction be considered? If so, how many fetuses should be "reduced"?

Another ethically difficult subject concerns the use of donor gametes: Should the use of donor sperm be considered? Donor eggs? Surrogacy? and Should anyone be told about these decisions? Friends and family? No one? Should children resulting from this treatment be told about how they were conceived?

HOW DOES PSYCHOLOGICAL SUPPORT AND COUNSELING HELP?

In the past decade, there has been an increase in the demand for service of mental health professionals in the field of reproductive medicine. The role of the mental health professional in ART programs has evolved from one of "gatekeeper"—protecting programs from psychologically unstable participants—to a broader and more complex role which includes psychological assessment, patient

preparation and education, and supportive counseling of infertile couples.

Psychological Assessment. In a pretreatment evaluation, the mental health clinician attempts to determine whether participants are psychologically stable enough to tolerate the demands of ART and its treatment, to evaluate whether they understand and can follow the difficult treatment regimen, and to assess their ability to cope with potentially complex ethical decisions and a possible failed outcome.

Patient Preparation and Education. Psychological support and counseling ideally include pretreatment preparation and education of ART participants. This is an important way to prepare patients for the intensity of the treatment experience and for introducing them to some of the difficult decisions that may arise during the course of treatment. This is particularly important in helping to begin early discussion of the difficult ethical decisions which may confront them. The trusting relationship which develops during this educational phase often makes it possible for patients to express concerns and explore their feelings about possible upcoming decisions. Indeed, patients are frequently more inclined to be candid with the mental health professional about these issues than they are with the rest of the treatment team.

Supportive Counseling. Participants in ART programs frequently seek support and counseling with a mental health professional. Such sessions can be very helpful for participants confronted with the emotional intensity of ART treatment. Psychological support and intervention may include psychodynamic therapy, relaxation and stress management, cognitive behavioral intervention, grief management, sexual and marital therapy, crisis counseling, and self-help groups. Interestingly, several studies have indicated that though couples may not take advantage of support and counseling while going

through ART treatment, they report that they are "reassured" to know that such services exist (1,2,4). Thus, it appears that just the appearance of psychological support and counseling helps reduce the stress of ART for some individuals! Finally, and perhaps more to the point, couples entering these treatments expect and demand psychological counseling and support in this treatment milieu.

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