What psychosocial factors could help IVF patients?

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After reviewing research that explored which psychosocial factors are associated with the emotional adjustment of IVF patients, researchers have highlighted which key psychosocial factors could help identify patients at high risk of stress.

The aim of the study, led by PhD student, Helen Rockliff, from the University of Bristol's School of Clinical Sciences, was to find out what types of coping strategies, social circumstances and personality traits - called psychosocial factors - help people through IVF treatment, and which types are linked to especially high stress levels, and can lead to depression and anxiety disorders.

The researchers looked at various databases to find out what research has been carried out on this area to date. They found 23 studies had explored how at least one psychosocial factor was related to at least one psychological health outcome, such as: how does using social support as a way of coping with emotional distress during IVF treatment affect a woman's chances of getting depression after discovering it didn't work.

Collectively the results of these 23 studies showed that there are certain factors that predict worse emotional/psychological outcomes during and after IVF treatment, effects like anxiety, depression and high distress. One-third of the psychosocial factors explored were found to be significantly related to emotional adjustment outcome measures.

Neuroticism and the use of escapist/disengagement coping strategies were positively associated with distress by multiple studies. Social support was negatively associated with distress by several studies; the review found that several different measures of social support (the tendency to use a partner, friends and/or family when experiencing difficulties and distress), were associated with far better emotional outcomes, both for the women who got pregnant and those who didn't.

A number of other psychosocial variables appear to be associated with distress, including self-criticism, dependency, situation appraisals and attachment style, but these have only been explored by one or two studies at most. Only a small number of research studies have used positive emotional outcome measures, well-being, positive affect, happiness or life satisfaction, to quantify emotional adjustment, but 22 used a negative emotional outcome measure.

Helen Rockliff said: "In general, people who are socially connected and who use their social network for support during difficult times are happier and healthier, but it is interesting that this is the case for IVF patients too, because as many patients reveal, usually well after going through it all, infertility and its treatment are incredibly personal and many couples don't particularly want to tell people about it.

"It is often the case patients tend to have friends of similar ages, so IVF treatment for one couple can happen around the same time as their friends are discovering the joys of parenthood. All this often adds up to couples feeling socially isolated just
when the research tells us social support is needed."

However, there is evidence that the emotional and health benefits of social support might be taking place partly because of the positive emotions humans experience when they have enjoyable or supportive interactions with people. During the last decade scientists have started testing the effects of imaging these social interactions, with techniques such as loving kindness meditation, and compassion focused imagery.

Helen Rockliff added: "Mindfulness, which is another emerging psychological training tool, is often a component of these interventions too. It appears that with practice the average person can learn to generate these positive emotions quite well using only their mind. Better still, it seems that in learning to do this people also get better at tolerating, and so engaging with their more difficult emotions – meaning less need for disengagement and escapism to cope with them."

The researchers suggest that this kind of mind training could be a good way to counteract the loss of social support IVF patients often experience, and at the same time build psychological resources that allow people to face difficulties rather than disengaging from them.


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