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Using Acceptance and Commitment Therapy to Treat Infertility Stress

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Women and men diagnosed with infertility experience a variety of infertility-related stressors, including changes to their family and social networks, strain on their sexual relationship, and difficulties and unexpected challenges in their relationship. Infertility stress is linked with depression and psychological distress, and can lead to premature dropout from medical treatments and unresolved feelings of loss and grief. The current study examined the effectiveness of treating infertility stress using Acceptance and Commitment Therapy (ACT), a promising new behavior therapy that targets experiential avoidance through mindfulness, acceptance strategies, and value-directed action. This single-case study followed a couple experiencing infertility-related stress following a failed in vitro fertilization (IVF) procedure. The couple completed 6 self-report measures at 7 time points, including a second failed IVF attempt and a 1-year follow-up. Measures included both distress-focused instruments and therapy process-related questionnaires. The female participant reported higher pretreatment stress and depression scores compared to her partner. She reported significant decreases in global infertility stress, social infertility stress, sexual infertility stress, psychological distress, and depression from pretherapy to 1-year follow-up. She also reported a decrease in infertility stress following her second failed in vitro fertilization (IVF) attempt. The male participant reported significant decreases in sexual infertility stress. The study suggests that acceptance-based therapy shows promise in treating infertility stress in patients experiencing infertility who undergo medical treatments. The data from this preliminary case study also suggest that ACT may be helpful for couples following IVF treatment failure. Treatment gains were maintained 1-year posttherapy, indicating that an ACT approach to treating infertility has the potential to produce lasting change.

Approximately 4.3 million married couples in the United States (15%) have been diagnosed with infertility, or the inability to conceive or give birth to a child after 1 year of regular sexual relations without the use of contraceptives (Chandra, Martinez, Mosher, Abma, & Jones, 2005). Upon discovering that they are incapable of having biological children, couples unexpectedly experience infertility stress (Newton, Sherrard, & Glavac, 1999; Peterson, Newton, & Rosen, 2003). Infertility-related stressors include, but are not limited to, changes in a couple's social and family networks, alterations in the endurance and quality of their interpersonal relationships, and decreased spontaneity and satisfaction in their sexual relationship (Newton et al., 1999; Peterson, Gold, & Feingold, 2007). These stresses often contribute to grief, depression, and anxiety in both men and women (Daniluk, 2001; Fassino, Piero, Boggio, Piccioni, & Garzaro, 2002).

The majority of couples diagnosed with infertility will pursue some form of medical treatment (Boivin, Bunting, Collins, & Nygren, 2007). For these couples, the emotional, physical, and financial burdens of treatment can be overwhelming and they often increase a couple's infertility stress (Eugster & Vingerhoets, 1999; Van Voorhis, 2007). In addition, infertility-related stress is exacerbated when treatments such as in vitro fertilization (IVF) fail (Newton, Hearn, & Yuzpe, 1990; Verhaak, Smeenk, Nahuis, Kremer, & Bratt, 2007). The psychological burden of enduring treatment failure is one of the main reasons for premature patient dropout, even when treatments are paid for by governments and insurance companies (Domar, 2004).

There is a growing body of literature addressing the psychological reactions that men and women experience in response to the stress of infertility. This knowledge has helped mental health professionals understand the unique stresses and challenges that infertile couples face, and has provided guides for effective interventions that support couples through the varying aspects of the infertility experience (Hammer-Burns & Covington, 2006). The growing literature base has examined a range of topics including the link between infertility and depression, gender differences in stress and coping, and treatment strategies for mental health professionals working with infertile couples

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(Hammer-Burns & Covington, 2006; Peterson, Newton, Rosen, & Skaggs, 2006).

Although significant advances have been made in the literature base, there remain a lack of studies examining the effectiveness of psychosocial interventions used to treat infertility-related distress (Boivin, 2003). There is a significant gap between the number of treatment outcome studies (6%) and the number of studies that provide general treatment recommendations (94%; Boivin, 2006). Because of this stark disparity, there have been calls for additional research examining the effectiveness of psychological interventions to treat infertility stress.

A review of the current treatment outcome studies reveals that psychotherapy is effective in treating infertility stress. A meta-analysis using 22 outcome studies concluded that therapy is effective in reducing infertility stress, depression, and anxiety symptoms with individuals and couples (de Liz & Strauss, 2005). In a study that randomly assigned 184 infertile women to a cognitive-behavioral therapy (CBT) group, a support group, or a control group, women in the CBT group experienced decreased anxiety, depression, and marital distress at 6-month follow-up. In addition, participants in the CBT group had continued improvement at 1-year follow-up and showed the greatest positive change when compared to participants in the other two groups (Domar et al., 2000). A randomized control trial comparing CBT and pharmacotherapy found that although both treatments were efficacious, CBT was superior to pharmacotherapy in reducing depression and anxiety in women diagnosed with infertility (Faramarzi et al., 2008).

While these studies show that therapy is effective in treating infertility stress, there are no studies to date that examine the effectiveness of using mindfulness and acceptance-based therapies. Such studies are becoming more plentiful in the health psychology and general treatment outcome literature (Hayes et al., 2006). Mindfulness-based therapies have demonstrated efficacy in reducing stress and depression in patients diagnosed with physical disorders such as cancer and arthritis (Foley et al., 2010; Zautra et al., 2008). A randomized control trial found that mindfulness-based cognitive therapy was effective in reducing depression, anxiety, and distress in patients diagnosed with cancer when compared with wait-list controls (Foley et al., 2010). Because patients diagnosed with infertility report similar levels of depression and anxiety when compared to patients diagnosed with cancer, the usefulness of testing mindfulness-based therapies with infertile patients would also be valuable (Domar, 2002). Furthermore, although there are anecdotal recommendations in the infertility literature that mindfulness is an effective coping strategy for reducing infertility stress (Domar, 2002), empirical studies testing the actual effectiveness of mindfulness-based therapies have not been conducted. To the authors' knowledge, the current study is the first of its kind to examine the effectiveness of an acceptance-based therapy to treat infertility stress.

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is an experiential acceptance-based behavior therapy that targets psychological inflexibility, experiential avoidance, and efforts to reduce and/or manage unwanted aversive experiences (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). These authors define experiential avoidance as a tendency to engage in behaviors to alter the frequency, duration, or form of unwanted internal experiences (i.e., thoughts, feelings, physiological events, memories) and to avoid the situations that trigger such thoughts and feelings. This is one of the main reasons why ACT could be potentially useful for couples experiencing infertility distress. ACT could help couples accept and come to terms with feelings of disappointment, failure, and inadequacy rather than continuing to engage in behavior designed to get rid of such emotional experiences. Likewise, ACT could help clients end their struggle with their judgmental thoughts and evaluations about their inability to conceive by learning to simply observe such evaluative thoughts, thus decreasing their believability. At the same time, ACT could help couples commit to and progress toward value-directed behavior.

Specifically, when a couple experiences infertility stress, their lives can become dominated by avoiding the negative thoughts associated with prolonged infertility. Avoidance coping, which is defined as avoiding situations or thoughts related to infertility, is consistent with the principle of experiential avoidance, and is a coping pattern frequently used by women to manage their infertility stress (Peterson, Newton, Rosen, & Skaggs, 2006a). Indeed, the use of avoidance coping is strongly correlated with increased amounts of infertility stress, marital dissatisfaction, and depression (Peterson, Newton, Rosen, & Skaggs, 2006a; Peterson, Newton, Rosen, & Skaggs, 2006b). Family events and social activities associated with young children now become painful situations to be avoided at all costs, and these avoidance efforts contribute to feelings of social isolation (Domar, 1997). Additionally, prolonged periods of infertility stress can strain a couple's interpersonal relationship (Berg & Wilson, 1991). Sexual relations that were once passionate and spontaneous are often replaced with timed intercourse and a lack of privacy (Peterson, Gold, et al., 2007). Thus, activities that once provided the couple with intimacy and security now become the catalyst for increased stress and anxiety (Peterson, Newton, &