

Nurturing Emotional well-being in Infertility: Nurses Role in Infertility Support

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Abstract

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility affects millions of people and has a psychosocial impact. Infertility is often stressful for both individuals and couples, and it can cause significant strain in relationships between partners. Sometimes, these stresses can lead to symptoms of common mental health conditions like anxiety and depression. Infertility counseling can be a helpful way to move through these challenges.

Keywords: CBT - Cognitive Behavioural Therapy; ACT - Acceptance and Commitment Therapy; IPT - Interpersonal Therapy.

INTRODUCTION

Infertility counseling is a form of psychotherapy designed to support individuals or couples who are facing challenges around fertility. The counselling and psychological support is a continuous process and has to be given throughout treatment and may be required after treatment

is terminated. It is important for health care professionals to be sensitive and to understand how infertility influences a woman's life, how she responds to subsequent life events, and the meaning that she attaches to life stage transitions, when she grows up and is in contact with peer group.

Incidence

Infertile couple about 8%-28% significantly may report stress, depression and anxiety (Anderson 2004).

40% of infertile couple develop to Sadness, Anger and Fear, Depression, Anxious, guilt, loss of self-confidence (Anachal Sharma, 2022).

Psychosocial Impact of Infertility

Have a long term repercussions (an unpleasant effect) on the emotional health. Non-fulfillment of

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parenthood leads to emotional disturbances such as anger, depression, anxiety, sexual dysfunction and loses all their hope for the future.

Couple experiences a sense of loss of identity and feelings of defectiveness, diminished self-esteem and stigma, Women show higher levels of distress than their male partners

Feel extreme guilt for being the one, that is responsible for the childlessness. They are burdened with feelings of inadequacy. Incompetent fail to develop generation

Strain on Relationships: Emotionally disrupted couple strain even from the strongest relationships, Due to disappointment of unsuccessful attempts, can create tension and conflict between partners.

Infertility is a deeply personal and often challenging journey that affects couple, shedding down from regular cultural activities, Loss of the experience of pregnancy and birth, Loss of the chance or become a parent, Loss of family stability, withdrawal from social gatherings.

Measures to manage the psychosocial impact related to infertility:

Psychosocial care is defined as care that enables couples, their families, and their health care providers to optimize infertility care and manage the psychological and social implications of infertility and its treatment

1. Cognitive Behavioural Therapy (CBT) is a common type of talk therapy (psychotherapy). with a psychotherapist in a structured way. CBT helps to become aware of inaccurate or negative thinking, so the challenging situations can be viewed more clearly and respond to them in a more effective way. It is a helpful tool to learn how to manage stressful life situations. Cognitive behavioural therapy may not cure the condition or make an unpleasant situation go away. But it can give the power to cope with the situation in a healthy way.

Steps in CBT: Identify troubling situations or conditions, become aware of thoughts, emotions and beliefs about these problems, Identify negative or inaccurate thinking, Reshape negative or inaccurate thinking.

Length of therapy's is generally considered short-term therapy ranging from about five to 20 sessions. Length of the therapy depends on type of disorder or situation, severity of symptoms, duration of symptoms, prognosis, family and other people supportive system.

2. Strategic and Solution Focused Psychotherapy:

The term strategic refers to the therapist's task of developing a strategy, or a plan, to interpret the client's unsuccessful attempted solution at eliminating or ameliorating his or her own distress. A primary task is to motivate clients to implement the therapist's strategic intervention/solution. The purpose of this counselling approach is to resolve the original complaint to the client's satisfaction Change is therefore affected principally through treating a presenting problem or specific symptom. The treatment is implicitly systemic and interpersonal.

characteristics of strategic psychotherapy are: Strategic therapists work with a systemic epistemology, Strategic therapy focuses on problems and their solutions, Strategic therapists tend to see client problems as maintained by their attempted solutions, Strategic therapy requires only a small change, Strategic therapists use whatever clients bring to help them make a satisfactory life, Strategic therapy is brief therapy.

Solution focused therapy is emphasizing building on exceptions to the presenting problem and making transitions rapidly to the identification and development of solutions intrinsic to the client or problem. There are essentially three steps to constructing solutions in this treatment approach (1) Define what the client wants rather than what he or she does not want; (2) Look for what is working and do more of it; and (3) If what the client is doing is not working, have him or her do something different.

3. Acceptance and Commitment Therapy (ACT) is form of psychotherapy helpsto take positive action in life. This kind of therapy involves learning to accept unpleasant thoughts, emotions, or experiences without viewing them as problems. ACT is usually short-term is thought to work by decreasing the power of a person's painful thoughts, memories, and experiences. Structure of Acceptance and Commitment Therapy (ACT) sessions includes talking through the issues, focusing on self-talk and ideas about life, accepting realities, especially painful ones, Identifying core values, Choosing actions, Commitment to self-compassion and meaningful action.

4. Mindfulness: Mindfulness is awareness cultivated through Meditation and other mind body practices to regulate and shape our attention and emotions. Mindfulness is practised mainly through consciously focusing one's attention on a particular object, such as the breath, body, emotions, thoughts, or sounds, or by bringing an open and

receptive attention to the coming and going of thoughts, emotions, and physical sensations. Mindfulness trains our mind, which overtime trains our brain. Proven benefits are reducing stress and anxiety, improves mood and working memory, prevents relapse of depression, increases emotional intelligence, develops awareness and resilience.

5. Interpersonal therapy: IPT is a time limited psychotherapy that focuses on interpersonal issues, which are understood to be a factor in the genesis and maintenance of psychological distress. The targets of IPT are symptom resolution, improved interpersonal functioning, and increased social support. Typical courses of IPT range from 6-20 sessions with provision for maintenance treatment as necessary.

6. Couples Therapy: Couples therapy is always a reasonable choice for couples who find themselves wanting to improve their communication or intimacy issues to build a healthier relationship

The goals of couples counselling regarding infertility fall into three broad categories:

Facilitating the couple's management of treatment as a team by increasing awareness of treatment implications, addressing decision conflict, reducing stress on the relationship, encouraging more active participation in decision making, improving or facilitating communication between the couple and medical staff.

Facilitating the management of infertility as a couple through identifying, differences in motivation for having children, differences in reaction to infertility and in coping styles, problems in constructive communication.

Assisting in dealing with infertility strains on the relationship related to infertility or its treatment through support for grief work, help for the couple in identifying alternatives and new life perspectives.

7. Coping strategies: Coping strategies were identified as: (1) Emotion focused, (2) Problem focused (3) Appraisal or meaning focused.

Emotion focused coping such as venting distressing feelings, seeking social support, or managing feelings through self-control can be calming, comforting, and a means of gaining control of overwhelming emotions.

Problem focused coping strategies such as conscious problem solving, information gathering, and contingency planning can mediate the painful experiences of infertility by taking action.

Appraisal focused Infertility counsellors can

facilitate appraisal focused coping through gentle questions that encourage reappraisal while acknowledging the painful distress of infertility.

8. Support groups: A support group can give perspective, understanding, and solidarity from others who are facing similar challenges. It is crucial for couples to maintain open and honest dialogue throughout their infertility journey, seeking professional counselling or support groups if needed. Strong support systems and shared coping strategies can help couples navigate these challenges together.

9. Relaxation: Keep the physical and mind calm and relaxed, positive attitude, by regular sleep, readiness to accept the situation. Walk in nature supporting area, gardening, art work, alternative therapies based on their interest Self oriented, love own self, maintain positive attitude.

10. Exercise and Yoga: Regular physical activity & yoga can decrease the stress symptoms that may come with infertility and improves the coping mechanisms.

Nurses' role in infertility counselling:

Couples and individuals diagnosed as infertile present with special psychological needs. Appropriate recognition and support of these needs is the responsibility of the caring team. There is a requirement for the development and exercise of counselling skills by nurses in this field. These skills are concerned principally with the management of care, the giving of information and support in ensuring that the couple make informed consent. Nurses working within a framework of behavioural medicine can provide patient education, support, and assist in therapeutic interventions to positively affect health behaviour.

In addition, there must be access to the services of specially trained counsellors whose role is different. This counselling is concerned with helping couples to explore problems, gain insight into themselves and their situation, examine implications of treatments offered and make critical choices.

CONCLUSION

Psychosocial and biomedical factors both contribute to the emotional response to infertility and physiological responses to stress that negatively affect fertility and infertility treatment outcome. Coping and cognitions as well as health behaviour change all contribute to mediating this process by

improving fertility, coping, and treatment outcomes. Individual counselling and psychotherapy with infertility patients is an area that deserves our special attention. The psychosocial needs of those who struggle to build families are compelling and require clinical expertise and a clear understanding of the underlying emotional issues involved.

Historically, infertility and reproductive loss were often considered by mental health professionals as having a dynamic, psychogenic basis. Recently, there has been a significant shift to supporting infertile individuals and minimizing the destructive emotional components of this medical condition. Many infertile individuals request and/or require only brief psychotherapeutic intervention. Infertility counselling can serve several important purposes which includes, forming a positive working relationship, finding a treatment focus, negotiating criteria for a successful, identifying patient motivational levels and tailoring interventions accordingly.

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