

## UNDERSTANDING THE EMOTIONS OF INFERTILE COUPLES

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### ABSTRACT

Infertility is one of those diagnosis in medical practice wherein besides its medical component, emotional aspects are of profound importance which have been studied in this paper. 135 randomly selected couples were interviewed. 25% couples developed some form of marital disharmony serious enough to report. 76.3% couples had alterations in sexual response, once labelled infertile. Initial "shock" leading to depression and sense of guilt or anger were the commonest reactions of these couples. In around 80% of instances, spouses were sympathetic towards each other. In-laws were more negative in interacting with the infertile wives and threat of divorce was ensued to 18% females. A sense of guilt and self blame developed in 16.3% males and 36.3% females. 26.67% had suicidal tendencies.

### INTRODUCTION

"We needed acknowledgement from the beginning of treatment that these are common emotional responses" said a disillusioned infertile couple to Mahlstedt (1988). So alarmed were they by the intensity of their anger and depression that they avoided many of their friends. In the realms of hormonal assays, transvaginal sonography and assisted reproduction techniques, an important aspect - the emotions of infertile couple are usually taking a back seat, if not ignored. It was the aim of the present study to study precisely these aspects which constitute some of the psychological components of infertility.

### MATERIAL AND METHODS

The present study was carried out in the Department of Obstetrics and Gynaecology, S.S.G. Hospital and Medical College, Baroda. 135 randomly selected infertile couples were interviewed on a drawn set of questionnaire, to understand some of their psychological responses to infertility. They were interviewed together as well as separately. The results thus achieved have been critically analysed and presented.

### RESULTS

As shown in this table, once recognised as infertile nearly 25% couples developed marital disharmony serious enough to report.

Also about 77% patients reported some form of sexuality response alterations. Amongst these, the predominant effect was loss or reduction of

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sexual happiness. They also reported a loss of sexual spontaneity due to medical timing of intercourse for infertility treatment thus developing a feeling of 'sex for doctor' rather than 'sex for love'.

The couples who experienced marital closeness and better sexual performance were invariably those who tried to make the opposite partner prevent developing a feeling of inadequacy.

An array of reactions were perceived by the infertile couples. These reactions shown in the table are irrespective of who was at fault - the husband or wife or both. The bare fact of being labelled "infertile" generated these reactions. The most dominant was a state of "shock". Soon this gave way to depression, guilt and other forms of loss of self esteem. However 22.9% of males and 15.5% of females were unaffected.

To question, when asked individually, spouses - both males and females were sympathetic to each other. However 14 (10.37%) females had to suffer physical assault and nearly equal number of threat to divorce.

Total number of respondents were obviously more than 135 as many couples had more than one response.

This table shows the reaction of the first social circle of the couples (parents, in-laws) and the other relatives and friends with whom they interact.

Towards the males, the first relatives were distinctly more sympathetic as compared to females (82.96% vis-a-vis 56.3%). As shown none of the males were threatened with a divorce from their wives but nearly 20% wives received such threats. None of the males were considered inauspicious for executing religious and ceremonial rites whereas nearly 40% females were so ostracised by the first social circle.

As regards the other relatives, friends, neighbours with whom the couples interacted - nearly 30% males as compared to 10% females received sympathy. However, ridicule and ostracising reactions were perceived nearly equally but in high numbers by both the partners.

As a result of all these and other implications, nearly 75% males felt infertility is an important problem in their lives and nearly 90% females felt so.

Further analysing the effects of profound loss of self-esteem, attempts were made to probe the forces the couples may tend to blame. Nearly

Table - I

## Effect of Infertility on Marital harmony and Sexuality

	No.	%
<b>Marital Harmony</b>		
Not affected	76	56.3
Disharmony	34	25.19
More harmonious	25	18.52
<b>Sexuality</b>		
Decreased frequency	05	3.7
Extramarital liasons	07	5.19
Better sexual performance	36	26.67
Loss or reduction of sexual happiness	55	40.74
No change	32	23.7

Table - II

## Reactions to Infertility - I

	Males		Females	
	No.	%	No.	%
<b>Individual's Reactions</b>				
"Shock"	83	61.48	103	76.3
Depression	61	45.19	88	65.19
Sense of isolation	36	26.67	72	53.33
Guilt	34	25.19	18	13.33
Anger	36	26.67	52	38.52
Unaffected	31	22.96	21	15.56
<b>Reaction of Spouse</b>				
	Females towards Males		Males towards Females	
Sympathetic	108	80	112	82.96
Anger, Rebukts and critical	25	18.52	22	16.3
Physical assault	02	1.48	14	10.37
Threat to divorce	02	1.43	13	9.63

Table - III

## Reactions to Infertility - II

	Towards Males		Towards Females	
	No.	%	No.	%
<b>Reaction of in-laws</b>				
Sympathy	112	82.96	76	56.3
Nagging & intriguing	23	17.03	58	42.96
Considered inauspicious	—	—	50	37.04
Threat of divorce	—	—	25	18.52
<b>Reaction of the Social Circle of interaction</b>				
Sympathy	29	21.48	14	10.37
Ridicule	58	42.96	59	43.7
Ostracising	48	35.55	58	42.96
<b>Is infertility an important problem</b>				
	For Males		For Females	
Yes	101	74.82	121	89.63
No	34	25.18	14	10.37

40% males blamed their spouse whereas 36.3% females, as shown in the table, blamed themselves, irrespective of in whom the scientific problem lay.

Only 5.19% males had suicidal tendencies whereas 26.6% females had such reactions.

Further, when asked what would be your response if the doctor was to pronounce the couple sterile, protective impulses and philosophical attitudes developed. 38.5% males and 49.6% females resigned to fate and 31.8% males and 20.7% females accepted it as their ill-luck.

Table - IV

## Feeling of blame, suicidal tendencies and reaction to sterility

	Males		Females	
	No.	%	No.	%
<b>Blame</b>				
Self	22	16.3	49	36.3
Spouse	52	38.52	16	11.85
Fate	31	22.96	28	20.74
None	30	22.22	42	31.11
<b>Suicidal Tendencies</b>				
Yes	07	5.19	36	26.67
No	128	94.81	99	73.33
<b>Reaction to remaining childless for ever</b>				
Resign to fate	52	38.52	67	49.63
Accept as ill-luck	43	31.85	28	20.74
Due to past sins	29	21.48	28	20.74
Remarriage	19	14.07	03	2.22
Undecided	32	23.7	21	15.56

Table - V

## Religio Magical Practises

Practise	No.	%
Invocation to God	49	36.3
Wearing of stones, threads "Taviz" etc.	22	16.3
Tantric rites (Pujas etc.)	09	6.66
Astrology	27	20.0
None	28	20.74

Around 15% of both males and females did toy with the idea of remarriage.

Some form of rites so as to invoke the blessings of God were practised by 36.3% couples like not taking milk or abstaining from visiting rooms and hospitals where deliveries might have taken place, etc. 20% couples took help of astrology. Only 20.74% couples were spared from the charms of religiomagical practices.

### DISCUSSION

Infertility is one of those diagnosis of human maladies where in psychological component is inseparable from its medical components (Berger, 1974; Mazor, 1979 & Walker HE, 1978). It is one symptom which has ofcourse lasted for atleast one year and can lead to far reaching emotional disturbances.

Marital dishormony, reduced frequency and spontaniy of sexual intercourse, extramarital liasons and the like are frequently reported as found in this study. Besides the stress of these conditions, the medical evaluation which pbobes into the intimate aspects of a couples' sex life are considered to be reported for such a change (Mahlstedt; 1988).

Loss of self esteem is a major effect of infertility, what seemed a natural consequence of marriage and intercourse - becoming pregnant, doesn't result. A physiologically performing couple is soqn labelled having some problem. This leads to reactions like shock, depression, feeling of guile and the like.

Spouses in their interaction with their counterparts also react stressfully. Nearly 10% males who had never assaulted their wives physically, now indulged in the same. Nagging, rebuking and scepticism are also found in the spouses. However, around 80% spouses were sympathetic to each other, probably knowing well that they were both "sailing in the same boat".

Divorce or a threat for one, was not found in many couples, however whenever present, females were threatened more by their husbands

than males. Such a reaction is due to loss of a relationship with an emotionally important person. (Mahlstedt, 1988). However this may even be resulting from an unspoken fear "will my spouse leave me if me if we remain infertile?" (Mazor; 1979).

Infertility evokes strong and significant reactions even from the social circles with whom the couples interact. The friends and relatives other than in-laws were most strong in ridiculing the couple or even ostracising them from normal social interactions as was found in around 40% couples. Females suffered this indignity more than the males. However, in-laws were more sympathetic as compared to the other relatives. This was more so for the males than with the females. Females were however ridiculed to the extent of being considered inauspicious for performing religious rites or even threatened with divorce by the in-laws if she failed to bear children irrespective of the cause of infertility.

**Depression** - characterised by a sense of hopelessness and despair in strong intensities leads to suicidal tendencies. Females developed these tendencies more than the males, the difference being nearly five times.

Many patients feel a tremendous sense of guilt and blame for being infertile. Amongst those who blamed their ownelves the guilt for being infertile led them to believe that they were responsible for upsetting their spouse or totally disrupting their family fabric and the like. Males, more than the females, irrespective of whosoever was scientifically at fault, blame their wives for the present malady.

Help of the supernatural by practicing various forms of invocations and holding tantric rites or wearing some "stones" or "threads" which were believed to have some role and may cure the infertility, was used by nearly 80% couples. "If man failed why not try God" - was typical reaction of these couples.

CONCLUSION

Both, the diagnosis and treatment of infertility have a profound impact on peoples' lives - and their psyche. Emotionally they tend to develop a deep sense of stress, anger and guilt. To what extent the emotional response incapacitate depends on many factors, including the couples ability to communicate, the importance of the child to the couple and their identity and equally

important the attitude of we - attending medical persons - in dealing with them.

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