

## EMOTIONAL AND PSYCHOLOGICAL OBSTACLES TO IVF

**For the 15% of the population experiencing fertility challenges, the enormous improvements in the field of reproductive medicine in the past 25 years are a blessing.**

But not everyone pursuing treatment feels comfortable with the high technology treatment of in vitro fertilization (IVF). Since intrauterine insemination (IUI) is significantly less costly per cycle, many infertile individuals/couples prefer to attempt IUI with injectible ovarian stimulant drugs several times prior to trying IVF. Although differential cost is one factor that may keep infertile patients from proceeding directly to IVF, psychological obstacles play a role, as well. Since IVF often results in higher pregnancy and live birth rates, shorter times to pregnancy, and a trend toward lowering the rates of high order multiple pregnancies, it is important to be aware of these potential psychological obstacles.



An initial reason often given for sticking with low tech interventions such as clomiphene citrate (Clomid) or IUI for, perhaps, too long is that fertilization and creating embryos outside of the human body which occurs with IVF feels too unnatural to infertile individuals or couples. Religious and cultural beliefs may play a role here, as well. Intervention in the bedroom, i.e., using high tech treatment with a physician mediating the process of conception, is not the way most individuals had envisioned making a baby. Also, most infertile individuals do not believe that they themselves will require what seems to them like such a high tech intervention as they just begin to embark on fertility treatment.

Patients may also become emotionally attached and feel a loyalty to a low tech physician who does not perform IVF. They may be loathe to start over with another unfamiliar doctor in an often larger IVF clinic setting where they worry about getting lost in the sheer volume of patients that cycle through IVF each month. In addition, the need to learn how to inject oneself or one's partner, the daily directives, the frequent early morning appointments for monitoring ovarian stimulation and the need to take time off from work required to undergo IVF may feel daunting and overwhelming to already highly stressed and anxious patients. For many, the worries as to how they will juggle the demands of an IVF cycle with work and life responsibilities is enough to result in their shying away from IVF. Some may experience needle phobia and actually be afraid of receiving or providing injections. Others may be wary of putting high levels of injectible hormones into their bodies and be fearful of the long term impact of exposure to these hormones, not fully believing current research to the contrary.

Some seem concerned about the effect of IVF medications and procedures on the children that are created. However, the profound and overwhelming desire to conceive a child seems to counteract this worry as well as the one regarding personal exposure to the medications for the majority of patients. The single greatest reason that individuals may be reluctant to

proceed to IVF, however, may be their fear of using up their final option to conceive a child and with it their last hope because of concerns that IVF may not work for them. Intense fear of another potentially devastating disappointment may result in holding off on trying this final option.

While the number of low tech treatments one should undergo before considering IVF varies between patients depending on age, diagnosis, and other patient variables, most physicians recommend that IUIs with injectibles be attempted no more than three times prior to moving on to IVF. Most, though not all, women who are going to conceive through IUI will do so during the first three attempts. For women who do not get pregnant in this way, moving on to IVF sooner rather than later may ensure speedier success rates, as increasing age is the nemesis of conception.

## **HOW CAN ONE GET PAST THESE EMOTIONAL ROADBLOCKS?**

- **Educate oneself.** Knowledge creates feelings of both power and control. Learn about the procedures, the step by step process you will undergo, and both the potential success and disappointments you may encounter along the way. Be aware of the fact that success rates tend to decrease after three or four attempts at using any particular technique.

If you are concerned with exposure to hormones used in an IVF cycle, ask your doctor about available research on both the short and long term risks. Your RE should also have information on the latest research on the impact of fertility treatments on the children created.

- **Assemble your team.** Choose a reproductive endocrinologist whom you think is both medically competent (ask about their success rates with other patients similar to you in age and medical diagnosis and how many IVF attempts it normally takes her/his patients to achieve a live birth) and with whom you feel comfortable asking questions because she/he is willing to take time to answer your questions in an understandable, comprehensive, and nondismissive manner.

Let your partner know the type of support you will need as you undergo the expected ups and downs of treatment. Alert your partner to the emotional impact of the medications you will be using, as well, and request understanding of some potential emotional swings during a cycle.

Find a mental health professional who can offer emotional support during your cycle and introduce you to mind-body techniques (see below), to help you cope more effectively with cycle stressors.

Join a support group consisting of others who understand the process, validate each other's experience, and can give you the opportunity to both give and receive support. Being able to provide support to others even when you feel so in need of support yourself, can be very empowering, as it reminds you of the strength of your own inner resources in facing adversity.

Selectively choose which of your family and friends you will inform of what you are going through, based on how understanding, nonjudgmental, and supportive you find them to be. Let them know what you find most helpful in their attempts to support you and also inform them that this may change from day to day during your treatment. Thus, they may need to look to you for guidance as to what your needs are on any particular day.

- **Learn techniques of stress management and relaxation.** Since new or unfamiliar situations tend to cause anxiety for individuals, techniques such as diaphragmatic breathing, progressive muscle relaxation, meditation, and visualization can help you manage your emotional reactions to your IVF cycle. These techniques, while not guaranteeing a pregnancy, have been found to reduce the emotional distress, both anxiety and depression, women often

feel while undergoing fertility treatment and can help keep you calmer and more relaxed during a cycle so that you can more easily process the directions of your RE, follow through as prescribed, juggle the demands of a cycle with work and home responsibilities, and generally feel less helpless and more in control of your ability to cope as you proceed.

If you experience needle phobia, a cognitive behavioral therapist can help you to overcome this with both imaginal and in vivo exposure so this will no longer be a roadblock for you.

- **Create a tangible game plan and a Plan B.** Map out the emotional and financial costs associated with multiple low tech vs. high tech treatments. This will allow you to have a clearer understanding of what lies ahead so that you can be better prepared. Creating a game plan might entail that you decide you will undergo one more IUI and if that doesn't work, you will consider moving on to IVF as your next step. Creating a Plan B might mean giving yourself the option, if financially and physically feasible for you, of undergoing more than one IVF cycle should your first cycle not be successful or be willing to consider one of the several other alternatives to family building that are available.

- **Use your head to help you cope.** Epictetus (55-135 AD), a Greek-born slave of Rome turned philosopher, very profoundly concluded that, "We are disturbed not by events but by the views we take of them." The way in which we think about anything that we experience determines how we will feel about it. While we cannot choose our external circumstances, how we choose to react and respond in any given situation is the one thing over which we can always have control.

Reduce your fear of failure by framing your first treatment cycle as diagnostic. If it is not successful, realize that subsequent cycles will involve perfecting your medication and treatment protocol to optimize your chance of success.

If you feel overwhelmed by your anxiety, learning how to talk to yourself in a calming, soothing manner, as you might talk to a friend who is suffering, can help. Soothing things like, 'just take one step at a time' can help keep you on track and keep your anxiety down.

Compartmentalize your reproductive self from the rest of who you are. Avoid overgeneralizing feelings of being a failure when treatment fails you. While infertility treatment has come a very long way in the past 25 years, there are still many unresolved questions and subtle, as yet undetectable, variables that can interfere with conception. If you are following the recommendations of your RE and maintaining healthy self-care, you are doing everything right. Nevertheless, the science of reproductive medicine may still be lacking.

**All of the above suggestions can assist you in regaining a sense of control during your treatment and help you proceed to treatments most likely to result in success for you.**

Remember that there are opportunities available in every life experience we encounter and try never to lose faith in the possibilities of the future.

"Just when the caterpillar thought the world was over, it turned into a butterfly."  
—Anonymous

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