

Understanding the Emotional Complexity of Female IVF Patients

Die Emotionalen Komplexität weiblicher IVF-Patientinnen

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Kurzzusammenfassung

Unfruchtbarkeit ist ein medizinischer Zustand, der die Fähigkeit zur Empfängnis eines Kindes beeinträchtigt. Obwohl sie nicht als Krankheit eingestuft wird, hat sie erhebliche emotionale Auswirkungen auf Einzelpersonen und Paare. Der Schwerpunkt dieser Studie liegt auf der emotionalen Komplexität und den Bewältigungsstrategien von Frauen, die sich einer In-vitro-Fertilisation (IVF) wegen Unfruchtbarkeit unterziehen. Unfruchtbarkeitsbedingter Stress umfasst verschiedene Bereiche, darunter soziale und sexuelle Beziehungen und den Wunsch nach Elternschaft. Die emotionale Anpassung an die Unfruchtbarkeit umfasst Phasen wie Schock, Traurigkeit und Trauer. Diagnostische Unsicherheit und Bewältigungsstrategien spielen eine wichtige Rolle bei der psychologischen Anpassung. Psychologische Theorien, darunter Stress- und Bewältigungstheorie, Bindungstheorie, kognitive Verhaltenstheorie, Resilienztheorie und Bedeutungsfindung, bieten Einblicke in die emotionale Komplexität und Bewältigungsmechanismen im Zusammenhang mit Unfruchtbarkeit und IVF. Das Verständnis der emotionalen Komplexität ist entscheidend für die Unterstützung von Personen, die sich einer Unfruchtbarkeitsbehandlung unterziehen, und für die Förderung ihres Wohlbefindens. Ziel dieser Studie ist es, das Wissen über die emotionalen Feinheiten und Bewältigungsstrategien von Frauen zu festigen, die sich einer IVF-Behandlung wegen Unfruchtbarkeit unterziehen. Außerdem soll sie das aktuelle Verständnis der Unfruchtbarkeitsreise untersuchen und die Qualität der durchgeführten Forschung zu den sozialen und psychologischen Aspekten der Erfahrungen von IVF-Patienten bewerten. Dafür soll eine Literaturübersicht erstellt werden, um die emotionale Komplexität von IVF-Patientinnen zu ergründen. Die Ergebnisse dieses Papers heben die emotionale Komplexität hervor, die IVF-Patientinnen erfahren und beleuchten die einzigartigen Herausforderungen, mit denen sie konfrontiert sind. Schließlich liefern sie wertvolle

Einblicke in ihr psychisches Wohlbefinden, die von Gesundheitsdienstleistern während und nach der IVF-Behandlung berücksichtigt werden sollten.

Schlüsselwörter

Unfruchtbarkeit, IVF, Anpassung, emotionale Komplexität, Frauen

Abstract

Infertility is a medical condition that affects the ability to conceive a child. While it is not classified as a disease, it has a significant emotional impact on individuals and couples. The emotional complexity (EC) and coping strategies of women undergoing in vitro fertilization (IVF) for infertility are the focus of the study. Infertility-related stress encompasses various domains, including social and sexual relationships, and the desire for parenthood. Emotional adjustment to infertility involves phases such as shock, sadness, and grief. Diagnostic uncertainty and coping strategies play important roles in psychological adjustment. Psychological theories, including Stress and Coping Theory, Attachment Theory, Cognitive-Behavioral Theory, Resilience Theory, and Meaning-Making, provide insights into the ECs and coping mechanisms associated with infertility and IVF. Understanding EC is crucial for supporting individuals undergoing infertility treatment and promoting their well-being. This study aims to consolidate knowledge about the emotional intricacies and coping strategies of women undergoing IVF treatment for infertility. It seeks to examine the current understanding of the infertility journey and assess the quality of research conducted on the social and psychological aspects of IVF patients' experiences. The purpose of this paper is to make a literature review in order to understand the ECs of female IVF patients. The findings of this review highlight the EC experienced by IVF patients, illuminating the unique challenges they face and provide valuable insights into their psychological well-being that health care providers should consider in subsequent IVF treatment.

keywords

infertility, IVF, adjustment, emotional complexity, women

1. Introduction

Infertility is treated within the health care system although it is not a “disease” per se. It is not life-threatening and does not impair any physical function; therefore, it is not defined as a disease (Cook & Golombok, 1990). It is not a medical condition, mainly because, as the literature suggests (Benyamini, 2003), it does not become apparent to the couple until they try to conceive. Therefore, the beginning and the ending are not clearly defined. Because its emotional impact is comparable to that of a serious chronic disease, addressing infertility is thus a vital component of achieving people’s and couple’s right to have a family (Smith, Pfeifer, & Collins, 2003). The assisted reproduction procedure itself is emotionally complex, related to increased anxiety, sadness, and stress, and can influence one’s self-esteem and confidence (Benyamini, 2003). However, regardless of the source of the problem, female or male, the patient is always the women. Generally, qualitative studies in this field only portray about half of the experience and the emotional complexity (EC) behind it.

Infertility is a complex and multifaceted medical condition that is commonly defined as the inability to conceive a child despite regular, unprotected sexual intercourse over a specific time period (Cwikel, Gidron, & Sheiner, 2004). The duration of attempts may vary based on cultural and medical norms. Infertility can affect both men and women, and it is estimated that approximately 15% of couples worldwide experience difficulties in conceiving (Schatten, Sun, & Prather, 2014). Infertility can be further categorized into primary infertility, which refers to couples who have never achieved a pregnancy, and secondary infertility, which applies to couples who have previously conceived but are unable to do so again (Skočajić, 2022). It is important to note that infertility can have various causes, including, but not limited to, issues with ovulation, sperm quality and quantity, fallopian tube blockages, uterine abnormalities, hormonal imbalances, genetic factors, and age-related decline in fertility. Diagnosing infertility often involves a thorough medical evaluation and diagnostic tests conducted by healthcare professionals specializing in reproductive medicine.

IVF and infertility can have a major impact on mental health for women, especially emotionally. EC arises from the fact that while an IVF treatment may fulfill the desire to have a child, it may cause a new set of both physical and psychological challenges, affecting the relationship as well as the social circle that they live in. In this context, this paper aims to consolidate knowledge about the emotional intricacies and coping strategies of women undergoing IVF treatment. It seeks to examine the current understanding of the infertility journey and assess the quality of research conducted on the social and psychological aspects of IVF patients’ experiences. Addressing the emotional needs of IVF patients can help create a more supportive relationship with their physicians, and help provide them with more personalized information and support. It may also help scientists, clinicians, couples undergoing IVF treatment, physicians, etc., to provide better care and help with adjustment patterns and coping mechanisms for women undergoing this type of treatment. By understanding EC, healthcare providers can identify individuals at risk and implement targeted interventions to promote resilience as well as psychological health throughout the IVF procedure process.

2. A Review of Emotional Complexity (EC) Patterns in Women Undergoing IVF

EC refers to the idea that emotions are not always simple and straightforward, but rather can be multifaceted, nuanced, and contradictory (Hessselvik, 2018). In the context of IVF, EC can arise from a variety of factors, including the physical and emotional demands of the treatment, the uncertainty of its outcome, and the impact it can have on a woman's identity, relationships, and sense of self (Hawke, 2000). For women (who have ovaries and produce eggs) undergoing IVF, emotions can range from hope and excitement to anxiety, fear, and disappointment (Jordaan, 2013; Kopitzke, Berg, Wilson, & Owens, 1991). These emotions can often be contradictory, with women experiencing both positive and negative feelings simultaneously. For example, a woman may feel elated at the prospect of having a child through IVF, but also anxious and uncertain about the process and its potential outcomes (Golombok, 1992). The EC of IVF can also be exacerbated by the societal pressures and stigma surrounding infertility, which can make women feel ashamed or inadequate (Beaurepaire, Jones, Thiering, Saunders, & Tennant, 1994). This can further complicate the emotional experience of IVF, as women may struggle with feelings of guilt or self-doubt, in addition to the more typical emotions associated with IVF. It is important to recognize and address the EC of IVF, both by providing emotional support and counseling to women going through the process, and by raising awareness about the emotional impact of infertility and its treatment (Van den Broeck, D'Hooghe, Enzlin, & Demyttenaere, 2010). By acknowledging the EC of IVF, we can better support women in their journey towards parenthood and help them navigate the challenges and uncertainties of this process with greater resilience and self-compassion (Peddie, van Teijlingen, & Bhattacharyat, 2005).

The emotional journey of IVF patients is characterized by a range of complex and intense emotions, including hope, anxiety, disappointment, and grief. Understanding EC allows healthcare professionals to provide appropriate support and interventions to address psychological distress and enhance psychological well-being. Research has shown that excessive amounts of emotional distress can negatively impact treatment outcomes and increase the likelihood of mental health issues, for example, anxiety and depression (Volgsten et al., 2010). Infertility-related emotional stress can be viewed as a complex construct consisting of largely autonomous infertility-related domains. Newton, Sherrard, and Glavac (1999) distinguished five distinct domains: (1) social concerns (reminders of infertility, sensitivity to other people's comments, or feelings of social isolation from family members or peers); (2) sexual concerns (difficulties in having scheduled sexual relations, or a reduction in sexual pleasure or sexual self-esteem); (3) relationship concerns (concerns about the consequences of infertility on relationships, difficulties in talking about it or accepting/understanding gender differences); (4) need for parity (negative perception of being childless). Furthermore, a previous study has found that men and women with infertility have significantly different levels of infertility-related stress (Greil, 1997), with women scoring higher. Several types of research have been conducted to assess infertility stress using general measures of depression and anxiety (Chen, Chang, Tsai, & Juang, 2004; Domar, Broome, Zuttermeister, Seibel, & Friedman, 1992), but these may miss out on more specific facets of the infertility condition, such as those consisting of the five domains mentioned above. Park (2019) explored the emotional journey that women often experience during IVF. For this she interviewed several women who had undergone IVF, as well as mental health experts, to better

understand the emotional toll of the process. The results of the study revealed the intense feelings of anxiety, disappointment, and grief that can accompany IVF, as well as the strain it can put on a woman's mental health. Park also explored the societal pressures and stigma surrounding infertility, which can exacerbate feelings of shame and inadequacy. In addition to discussing the emotional challenges of IVF, Park offers practical tips and advice for coping with the stress of the process. This includes seeking emotional support from friends and family and professional counseling or support groups.

EC plays a significant role in IVF treatment adherence and coping strategies. The IVF journey can be physically and emotionally demanding, requiring individuals to navigate multiple treatment cycles, medical procedures, and uncertain outcomes. Emotional distress, such as anxiety and depression, can hinder treatment adherence and compromise the effectiveness of IVF (Boivin et al., 2013). By studying the EC, researchers can identify factors that contribute to treatment discontinuation or non-adherence and develop interventions that promote effective coping mechanisms, emotional regulation, and decision-making strategies. Understanding the EC in IVF women patients is essential for promoting effective patient-provider communication. IVF patients often express a need for empathy, support, and clear communication with their healthcare providers (Hammarberg, Kirkman, & Fisher, 2017). By acknowledging and addressing the emotional challenges faced by IVF women patients, healthcare professionals can establish a therapeutic alliance, enhance patient satisfaction, and facilitate shared decision-making processes. Studying EC can shed light on the specific communication needs of IVF women patients and guide healthcare providers in effectively addressing emotional concerns during consultations. EC has a significant impact on the quality of life and overall IVF patient experience. Infertility and the treatment process can impact various aspects of life, including relationships, social interactions, and self-perception. Research has shown that emotional well-being and support are essential contributors to the overall satisfaction and experience of IVF patients (Sekhon, Lee, & Muasher, 2019). By studying EC, researchers can identify factors that contribute to positive patient experiences and design interventions that enhance the overall quality of life during the IVF journey.

However, it is important to emphasize that EC is a multifaceted construct that involves the interplay of various psychological factors and processes. In the context of IVF, understanding emotional complexity is crucial as individuals undergoing fertility treatments often experience a wide range of emotions. To gain a comprehensive understanding of the EC in the context of IVF, researchers have drawn upon theoretical frameworks and concepts from different disciplines. These frameworks and concepts provide valuable insights into the nature, dynamics, and determinants of EC.

Stress and Coping Theory is a widely used framework when it comes to infertility. Proposed by Lazarus and Folkman (1984), this theory suggests that individuals' emotional responses are influenced by their appraisals of stressors and the coping strategies they employ. Individuals experiencing infertility and facing reproductive challenges encounter various stressors, including the diagnosis of infertility, treatment procedures, and the uncertainty of treatment outcomes. According to this theory, the emotional complexity experienced by individuals undergoing infertility and IVF is shaped by their appraisal of these stressors and the coping mechanisms they employ to manage the associated distress.

On the other hand, attachment theory, developed by Bowlby (2013), focuses on the emotional bonds formed between individuals and their primary caregivers. This is hypothesized to explain how these early attachment experiences shape individuals' expectations and behaviors in their adult relationships. When it comes to infertility, Attachment Theory helps us comprehend the ECs in couples' relationships. The experience of infertility can challenge individuals' sense of self-worth, trigger feelings of loss and grief, and strain intimate relationships. Understanding how attachment styles influence the emotional responses and coping strategies of individuals undergoing IVF can provide valuable insights for supporting their emotional well-being. In addition to Attachment theory, the Cognitive-Behavioral Theory (CBT) is another relevant framework that explores the interplay between thoughts, emotions, and behaviors. CBT posits that individuals' emotional responses are influenced by their cognitive interpretations of events and subsequent behavioral and emotional reactions. In the context of infertility, individuals may experience distorted thought patterns, such as negative self-perceptions, excessive worry about treatment outcomes, or catastrophic thinking about their future. By addressing and challenging these maladaptive cognitions, CBT interventions can help individuals adjust their emotional responses and develop more adaptive coping strategies (Kane et al., 2019).

Furthermore, identity theory focuses on how individuals develop and maintain a sense of identity in different social contexts. When it comes to infertility, individuals may experience challenges to their individuality as they struggle to fulfill their desire for parenthood. Infertility can disrupt individuals' expectations and aspirations regarding their roles as parents and their personal identity. Understanding the impact of infertility on identity formation and self-concept is crucial in supporting individuals' emotional well-being and helping them navigate the adjustments required in the face of reproductive challenges (Burke & Stets, 2022). Furthermore, Resilience Theory examines the processes and factors that contribute to individuals' ability to adapt and thrive in the face of adversity. In the context of IVF, resilience theory helps us understand how individuals navigate the ECs of fertility treatments. It explores the factors that promote emotional well-being, such as social support, optimism, problem-solving skills, and personal strengths. Understanding resilience can inform interventions aimed at enhancing individuals' emotional adjustment and coping strategies during the IVF journey. Finally, Meaning-Making refers to the process of constructing personal meaning and significance from life events and experiences (Park, 2010). In the context of IVF, individuals may engage in the meaning-making process to make sense of their fertility challenges, treatment experiences, and outcomes. This process allows individuals to find purpose, growth, and a sense of coherence in the face of ECs. Meaning-Making can contribute to individuals' emotional well-being and provide a framework for understanding and integrating the range of emotions experienced during the IVF journey.

2.1 Assessing Psychological Adjustment

Other authors have proposed similar models (Pasch & Sullivan, 2017), which have been analyzed using the Actor-Partner Interdependence Model (APIM). This model allows for the simultaneous estimation of both individual effects, known as actor effects, and the effects of another person, known as partner effects (Kenny, Kashy & Cook, 2020). However, because the couple, rather than an individual, was the study's primary unit of analysis, these studies "provided limited insight into the dynamics within the

couple" because they "did not speculate on how individual responses to infertility impact the outcomes of both spouses' appraisals, coping mechanisms, and results". Couple communication quality is generally considered to be the hallmark of excellent relationship outcomes (Stanley et al., 2020), so any impacts of individual assessment and coping are expected to affect relationship quality via influencing communication quality. Stress, according to basic studies on marital relationships, can contribute to poor communication quality (Hou, Jiang & Wang, 2019). Based on clinical experience, we argue that these incompatibilities often precede the feeling of infertility, but that stress exacerbates these incompatibilities (Fallahchai, Fallahi & Ritchie, 2017). In heterosexual couples, for example, basic gender disparities in coping become polarized in the context of infertility stress, as women frequently feel the need to communicate their emotions while men try to detach themselves from the situation. The subsequent negative communication sequence consists of the woman demanding more time to discuss impending treatments with her spouse, while her husband ignores her or changes the subject (Szatmári, Helembai, Zádori, & Kovács, 2022). Thus, the suggested stress and coping model in couples contends that infertility stress affects each partner's individual and relationship outcomes via incompatibilities that influence communication quality.

A study of two processes (Peterson, Park, & Seligman, 2019) related to infertility threat appraisals discovered that women who believed they had a high likelihood of becoming pregnant were less distressed than women who believed they had a low likelihood of becoming pregnant. However, women whose partners believed they had a high likelihood of becoming pregnant were more distressed, possibly because women found their partners' confidence invalidating and unappreciative of the demand the treatment placed on them. In terms of coping, a longitudinal study found that avoidant coping methods (such as avoiding pregnant women) predicted greater levels of marital and emotional misery for both oneself and one's spouse. Furthermore, when women utilized meaning-based coping methods (e. g., identifying other life objectives), they felt less distress and their husbands felt less marital distress related to infertility.

Peterson et al. (2019) extended the research beyond individual and partner impacts on personal outcomes by also examining how partner congruence in the evaluation and coping attempts influences both individual and couple outcomes. There is significant evidence that men and women generally respond differently to infertility, in part because it is the woman who becomes pregnant, most treatments are directed at the woman, and women bear the brunt of the lifestyle disruption, physical pain, and medication side effects. Women report a stronger investment in having children, a greater desire to seek therapy, a greater desire to discuss fertility issues with their partner, a larger loss of self-esteem, and higher levels of sadness. Women have been shown to use more coping overall, and specifically, more social support seeking, escape-avoidance coping, confronting coping, and accepting responsibility, whereas men may use more distancing, self-controlling coping, and planful problem-solving. Furthermore, men and women who are congruent in their assessments of infertility distress and in their coping techniques generally report higher levels of individual and marital adjustment than men and women who vary (Benyamini, Gozlan & Kokia, 2009). Divergent perspectives between spouses, according to the authors, may impede effective communication and make the couple less likely to regard themselves as presenting a more united front as they face the challenge of IVF therapy together.

When studying emotional adjustment to infertility, it is critical to consider the subjective meaning of parenthood and childlessness in one's life (Greil, 1997; Benyamini, Gozlan, & Kokia, 2004). Benyamini et al. (2009) also emphasized the importance of considering cognition when analyzing patients' emotional adjustment, given the unique health threat. According to Boivin et al. (1995), these characteristics increase the value of parenthood during the infertility process, which influences the emotional adjustment of spouses undergoing IVF therapy. 'Emotional distress in infertility' is a wide term that encompasses anxiety, despair, sorrow, crisis, diminishing psychological well-being, and other sorts of emotional and interpersonal disruptions experienced by infertile people. Because involuntary childlessness is an unwelcome situation, distress is frequently connected with it. Childlessness causes a developmental crisis that threatens one's overall sense of self (individual, familial, and societal). Distress may occur before or throughout treatment, when a person feels a lack of control over achieving motherhood, anxiety or depression following the diagnosis, therapies, and their consequences, notably their low success rates. An infertility diagnosis may cause chronic distress in both genders, resulting in emotional suffering in five major dimensions of daily life: social, sexual, relational, parental demands, and rejection of child-free existence (Patel, Sharma & Kumar, 2018).

Psychological adjustment to infertility is a complicated and multifaceted process that individuals undergo when facing the emotional and psychological challenges related to infertility. It involves the capacity to cope with distress, develop effective coping strategies and emotions, and achieve a sense of psychological well-being despite the obstacles and uncertainties of the infertility journey. Important aspects of the experience of psychological adjustment to infertility are emotional phases and patterns. Research suggests that there are various emotional phases that individuals may go through while adjusting to infertility. These phases include initial shock and disbelief upon receiving the diagnosis, feelings of sadness, grief, and loss related to the unfulfilled desire for parenthood, and the pursuit of medical interventions such as IVF (Volgsten et al., 2019). Additionally, the Kubler-Ross model of grief and loss has been applied to infertility, highlighting stages such as denial, anger, bargaining, depression, and acceptance. However, it should be noted that adjustment patterns may vary across individuals and are influenced by personal, cultural, and contextual factors.

Diagnostic uncertainty is another important factor in infertility-related psychological adjustment. The process of diagnosing infertility often involves uncertainty as individuals struggle to understand the underlying causes and potential treatment options. This uncertainty can contribute to heightened anxiety, stress, and emotional distress. Research indicates that individuals may experience a period of adjustment marked by heightened emotional distress and decreased well-being during the diagnostic phase (Chernoff, Balsom, & Gordon, 2021). It is crucial to address the emotional impact of diagnostic uncertainty and provide appropriate support during this stage.

Coping strategies play a critical role in the psychological adjustment to infertility. Individuals employ various coping mechanisms to manage emotional distress and enhance their overall well-being. Active coping strategies, such as seeking emotional support, engaging in problem-solving, and participating in self-care activities, have been linked to improved psychological adjustment (Peterson et al., 2019). Adaptive coping strategies, such as reframing the situation, finding meaning in action, and maintaining a positive outlook, can contribute to a sense of resilience and improved psychological well-being. Social support from family, friends, and support groups is crucial in facilitating infertility-related psychological

adjustment. Studies have shown that individuals who perceive higher levels of social support tend to have better emotional well-being and coping abilities (Ribeiro et al., 2016). Connecting with others who have similar experiences through support groups can provide a sense of validation, understanding, and shared knowledge, which can aid in the adjustment process. Additionally, seeking professional help through counseling or therapy can provide individuals with a safe space to express their emotions, gain coping skills, and navigate the challenges of infertility. Infertility-related psychological adjustment involves navigating the emotional and psychological challenges connected with difficulty to conceive. It encompasses experiencing various emotional phases and patterns, managing diagnostic uncertainty, employing coping methods, and accessing social support and professional help. Understanding and supporting the psychological adjustment process is crucial in promoting the well-being and resilience of individuals undergoing infertility treatment.

3. Importance of Understanding the Emotional Complexity of IVF Patients

Technical and medical decision-makers frequently dismiss emotions as unimportant. They are thought to be manufactured diversions that prevent us from comprehending objective truths. Recent research on emotions demonstrates that feelings are a crucial component of practical reasoning. The feelings and worries of patients undergoing treatment must be taken into consideration by healthcare professionals (Bartlett, 1991; Beaurepaire et al., 1994). The emphasis should be placed on assisting women and couples undergoing IVF to navigate the process by assisting them to keep track of their emotional needs and by providing support and a safe atmosphere, particularly in the difficult times following a failed IVF treatment.

Women undergoing IVF are very fragile, both emotionally and physically, and this fact needs to be taken into account. To achieve this, the environment between the IVF healthcare professionals and their patients must be understanding and kind. Making IVF healthcare more sympathetic and compassionate toward IVF patients might be accomplished by examining and considering the emotional issues mentioned in online forums. The apparent lack of psychological support and direction provided by hospitals or fertility centers during the IVF process is a major source of disappointment for women undergoing IVF (Klitzman, 2018). The risks of IVF also include how it may affect the psychological and social health of women, couples, and those who care for them. It is impossible to properly understand the influence that IVF has on people, both positively and adversely, without understanding the emotions of IVF users (Adrian, 2015). This shows that it is crucial that the emotional needs of both women and men are considered when providing IVF treatment and medical care. Treatment side effects and emotional and psychological stress might be very severe. Feelings and how such feelings can influence policy and health care should be considered to fully realize the potential of IVF technology. An analysis of emotional concerns is critical. In light of this, the health care ethics committee would be wise to suggest that hospitals and fertility clinics employ qualified social workers or licensed psychologists who will be able to interact personally with IVF patients and assess their needs on an individual basis.

4. Conclusions

In conclusion, studying the EC and patterns of adjustment to infertility among IVF women patients sheds light on the unique challenges they face and provides valuable insights into their psychological well-being. Firstly, it is evident that infertility and the pursuit of IVF treatment evoke a wide range of emotions in women. These emotions may include grief, sadness, frustration, anxiety, and even guilt. Understanding and acknowledging the emotional impact of infertility is crucial to provide adequate support and care to these patients. Secondly, the adjustment process for IVF women patients is multifaceted and evolves over time. Initially, many women experience a sense of hope and optimism as they embark on the IVF journey. However, as treatment progresses and uncertainties arise, emotional fluctuations and stress may become more prominent. Coping mechanisms and support systems play a vital role in helping women navigate the ups and downs of the infertility journey. Moreover, individual differences in emotional responses and adjustment patterns to infertility and IVF treatment are observed. While some women may exhibit resilience and adaptive coping strategies, others may struggle with prolonged emotional distress and difficulties in adjusting to the challenges. Identifying risk factors and protective factors that influence emotional outcomes can guide healthcare professionals in providing targeted interventions and support.

Furthermore, it is crucial to consider the sociocultural context in which IVF women patients navigate their infertility experiences. Cultural expectations, societal norms, and stigma surrounding infertility may amplify emotional challenges and affect the adjustment process. Tailoring support services to address these unique cultural factors can enhance the overall well-being of IVF patients. Understanding the EC and patterns of adjustment to infertility among IVF women patients is essential for healthcare professionals, researchers, and support networks. By recognizing and addressing the emotional needs of these patients, we can contribute to improved mental health outcomes, enhance patient satisfaction, and provide more effective infertility care. Continued research in this area will undoubtedly yield valuable insights that can shape the development of comprehensive support programs and interventions for IVF women patients.

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