

# Stress and coping in couples facing infertility

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Infertility presents an ideal setting for examining how stress impacts couple relationships. The effect of facing fertility problems on couple relationships is highly varied. Traditional stress and coping models are limited, because they do not account for partner interdependence. We propose a *stress and coping in couples model* which argues that couples whose approaches to managing infertility (i.e., their appraisal and coping efforts) are compatible will experience more positive communication, and be more likely to experience a strengthening of their relationship; whereas couples with incompatible approaches will be more likely to experience negative communication and a weakening of their relationship. Evidence in support of this model is reviewed. Our approach to counseling couples emerges from the proposed model and represents a specific application of Integrative Behavioral Couples Therapy.

## Addresses

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## Infertility and couple relationships

Infertility presents an ideal setting for examining how stress impacts couple relationships. Couples, not individuals, meet the definition for infertility (inability to conceive after 12 months of trying) [1], and an individual may face infertility with one partner, but not with a different partner. Treatment requires the cooperation of both partners in order to reach reproductive goals and both partners face the possible loss of parenting potential. Fertility treatment invades the most private aspects of couple relationships (e.g. timing of sexual intercourse). Furthermore, as bearing children is often considered

necessary to fulfill marital roles, couples who cannot do so may feel the essence of their relationship is threatened.

There is little doubt that infertility and its treatment are enormously stressful [2–4]. The diagnosis of infertility can engender shame, guilt, anger, sadness, and loss of control [5]. There are often negative impacts on the sexual relationship, as intercourse transitions from a pleasurable act to one that feels mandated. The use of assisted reproductive technologies can be physically demanding, emotionally taxing, and extremely expensive and often involve difficult decisions (e.g., when and whether to proceed with treatment, how many embryos to transfer in IVF, or choosing egg or sperm donors). The unpredictability of the course and outcome of fertility treatment also contributes to the stress, as it may resolve quickly in the achievement of pregnancy or may lead to years of unsuccessful attempts, ultimately ending in failure to achieve the goal of becoming parents. Same sex couples face additional barriers associated with heteronormative assumptions [6].

## Effects of the stress of infertility on relationship functioning

Early research suggested that the stress of prolonged infertility leads to relationship strain, dissatisfaction, and even dissolution [7], but more recent research has revealed that 25–35% of couples report that the experience brought them closer together or strengthened their relationship [8,9,10\*]. Several other recent studies reveal no overall negative effect of the experience of fertility treatment, regardless of the outcome of treatment, on marital quality [11,12,13\*]. Thus, as in the broader literature on the effects of stress on relationship quality, the effect of facing fertility problems on couple relationships is highly varied, with some experiencing increased cohesion and others becoming distanced from each other and even splitting apart [14]. The major focus of this article is to identify the individual and couple processes underlying this variability.

## The stress and coping in couples model

On the basis of traditional stress and coping theory, when faced with stress, we appraise both the threat imposed by the stress and our resources to manage it, and target coping strategies to either reduce the threat or expand our resources to manage it [15]. Individual well-being is thought to be negatively impacted in cases of high perceived threat and poor coping. This model is limited, though, because it does not account for partner interdependence. Individual appraisal, coping efforts, and well-being can impact the well-being of the partner and of the

relationship. **Figure 1** illustrates a theoretical model of the effect of infertility on individual and couple outcomes, including these interdependent effects. Similar models have been proposed by other authors [16] and have been analyzed using the Actor-Partner Interdependence Model (APIM), which allows for the simultaneous estimation of both individual effects, referred to as Actor effects, as well as the effects of another person, referred to as Partner effects [17]. Such analyses used the couple, as opposed to the individual, as the unit of analysis.

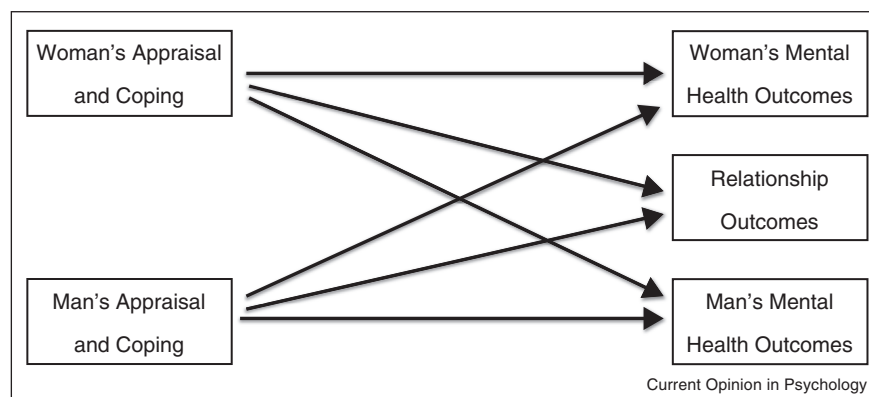
Although **Figure 1** includes the appraisal, coping, and outcomes of both partners, it does not posit *how* individual responses to infertility affect these outcomes, and thus provides limited guidance regarding couple processes. It is well known that couple communication quality is the hallmark of positive relationship outcomes [18] and thus any effects of individual appraisal and coping likely affect relationship quality by impacting the quality of communication. Basic research on marital relationships reveals that stress can lead to more negative communication quality [19]. How might stress impact communication? We propose that stress leads to negative couple communication to the extent that there are incompatibilities in partners' appraisal or coping efforts in response to stress. On the basis of clinical experience, we propose that these incompatibilities typically predate the experience infertility but that these incompatibilities become exacerbated by the stress [20]. For example, in heterosexual couples, common gender differences in coping become polarized in the context of the stress of infertility, as women often feel the need to share emotional reactions while men try to distance themselves from the problem. The resulting negative communication sequence consists of the woman requesting more time to talk with her husband about upcoming treatments, while her husband avoids her or changes the subject [21].

Thus, our proposed *stress and coping in couples model* (see **Figure 2**) argues that the stress of infertility affects the individual and relationship outcomes of each partner via incompatibilities affecting communication quality. We hypothesize that couples whose approaches to managing infertility (i.e., their appraisal and coping efforts) are compatible will experience more positive communication about their joint fertility problem, and be more likely to report that going through infertility strengthened their bond; whereas couples with incompatible approaches to managing infertility will be more likely to experience negative communication sequences and be more likely to report that going through infertility weakened or broke their relationship bond.

### Research evidence

Research evidence confirms that appraisal and coping are not only individual processes (e.g., how one copes impacts his or her own level of distress), but also couple processes (e.g., how one partner copes affects the other partner's level of distress as well as the functioning of the relationship). One study of couple processes related to appraisal of the threat of infertility found that compared to women who believed they had a low likelihood of becoming pregnant, women who believed they had a high likelihood of becoming pregnant were less distressed; but women whose *partners* believed they had a high likelihood of becoming pregnant were more distressed, perhaps because women found their partners' confidence invalidating and unappreciative of the demands treatment places on them [22]. Similarly, with regard to coping, a longitudinal study revealed that avoidant coping strategies (e.g., avoiding pregnant women) predicted higher levels of marital and personal distress for both one's self and for one's partner. Further, when women used meaning-based coping strategies (e.g., finding other goals in life), they experienced less distress themselves

**Figure 1**



Couple model based on traditional stress and coping theory.

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