



What are the Most Supportive Psychotherapies for Involuntary Infertile Premenopausal Women with Reproductive Cancer?

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Abstract

There is much belief in the positive effects of counselling and psychotherapies for involuntary infertility, however there is a scarcity of case studies and clinical trials relating to this specific area of research. It can be devastating to learn at a young age, that your cancer treatment could result in infertility. Studies have shown that the young female cancer survivors that do not have discussions about fertility issues when diagnosed or being treated, are less likely to have biological children.

Keywords Premenopause; Psychology; Mental health; Therapy; Infertility

Introduction

Approximately 35,000 females between 15 and 39 are diagnosed annually with cancer [1]. A diagnosis of cancer can lead to varying degrees of distress, based on the type of cancer, pain, occurrence, age, and social support [2]. Women in young adulthood are at the stage in their lives where they are looking at marriage and starting a family, more directly, a desire for biological children [3].

Due to advancements in medicine, more people with cancer are surviving and therefore chance long-term difficulties from their care. The inability to have biological children worsens over time, as the cancer survivors continue to deal with their failure to reproduce, affecting their "quality of life".

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Physicians have been provided with training and information in relation to fertility preservation in female cancer patients, however several studies have shown that these conversations rarely take place [4,5], the cancer treatment comes first without consideration of fertility, mental health or "quality of life".

Young female cancer survivors should be provided with information on fertility conservation, adoption and alternative to motherhood as well as mental health services.

Benefits to psychotherapies have been studied in detail with results providing several advantages to patients [6-10]. In relation to the needs of young Australian female cancer survivors whose treatment included a hysterectomy, the following psychotherapies may be of assistance.

- Cognitive Behavioural Therapy (CBT).
- Interpersonal Psychotherapy
- Acceptance Therapy (AT) [11,12]
- Mindfulness Based Therapy (MBT)
- Psychoeducation [13]

Young women who have survived cancer, more so than older women, experience life plan interruptions with a risk of psychological distress, that require a higher need for support, information, and psychotherapy.

This project seeks to focus on the need and type of supportive psychotherapies for young female Australian cancer survivors whose treatment included a hysterectomy.

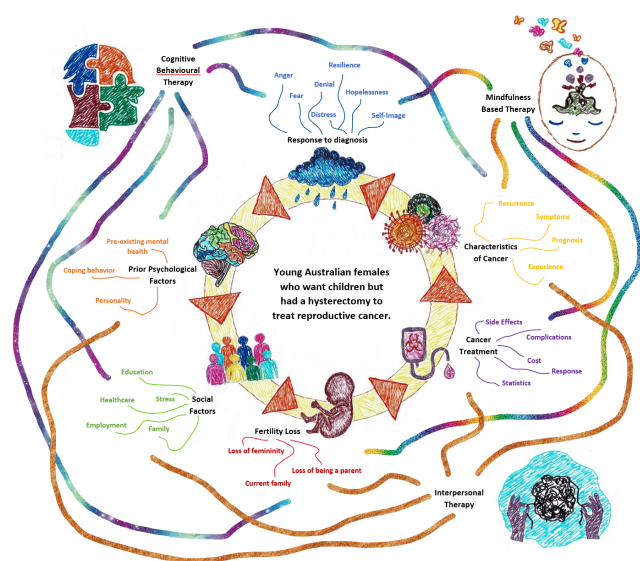
By doing this project I hope to a) determine the need for psychotherapy for young female's cancer survivors; b) identify beneficial psychotherapies for the selected participants c) develop an integrated psychotherapy approach to assist women dealing with reproductive cancers and fertility loss; c) inspire further research.

The question is seeking to identify and develop an integrated psychotherapy approach to assist women dealing with reproductive cancers and fertility loss. The nature of the research question is "what".

Potential relationships to be explored include those between:

- Cognitive Behavioural Therapy benefits for depression and anxiety.
- Acceptance Therapy benefits for stress, anxiety, depression, pain, and substance abuse.
- Interpersonal Psychotherapy benefits for depression, pain, and substance abuse.
- Mindfulness and Positivity benefits for depression, unhappiness, anxiety and addiction.
- Psychoeducation benefits for depression, anxiety, fertility loss and pain
- Psychological responses
- To a cancer diagnosis
- To stress, family, employment and healthcare
- Based on past experience
- Based on symptoms and prognosis
- Based on cancer treatment requirements
- To loss of fertility

Concept Map



Literature Review

When conducting a search, there are many articles in relation to cancer and depression, and articles in relation to infertility and depression, there are also articles about the benefits of psychotherapy. However, there is a need for research to combine these together for women who have had fertility taken away from them and are also dealing with a cancer diagnosis.

Article One

This peer reviewed study by Thimm and Johnsen (2020) aims to answer the effect of mindfulness-based cognitive therapy (MBCT) for depression over time. They reviewed previous studies which confirmed results in reducing depression in participants using either the Beck Depression Inventory (BDI) or the Hamilton Depression Rating Scale (HDRS).

This paper includes the results of twenty MBCT research studies which provides a large amount of information and evidence to determine MBCT is an effective treatment for depression. Thimm and Johnsen (2020) present several limitations to the previous studies that warrants further investigation to confirm that MBCT is effective in reducing symptoms of depression. Their research warrants further study in relation to ensuring that these findings are stable over time.

The information within this paper was relevant when completing the concept map and the relevance to psychotherapies and their effects on certain mental health concerns. This study was well designed to review previous studies and grow on that data to determine the benefits of MBCT over a longer timeframe. Although this paper did not make an impact on the research question, the statistical data, treatment information and reference to previous studies makes this paper very relevant to the research project [14].

Article Two

Jessica Gorman (PhD) is a professor at Oregon State University and has published over 52 articles in her specialty areas of reproductive

health, behavioural health research, cancer survivorship and psycho-oncology.

The purpose of this peer reviewed article is to determine female cancer survivor's depression and informational needs in relation to their "quality of life" (Gorman et al, 2015, p.935). "For many young survivors, whether they are physically able to have children or not, experiencing reproductive concerns could have a considerable impact on their future plans". Young female cancer survivors require information and assistance in relation to reproductive concerns, which is evident within this web-based survey of 204 female cancer survivors between the ages of 18 and 35. 64% of the surveyed had been in remission for 1-4 years, 21% in remission for 5-9 years and 15% in remission for over 10 years. 82.5% of the participants did not have biological children at the time of the survey and although 76.5% considered adoption, only 2.5% of the participants had adopted children. This low number could be in relation to the high percentage of people in their first four years of remission. Unfortunately, this study is limited due to a large cross-section of participants ranging in age, remission years, want for biological children, history of mental health and individual experiences.

This article assisted in focusing the research question to young women with reproductive cancers and provided influence to reduce or group the cross-section of participants within an introductory survey to gather acceptable participants. The survey provided no definitive result in proving depression in female cancer survivors based on fertility and quality of life. This article warrants further investigation into female cancer survivors want for biological children, length of remission, age and respective mental health concerns, hence the proposed research.

Article Three

Gibbons et al (2016) is a peer reviewed research paper authored by professional scholars and psychiatrists specialising in Cognitive Behavioural Therapy (CBT). The purpose of this research is to determine if there is a difference in the treatment methods of CBT as outpatients compared to several randomised controlled inpatient trials. The study is well designed, even considering the vast differences in treatment structures and outpatient settings.

Although it did not inform the research question directly, the results and information provided evidence and statistical data to determine that CBT is effective for depression. 61% of participants showed improvements, in both inpatient and outpatient settings, "there was little evidence of the superiority of either setting overall". Therefore an integrated psychotherapy plan for young female cancer survivors, would not necessarily require an inpatient setting.

Much detail is provided on CBT treatment methods, as well as the effect on recurrent depression, anxiety and substance abuse which is beneficial to the proposed research in finding the most supportive psychotherapies for young female cancer survivors dealing with infertility. Participants completed the Beck Depression Inventory (BDI) to measure characteristic attitudes and symptoms of depression which proved to be an efficient and effective measure over the course of treatment and will assist in the statistical analysis and level of depression in the young Australian women whose reproductive cancer treatment included a hysterectomy [15-21].

References

1. Levine JM, Kelvin J, Quinn GP, Gracia CR (2015) Infertility in reproductive-age female cancer survivors. *Cancer* 121.
2. Granek L, Nakash Ora, Ariad S, Shapira S, Ben-David M (2019) Cancer Patients' Mental Health Distress and Suicidality. *Crisis: the Journal of Crisis Intervention and Suicide Prevention* 40: 429-436.
3. Gorman JR, Irene Su H, Roberts CS, Dominick SA, Malcarne VL (2015) Experiencing reproductive concerns as a female cancer survivor is associated with depression. *Cancer* 121: 935-942.
4. Goodwin T, Elizabeth Oosterhuis B, Kiernan M, Hudson MM, Dahl GV (2017) Attitudes and practices of pediatric oncology providers regarding fertility issues. *Pediatr Blood Cancer* 48: 80-85.
5. Quinn GP, Vadaparampil ST, Lee JH, Jacobsen PB, Bepler G, et al. (2019) Physician referral for fertility preservation in oncology patients: a national study of practice behaviors. *J Clin Oncol* 27.
6. Lopes RT, Gonçalves MM, Fassnacht DB, Machado Paulo PP, Sousa I (2014) Long-term effects of psychotherapy on moderate depression: A comparative study of narrative therapy and cognitive-behavioral therapy. *J Affect Disord* 167: 64-73.
7. Gibbons CJ, Fournier JC, Stirman SW, DeRubeis RJ, Crits-Christoph P, et al. (2016) The clinical effectiveness of cognitive therapy for depression in an outpatient clinic. *J Affect Disord* 125: 169-176.
8. Strong SD (2019) Contemplative psychotherapy: Clinician mindfulness, Buddhist psychology, and the therapeutic common factors. *J Psychother Integr*.
9. Germer C, Siegel R (2014) *Mindfulness and Psychotherapy*. In *Mindfulness and Psychotherapy* Guilford Publications.
10. Forkmann T, Brakemeier E, Teismann T, Schramm E, Michalak J (2016) The Effects of Mindfulness-Based Cognitive Therapy and Cognitive Behavioral Analysis System of Psychotherapy added to Treatment as Usual on Suicidal Ideation in Chronic Depression: Results of a Randomized-Clinical Trial. *J Affect Disord* 200: 51-57.
11. Ford L (2015) The use of experiential acceptance in psychotherapy with emerging adults. ProQuest Dissertations Publishing.
12. Lopes RT, Gonçalves MM, Machado PPP, Sinai D, Bento T, et al (2014) Narrative therapy vs. cognitive-behavioral therapy for moderate depression: empirical evidence from a controlled clinical trial. *Psychother* 1:13.
13. Colom F (2011) Keeping therapies simple: psychoeducation in the prevention of relapse in affective disorders. *British Journal of Psychiatry* 198: 338-340.
14. Thimm JC, Johnsen TJ (2020) Time trends in the effects of mindfulness-based cognitive therapy for depression: A meta-analysis. *Scand J Psychol* 61: 582-591.
15. Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J (1961) An inventory for measuring depression. *Arch Gen Psychiatry* 4: 561-571.
16. Beraldi A, Kukk E, Nest A, Schubert-Fritschle G, Engel J, et al. (2015) Use of cancer-specific mental health resources- is there an urban-rural divide? *Supportive Care in Cancer* 23: 1285-1294.
17. Cancer Australia (2013) Understanding the emotional and social impact of cancer, Cancer Australia.
18. Goldie I, Elliott I, Regan M, Bernal L, Makurah L (2016) *Mental health and prevention: Taking local action*. London: Mental Health Foundation.
19. Mondin TC, Taiane de AC, Jansen K, Spessato BC, de Mattos Souza LD, et al. (2013) Effects of cognitive psychotherapy on the biological rhythm of patients with depression. *J Affect Disord* 155: 142-148.
20. Julian M, Michael F, Katja L, Sender A, Geue K, et al. (2019) Sexuality and cancer in adolescents and young adults - a comparison between reproductive cancer patients and patients with non-reproductive cancer. *BMC Cancer* 19: 828-828.
21. O'Leary Z (2014) *The Essential Guide to Doing Your Research Project* (2nd Edition). SAGE Publications.