

The Impact of Infertility Counseling on Intimacy between Infertile Couples of Qeshm

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ABSTRACT

Psychological consequences of infertility issues, one of the problems is that infertile couples face and neglect of these adverse effects will follow. The most important of these psychological issues can be traced to marital intimacy. This study was a quasi-experimental with a pretest - posttest design. The study population consisted of infertile couples who were referred to counseling center of gynecology and selected health centers in the Qeshm city, Iran. The study sample consisted of 70 couples who selected through available sampling. The experimental group was undergoing infertility counseling for 8 sessions in 3 months, and the control group received no intervention. At the end of both groups were assessed. The results of analysis of covariance showed that there is a significant difference after taking the consulting of infertility between the test and control groups ($P < .001$). Totally, Infertility consulting was effective on marital intimacy.

KEYWORDS: Consulting, Infertility, Intimacy, Qeshm city.

1. INTRODUCTION

Infertility is defined as the absence of pregnancy following a year of unprotected intercourse without using contraceptive methods [1]. Infertility affects between 80 and 168 million people worldwide [2]. According to the World Health Organization's report, 10 to 15 percent of women suffer from infertility [1].

Involving the conditions of a critical incidence (duration, complicate conditions, unreliability, and uncontrollability), infertility has created an all-out crisis in the infertile couple's life and given rise to several problems [3]. A problem refers to a pathological condition which hampers the individual's normal performance. Pathology is only a general tag for studying such conditions [4]. For many, infertility is a huge crisis and a stressful factor leading to emotional stress and a range of negative psychological reactions including depression, anxiety, fear, anger, shame, jealousy, loneliness, despair, low self-esteem, emotional imbalance, feelings of sexual inadequacy, and sexual dysfunction [5]. One of the most important components affected by infertility of one or both of the spouses is marital intimacy.

Intimacy is a closeness, agreement, and personal love affairs with another person that involves recognition and deep understanding of him/her as well as expression of thoughts and feelings in a way that shows that agreement. Intimacy is an interactive process. Central to this process is recognition, understanding, acceptance, empathy with the other person's feelings, and appreciation of his/her unique perspective. Intimacy is a basic and true need for humans and not just a desire or wish [6]. Intimacy is conceptualized as a very important behavioral pattern that is of strong affective-emotional aspects and is formed around acceptance (positive experience of understanding and equality) satisfaction (positive experience of cooperation) and love [7-10].

Intimacy includes emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, social, and recreational aspects. It is alleged that intimacy is closeness, agreement, and personal love affairs with another person that involves recognition and deep understanding of him/her as well as expression of thoughts and feelings in a way that shows that agreement. [11-13].

In several studies, the effect of different methods has been tested as intervention on couples and the change in marital intimacy has been measured and compared. For example, couple therapy in the form of imago therapy was used to increase intimacy of couples visiting the counseling centers in this study has a significant effect on the level of intimacy [6].

In a study of couples based on the theory of equality, Patrick et al. [14] investigated problem-solving skills aiming to solve problems and achieving a practical solution agreed by both spouses as well as creating a participative atmosphere in a series of problem-solving sessions. His results showed that this skill commits couples to solve problems in a way that does not sacrifice one spouse to the other and, ultimately, both partners would feel equal in a win-win pattern. This leads to increased levels of intimacy in the relationship. Simonelli et al. [15] addressed the relationship of heavy burden of responsibility with intimacy and marital satisfaction. Their results showed that there is significant difference between experimental and control groups in terms of intimacy and marital satisfaction. Dunham [16] studied the relationship between emotional skills, intimacy and marital satisfaction. The results showed that emotional skills affect marital satisfaction through their impact on intimacy.

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Due to limited research on marital intimacy and non-exhaustive study of this important category in infertile couples as well as the failure, in previous studies, to address the effect of infertility counseling on marital intimacy, the present study seeks to test a vital and valuable intervention such as infertility counseling in the form of various marriage educations in critical conditions of infertility in order to provide contributory and convergent results for improving the relationship between couples. This can be an effective and valuable step in securing the survival of the family circle.

2. MATERIAL AND METHODS

In this study, the quasi-experimental research was used with a design of pretest - posttest and control group. Test and control groups were selected using simple random sampling method. Before applying the empirical interventions on experimental and control groups, a pretest was conducted on both groups and the posttest was carried out at the end of the intervention. The statistical significance of the difference between pre-test and post-test was evaluated on both groups. In this respect, infertility counseling was applied as an independent variable in experiment group in order to determine its effect on an increased marital intimacy in infertile couples.

Statistical population: the study population consists of the infertile couples visiting the selected midwifery counseling center and the health centers of Qeshm in 2014.

Statistical model and sampling method: simple random sampling was used in this study and since this method is of a quasi-experimental design, at least 35 infertile couples were selected for training and 35 infertile couples were selected for control in this study. Hence a total of 70 couples participated in this project. The 35 infertile couples of the experimental group participated in infertility counseling sessions and the other 35 infertile couples were placed in the control group and received no counseling. Then, the intervention was conducted on the experimental group for eight 2-hour sessions. After the therapy sessions, posttest was conducted on both groups.

Data measurement tools: the following statistical methods were used to analyze the data in this study:

Descriptive statistics: including the calculation of frequency, percentage, mean, standard deviation.

Inferential statistics: using SPSS-18, the following test was performed.

Univariate analysis of covariance: the intervention variables are controlled in the analysis of covariance, that is, their effect is excluded from test scores and the mean of remaining scores of the study group are compared with each other. In this study, the pretest variable is controlled in the post test, that is, its effect is excluded from posttest scores and the mean of remaining scores of the experimental and control groups are compared with each other.

Research tools:

1. Personal Information Questionnaire:

The personal information questionnaire was prepared with 13 questions to obtain the information of the subjects and control's demographic characteristics as follows.

Gender, age and age of the spouse, the spouse's education and literacy, employment including self-employment or governmental employment (for both sexes), housekeeping (for females), economic status, length of marriage, length of infertility treatment, interest in having daughters or sons and their number, the distance between the living place and infertility center, living place (urban or rural) and type of infertility.

2. Thompson and Walker Intimacy Scale: This questionnaire has 17 questions and assesses the quality of intimacy. The scale has been translated by Etemadi [6] evaluated the criterion validity as good. The reliability coefficient of the scale was obtained 0.96 by Etemadi using Cronbach's alpha, which indicates an acceptable reliability. Reliability coefficient was calculated by leaving out questions one by one. It showed that the exclusion of the questions had no tangible impact on reliability coefficient. In his master's thesis, Etemadi [6] reported the reliability of the intimacy questionnaire at 0.85 with Cronbach's alpha.

Intervention Design: the intervention design of the independent variable was infertility counseling, and marital intimacy was considered as the dependent variable. It is worth mentioning that the contents of the training course were explained very simply to the participants so as to be well understood. Details of sessions: in (Table 1), the topic, objective, and counseling method are given.

Implementation of intervention:

For each group, 35 infertile couples were considered. In order to reach a quorum of experimental and control groups, it was decided with the help of the director of Qeshm Health Department to arrange with experienced midwives in rural and urban to refer the infertile couples, who volunteered to participate in the research, to the intended Qeshm counseling center of gynecology. The criteria for inclusion of volunteers in this study were:

An interval of at least 6 months and at most 10 years since infertility diagnosis, no history of having children, not having known physical and mental illness (diabetes, rheumatoid arthritis, depression, etc.), no use of drugs that affect sexual function (e.g. lipid-lowering agents, cimetidine, digoxin, progesterone and antidepressants), Iranian nationality and language and holding at least high school diploma.

Due to the length of training time and a drop in the number of subjects, five more volunteers were selected in addition to the intended 35 subjects in both groups, respectively. Then, two questionnaires of personal

information and G. B. Spanier marital intimacy were distributed to the two groups and they answered them. After the completion of questionnaires, the first session of infertility counseling began as agreed with the subjects of the experimental. All the subjects of the control group were placed on the waiting list 1. These trainings were carried out in 8 sessions (approximately every 10 to 11 days) over 3 months. The topics and information on the place and time of workshops or counseling classes were given to the experimental group and the counseling classes on midwifery practice was fully explained to them. Each session took 90 minutes for the experimental group. Two subjects of the experimental group left the workshop due to certain problems and three others were excluded from the list of the experimental group due to an absence of more than 25% of sessions.

Table 1. Topic of counseling sessions for the experimental group and the methods of infertility counseling

Session	Objective	Method
Session 1 (Cognitive factors)	1. Communication 2. Identifying unrealistic beliefs and expectations of couples	1. Explanation of objectives 2. Evaluating couples' expectations, beliefs and assumptions about intimacy and marital intimacy
Session 2 (Cognitive factors)	Clearing misunderstandings caused by different conceptions of each other	1. Explanation of cognitive errors 2. show the effect of beliefs on the feelings and behaviors
Session 3 (Cognitive factors)	Clearing misunderstandings caused by different conceptions of each other	1. Recognition of mutual expectations and positive characteristics of each other 2. Defining realistic goals and expectations. 3. Replacing unreasonable beliefs and expectations with reasonable ones
Session 4 (communicative factors)	Teaching the skill of clear, accurate, and effective expression and reception of each other's feelings and needs	1. Assessment of defects in the expresser and the recipient 2. Training skills of expression and reception
Session 5 (communicative factors)	Training skills of listening empathic understanding	1. Assessment of communication patterns and barriers in couples 2. Training effective communication skills
Session 6 (communicative factors)	Increasing positive behavioral exchanges and reduction of punishment	1. Recognition of patterns of reinforcement and punishment in both spouses 2. Increasing positive reinforcements and reduction of punishment
Session 7 (communicative factors)	Reducing the learning problems and training problem-solving skills	(1) Evaluation of the present problems and evaluation of problem-solving methods in the spouses 2. Training steps of problem-solving methods
Session 8 (communicative factors)	Reduction of conflicts	1. Evaluation of conflict between spouses 2. Evaluation of patterns for conflict resolution and its consequences 3. Education and training methods of conflict resolution

3. RESULTS

Firstly, the mean and standard deviation of the scores of marital intimacy were evaluated in the pre-test and post-test stages of both experimental and control groups. (Table 2) shows that marital intimacy increased in the experimental group compared to the control group (133.33).

In the next stage, the mean scores of the control and test groups were compared with each other using analysis of covariance and by controlling the intervention variable and excluding its effect on test scores. (Table 3) shows the difference between experimental and control groups regarding marital intimacy. Based on the results, there is a significant difference between the two groups regarding intimacy ($p < 0.001$), and infertility counseling has been effective on marital intimacy. The statistical power 1 implies adequate sample size for the analysis. Eta squared shows that the figure 0.513 of the changes suggests the effect of infertility counseling.

Table 2. Mean, standard deviation, minimum and maximum score of subjects' marital intimacy in the pre-test and post-test stages

Items		Statistical index				
Stage	Group	Mean	SD	Min. Score	Max. Score	Number
Pre-test	Experimental	102.12	14.31	123	135	35
	Control	102.67	12.28	125	135	35
Post-test	Experimental	110.11	12.12	134	145	35
	Control	107.68	23.74	113	150	35

Table 3. Results of the analysis of covariance on mean scores of the post-test on marital intimacy of experimental and control groups

Source changes	Sum of squares	Degree of freedom	Squared mean	F	P	Effect Size	Statistical power
Group	573.034	1	573.034	5.43	0.001	0.513	1

4. CONCLUSION

This study is consistent with the studies performed by Ahmadi and Marzabadi [17] based on the effect of problem-solving method on marital and intimate relationships, by Etemadi [6] based on the effectiveness of cognitive-behavioral methods on general, emotional and sexual intimacy, by Olia and Fatehizadeh [18] based on the effect of enrichment program on general, emotional, intellectual, psychological, social, and recreational intimacy, and by Heyman *et al.* [19] based on the enrichment program on marital intimacy.

Eckert's study [20] on the relationship between intimacy, psychic energy (libido), depressive symptoms and marital satisfaction during the postpartum in couples, Simonelli's *et al.* [15] study on the relationship of the heavy burden of responsibility with intimacy and marital satisfaction, Dunham's study [16] on the relationship between emotional skills, intimacy and marital satisfaction. Rogge and Bradbury [21], Christopher and Sprecher [22], and Arefi and Mohsenzadeh [23] suggest that marital intimacy as a close relationship between spouses has a great effect on marital satisfaction, and the resulting intimacy scores are greater for the couples who have enjoyed greater satisfaction.

In sum, the results show that if an effective intervention such as infertility counseling is conducted on infertile couples grappling with a critical challenge in marriage, an important component of life such as marital intimacy can be effectively addressed and even enhanced in couples.

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