

Psychology of infertility and the comparison between two couple therapies, in infertile pairs

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Abstract—The diagnostic of infertility effects marriage qualification (Key et al 1995; Diamond 1999). Some problems such as separation, divorce, depression, anxiety, hopelessness (Domar 1998; Demyttenaere 1998; Parikh 2000; Lukse 1999; Chen 2000 quoted by Baby center.com), low quality of life and marriage maladjustment are described as common consequences of infertility. In such situation, couples also face the stress of the new and complicated therapies such as Assisted Reproductive Technologies (ART), which are somehow unknown and in such diversities. In addition to emotional problems; social, cultural and economical issues are also emerged.

This research is a quasi-experimental design, and aimed to study the effectiveness of two couple therapies, Cognitive Behavioral Couple Therapy (CBCT) and Emotional Focused Couple Therapy (EFT), on marriage satisfaction of infertile male factor pairs. The sample includes of 30 volunteer pairs of among Kosar Infertility Clinic's infertile in 2007-2008 which in matched position replaced in two experimental and a control group. By the applying Enriching and Nurturing Relationship Issues, Communication and Happiness questionnaire (ENRICH) and the Mann-Whitney U test, the results showed that marriage satisfaction in CBCT group had significant differences in comparison with the control group. The results also showed that the effect of two approaches on men and women were the same.

Index Terms—psychology of infertility, couple therapy.

I. PSYCHOLOGY OF INFERTILITY

There is no doubt that infertility is a stressful experience and has a high impact on couples' psychological status. The problems of infertile couples are complicated and they are influenced by different factors such as sexual differences and the cause and length of infertility (Ramazanzadeh et al. 2004). Infertility and its treatment creates a major and prolonged crisis for the couples and it is a (stressful condition) that creates a heavy psychological trauma for the couples. Moreover, since having a baby has a socio-cultural significance, the infertile couples try hard to find a diagnosis and treatment for their infertility and it is obvious that because of physical, psychological and economic impacts of the treatments, they face double tension (Seyed Fatemi, Mehdi Hosseini 2000).

Generally speaking, the psychological problems of infertile couples range between 25% to 60 % (Seibel and Timore, 1982 quoted Baby center.com). Some researches have paid considerable attention to the fact that problems

such as lack of self-esteem, sense of bereavement, threat, depression, and feeling of guilt, anxiety, frustration, emotional pressures and some sexual problems are common among infertile couples. Ramazanzadeh states that during the first three years of married life, infertility is accompanied with the symptoms such as depression, anxiety, lack of self esteem, sexual impotency and marriage maladjustment (Ramazanzadeh et al. 2004)

The complicated process of infertility has emotional and affective dimensions for the individuals. The stressful condition of the infertile period, the type of treatments, defense mechanisms of individuals for coping with the problem, emotional, psychological and social supports, the stressful condition created by the high cost of modern treatment procedures called Assisted Reproductive Technology (ART), continual visits of physicians, continual references to infertility clinics which are sometimes situated in distant cities requiring long journeys, doing costly tests, wasting time, explaining personal life details to the physician, planning a definite sexual intercourse timetable by the physician, job absence for following up the treatments, frustration caused by the inefficiency of treatment procedures and thinking of never having a child, the pressures of family and society to have a baby as soon as they could and not be able to explain the problem to everybody, continual comparison with fertile couples, maladjustments and possibility of separation and divorce, not having a complete knowledge about the causes of infertility and having the feeling of being a victim, not having a sufficient knowledge of the new treatment methods and not accepting the new methods such as having a child from other person's uterus or sperm or using a rented uterus are considered as cases which cause stresses and conflicting emotions and in many cases they lead to anxiety, depression and disturbed marriage relations among couples. In most of the times, when the infertile couples refer to clinical centers for obtaining required modern services, they see that the therapy service only aims at the treatment of their physical problem and their psychological problems faces detached handling.

Therefore ignoring the psychological factors related to infertility and merely considering these problems as medical ones will create huge obstacles in understanding human beings as an integrative whole. There is no doubt that infertility like other physiological phenomenon has social and psychological aspects and it is classified in the realm of behavioral sciences. Studies show that psychological factors can have an important role in infertility and infertility has also many psychological consequences. 70% of all physicians

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and experts participating in a survey (Karami Noori et al, 2001) had the idea that infertility should be considered as having an influential role in social and psychological factors influencing the prevalence and treatment of infertility. In fact infertility creates a critical situation that threatens the emotional and psychological life of the individual. The question that rises in this regard is as follows: Do the emotional – psychological problems lead to infertility? Or does the infertility lead to emotional – psychological problems? In both cases, it is obvious that infertility is a crisis that leads to a psychological imbalance, especially when a possible and quick solution is not found for it. (Saki et al, 2005). The psychological Reactions of the individual are in the form of despair, sadness, denial (Hemati Gorgani ,2001)sense of guilt(Saki 2005, Hemati Gorgani 2001, Garmaz Nejad 2001) , Depression (Hemati Gorgani 2001, Shariat Nejad 2001, Garmaz Nejad 2001), anxiety(Eugster et al 1999 , Pergali et al 1995, Reed 2001, Garmaz Nejad 2001, Rayka 2001), disappointment and hopelessness (Sardari Sayer 2005, connoly et al 1985, Saki 2005, Garmaz Nejad 2005, Dehghanpoor 2001, and Seif 2001), grief reaction (Yekta Talab et al , Parsanejad, Jahanmiri 2001), reduction of self esteem (Cleveland Infertility Clinic Website 2005, Dehghanpoor 2001, Mirzamani 2001) , changing in the individual's mental picture and feeling a change in the self identity comparing with healthy persons(Younesi et al 2005), losing life control(Nilforooshan et al. 2005, Dehghanpoor 2001, Cleveland Infertility Clinic web site 2005), changing in sexual identity(Khooshabi 2001) marriage maladjustment (Dehghanpoor 2001, Mirzamani 2001, Rayka 2001, Dadfar 2001) sense of disqualification (Garmaz nejad 2001) , life dissatisfaction (Gontinze et al 1992 and Chang 1994 quoted by Seif 2001) , suicide(Dehghanpoor 2001) , suspicion (Mirzamani 2001).

Researchers believe that the infertility stress has an impact on marriage adjustment and the life quality of the couple. Molayi Nejad (2000) says that a study shows (N=200) that all infertile women suffer from infertility stress (in different degrees) and nearly half of them (46%) have marriage maladjustments and the two variables have strong correlation. It is quite obvious that the amount of maladjustment of the above mentioned research cases vary due to the intensity of the stressful experiences caused by infertility.

The differences that exist between men and women concerning infertility can sometimes cause mutual problems between the couples (Rayka, 2001). Women usually externalize the problem and show emotional reactions, while men seldom express themselves which is sometimes wrongly interpreted as being indifferent. In fact women show stronger emotional response and speak more about the problem than men. (Hemati Gorgani, 2001).

Moreover, the literature background of the comparison of couple therapy of EFT and CBCT (Baucome, Shoham, Mueser, Dayto and Estikel 1998, Donne and Shobel 1995, Halok and Markam 1988, Wesky and Warring 1996, quoted by Byrne, et al 2004) shows that : 1. Cognitive Behavioral therapy were effective for the treatment of the majority of

average to high level stresses and couple problems (anxiety, depression, helplessness and marriage disagreement) of the sample group, but the post treatment consequences show that some couples show signs of relapse. 2. The effectiveness of CBCT of the statistical samples doesn't integrate with adding or compiling of the techniques of cognitive therapy. 3. EFT is effective in reducing mild to average couple problems (anxiety, helplessness, and marriage disagreements) while the desire for continuing and following of the therapy procedures in the couples after the end of therapy is still powerful and growing.

In general, infertility and the whole treatment period with the stress caused by, leave less time and energy for the couples to have fun and pleasure from togetherness and this in turn, increases the mutual stresses and influences marriage satisfaction. It is clear that the couple can try to sustain their relations by asking for couple therapies so can be trained for how they could spend more time together, and experience togetherness heedless of their infertility problem and once again they will be able to find and experience the highest moments of pleasure.

II. RESULTS

The findings of Mann-Withney U test show the influence of Cognitive Behavioral Couple Therapy in increasing the marriage satisfaction among male-factor infertile in statistical sample. ($p < 0.01$) (Table no 1).

The research findings of Mann-Whitney U test shows that the application of EFT approach didn't have any meaningful change in the marriage satisfaction of male infertile. ($p > 0.05$) (Table No 2).

The findings of Mann-Whitney U test revealed that the Emotional Focused Therapy and the Cognitive Behavioral Couple Therapy didn't have any difference in meaningful effect on increasing the marriage satisfaction of the males and females ($p > 0.05$) (Tables no 3 and 4).

III. FUNCTIONAL SUGGESTIONS

Regarding the findings of the present research in increasing the effectiveness of behavioral cognitive couple therapy in male infertile couples, it is suggested to perform interdisciplinary researches with the aim of showing the effectiveness of psychological counseling in the areas that their necessity has been proved by researchers and experts.

In the course of this research, it is suggested to start counseling and psychotherapy services in the infertility centers to reduce the psychological pressures and couple problems of infertile and to help them to increase fertility.

Due to the findings of this research in couple counseling, it is suggested to plan functional training courses by counselors and psychologists to increase the knowledge of infertility regarding the psychology of infertility and the methods of confronting the crises.

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Table No1- Mann-Whitney U test results of the effect of CBCT on increasing marriage satisfaction of male infertile couples

Sig. (2-tailed)	Z	Mann -Whitney U	Mean Rank	Sum of Ranks	Groups
.004	-2.882	93.500	15.18	303.50	CBCT
			25.83	516.50	Evidence group

Table No2- Mann-Whitney U test results of the effect of EFT on increasing marriage satisfaction of male infertile couples

Sig. (2-tailed)	Z	Mann -Whitney U	Mean Rank	Sum of Ranks	Groups
.133	-1.503	144.500	23.28	465.50	EFT
			17.73	354.50	Evidence group

Table No3- Mann-Whitney U test results on the different effect of CBCT on the important of marriage satisfaction of men and woman

Sig. (2-tailed)	Z	Mann -Whitney U	Mean Rank	Sum of Ranks	Groups
.695	-.392	185.500	19.77	395.50	Male
			21.23	424.50	Female

Table No 4- Mann Whitney test results on the different effect of EFT on the important of marriage satisfaction of men and woman

Sig. (2-tailed)	Z	Mann -Whitney U	Mean Rank	Sum of Ranks	Groups
.989	-.014	199.500	20.53	410.50	Male
			20.48	409.50	Female