

The Comparison of Effectiveness between two Couple Therapies, CBCT and EFT on Marital Satisfaction in Infertile Male Factor Pairs

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This study aimed to study the effectiveness of two couple therapies, Cognitive Behavioral Couple Therapy (CBCT) and Emotional Focused Couple Therapy (EFT), on marital satisfaction of infertile male factor pairs. The sample comprised 30 volunteer pairs selected from Kosar Infertility Clinic in 2007-2008, in which matched position replaced in two experimental groups and a control group. By applying "Enriching and Nurturing Relationship Issues, Communication and Happiness questionnaire (ENRICH)" and the "Mann-Whitney U test" the results showed that marital 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.

Keywords: Couple Therapy, Marital Satisfaction, Infertility

Introduction

According to the research findings 15% of couples, in spite of their own willingness, don't have children and the other 10% have fewer numbers of children than they wish (Sadri Ardekani, Arabi and Servati, 2001). The World Health Organization (WHO) says 50 to 80 million people have primary or secondary infertility all over the world. (Seyed Fatemi and Mehdi Hosseini, 2000). A current study in International Health Organization of Belgium, France and Netherlands shows that women see infertility in the forth position of twelve-item list of most stressful life events, i.e. although both men and women face infertility problems, but after mother's death, father's death and husband/ wife unfaithfulness, women face more emotional and psychological problems than men. Furthermore, because of infertility

marriage relationships will be directed in a dissatisfying course. (Mohammadi and Khalajabadi, 2001).

There is no doubt that infertility is a stressful experience and has a major impact on couples' psychological status. The problems of infertile couples are complicated and they are influenced by different factors such as sexual differences, the cause and length of infertility. Infertility and its treatment create an acute and mounting 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 obvious enough, having been concerned about physical, psychological and economic impacts of the treatment, couples may suffer from more heightened tension. (Seyed Fatemi, Mehdi Hosseini , 2000).

On the other hand, a married couple is the basis and foundation of an important institution called family, therefore couple therapy has gained a greater significance as a method for family therapy. During the previous decade, the interventions are directed toward integrative approach (Lebow, 2002 quoted Baby center.com); therefore this research also focuses on the impact and comparison of the two integrative couple therapies on increasing marital satisfaction. These two therapy methods are called "*Cognitive Behavioral Couple Therapy (CBCT) and Emotional Focused Couple Therapy (EFT)*". A question which has arisen in this regard is as follows: "Do the cognitive behavioral couple therapy and emotional focused couple therapy have an influence on increasing the marital satisfaction of male infertile couples? Which one has a priority? Are the impacts of these methods related to sexuality? This research explains these issues based on the extensive studies that the researcher has done in this regard.

Generally speaking, the psychological problems of infertile couples range from 25% up to 60 % (Seibel and Timore, 1982 quoted Baby center.com). Some researches have directed considerable attention to the fact that problems such as lack of self-esteem, sense of bereavement, threat (menace), side pressures, depression, feeling of guilt, anxiety and frustration, emotional pressures and matrimonial (sexual) problems are common among infertile couples.

The complicated process of infertility takes on emotional and affective dimensions to the individuals. The stressful condition of the infertile period, the type of treatments, defense mechanisms of individuals for handling the problem, emotional , psychological and social supports , the stressful condition created by the high cost of modern treatment procedures, continual visits of physicians, continual references to infertility clinics which are

sometimes located 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, 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 matrimonial relations among couples. It is obvious that when the infertile couples refer to clinical centers for obtaining required modern services, they feel 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 play an important role in infertility and infertility leads to also many psychological consequences. In fact infertility creates a critical situation that threatens the emotional and psychological life of the individual. Of course since this issue is so complicated 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 no quick solution is provided 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, Garmaz Nejad , 2001), anxiety (Eugster et al , 1999 , Reed , 2001, Garmaz Nejad , 2001, Rayka , 2001), disappointment and hopelessness (Sardari Sayer , 2005, Saki , 2005, Garmaz Nejad , 2001, Seif , 2001), reduction of self esteem (Mirzamani 2001) , changing the individual's mental picture and feeling a change in the self identity comparing with healthy people (Younesi et al , 2005), losing life control (Nilforooshan et al , 2005), marriage

maladjustment (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) , suspicion (Mirzamani, 2001).

It is obvious that infertility diagnosis has an impact on marriage relation. One of the most important problems that couples face, is the reduction of important matters such as sexual relationship. In most cases, the infertile side fears that the other side will leave him/her and look for a fertile wife/husband. Sometimes the infertile side encourages his/her wife/husband to get divorce, supposing that he/she will have a better life. When the infertility treatment starts, because of some stresses one of the sides condemns the other for laziness and lack of enthusiasm. In this case the other side gets very angry. Unfortunately, sometimes the pressure of having sexual intercourse is so high that the infertile side starts to have sexual relation with some other persons in order to prove his/ her self merit and fertile capabilities. (Key et al, 1995).

In marriage culture, a successful sexual relationship is the basis of the continuity of the couple's relation. In infertility treatments, sexual intercourse should be done during the ovulation periods. This creates problems for men. Women also feel frustrated and frigid (Dimound, 1999). When sexual relation looses its attraction, the infertile couples feel that they have problem in this regard. In fact fertility can have negative effect on sexual relations. Demanding for having sexual intercourse by force and by observing the physicians timetable, especially when the couple is forced to work late or take business trips, can cause mutual stresses. Those couples, who enter sexual intercourse circles due to the therapy requirements, mostly find out that their intercourse has lost its spontaneity and pleasure and has changed into a hard and unpleasant task, which should be done according to a schedule within the therapy circle. Sometimes the pressure of having an intercourse is so high that the man hardly gets erection and loses the ability to ejaculate.

Researchers believe that the infertility stress has an impact on marriage adjustment and the life quality of the couple. Molavi 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.

Generally speaking, the treatment period and the stress caused by that period leave less time and energy for the couples to have fun and pleasure while spending time with one another and this in turn, increases the mutual stresses and influences marital satisfaction. It is clear that the couple can try to sustain their relations by asking for counseling services and the couple can be trained for how they can 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.

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 do. (Hemati Gorgani, 2001).

The researches done in this area show that the sexual and marriage relations of the infertile couple are influenced more than the control group. (Ghorbani and Shams, 2005). The findings of Mazaheri et al (2001) in a study called "Problem solving methods and marriage adjustment in fertile couples" show that: 1. the female infertile couples have a lower level of marriage adjustments than males. 2. The problem solving methods of female infertile couples are more negative than their husbands i.e. they feel more helpless and miserable they have less internal control and show less confidence in the ability to solve the problem. 3. Women with negative problem solving method have a lower degree of adjustment than women with positive problem solving method. 4. When the marriage age rises, the adjustment of the infertile couple goes down and the problem solving capabilities becomes more negative. Moreover Younesi et al (2005) in their research called "The evaluation of Stigma in infertile males and females of Iran" found out that marital satisfaction with two aspects of "from my wife/husband's point of view" and "from the point of view of my friends and relatives" were predictable and meaningful. This means that as the stigma experience in the two above mentioned factors increases, the level of marital satisfaction decreases and vice-versa. . On the other hand, Ghobari Bonab and Sohrabi (2001) analyzed five stressful factors in female infertiles and presented their outcomes as follows:

1. Feeling sad when others have children
2. Blaming others
3. Marriage disagreements
4. Fear of losing wife/husband
5. Inborn need for having children.

In this research the statistical findings show that the order of factors are as follows: Inborn need for having children, disappointment and

depression, marriage disagreement, fear of losing wife/husband, blaming others and feeling sad when others have children.

In another research Najmi et al (2000) by comparing the psychological characteristics of infertile couples concluded that 6.9% of infertile females have "low" satisfaction of their marital relations, while this percentage reduces to 2.4% among men. The findings of another research show that the increase of the period of awareness of their infertility reduced the marital satisfaction and also reduces the agreement among the couples with regard to having sexual intercourse. Among the studied variables the awareness period of the unsuccessful pregnancy experiences have the highest correlation with marriage adjustment (Mollayi Nezhad, 2000). In a study done on 159 clients of forensic the researchers concluded that the main reasons of referring to these centers are disagreements and marriage maladjustments resulted from male infertility. In fact, the main reason of reference was the women's' filing for divorce and asking for spermogram operation for returning the husband's fertility (Ebrahimi Nejad, et al, 2000).

Moreover, the literature background of the comparison of couple therapy of EFT and CBCT (Baucome, Shoham, Mueser, et al., 1998, 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 the therapy procedures in the couples after the end of therapy is still powerful and growing.

Methodology

This research, the completion of which took 1.5 year, is categorized as a quasi- experimental design. The statistical populations were the infertile couples living in Tehran during 2005-2006 who had referred to Kosar Infertility center. The specifications of the statistical population were as follows:

Age ranging between the ages of 20 and 40; Minimum education- High school graduates; The passage of at least one year from infertility; Infertility cause- male factor (not including the disabilities caused by war); Receiving microinjection treatment.

Based on the above mentioned specifications the statistical population of the present research were 123 couples. Due to the existing limitations (including primary and secondary decrease of sample society) the voluntary sampling method was used, but the substitution of the couples in groups and specifying the type of couple therapy were randomly performed.

After selecting the statistical sample and the random substitution of the individuals in the groups, and having the primary interview and acquiring the client's trust, ENRICH (Enriching and Nurturing Relationship Issues, Communication and Happiness) questionnaire was distributed among the couples as a pretest. Meanwhile all the necessary scientific situations were provided for the couple to ensure test validity. After administering the pretest, the operation of the independent variables began i.e. the CBCT and EFT counseling methods were administered during ten sessions, each session lasting for 1.5 to 2 hours and in the final session the above mentioned test were again distributed among the three groups as a post-test.

Findings

The findings of Mann-Withney U test show the influence of Cognitive Behavioral Couple Therapy in increasing the marital satisfaction among male-factor infertiles in statistical sample. ($p < 0.01$) (Table no 7).

Table 1. Mann-Whitney U Test Results of the Effect of CBCT on Increasing Marital Satisfaction of Male Infertile Couples

Groups	Sum of Ranks	Mean Rank	M-W U	Z	Sig.
CBCT	303.5	15.18			
Evidence group	516.5	25.83	93.500	-2.882	.004
EFT	465.5	23.28			
Evidence group	354.5	17.73	144.500	-1.503	.133
Male	395.5	19.77			
Female	424.5	21.23	185.500	-.392	.695
Male	410.5	20.53			
Female	409.5	20.48	199.500	-.014	.989

According to these findings and its analysis, many researches have pointed at the couple problems including sexual and marriage problems and the problem solving obstacles and the extent of satisfaction in the method of establishing relationships among the infertile couple. Some of them are as

follows: Besharat (2000) considers the style of loving and affection among the couples as an important factor for marital satisfaction and he also added that marriage increases the level of safe love and affection and reduces the level of helplessness more than other loving styles. This research considers the type of marriage relation as an important factor in providing the mental health of infertile couples and increasing the level of the tolerance when facing psychological stresses. Mollayi Nejad (2000) found out that 50% of the infertile of their statistical samples had marriage maladjustments, meanwhile the research outcomes of Ebrahimi Nejad(2000) , Rayka (2001) , Hemati Gorgani (2001) proved the existence of marriage disagreements and insufficient marital satisfaction among infertile couples. The findings of the present research are in the same course of similar research findings of Wilson et al (1998) Shadish et al (1993) , Halford and Skarbi (1993 quoted by byrne et al , 2004) , This means that marital satisfaction of many couples increased during CBCT treatment process.

The research findings of Mann-Withney U test shows that the application of EFT approach didn't have any meaningful change in the marital satisfaction of male infertiles. ($p>0.05$) (Table No 8). The existence of marriage disagreements were confirmed by the researches of Mollayi Nejad (2000), Ebrahimi Nejad et al (2000), Hemati Gorgani (2001). The findings of the present research are in the same course as the above mentioned studies. James (1991), Shadish et al (1993) found out that EFT didn't have a meaningful impact on the couples.

The findings of Mann-Withney 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 marital satisfaction of the males and females ($p>0.05$) (Tables no 9 and 10). Most studies imply that the female infertiles experience more problems, regardless of the fact that the cause of infertility are themselves or their husbands for example Mazaheri et al (2001), Amanati et al (2006) , Samani and Samani (2006), Ghobari Bonab and Sohrabi (2001), , Right et al (1991) , Naktigal et al (1992), Jordan and Ronson (1999) . One important reason of this fact is that the problem of male infertility has been neglected and their psychological and emotional needs have not been considered and studied properly. The case of male infertility is a new one and it needs adequate attention and consideration of the researchers. The emotional reactions of men and women toward infertility are different. Women externalize the problem more and show emotional reactions while men are more reserved and show less reactions which are some times wrongly interpreted as being indifferent. Emphasizing on women's psychological status, it would probably be

imagined that women need counseling services more and show different therapy reactions than men, while the findings of this research demonstrate that there is no difference in the effectiveness of both couple therapy approaches. This implies that if women experience a higher level of difficulties, they are not different from men in showing responses to therapy findings. The findings of some researches support the outcomes of this research, for example Nourballa et al (2007) found out that the effectiveness of the medicine therapy, behavioral and cognitive psychotherapy and supportive psychotherapy are the same in men and women, which are in the same direction with the findings of this research.

Suggestions

1. Identifying the different factors, as psychological, social and personality ones, influencing male infertility.
2. Studying the attitudes of the infertile couples toward special type AF infertility treatment after using a special type of couple therapy.
3. Studying the performance of the counselor in the effectiveness of the female infertile couples aiming at the analysis of the approaches of couple therapy.
4. Administering similar studies on the female infertile couples with the purpose of analyzing the effect of couple therapy approaches.
5. Since in this research the length of relapse of treatment or the period of stability of the couple therapy have not been followed up, the study of this area and couple therapy approaches are suggested.
6. Performing similar researches on infertile couples with the aim of examining the effect of other couple therapy approaches.
7. Performing similar researches on the infertile couples with the aim of examining different couple therapies in increasing fertility.
8. Doing researches with the aim of studying the effect of couple therapy on the quality of men's sperm and women's ovum with pre-testing and post-testing.
9. Doing similar researches with the aim of measuring the psychological dimensions of male infertile and their wives in order to increase the psychological health and couple adjustment by using different couple therapy approaches.

Functional Suggestions

1. 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.

2. 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 infertiles and to help them to increase fertility.

3. 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 infertiles regarding the psychology of infertility and the methods of confronting the crises.

Limitation

1. The voluntary sampling of this research didn't have a satisfactory effect on the generalizations of the outcomes and the external validity of the research was threatened.

2. Moreover the fact that the couples were chosen voluntarily might influence the results of the statistical analysis and has a negative effect on the internal validity of the research.

Therefore, in generalizing and relying on the research outcomes the two above mentioned limitations should be considered. There is no doubt that by repeating and verifying these findings the limitations will vanish.

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