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## Psychological aspects of male infertility. An overview<sup>1</sup>

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### Abstract

Current literature indicates that in high-income countries some 15% of heterosexual couples experience difficulties conceiving, in up to half of these cases infertility is attributable to the male partner. Research findings - mostly focused upon women - suggest that women develop more distress when facing infertility, but that may be a construct influenced by gender stereotypes. Men are also psychologically affected by infertility, displaying impaired self-esteem and inadequacy in relation to their societal role, eventually feeling responsible for denying their wives a child. Further developments will focus upon effective psychosocial interventions, including refined counseling approaches for couples undergoing ART treatments.

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### 1. Introduction

In a recent review study, Fisher and Hammarberg (2012) indicated that in high-income countries approximately 15% of heterosexual couples experience difficulties conceiving, and in up to half of these couples, infertility is attributable to the male partner. In the low and lower-middle income countries, the prevalence of infertility in couples is thought to be higher because of undetected and untreated reproductive tract infections (Inhorn, 2009).

Psychological aspects of infertility in men have been a matter of significantly less research than that in women. Most of the existing studies investigated women's reactions to male infertility, while few studies examined couples facing male's infertility and the psychological experiences of men (Fisher & Hammarberg, 2012). Distress

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<sup>1</sup> A first part of this study, containing the medical approach is in press: Paun D., Dinu D. and Joja O. Male Infertility – a medical approach, *Revista Romana de Bioetica*

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assessments on infertile men are compared to those of infertile women, and only few studies considered comparisons to men who are not impaired by infertility (Kedem, Milkulincer, Nathanson & Bartoov, 1990; Greil, 1997). As though, approaches are mainly reinforcing the belief that women are prominently reacting to the distress of infertility and to the impact of assisted reproductive technologies (ART) treatments, which address women's body. Studies of infertile couples were mostly conducted one year after considering pregnancy, or when starting the (ARTs) treatments or during the treatments. Most of the studies focused upon the stress encountered by women or by couples during treatment, exploring the distress induced by infertility, its lasting effects and how different coping mechanisms may influence the psychological wellbeing and eventually the treatment outcomes (Cousineau & Domar, 2007).

Some follow-up assessments (Fisher & Hammarberg, 2012) tackle the question of how couples are coping with the distress when they do not benefit from the treatments, they are staying without children or they are eventually considering adoption. Follow-up studies on men are mainly based upon interviews and such qualitative assessments are difficult to operationalize for comparing data to women.

Considering this research background, the present study will be detailing data concerning the psychological impact of infertility in men, taking into account the implications of different research designs. Finally, we will conclude regarding more promising areas of research that have been suggested by different studies and upon some psychosocial aspects concerning infertility in Romania.

## 2. State of the Art

Men can be affected by infertility in several ways, as Fisher and Hammarberg (2012) are indicating: through receiving a diagnosis of their own infertility, through being the partner of a woman who is infertile or through being part of a couple with unexplained infertility. Therefore, the psychological impact of infertility is being differentiated in research studies according to these criteria.

One important factor which might considerably moderate the impact of infertility is the desire of parenthood, perceived differently by women and men. Conforming to the gender stereotype in traditionally oriented societies, women are presumed to desire children. Accordingly they appear to experience more distress if that desire is not being accomplished. At the same time infertility in men tends to have different effects, as they will be rather "disappointed but not devastated by the inability to have a child" (Greil, 1997). Also, according to the gender stereotype, through supporting their wives men appear to be suppressing their emotions (Berg & Wilson, 1991), a tendency which might also result in the under-reporting of actual levels of infertility-related distress among men (Greil, 1997). Beyond gender-specific expectations there are other moderating factors of the desire of parenthood, such as age, marital status, parity, culture, religious beliefs and the degree of reproductive autonomy and access to contraception in a particular setting, which will also influence the psychological impact of infertility (Hadley & Hanley, 2011).

All over, the question if men are less prone to the infertility distress is a topic which might progressively be shifting in the era of extended ART treatments. Hence, recent literature is tackling how couples are reacting in the face of prolonged ART treatments and how they might cope with that stress. Possibly, the next step will be enlarging the border of ethical approaches to aspects which are now emphasized by media: conventional in vitro fertilization (IVF) is not effective in cases of severe male infertility, and therefore couples with this diagnosis will have to consider adoption or the use of donor sperm, which might be "particularly difficult to contemplate because of the asymmetrical genetic relationship they would have to their children" (Merill, 2011). One other important psychosocial case is that of the intracytoplasmic sperm injection (ICSI) which may help couples with men factor infertility to be their children's natural parents but one of the possible consequences might be the genetically transmitted male infertility (Silber & Repping, 2002).

Most of the available research data indicate women's greater overt distress in response to infertility, independently of the cause of infertility (Edelman & Connolly, 2000). As Edelman and Connolly (2000) put it, data indicating more distress reactions in women may reflect differences in the way men and women have been socialized, how they learned to cope with and to express negative affect. Upon investigating 110 infertile couples, Guerra, Llobera, Veiga and Barri (1998) concluded that psychiatric morbidity was significantly associated with the number of treatment cycles and with female gender in the whole study group (both with and without referral to the

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