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Psychosomatic counseling of couples involved in an in vitro fertilization (IVF)-embryo transfer (ET) program

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Key words. In vitro fertilization; embryo transfer; psychosomatic counseling.

The response of the general public to the first successful extracorporal fertilizations showed on the one hand admiration for the medical progress demonstrated, but on the other hand scepticism to the point of rejection. The objections were mainly because of fears that the use of procedures which had become technically feasible in medicine could not be controlled. The fear of possible abuse was one cause for concern; it is indeed clearly necessary that an ethical framework should be developed.

From the psychosomatic point of view, we were interested in knowing the personal opinions of our childless couples (women patients) about extracorporal fertilization^{1,2}. In 1982, therefore, even before our first extracorporal fertilization, we asked the couples who desired a child about their opinions on the 'Test-Tube-Baby'. They had to check four different possibilities on a questionnaire:

- 1) Positive attitude
- 2) Moderately positive attitude
- 3) Moderately negative attitude
- 4) Negative attitude

43.9% of the couples desiring a child showed a very positive attitude towards IVF and 34.2% a moderately positive one. 11.2% of the couples were more or less against it, and 10.7% rejected the method categorically. We may consider the opinion of the patients concerned to be unmistakable. 78.1% of our childless couples regarded this method in a positive manner; in other words, three out of four couples with a desire for children would take into consideration IVF if this procedure were indicated.

A further investigation was concerned with the presence of psychic and psychosomatic symptoms in couples who desired extracorporal fertilization. These findings led to the result that, by psychological standards, the average couple wanting IVF does not represent a peculiar pathological group of patients among couples desiring a child. The emphasis must be placed upon the word 'average'. There may be some cases of patients for whom IVF would be contraindicated for psychosomatic reasons.

Contraindications in view of psychosomatic problems:

- in case of psychosis in one of the partners,
- in case of severe neurotic depression in one of the partners,
- if one partner shows an ambivalent desire for a child,
- it is hoped that the desired child will sustain the partnership,
- in case of functional (idiopathic, psychogenic) sterility.

In order to get criteria for useful psychological guidance of couples for IVF, we investigated 20 couples in detail by means of interviews and questionnaires. From this still relatively small amount of experience we have collected mostly phenomenological data concerning the psychic stress involved. Thus first guidelines for the assistance of patients have been prepared.

All our patients agreed with the statement that the psychic burden during the IVF process is greater than the somatic one. Particularly the great tension during the period between hope and reality was stressed by nearly all patients, though they worked it out in individually different ways. Therefore we attach great importance to the individual counseling of the patients³. The couple should not have more than one or two doctors as counselors. A

confidential and above all a frank doctor-patient relationship at an early stage is instrumental in helping these couples to overcome or even avoid psychic side effects. Before the initiation of IVF a realistic explanation about possible complications, the psychic burden and the still small rate of success is of the greatest importance. Thus too strong a dependence on the doctor and an overlarge psychic burden may be avoided.

Finally it should be pointed out that in consequence of the IVF procedures a new dimension has entered medicine which it is hard to survey. For the first time it is possible to observe directly the genesis of a human being in the laboratory. Thereby, prospects are opened up which should stimulate all of us to pose some important questions, e.g.: 'Where are the limits of what is technically feasible?' 'Is misuse not already preprogrammed?' 'Should we not try to understand the over-valued desire of such couples for a child more often on the level of depth psychology?' 'Do we not conjure up the danger that our technical development will leave our spiritual development behind?'

At the University Women's Hospital of Berlin-Charlottenburg all the terms and conditions concerning IVF are summarized in the so-called *Berlin-Model*. With this

model we want to designate directly the sensitive points in order to make other groups working in this field aware of the problems involved.

The conditions are the following:

- 1) IVF: only within the family structure (no ova from a donor, no semen from a donor, no surrogate mother)
- 2) IVF: only without manipulation altering the embryo (no wasting experiments)
- 3) IVF: only with moderate stimulation (every embryo will be transferred to the mother; no cryoconservation of embryos)
- 4) IVF: only when it is clearly indicated, from the psychosomatic point of view as well.

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Human in vitro fertilization and embryo transfer: expectations and concerns

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Key words. Human IVF-ET; human sterility; bioethics; medical issues; legislation; research.

In vitro fertilization (IVF) is the fusion of an instrumentally removed human ovum with a spermatozoon in a culture dish. The transvaginal introduction of the developing embryo into the uterine cavity is called embryo transfer (ET) or embryo replacement. These new procedures in reproductive medicine give rise to a number of medical, ethical and legal questions. Some of these have been debated intensively in the scientific literature and also in the popular press. Owing to sensational reports in the media it has been difficult for the general public to form an objective opinion. The one-sidedness of the discussion about IVF and ET increases the general fear relating to scientific progress. The public is often left with the impression that progress in research, especially in the area of human reproduction, might lead only to Frankenstein-type experiments. In order to clear up this uncertainty and to ensure an acceptable application of the new technology it is necessary to establish certain norms. Many national organizations, and also the Council of Europe, have set up committees to deal with the bioethical and legal problems related to IVF and ET¹. In Switzerland the Academy of Medical Sciences has taken the initiative in examining and considering the existing problems^{8,9}.

Infertility as a disease

About 10 to 15% of the couples in European countries are unintentionally childless. Many problems resulting from this condition are not recognized by the public. They are also not spoken about, since the sex act and procreation are still considered taboo. So it is not surprising that the medical evaluation of each of the partners in a sterile couple is often carried out separately.

In a society in which the family is an important institution childlessness is invariably a source of strain. Our society treats childless couples, and particularly childless women, in an inept and often truly tactless manner which does not make it easier for the affected persons simply to accept their situation as is often advocated. With her personality and upbringing not every woman is capable of finding another aim than that of motherhood.

Blockage due to inflammation or malformation and absence of the fallopian tubes are obviously physical defects, which can only in a few cases be rectified by microsurgery. IFV and ET can be considered as another medical aid to couples who wish to have a child of their own^{2,4,6,7}. Also, under normal conditions, sexual intercourse is only a prerequisite for subsequent procreation.