



ORIGINAL ARTICLE

The Impact of “Excitement-focused Therapy” on increasing the matrimonial adaptability of infertile (sterile) couples

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ABSTRACT

Various factors may influence matrimonial adaptability among couples, one of which is infertility. Hence, the present study was conducted to evaluate the effectiveness of excitement-focused therapy on increasing matrimonial adaptability of infertile couples. The present study was a quasi-experimental one. The sample in this study was composed of 12 couples (6 couples of infertile males and 6 couples of infertile females) that have been diagnosed as infertile by obstetricians and gynecologists and were assumed as incompatible according to the Spanire matrimonial adaptability. These couples were divided into two control and experimental groups. Excitement-focused therapy sessions (EFT) were held for 6 couples (3 couples of infertile husbands and 3 couples of infertile wives), and 6 couples (3 couples of infertile males and 3 couples of infertile females) waiting for the therapy (as the control group). Control and experimental groups were controlled on the basis of age, educational level, occupation, income, gender, cause of infertility, duration of infertility, number of surgeries done, the time of last surgery, the history of attending in psychological and consultation sessions and the background of their chronic physical and mental diseases. In order to examine the impact of excitement-focused therapy on the increase of the adaptability level in infertile couples, Whitney Uman Test (based on the difference between scores of two groups in pre and post-test) was used. Excitement-focused therapy has significantly increased the level of matrimonial adaptability, co-agreement, expression of love, matrimonial satisfaction and solidarity (unity) of couples ($p=0.0001$). Excitement-focused therapy can increase matrimonial adaptability of infertile couples.

Key words: Excitement-Focused therapy, Matrimonial Adaptability, Infertility.

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INTRODUCTION

Although utilizing infertility (sterility) services has increased during recent decades, sterility prevalence has remained stable (unchanged). According to the information obtained from national statistics of family growth in 2000 in United States, every one couple out of 6 couples in a period during their lives have had 12 months sexual intercourse without using any contraception, but it has not led to any pregnancy. The delay of breeding in US population has resulted in the effort for pregnancy in higher percent of women in older fertility ages [1-4].

Though have been promising for couples, the above mentioned efforts themselves are also sources of stress. Most of the men feel that they are being viewed as sperm-producing machines. They are asked to produce sperm unnaturally at hospital and at a certain time (during women's ovulation) instead of having sex [5].

When the fertility is not successful, the couples' relations will be influenced more, and it endangers matrimonial adaptability and satisfaction which are the sources of family counseling. Similarly, dissatisfied emotions might have direct effect on spermatogenesis and the vicious circle would be repeated. This issue would be more complicated when cultural contexts and the subsequent pressures imposed on the couples are being considered. So, couples will be disturbed and upset due to the mentioned behaviors. In this regard, many researchers have demonstrated the impact of infertility on individual disorders and matrimonial relations, such as Resental and Gold Farb's research that found a significant negative correlation between matrimonial adaptability and stress resulted from infertility in couples referring to the infertility clinics [7,8].

In a study with the aim of reviewing the effect of infertility on sexual intercourse of couples, it was found that women often reported sexual intercourse less (than men), involved in less, had less sexuality and excitement, and most of the time, their sexual intercourse has been accompanied by some problems in excitement and orgasm decrease. Also, they showed negative emotional responses to the matter of sex, had less general satisfaction of their marriage and didn't view their marriage as satisfying. Anderson *et al.* demonstrated in a study that matrimonial satisfaction and love expression in sterile couples is less satisfactory than in fertile ones. Dani and McKeeni also represented that women referring for infertility treatments have high level of depression, anxiety and stress, and have low solidarity, co-agreement and matrimonial adaptability in their marriage. In order to solve these problems, psychotherapists have prepared different approaches such as individual, marital and familial approaches. However, based on the conducted research some believe that when the whole family or a unit of two people refer to the therapists for solving the problems of their family lives, the method of familial or marital therapy is more effective than the method conducted for one individual [9-14].

In this respect, many researches have verified the effectiveness of couple-therapy on decreasing matrimonial conflicts and problems among which we can refer to a research that showed couple-therapy is significantly effective for personal problems such as depression, anxiety disorders, fear of open spaces, addiction, and eating disorders. Besides, Barlo *et al.* represented that in anxiety treatment, when couples instead of individuals attend in treatment, the success range increases from 46 to 82 percent. On the other hand, since some couples are infertile, they need each other's protection and support to cope with this matter and in this respect if one of the spouses ignores her/his responsibility, the other one will be offended (the offended spouse is often, but not always, the wife). In fact, emotions play the key role in the relationships between infertile couples and must be noticed specifically; so, "excitement-focused therapy" approach (a short-term structured approach with about 8 to 20 sessions) used as a branch of couple-therapy has considered emotions as the center of its therapy. It takes disorders and relational incompatibilities into consideration and encourages people to speak about their emotions and discuss about them. From the EFT point of view, marriage disorders are caused and continued by pervasive states of negative emotions and traumas resulted from affiliation. Many researchers have shown the effectiveness of EFT among which we can refer to the research done by Johnson and Talitman, that showed excitement-focused therapy would result in a meaningful bond between couples who are helpless in their relations. Also, the research conducted by McKeen and Johnson that showed after 13 sessions of excitement-focused therapy on 24 couples facing secure attachment trauma, at the end of those sessions, the attachment trauma of 15 out of 24 couples was obviously treated, and these couples comparing to control group showed higher levels of success, matrimonial satisfaction, and forgiveness and pardon representing proximity of the present intervention results with these studies. In Iran, many researches have also shown the effectiveness of excitement-focused therapy, including the research conducted by Erfanmanesh that showed excitement-focused therapy could lead to an increase in couples' positive emotions toward each other and matrimonial adaptability as well; moreover, Eslamimehr's study showed excitement-focused therapy decreased couples' anxiety and avoidance significantly and improved couples' attachment style. Besides, researchers have reviewed the effect of EFT in specific populations. In addition, researchers used EFT approach in specific populations, for example Walker *et al.* used EFT for improving marital disorders of those couples who have a child with chronic disease, and showed that this treatment improved the couples' ability in protecting each other while facing intense emotions and facing a sick child. Also in Iran, Rasooli, after doing some researches showed that EFT (through individual- and couple-approach) was effective in decreasing the failure of relations in couples having a child with chronic disease; and also research conducted by Rezaei demonstrated that EFT would result in improvement of mutual effective relation patterns, mutual avoidance relation patterns, expectation relation patterns – isolation in disabled veterans suffering from stress disorder after the strikes and shocks due to the war [21,20,15-19]. According to the above mentioned explanations, EFT approach, demand of infertile couples and that many researches verified the effectiveness of EFT among couples from different ethnicities and races; the question of the present study is that whether "excitement-focused therapy" can increase adaptability of infertile couples?

METHOD

The present study has been carried out following a quasi-experimental proposal with control and experiment groups, based on pre-post-tests. Statistical population include infertile couples residing in Tehran that due to infertility problems referred to related centers in Tehran and has been classified as infertile couples by obstetrician and gynecologists. The research sample has been selected among couples who have matrimonial incompatibility while having infertility, and have referred to the related centers. For this reason and in order for the cooperation of the related center with the researcher to take desired

tests and hold intervention sessions, after conducting required negotiations, Navid infertility institute was selected as the target center, with respect to its wide range of clients. The desired sample was selected among the infertile couples that have been classified as incompatible couples after taking initial tests, and then placed randomly into two experimental and control group. Therefore, the sampling method in the present study has been target-based accessible sampling. The total number of the examined sample was 63 couples among them 12 couples who had marital incompatibility (6 couples of infertile males and 6 couples of infertile females). 6 couples were put into the control group (3 couples of infertile males and 3 couples of infertile females) and 6 couples were placed in experimental group (3 couples with infertile husband and 3 couples with infertile wife) randomly. All of the couples participated in the therapeutic sessions through a consent form declared their satisfaction from their attendance in those sessions. Also, the selected ones didn't have any experience in attending counseling sessions. The following questionnaires were used in this research to gather information:

Demographic features questionnaire:

In order to gather information about couples in this research, a questionnaire was designed with the following parts: first name and last name, last name of the spouse, age, education level, occupation, income, gender, cause of infertility, duration of infertility, number of surgeries done, time of the last surgery, history of attending psychological and counseling sessions, history of suffering from chronic physical and mental diseases.

Spanier matrimonial adaptability scale:

Spanier matrimonial adaptability scale contains 32 questions and measures the total score of marriage adaptability. The total score of this scale is 0-150 which is achieved by the sum of scores of questions. Answering 32 questions in this scale is based on likert style. Those people with the score of 101 or less are considered as incompatible and those with the scores above this are considered compatible (adaptable) in Spanier's view. Hasanshahi, in a study, reported the average scores of adaptable couples as 114.7 ($s=17.8$) and incompatible couples as 70.7 ($s=23.8$). spanier chose four factors from the data related to the adaptability which include marriage satisfaction, mutual agreement, mutual consolidate and mutual love expression. Spanier set reliability of the scale on the total score of 0.96 and for sub scales 0.94 for mutual satisfaction, 0.90 for mutual agreement, 0.86 mutual consolidate, and 0.73 for mutual love expression in relations, respectively. He obtained the validity of 0.86 based on the Pearson coefficient with Mooke and Valas marriage questionnaire. In Iran, Hasanshahi also obtained reliability of 0.96 with descriptive method and 0.92 with Chronbachalfa; and evaluated its validity as 0.85 based on the correlation between the mentioned questionnaire with the Mooke and Valas marriage adaptability questionnaire.

Excitement-focused therapy program: excitement-focused therapy program was applied based on Johnson's view and pattern which is as follows: first session: evaluation including general familiarity with the couple, introducing the therapist, familiarity with the counseling process and therapeutic contract, making connection with any of the couples in order to feel security, finding out the cause of referring for this special treatment and level of their desire to be treated, evaluating the view of the couple about the problem, finding out the interactions, introducing the negative interactive cycle, discovering the process of creating active interactions (evaluating the emotional, diagnostic, behavioral, and interpersonal signs), finding problematic interactions, evaluating their method of confronting the problems, evaluating the attachment problem, discovering the barriers for attachment, and emotional interpersonal and intrapersonal involvement, assessing the status of matrimonial relationship; Second session: separate individual session with each of the couples including: discovering outstanding events, obtaining information that is not possible in the presence of spouse, such as evaluating the engagement to marriage, extra-marital relations, traumas of previous personal attachments which affect present relations, evaluating their fear of unrevealing the secrets; third session: identifying interactive patterns including: accepting the approved emotions, identifying the insecurity of attachment and fears of any of the couples, helping more openness and self-revealing of couples, therapeutic continuity; fourth session: reconstructing the bound between couples including clearing main emotional responses, expanding emotional experience of each couple in the relationship and emergence of new elements in experience, adjusting the therapist's diagnose with the client, accepting the cycle by the couple, reconsidering the relations; fifth session: deepening the emotional involvement of the couples based on the attachment needs such as: increasing the identification of attachment needs, deepening personal relation through emotional experience, improving intrapsychic status and interactive status; sixth session: expanding oneself in relation with others including: identifying suitability of therapist's framework with the client's experience, deepening relations with involvement of couples, accepting their experiences by couples, improving new interaction methods, focusing on one self not the other, identifying fundamental fears and expressing desires and wishes; seventh session: activating including: rebuilding interactions and

changing the events, more interaction and involvement of couples with each other, clarifying the desires and wishes of couples; eighth session: finding new solutions for old problems including: rebuilding (renewing) the interactions, changing the behavior of the problematic couple, adjusting the internal feeling towards self and also the relationship, changing the interactions, overcoming the barriers of positive reaction, finding new solutions for the arguments and old problems; ninth session: applying therapeutic findings in daily life including: earnest involvement of the couple, remaining on the therapeutic line and not crossing it, adjusting new states created by the couple, identifying and supporting interactive creative patterns, creating secure attachment, making a happy story of the relationship; tenth session: closure such as facilitation of closing the sessions, keeping interaction changes in future, identifying the difference between the negative interactive pattern in the past in initial sessions and the present time, keeping emotional involvement in order to continue strengthening the bond between them.

Research method

After preparing the tools, we referred to the Navid infertility institute and administered Spanier marriage adaptability questionnaires (DAS) and demographic information paper to the couples diagnosed as infertile by the obstetricians and gynecologists. After filling the questionnaire, 12 couples (6 couples of infertile males and 6 couples of infertile females), which have been diagnosed as infertile based on the related norms, were selected and assigned in two control and experimental groups randomly. For 6 couples (3 couples of infertile males and 3 couples of infertile females) couple-therapy sessions were held, and 6 couples (3 couples of infertile males and 3 couples of infertile females) waited for the treatment (as the control group). After the end of sessions, the two groups filled the marriage adaptability questionnaire again. In this study, besides using descriptive statistics, in order to compare the marriage adaptability variable in control and experimental groups Whitney Uman's Test (based on the difference between scores of the two groups in pre and post-test) was used.

RESULTS

Before addressing main results, it is worth mentioning that comparing some demographic features relating to variables of occupation, education level, income, age, duration of engagement, and duration of infertility, has not been significantly different in two control and experimental groups. Here, after presenting demographic features' results, we declared the results relating to the research variables to two groups.

Table 1 shows the descriptive results relating to the descriptive indicators of pre-test, post-test, and score difference of tests in mutual agreement, love expression, marriage satisfaction, mutual consolidate, and matrimonial adaptability.

Table 1: mean and standard deviation related to pre-test, post-test, and the difference between pre- and post-test in test variables in matrimonial adaptability, mutual agreement, mutual love expression, marriage satisfaction and mutual consolidate.

variable	Test Index group	Pre-test		Post-test		The difference between pre-post-test	
		Mean	standard deviation	Mean	standard deviation	Mean	standard deviation
Matrimonial adaptability	Treatment	75.16	9.65	109.5	7.54	-34.33	12.11
	control	78.16	6.26	78.5	10.06	-0.33	8.61
Mutual agreement	Treatment	30.58	5.71	40.75	7.33	-10.16	5.79
	control	29.41	4.54	28.66	5.36	0.75	2.52
Mutual love expression	Treatment	6.08	1.16	10.75	0.96	-4.66	1.07
	Control	7.91	1.5	7.25	1.35	0.66	1.72
Marriage satisfaction	Treatment	25.08	4.48	39.33	2.6	-14.25	5.7
	control	27.75	3.54	29.41	5.26	-1.66	5.01
Mutual solidity	Treatment	13.41	3.05	18.66	2.14	-5.25	2.73
	control	13.08	2.6	13.16	1.85	-0.08	3.28

The results of comparison between two control and experimental group in matrimonial adaptability, mutual agreement, mutual love expression, marriage satisfaction and mutual solidity variables, based on the Whitney Uman shows that "z" obtained from mentioned comparison are -4.131, -4.164, -4.215, -4.215, -3.719 respectively, which are significant in comparison with the critical values in Alfa level of 0.0001. This means that excitement-focused therapy has been able to increase matrimonial adaptability, mutual

agreement, mutual love expression, marriage satisfaction, and mutual solidity of infertile couples in comparison to the control group.

DISCUSSION

Results from utilizing excitement-focused therapy for infertile couples has shown that this method has a significant impact on increasing matrimonial adaptability and its components, and has been close to the results of similar studies. For example, reviewing couples therapy studies, Harvi concluded that behavioral couple-therapy and EFT have strong research basics, are valid experimentally, and cite the following studies: Jacobson and Christonson, Johnson, Johnson and Boicevert, Johnson Libo [17, 18, 21-24]. On the other hand, the results of this research are in line with the results of the researches conducted in Iran, such as Erfanmanesh, Eslamimehr, Hayati [18-20]. Also, when researchers used EFT approach in specific populations, this coordination with the present study was seen. Among the researches done the impact of EFT on people with less sexual tendency, impact of EFT on depressed people, impact of EFT on couples having a child with chronic disease can be mentioned. It should be noticed that this coordination seems to be due to the features of EFT approach, since it has always mentioned that EFT is useful for those clients that are depressed, anxious, or suffer from interpersonal problems, child abuse or life problems [25-28]. It is also more useful for couples that want to rebuild their close relationships, or for those couples with matrimonial frustration, or those who lack intimacy in their relations, or those who suffer from a certain stressful stimulus (such as a fatal disease that needs a change in the couples' relationships) or couples that are struggling with a chronic disease. On the contrary, this pattern has not been designed for psychotic or psychopathic populations, people with high risk of committing suicide or people that suffered severely and similarly for violent couples, departed couples and couples with the experience of drug abuse. Therefore, we addressed the couples with some incompatibilities along with a specific problem (such as infertility) in their lives and were living together and were included in the test variables, so we can mention its impact in general. Though what is important is that we have not got a research that directly address infertility and its role in matrimonial affairs and the intervention of excitement-focused therapy on it. This has prevented us from direct comparison of results of this research with other related researches. Though, in previous sections couples confronting specific situations while experiencing incompatibilities in their lives, favor this intervention. On the other hand, noticing the content of sentences shows that EFT intervention patterns, in fact, besides evaluating the problem refers to discovering the targets and expectations of couples, insecurities of couples, deepening their relations, improving their interaction, reconstructing interactions, finding new ways and increasing intimacy [29-30]. The content of these patterns refer, in fact, to the problems of infertile couples, and this can be a reason for impact of excitement-focused therapy on these kind of couples. However, the findings of this study has been the result of an effort on a limited group of people with the infertility problem, whether an infertile male or female, it is a problematic issue in Iranian society. Although the results show the success of this method, the question is that would following persuasions approve relational stability of successes? In fact, the extensive researches done on excitement-focused treatment, in different groups, in specific cultural-social situations, can reveal hopeful and hopeless fields in this respect.

CONCLUSION

Considering the conducted researches and with respect to the emotional conflicts that couples would have after understanding their infertility, it can be said that excitement-focused therapy irrespective of gender, occupation, education level and so on can help to increase matrimonial adaptability and decrease interpersonal stress. This itself would prevent infertility to harm family focus. Hence, it is appropriate to use this method to improve level of matrimonial adaptability among infertile couples.

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