

Well-being and relationship satisfaction of couples dealing with an in vitro fertilization/ intracytoplasmic sperm injection procedure: a multilevel approach on the role of self-criticism, dependency, and romantic attachment

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Objective: To extend existing research on the psychological impact of IVF by studying the association between the psychosocial factors of self-criticism and dependency, and romantic attachment, with the well-being and relationship satisfaction of couples across the different phases of IVF/intracytoplasmic sperm injection (ICSI) treatment.

Design: Prospective, three-wave study (i.e., from start of IVF/ICSI treatment, to 3- and 6-month follow-up).

Setting: University hospital.

Patient(s): Seventy couples in IVF/ICSI treatment.

Intervention(s): Psychometric tests were administered at first visit of IVF/ICSI treatment, and at 3- and 6-month follow-up.

Main Outcome Measure(s): Psychological well-being, relationship satisfaction.

Result(s): Results demonstrated that preexisting psychosocial factors such as self-criticism, dependency, and romantic attachment are more important factors for psychological well-being and relationship satisfaction during IVF/ICSI than gender and treatment-related factors such as duration of fertility problems. In addition, multilevel analysis, a statistical method that is required for the analysis of longitudinal couple data and decomposes variation in three levels (i.e., time, individuals, and couples), showed more variation in psychological well-being and relationship satisfaction between couples, than between individuals and different time measurements.

Conclusion(s): Preexisting personality factors and being embedded within a certain couple relationship are important factors for the psychological well-being and relationship satisfaction during IVF/ICSI. (Fertil Steril® 2009; 91:387–94. ©2009 by American Society for Reproductive Medicine.)

Key Words: IVF, couples, well-being, relationship satisfaction, romantic attachment, self-criticism, dependency

A considerable body of research has shown that dealing with fertility problems and their medical treatment, such as IVF or intracytoplasmic sperm injection (ICSI), has negative effects on both intrapersonal and interpersonal functioning for many individuals (1–6). However, there are many differences between individuals in this respect, and studies have suggested that various psychosocial factors such as coping styles and social support influence these differences (7–11).

The purpose of this study is to extend this research on the psychosocial aspects of IVF/ICSI treatment in three important ways.

First, from a theoretical point of view, most studies on psychosocial factors involved in IVF/ICSI treatment originated from stress and coping theories (12, 13) and therefore, have had relatively little attention for developmental issues involved in fertility problems. It can be argued that an important aspect of dealing with fertility problems is that they potentially jeopardize a central developmental task of adulthood (i.e., biological and parental generativity) (14, 15). In this context Blatt and Blass (16) have argued that the ability to negotiate problems concerning generativity may depend on the synthesis or balance individuals have achieved between relatedness and self-definition, that is, between the capacity to form mature and complex interpersonal relationships and an essentially positive definition of the self. According to Blatt and Blass, vulnerability occurs when there is an imbalance in this development (i.e., when there is too much emphasis on the development of one capacity at the neglect of the other). Blatt and Blass have coined the notions of dependency and self-criticism to refer to these two types of imbalance. Dependency refers to putting too much emphasis on the development of interpersonal relatedness at the neglect

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of developing one's self-definition, whereas self-criticism refers to putting too much emphasis on the development of a positive self-definition at the neglect of interpersonal relatedness (17–19).

A large number of studies in clinical and nonclinical populations have shown that self-criticism has a negative impact on both intrapersonal and interpersonal functioning (20, 21), whereas dependency negatively influences intrapersonal functioning (20, 21), but is unrelated to interpersonal functioning, and to relationship satisfaction in particular (22, 23). In addition, studies have shown that these effects remained significant even after taking into account individual differences in levels of depression (20, 24).

Furthermore, a considerable body of research has investigated the role of these personality dimensions within the context of the transition to parenthood, demonstrating that self-criticism is associated with higher levels of both intrapersonal and interpersonal distress in this period, whereas dependency seems to incorporate both aspects of vulnerability and resilience (25–27). Interestingly, a recent study by Besser and colleagues (28) suggests that vulnerability associated with self-criticism and dependency during the transition to parenthood may be even more outspoken under highly stressful conditions, such as in high risk pregnancies (29). Therefore, it may be interesting to study the role of both self-criticism and dependency for the intrapersonal and interpersonal functioning of couples dealing with the stressful life event of fertility problems (30).

In addition to research investigating the role of self-criticism and dependency, studies have shown that romantic attachment to the partner may also play an important role for intrapersonal and interpersonal functioning of adults during the transition to parenthood (31, 32).

One of the original premises of John Bowlby's attachment theory is that human beings are born with an innate attachment behavioral system that motivates them to seek proximity to attachment figures in times of stress and need (33, 34). Although primary care givers, most often the parents, are the main attachment figures during infancy, romantic partners have been found to be the most important attachment figures during adulthood (35–37). Therefore, romantic attachment involves the fact whether individuals can use their couple relationship as a supportive context or "safe haven."

Studies have identified four types of romantic attachment (38). Individuals with a secure romantic attachment to their partner see themselves as worthy of care and evaluate their partner as being responsive. Individuals with an insecure, preoccupied romantic attachment style think of themselves as unworthy of care, but evaluate their partner as being responsive. Furthermore, individuals with an insecure fearful-avoidant attachment style, believe themselves unworthy of care and expect their partner to be rejecting, whereas insecure dismissive individuals have a positive sense of self, but see their partner as being unresponsive (38).

Interestingly, studies have also shown that self-criticism and dependency on the one hand, and attachment on the other, are related theoretically and empirically. Dependency has been shown to be most closely related to preoccupied attachment, whereas self-criticism is most closely related to fearful-avoidant attachment, and inversely related to preoccupied attachment (39). However, despite this overlap, recent studies have found that dependency and self-criticism, and romantic attachment grasp unique aspects of both intrapersonal (25) and interpersonal functioning (24). Hence, in this study we wanted to investigate both factors concurrently to determine whether, and to which extent, they may contribute to the understanding of vulnerability and resilience in couples dealing with fertility problems.

Second, from a methodological point of view, it is clear that both partners of a couple are affected by fertility problems (13). Yet, existing research on psychosocial aspects of infertility has mainly concentrated on women or has investigated men and women separately (2, 6, 10). In addition, most research in this area has adopted cross-sectional designs (2, 11), or studies have focused on only one treatment cycle of IVF/ICSI using a two-wave design (6, 8). Therefore, in this study, we used a three-wave, multilevel approach, investigating well-being and relationship satisfaction across IVF/ICSI treatment from the start of IVF/ICSI treatment to 3 and 6 months of follow-up (5, 40). Longitudinal multilevel modeling is suited for the analysis of couple data (41, 42), as it takes into account the dependent character of this kind of data, that is, the fact that different time measures are nested within each individual, as well as the fact that each individual or partner is nested or embedded within a specific couple relationship.

Finally and third, we wanted to explore whether the psychosocial factors related to self-criticism, dependency, and romantic attachment were uniquely associated with well-being and relationship satisfaction over and above more objective factors that have been shown to influence IVF/ICSI treatment, such as gender (5), duration of fertility problems and number of prior treatments (2), and pregnancy status (6, 43, 44).

The hypotheses of this study were threefold:

1. Self-criticism, dependency, and insecure (fearful-avoidant, preoccupied, dismissive) romantic attachments are negatively, and secure romantic attachment to the partner is positively associated with well-being.
2. Self-criticism and insecure romantic attachments are negatively, and secure romantic attachment is positively associated with relationship satisfaction, whereas dependency is not significantly associated with relationship satisfaction.
3. The effects of self-criticism, dependency, and romantic attachments on well-being and relationship satisfaction remain significant even when controlling for gender, and treatment-related factors such as duration of fertility treatment, number of previous treatments, and whether or not the woman became pregnant.

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