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The Roles and Tasks of the Medical Social Worker Regarding the Infertile Couple.

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Introduction

Infertility is a field of practice in medical social work which has recently come to light with the development of new methods of birth technology throughout the world. The medical social worker in this field requires the same skills and knowledge as any medical social worker, but additionally requires thorough knowledge of the field of gynaecology, infertility and andrology in order to gain the necessary insight into this complex phenomenon experienced increasingly by couples worldwide.

Fertility is usually taken for granted by most people and they plan their family like they do their education, career, finances and housing until they feel the time is right to have a child. Once they discover they cannot conceive, it comes as a tremendous shock and they are unable to deal with the situation. Then follow all the lengthy, stressful and expensive medical tests and treatment which may or may not determine the causes of the infertility problem and may or may not result in a pregnancy. The medical social worker therefore has an essential role to play and a task to fulfil regarding the infertile couple being treated at an infertility clinic or private practice.

2 Definitions

The definitions of terms used throughout this paper are subsequently provided.:

2.1 Infertility

Infertility is defined by Dorland's Medical Dictionary (1988:835) as: "Diminished or absent capacity to produce offspring; the term does not denote complete inability to produce offspring as does sterility." D'Andrea (1984:75) is more specific in defining infertility as: "... the inability to conceive after one year of regular intercourse or the inability to deliver a live infant after three consecutive conceptions".

Infertility can therefore be described as the diminished or absent ability to conceive after a year of more or regular sexual intercourse without contraception, or the inability to complete a full-term pregnancy and have a live birth after three miscarriages.

2.2 Inter-disciplinary team

Skidmore and Thackeray (1982:136) define an inter-disciplinary team as: "...a close, co-operative, democratic, multi-professional union devoted to a common purpose – the best treatment for the fundamental needs of the individual. Its members work through a combined and integrated diagnosis; flexible, dynamic planning; proper timing and sequence of treatment; and balance in action. It is an organismic group distinct in its parts, yet acting as a unit, that is, no important action is taken by members of one profession without the consent of the group". Collaboration or teamwork is defined by Germain (1984:199) as: "... a co-operative process of exchange involving communication, planning and action on the part of two or more disciplines. Its purpose is to achieve specific goals and tasks related to health care that cannot be achieved or achieved as well, by one discipline alone".

The inter-disciplinary team can thus be defined as consisting of members of different disciplines who work together, each contributing by performing specific roles and tasks from the context of their profession, to achieve a common goal related to the patient's total treatment plan.

2.3 Medical social work

The Defining Afrikaans Dictionary of Social Work (1971:41) defines medical social work as follows: "Maatskaplike Werk wat meer bepaald op die maatskaplike probleme ten gevolge van siekte gerig is en in 'n kliniek of hospitaal of ander geneeskundige omgewing of in oorleg met 'n geneesheer verrig word." Skidmore and Thackeray (1982:167) provide a more detailed definition: "Social Work in health care addresses itself to illness brought about by or related to social and environmental stresses that result in failures in social functioning and social relationships. It intervenes with medicine and related professions in the study, diagnosis and treatment of illness at the point where social, psychological and environmental forces impinge on role effectiveness."

Medical social work can therefore be defined as the practice of social work in an inter-disciplinary health setting, with the primary focus on the illness, hospitalization, treatment or disability and the psycho-social effect on the patient, the family and the community.

3 The aim of medical social work

The aim of medical social work according to Fink (1978:286) is: "...to contribute to the total understanding of the patient by determining the social, emotional, and cultural factors which may be impending his health and/or his ability to make the best use of medical care, to intervene when such factors exist, to recommend and implement the use of those community resources which would be useful to the patient and his family and to help medical and paramedical staff utilize the social worker's special knowledge in carrying out a total treatment plan".

Thus the aim of medical social work can be described as follows: To assess the patient's psycho-social situation, possibly contributing to his illness, as well as the psycho-social impact of the illness on the patient and his family; to intervene, so as to prevent the reoccurrence of such an illness in the future; and to enhance the patient's and his family's coping mechanisms and insight, enabling them to cope more effectively with the situation and to make use of the treatment and after-care facilities available.

4 The roles, tasks, skills and knowledge of the medical social worker

It is important to first describe the roles, tasks and skills of the medical social worker in a medical setting, before discussing these roles and tasks regarding the infertile patient.

4.1 The roles and tasks of the medical social worker

The medical social worker has a variety of roles and tasks to perform in her work. Medical settings, however, offer medical services primarily, and therefore the medical practitioner takes on the primary role, whereas the medical social worker has a secondary role to fulfil in the inter-disciplinary team. This should not discourage social workers, as it still implies a very important and prominent position in the inter-disciplinary team, with many different roles and tasks essential to the team.

Muller in Pieterse (1976:187-188) describes three tasks of the medical social worker:

* Indirect services to the patient and his family. The medical social worker must ensure that the patient and his family receive the best medical and social services;
* indirect services, by making sure that the community has the necessary facilities such as after-care or geriatric centres; and
* direct services to the patient and his family, to determine the causes and implications of the illness and other problems which might exist.

Skidmore and Thackeray (1982:171) provide a more detailed description of the tasks of the medical social worker as to:

"* Assess the patient's psychological and environmental strengths and weaknesses;
* collaborate with the team in the delivery of services so as to ensure the maximum utilization of the skill and knowledge of each member;
* assist the family to co-operate with treatment and to support the patient's utilization of medical services;
* identify with a group of teachers to improve the services of the hospital by an inter-disciplinary sharing of knowledge;
* serve as a broker of community services, thus providing a linkage of patient need with appro-

priate resources;

* participate in the policy-making process; and
* engage in research to assure a broadening of the knowledge base for successful practice."

Skidmore and Thackeray (1982:171), however, do not emphasize the educational task, which is a very essential one. Otherwise, they provide a good description of important tasks of the medical social worker.

Germain (1984:78-79) discusses the roles and tasks of the medical social worker in helping a patient cope with the stress of illness, injury or disability very thoroughly. These roles and tasks have been summarized as follows, categorized into the roles and appropriate tasks:

Roles	Tasks
* Mobilizer	- Providing the patients with incentives and rewards for coping; dealing with ambivalence, resistance and dependency.
* Teacher/ Coach	- Providing individual instruction in coping skills
* Collaborator	- Providing instruction in coping skills in groups or in the team.
* Mediator	- Influencing the environment to do the same.
* Enabler	- Providing emotional support.
* Organizer	- Influencing the organization to be responsive to emotional needs; organizing support groups.
* Facilitator	- Providing information, time and space for effective coping; opportunities for choice, decision-making and action.
* Innovator	- Creating new programs and services to meet the needs.
* Advocate	- Influencing organizational and outer environments to change when needed.

These roles and tasks of the medical social worker can be applicable in any situation regarding illness, injury or disability.

The roles and tasks of the medical social worker according to Dinerman (1979:17-19) can be classified as follows:

Roles	Tasks
* Co-ordinator/ Linkage agent	- Arranging, planning and co-ordinating various medical and other services for patients.
* Referral agent/ Informant	- Providing information regarding community resources or referring the patient to the applicable resource.
* Long-term, aftercare facilitator	- Providing information and the opportunity for decision making regarding long-term and after-care facilities to chronically ill, disabled or aged patients.

Dinerman (1979:17-19) unfortunately, fails to mention any direct roles, but merely concentrates on the more indirect roles of the medical social worker.

Wallace, Goldberg and Slaby (1984:36-38) discuss a few roles and tasks of the clinical social worker in primary health care, which have been interpreted as follows:

Roles	Tasks
* Evaluator/ Assessor/ Screening agent	- Evaluating or screening cases as referred by other disciplines and assessing the patient's need for therapy or referral.
* Therapist	- Providing the necessary therapeutic intervention.
* Co-ordinator	- Arranging for treatment with other disciplines.
* Consultant	- Providing consultation as needed.
* Informant/ Referral agent	- Providing information regarding the illness, treatment or disability and referring the patient as required.

Wallace **et al.** (1984:36-38) mention the roles and tasks of the medical social worker in a more structured manner, according to the actual process of intervention which usually takes place in a medical setting, other than Germain (1984:78-79) and Dinerman (1979:17-19).

The medical social worker also has other roles and tasks to perform besides the above-mentioned. These include the following according to Laurence (1989:75-76):

Roles	Tasks
* Caseworker/ Counsellor	- Providing the necessary intervention to an individual patient or couple.
* Groupworker	- Providing the necessary intervention to a group of patients with a common problem.
* Community worker	- Enabling a community to work together in solving their own problems.
* Researcher	- Identifying the need and performing regular research where necessary, to increase knowledge and expertise.
* Supervisor	- Supervising other social workers and students regarding their case loads.
* Inter-disciplinary team-member/ Collaborator	- Collaborating or working together with other disciplines toward a common goal.
* Expert/ Specialist	- Providing the necessary knowledge and expertise as a specialist in a certain field of medical social work, such as infertility.
* Preventive agent	- Providing the necessary intervention and information or resources to help in the prevention of or the reoccurrence of a problem or illness in the future.
* Administrator	- Enabling others to do their work by providing the resources, regulations, structures, aid, knowledge and experience as a manager of a health care facility, or performing the daily administrative tasks required, such as statistics and reports.

It can therefore be concluded that the medical social worker, who has to take on a secondary role in a medical setting, still has many important roles and tasks to perform, a total of thirty which have been discussed in this section. These roles and tasks prove the necessity and importance of a medical social worker in an inter-disciplinary team, in order to achieve the final goal of total patient care.

4.2 The skills and knowledge of the medical social worker

To be able to work in a medical setting requires a variety of skills and sufficient knowledge. The medical social worker therefore requires the general social work skills plus other skills needed to survive and practice effectively in a medical setting. A thorough knowledge of the medical field or the department appointed in, such as Gynaecology or Infertility, is also an absolute necessity.

Murdoch (1983:279-283) describes the medical social worker's skills in patient care as being the only skill most people think is important and emphasizes organizational skills as being just as essential. She also mentions a few other skills of importance to the medical social worker, such as: "...constantly developing her role, acquiring an authoritarian or influential image, maintaining support from other team members, carrying out tasks successfully and creating resources of power, consisting of information, people and material resources".

Another important skill mentioned by Burtrym (1967:13-15) is the adaptability and flexibility of the medical social worker: "...one of the major strengths of social work is the capacity for flexibility and adaptability which stems from the emphasis on the individual nature of needs and the uniqueness of human problem situations".

The skills mentioned are all very important, but there are many others which are essential for the medical social worker to function effectively in a medical setting and which are not mentioned in the literature. These according to Laurence (1989:77-78) are:

* Acquiring sufficient knowledge of various diseases, the symptoms, the causes, the treatment and implications for the patient and his family:
* acquiring thorough knowledge of the specific diseases related to each area appointed in, in a hospital or medical setting, (for example gynaecology) including the symptoms, the causes, the treatment and implications of the disease,

treatment or disability for the patient and his family;

* being able to work in a hospital or medical setting;
* being able to work with the sick and sometimes mutilated people on a daily basis;
* understanding and intervening in the psycho-social implications of hospitalization, illness, trauma, treatment and disability;
* understanding the emotional implications of hospitalization, illness, trauma, treatment and disability for the patient and his family and offering the necessary support and atmosphere for emotional catharsis;
* being able to work with the terminally ill or dying patient and his family and to providing the necessary bereavement counselling;
* being able to remain objective, with the necessary empathy in these highly emotional circumstances;
* being able to work with the long-term chronically ill, disabled or geriatric patients, requiring patience, perseverance and a knowledge of the applicable community resources;
* having efficient therapeutic skills;
* having adequate skills in short-term counselling;
* having sufficient skills in crisis intervention;
* providing continuous supportive counselling throughout the hospitalization and treatment period;
* having effective communication skills;
* being able to motivate, develop insight and prepare patients for treatment, hereby ensuring their co-operation in the total plan of treatment;
* having adequate skills in implementing the social work methods and techniques;
* being able to do a thorough psycho-social assessment in a short period of time;
* being able to share the knowledge of the emotional or psycho-social effects of illness, hospitalization, treatment and disability with other disciplines, patients and their families;
* functioning in an inter-disciplinary team or the ability to collaborate;
* having assertive skills, especially of necessity in the inter-disciplinary team;
* maintaining a professional image;
* developing adequate skills in constantly educating other professionals, students and patients, regarding the roles and tasks of the medical social worker;
* constantly educating other disciplines, regarding the psycho-social effects of hospitalization, illness, treatment and disability on the patient and his family;
* acquiring sufficient knowledge of community resources and knowing when it is appropriate to refer a patient;
* innovating, facilitating, organizing and co-ordinating services; and
* educating patients and their families, as well as the community regarding the prevention of certain diseases and thereby enhancing their health and social functioning.

These skills described above, combined with the necessary knowledge, are essential for every medical social worker and will ensure the efficient and successful fulfilment of tasks and playing of roles in the medical setting and inter-disciplinary team.

5 A guideline for the medical social worker regarding the infertile couple

The roles and tasks of the medical social worker in an infertility clinic or practice regarding infertile couples, require a thorough knowledge of the field of infertility as well as all the skills necessary to do medical social work.

The roles and tasks of the medical social worker regarding the total infertility treatment plan of the infertile couple at an infertility clinic or practice will be discussed so as to provide a guideline for medical social workers in the field of infertility. These roles and tasks are described according to each stage of treatment (Laurence 1989:79-85).

5.1 Initial screening and psycho-social assessment

An initial interview with each couple registering at the Infertility Clinic for infertility investigations and treatment is essential. The gynaecologist will usually interview the couple to assess their medical, gynaecological, sexual and infertile history. The medical social worker, as counselor, screening agent or assessor, should also interview the couple at this stage and assess their psycho-social situation. This interview should include an assessment of each individual, their coping mechanisms and ability to deal with stress, their marital relationship, their emotional experience of infertility, their family's reactions, their support systems, their motive for wanting a child and readiness for parenthood, their financial position, working and housing circumstances.

Needleman (1987:139) describes the psycho-social evaluation as including similar aspects, such as: "...the couple's strengths and weaknesses, marital relationship, support networks, unique circumstances, perceptions of infertility, coping mechanisms and realism about the procedure. The psycho-social assessment can provide the inter-disciplinary team with important knowledge regarding each couple. Elstein (1975:297) states in this regard that an attempt should be made in the initial assessment to discover any factors which may be contributing to the infertility or problems disguised as cases of infertility. Berger (1974:89) is of the same opinion that the aim of the initial assessment should be to screen out cases where emotional problems or marital conflict exist and a child is sought as a solution.

The medical social worker therefore has an important role to fulfil as screening agent and evaluator in the initial psycho-social assessment stage with each couple. By discovering certain psycho-social problems at this initial stage and referring the couple for therapy, can save the clinic and the couple a vast amount of money, time and pain. If this problem was for instance only discovered while the couple was already undergoing infertility treatment, treatment would have to be ceased, and the couple referred for help, causing a great deal of unnecessary pain and time and money wasted.

Bloom and Fischer (1982:152-160) suggest the Hudson indexes to be used for assessments, such as the indexes for marital satisfaction (IMS), sexual satisfaction (ISS), self-esteem (ISE) and family relations (IFR). These can be used as indicators to determine problem areas which can be explored further during the assessment interview. The Heimler Scale of Social Functioning can also be used in this regard.

Once a couple has been assessed as psycho-socially suitable or unsuitable for infertility treatment, the medical social worker as inter-disciplinary team-member and co-ordinator should discuss the case with the team before a final team-decision can be made. Rutledge (1979:263) states in this regard: "Consultation must be held with the medical team on the acceptance or rejection of a couple for treatment." If the couple is not accepted, the team should see the couple in a consultation interview and explain the reason why they were not accepted. If necessary they should be referred to the appropriate resources for further help, or for marital or sex therapy with the medical social worker. If the couple is accepted by the team, the next stage of preparation follows.

5.2 Preparation of couples for the medical investigations

Once a couple has been accepted by the inter-disciplinary team, they should be prepared thoroughly for the medical investigations. All members of the inter-disciplinary team should partake in the preparation of the couple for these various tests and investigations to be performed.

Berger (1980:553) states that the aim of the preparation should be: "...to acquaint patients with the nature of the workup and to tap and bring to light the specific anxieties of the couple". The medical social worker, as counsellor, informant, specialist and facilitator, should therefore prepare the couple by providing information regarding the medical investigations and the possible implications. The medical terms used should first of all be clarified so as to avoid confusion and uncertainty and the couple should also be informed of the emotional stress of the investigations and other psycho-social implications. These psycho-social implications include the variety of emotions evoked by the nature of certain investigations, such as feelings of anxiety, fear, uncertainty, helplessness, humiliation and embarrassment. Furthermore, marital and sexual problems can be experienced as a result of the constant stress, the investigation into the couple's sex life and the prescribed times for intercourse which are monitored by the medical team.

Thus the couple should be fully prepared for the medical investigations and the possible psycho-social implications, which could possibly help in reducing the stress and enabling the couple to deal with these investigations more positively.

5.3 Supportive counselling during the medical investigations

As the medical investigations can be very stressful for the couple and can have various psycho-

social effects on them, regular supportive counselling by the medical social worker is essential. The roles of supportive counsellor, enabler, mobilizer and expert are important in this stage of treatment.

Menning (1980:319) is of the same opinion and states: "Infertility imposes profound emotional stress upon the individual and the couple and social stress with the family, friends and colleagues, ... of equal concern is the provision of psycho-social support." The medical social worker should therefore be available for the patients when they need this support at the clinic or by telephone. The worker should also make a point of providing regular support to all couples on a daily basis, when they are at the clinic for certain tests or investigations.

Laurence (1989:82) found that the couples who were part of her caseload at the Infertility Clinic of the H.F. Verwoerd Hospital and the Jewish Hospital at Washington University Medical Centre, in St. Louis, Missouri, United States of America, needed and appreciated this regular support during the stage of medical investigations. The female patients experienced increased emotional stress during this stage, and their husbands did not always understand their reactions nor provide the necessary support.

Thus it can be concluded that the medical social worker needs to provide regular supportive counselling throughout the stage of medical investigations and should also encourage the spouses to support each other.

5.4 Post-diagnostic crisis intervention

Most couples experience the infertile diagnosis as a crisis. Infertility according to Valentine (1986:63), is experienced as a crisis because of the behavioural and emotional reactions to infertility such as anxiety, disorganization, distractibility, moodiness, unpredictability and fatigue.

The medical social worker as therapist, counsellor, enabler and mobilizer, should therefore provide the couple with the necessary help. Crisis intervention is essential directly after the news of the infertile diagnosis has been shared with the couple. During this counselling session the couple should be encouraged to ventilate their feelings, the crisis situation should be discussed and the necessary support provided. If possible, couples should partake in a few counselling sessions during this crisis period which could last a few weeks or months. This will help them through the crisis, which they often keep to themselves and therefore need the support. Counselling should be continued until the couple has gone through the various intense emotional stages and has reached a state of resolution or has adjusted to their infertile state. These emotional reactions are discussed in further detail in Laurance (1989:51-58).

Once the couple has reached a state of resolution, the various alternatives for infertility treatment should be discussed and the necessary information provided. When they have made their decision regarding the treatment, they can be prepared by the interdisciplinary team.

5.5 Preparation of couples for the infertility treatment procedure

Once a couple has come to terms with their infertility or their inability to conceive naturally, and has decided to go ahead with a certain form of infertility treatment, they should be prepared thoroughly for the specific treatment procedure. These treatment procedures are described in Laurence (1989:46-50).

All members of the inter-disciplinary team should be part of the preparation process. The medical social worker as counsellor, informant, specialist and facilitator, should specifically aim at clarifying those medical aspects which the couple does not understand and should also prepare the couple regarding the psycho-social aspects of the treatment. These include the emotional stress of treatment, the variety and intensity of emotional reactions at certain stages of treatment, the effect of treatment on the marital relationship, the effect of treatment on the work and financial situation, as well as on family and relationships with others (Laurence 1989:58-60).

5.6 Supportive counselling during the infertility treatment procedure

Infertility treatment can be a very stressful experience for the infertile couple. It is their only hope of ever bearing a child of their own and they therefore experience this period of treatment very intensely. Needleman (1987:315) is of the opinion that treatment is extremely stressful and that a major task of the medical social worker is to provide supportive counselling at each stage of the procedure.

The medical social worker as supportive counsellor, enabler, mobilizer and expert, should therefore be supportive to the couples during this entire period of treatment. An "open-door approach" can be used and couples can contact the worker when they feel they need to or the worker can make a point of seeing all the patients on a routine basis throughout the treatment cycle.

Laurence (1989:84) found couples to report the period of insemination or embryo transfer to be the most stressful, as well as the period before and after the pregnancy test. Supportive counselling was especially needed and appreciated during these periods of the treatment cycle.

Thus, supportive counselling by the medical social worker is essential for couples during infertility treatment and it can help to reduce the stress and enable couples to cope more effectively with treatment.

5.7 Post-treatment counselling

Once treatment has been completed, whether successfully or unsuccessfully, couples need to be counselled by the medical social worker. If treatment is successful, couples have to adapt to the pregnancy and future parenthood.

Porter and Christopher (1984:314) emphasize the following in this regard: "Successful infertility treatment which results in a pregnancy, also presents its own unique set of problems. Often when couples achieve pregnancy, there is a feeling that parents have no right to complain about the pregnancy or the delivery. Moreover, there is a feeling that the couple should be the perfect parent with the perfect child. Counsellors can work with these couples during pregnancy and early child raising to help them cope with the normal feelings that accompany being a parent." The medical social worker, as therapist, counsellor, enabler and mobilizer, therefore has to help the couple who has had successful treatment, to adapt to the pregnancy, the future parenthood, the delivery and the child. The fears and uncertainties regarding the pregnancy, the child and the future will have to be dealt with and the couple supported throughout the pregnancy, delivery and post-delivery period.

If treatment however, is unsuccessful, crisis intervention is once again necessary to help the couple through this crisis period and to help them come to terms with their definite state of infertility. Regular counselling and support will be necessary to help them through this period. Once they have come to terms with their infertility and are ready to think about their future, the alternatives, namely treatment with donated gametes, adoption or childlessness, can be discussed with them. These treatment alternatives which are mainly for infertile couples with a predominant male infertility factor, therefore using donor semen, include the following procedures: Artificial Insemination with donor semen (AID), In-vitro Fertilization with donor semen (Donor-IVF), Gamete Intra Fallopian Transfer with donor semen (Donor-GIFT), Zygote Intra Fallopian Transfer with donor semen (Donor-ZIFT) or Tube Embrio Transfer with donor semen (Donor-TET). If these options are ethically or morally unacceptable to the couple, adoption and childlessness are the only other alternatives that remain. Surrogate motherhood and the donation of female ova are relatively new options in South Africa, with only two cases of surrogate motherhood thus far. Hopefully these options will become more available to help couples with a predominant female infertility factor.

The medical social worker as counsellor, informant, enabler and referral agent can discuss these alternatives in detail with the couple and enable them to make a final decision. Once a decision has been made, the couple can be thoroughly prepared regarding the specific alternative and referred to appropriate resources if necessary.

Thus it can be concluded that the medical social worker has definite roles to play and tasks to fulfil in the inter-disciplinary team at an infertility clinic or private practice as regards the couple in the total infertility treatment plan.

6 Conclusion

It is evident from the text that the medical social worker has definite roles and tasks to carry out at an infertility clinic or practice regarding each couple. All clinics specializing in infertility treatment should have a medical social worker on their team to perform these essential roles and tasks throughout the treatment plan of each couple. A holistic team approach will ensure patients of the necessary infertility treatment as well as the needed support and counselling throughout such treatment. A prerequisite for all medical social workers appointed at an infertility clinic or working in this field in private practice, is that they should have a thorough knowledge of infertility as well as the

To page 329

identities based on pride in sign-language and a celebration of deaf culture and who are attempting to create new and more appropriate services under their own direction.

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The Roles and Tasks of the Medical Social Worker Regarding the Infertile Couple

From page 323

appropriate skills to work with these unique couples experiencing this complex infertility problem.

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