

**A Study of Couples: Emotional Reactions to
In-Vitro-Fertilization Treatment**

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Parenthood is perceived in most cultures as a central role and therefore the failure to become parents due to infertility causes psychosocial distress. The concept of infertility as a significant stressor is well supported. Several studies have found that infertility had an adverse effect on the emotional and cognitive status of the couples, as well as on their self-image and, in some cases, hampered the affected couples' social relations (Mahlstedt, 1985; Matthews & Matthews, 1986a; 1986b; Koropatnick, Daniluk & Pattinson, 1993; Wright, Duchesne & Sabourin, 1991).

In a recent comprehensive chapter on Stress and infertility in women, Domar (1997) stated: "The fact that infertility creates a significant amount of distress, however, does not necessarily mean that the relationship is unidirectional. It is quite possible that infertility causes stress and that stress may contribute to infertility" (p. 69). The situation of infertility involves stressful feelings of loss of various kinds: Loss of self-esteem, loss of body integrity, loss of family continuity, loss of comfort in friendship and family relationship, and a perceived threat to the future of the

marriage (Bor & Scher, 1995; Cooper & Glazer, 1998). Couples undergoing in-vitro fertilization/embryo transfer treatment (IVF/ET) and other new technologies are additionally exposed to the stresses of invasive procedures and hard choices. They are facing emotional burden while confronting difficult and complicated questions (Seibel, 1997). In combination, these stressors result in augmented levels of anxiety and depression (Merari, Feldberg & Elizur, 1992; Merari, Feldberg & Modan, 1997).

Among infertile couples, the most vulnerable group are those who never had children. This failure leads to a feeling of inadequate masculinity and femininity (Daniluk, 1991). Miall (1985) found that these couples tended to refrain from establishing social relations with couples who had children, and often even avoided family events because of their embarrassment, shame and guilt feelings.

Until recently, most research done on infertility, including in-vitro fertilization (IVF), focused on women. Traditionally, motherhood is perceived as a primary female role, whereas fatherhood is generally considered as a secondary function in the lives of males. For the latter, career and economic success are the most important achievements (Kaufman, 1993).

Nevertheless, several studies examined coping styles of both men and women. Gender differences in styles of coping with infertility and IVF treatment were reported in a number of papers (Greil, 1991; Abbey, Andrews & Halman, 1991; Berg, Wilson & Weingartner, 1991; Newton & Houle, 1993; Merari, Feldberg & Modan, 1997). Differences between the spouses were found concerning the search for emotional support in the course of treatment. With respect