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Effective of emotional regulation on psychological wellbeing and marital satisfaction of Iranian infertile couples

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Abstract

Infertility as a biological phenomenon has personal and interpersonal psychological effects. Thus, after diagnosing Infertility the incidence of psychological consequences would be expectable. This study aimed to assess the effective of emotional regulation training on psychological well-being and marital satisfaction of Iranian infertile couples. This was a semi-experimental study with pre-test, post-test and control group design. The statistical populations consisted of all infertile couples attending the Obstetricians and Gynecologists clinics. The participants of this study contained 40 infertile couples who were selected through the available sampling method. Marital satisfaction scale and psychological well-being questionnaire were used to collect data. The gathered data was analyzed through multivariate analysis of covariance. The results showed that emotional regulation training could significantly affect psychological well-being and marital satisfaction of infertile couples. Also, the capacity and effective of emotion regulation training on psychological, physical and interpersonal happiness and emotional regulation played an important role in coping with stressful life events. Considering the effect of emotional regulation on the marital satisfaction and psychological well-being of the infertile couples, special trainings for these couples and the preventive measures should be taken.

Keywords: Emotion, Infertility, Marital, Mental Health, Satisfaction

Introduction

IInfertility is the inability of couples to be fertilized after one year of regular physical contact without any method of contraception [1]. This disorder is one of the major life crises, which leads to stressful experiences and psychological problems. Based on several studies it leads to emotional problems such as depression, psychological pressure, anxiety, and dissatisfaction with life [2]. As the phenomenon of infertility, a subcategory of the medical realm, is caused by the psychological factors, it contains the psychosocial aspects as well [3]. Psychological well-being is a vulnerable variable among the infertile couples. Ryff considers the psychological wellbeing as an individual's effort to realize his true potentialities. In accordance with the

model of Ryff and colleagues, psychological wellbeing consists of six components: self-acceptance, autonomy, positive relationships with others, being purposeful in the life, environmental mastery, and personal growth [4]. Unpleasant life events can affect and disrupt the psychological well-being, and create psychological problems such as anxiety and depression. Accordingly, infertility, which has a constant and stressful nature, leads to a reduction in psychological well-being by creating stress. Due to repeated failures in having children, infertile couples, in terms of psychological well-being, have a lower level than normal ones [5]. Studies have shown that the stressful experience of infertility is related to a wide range of psychological damages, including undermining self-esteem, increase in stress level, anxiety, depression, the feeling of inferiority and inadequacy, inaction of sexual productivity, and marital problems [6,7]. Increase in the scores of infertile women for some scales such as sensitivity in interpersonal relationships, depression, and psychosis has been reported [8]. The results of a research showed that the sources of stress and trauma for infertile females caused their mental health indicators to be weaker in comparison with fertile females. These women showed higher psychological distress. Besides, the quality of life in infertile women was significantly lower than that of fertile women [7].

Another problem that infertile couples face with is marital satisfaction. Marital satisfaction is defined as the couples' perception and meet of the needs and desires of their partners [9,10]. A relationship has been observed between the reduction of fertility and marital satisfaction [11]. Another research also revealed that an increase in the levels of stress and depression decreases marital satisfaction also a reduction in social functioning and self-esteem reduces marital satisfaction [12,13]. In addition, there is a positive correlation between marital satisfaction and psychological well-being [14]. Marital satisfaction of infertile women is affected by their irrational thinking, the cost of infertility treatments, and family pressure to have children. This group has more disorders in marital satisfaction [15]. The results of a research by Monga et al, on 18 infertile couples, and 12 couples seeking selective sterilization showed that the 0.83 of infertile couples felt social pressure. Also, the marital adjustment scores for infertile women were significantly lower than fertile group. Furthermore, the study showed that the tendency of infertile women was toward psychological well-being lower, however, such tendency was not existed in infertile men [16]. Ragni et al. studied the quality of life among infertile couples before doing IVF. They showed that the duration of infertility and failure in achieving pregnancy during IVF can negatively affect these couples' mental health and quality of life [17].

Emotional regulation plays a major role in the psychological well-being [18]. Emotional regulation strategies reflect the reinterpretation of excitement causing stimulator, which make adjustment in emotional impacts. Emotional regulation is also a form of self-regulation. It is defined as the internal and external processes of monitoring, evaluating, and modifying of the appearance, duration, and severity of the emotional reactions [19]. Unlike emotional inhibition, reassessment is positively associated with positive emotion and psychological well-being. It enhances the interpersonal performance and positive sense [20]. Emotional regulation training is a treatment with positive impact on couples' psychological well-being. Emotional regulation training is meant to reduce and control the negative emotions and excitements and using emotions positively. The results showed that the emotional regulation training has a positive impact on psychological well-being, marital satisfaction, reduction of self-harm, lack of emotional regulation, particular symptoms of borderline personality disorder, and reduction of depression symptoms, anxiety, and stress [21]. According to prior studies, emotional regulation, not only has positive effects on subjective well-being, but also improves the interpersonal relationships, physical health,

and consequently marital satisfaction of the couples [22,23]. In some studies, it has been reported that the emotional regulation leads to solve the problems of marital communication, as well as physical and psychological well-being [24].

Given these issues, scientific and technical research on the psychological factors of infertility seems necessary. Some efforts should be made to enhance the life quality of this group and improve their marital consent. Therefore, in the current study, the emotional regulation therapy was used as an approach to improve the couples' psychological well-being and marital satisfaction to help them continue their marriage, and promote their social, physical, and psychological performance . Thus, this study sought to answer the followed question: Is the emotional regulation therapy effective at increasing the couples' psychological well-being and improving their marital satisfaction? This study aimed to assess the effective of emotional regulation training on psychological well-being and marital satisfaction of Iranian infertile couples.

Method

This study was a semi-experimental research with pretest-posttest design and control group. The statistical society of the current research consisted of all infertile couples referred to the obstetricians and Gynecologists clinics of Ardabil (Northwest of Iran) in 2013. The sample size for this study was selected by available sampling method from the mentioned treatment centers. participants included 40 infertile couples of Ardabil city and was randomly divided into experimental and control groups. The sample size of experimental study must be at least 15 people [25], however, to increase the external validity, 40 infertile couples (20 couple for each group) were selected as participants in the current research. The including criteria were as following: (1) the diagnosis of infertility by a physician; 2. having a secondary school's degree or higher; 3. Not having children from previous pregnancies. In this study, the data were collected using the following instruments:

Ryff's psychological wellbeing scale: this scale was made by Ryff in 1989 [26] and was revised in 2009. This scale had 54 items. The scale measures six factors of autonomy, environmental mastery, personal growth, positive relations with others, being purposeful in the life and self-acceptance. Besides, the sum of these factors produces the total score of psychological wellbeing. This test is a self-assessment on a six point scale; from strongly agree to strongly disagree. In Khky'study, the internal consistency by Cronbach's alpha was 0.92, and the correlation coefficient through re- examining was abstained 0.76 for the whole scale, and between 0.67 and 0.73 for subscales [27]. Taghipur reportedthe content and construct validity of the test as desirable and high [28]. The reliability of this test was also 0.81 in another study [29].

Enrich's marital satisfaction scale: For the first time Olson introduced the 115-item form of this scale and later it was built with 35 questions. The validation of the short form has been reported 0.92 by using alpha coefficient [30]. In Iran, for the first time, the internal consistency of the test was calculated 0.93for long form and 0.95for short form. As well, the test-retest reliability of the questionnaire for each subscale was reported 0.86, 0.81, 0.90, and 0.92, respectively [31]. The subscales of this test included personality issues, marital communication, conflict resolution, financial management, leisure time activities, sexual relationships, and religious orientation. The test grading was on a five-item scale, from one to five points. The test cut-point was between 41 and 60 scores.

Firstly, by the license of Ardabil University of Medical Sciences and selecting the participants, the psychological well-being and marital satisfaction questionnaires were offered to the infertile couples as pretest. In the next step, the emotional regulation training was implemented in eight 90-minute sessions for the couples in the experimental group. In the final stage, the psychological and marital satisfaction questionnaires were delivered again as post-test to both groups

of infertile couples. Then, the obtained scores of the pre-test and post-test were analyzed by using SPSS18 software.

In order to analyze the data, descriptive statistics was used such as frequency, mean, and standard deviation tables. Furthermore, for testing the study hypotheses, the multivariate analysis of covariance was applied.

The emotional regulation training: for the first group, the emotional regulation training was presented in eight 90-minute sessions as follows: First session: conducting pretest, communication, conceptualization, and the necessity of using emotional regulation.

Second session: teaching the awareness of positive emotions: a short review of the previous session, teaching the awareness of positive emotions and their types (happiness, interest, and love) and training in regard to the positive emotions and the necessity to use them along with the examples in the form of subjective conceptualization (for example, the visualization of a happy scene), home assignment of writing and recording the major positive emotions in the assigned forms.

Third session: teaching the awareness of negative emotions: a brief review of the previous session, teaching the awareness of negative emotions, and their types (anxiety, sadness, anger), and training with regard to the negative emotions and the necessity to use them along with the examples in the form of subjective conceptualization (for example, the visualization of a distressful scene), home assignment of writing and recording the major negative emotions in the assigned forms.

Fourth session: teaching the acceptance of positive emotions: a review of the previous session, teaching the acceptance of positive emotion rates and the positive and negative outcomes of theses emotions without judgment (high or low), home assignment of parents and close friends feedbacks on the level of positive emotions (low or high) and recording them in the assigned forms.

Fifth session: repeating the fourth session but for the negative emotions along with its home assignment in regard with the negative emotions.

Sixth session: teaching the reassessment and the expression of positive emotions: a review of the previous session, teaching the subjective experience of positive emotions in the form of conceptualization (happiness, interest, and love), subjective inhibition, and teaching the appropriate expression of these emotions.

Seventh session: teaching the reassessment and the expression of negative emotions, teaching the subjective experience of negative emotions in the form conceptualization (anxiety, sadness, and anger) inappropriate expression and preventing from inappropriate expression of such emotions.

Eighth session: the wrap-up of the training sessions and conducting post-test.

Results

34.8 % of infertile women were in the age range of 20 to 25, 42.5 % were in the age range of 26 to 31, and 23.8 % were in the age range of 31 and above. In addition, 25.0 % of participants were under diploma, 41.2 % had diploma, and 33.8 % had a bachelor degree. 32.5 % of infertile women were employed while 67.52 % were housewives. Finally, 13.8 % of infertile women were married for 1 to 3 years, 47.5 % for 3 to 6 years, and 38.8 % for 6 years or more.

To regard with the assumptions of covariance test, levene's test was used. The error variance of these variables among the participants (experimental group and control group) did not differ, and variances were equal to each other. Furthermore, in order to study the covariance homogeneity, Box test was used. The results showed that Box is not meaningful, thus the default difference between the covariance was existed.

As it can be seen in Table 3, by assuming the control of pretest, the first hypothesis, i.e. "emotional regulation training affects the psychological well-being of infertile couples" was approved in all components of psychological well-being in the level of ($p<0.05$). This means that the null hypothesis

Table 1 *The average and standard deviation of pre-test and post-test for psychological wellbeing's components between the experimental and control groups (infertile couples)*

	Group	Mean	S D (±)
Pre-test of autonomy	Experimental	26.65	3.81
	Control	25.65	4.13
Pre-test of environmental mastery	Experimental	22.65	3.81
	Control	24.15	3.06
Pre-test personal growth	Experimental	22.00	3.55
	Control	22.70	3.18
Pre-test positive relations with others	Experimental	25.35	2.99
	Control	24.20	3.39
Pre-test being purposeful in the life	Experimental	24.10	3.32
	Control	23.60	3.76
Pre-test self-acceptance	Experimental	23.85	4.82
	Control	23.45	4.07
Post-test Pre-test of autonomy	Experimental	37.30	4.01
	Control	25.70	4.52
Pre-test of environmental mastery	Experimental	34.20	4.18
	Control	24.90	2.38
Post-test personal growth	Experimental	23.80	4.12
	Control	23.25	3.72
Post-test positive relations with others	Experimental	36.35	3.11
	Control	24.80	3.86
Post-test being purposeful in the life	Experimental	34.35	3.91
	Control	24.85	4.06
Post-test self-acceptance	Experimental	33.55	5.83
	Control	22.05	4.92

is rejected. In other words, the emotional regulation training has significant effect on autonomy, environmental mastery, personal growth, positive relationships with others, being purposeful in the life, and self-acceptance of infertile couples in the experimental group compared with the control group.

As it can be seen in Table 4, by assuming the control of pretest, the first hypotheses, i.e. "emotional regulation training affects the marital satisfaction of infertile couples" was approved in all components of marital satisfaction in the level of $p<0.05$. This means that the null hypothesis is rejected. In other words, that emotional regulation training has significant effect on the personality issues, communication, conflict resolution, financial management, leisure time activities, sexual relationships and religious orientation among infertile couples of the experimental group compared with the control group.

Discussion

The aim of the present research was to study the effective of emotional regulation on marital satisfaction and psychological well-being of the infertile couples. The results showed that the emotional regulation training affected positively the psychological well-being and marital satisfaction of the infertile couples ($p<0.01$). The results revealed that the individuals' capacity in effective emotional regulation influences the psychological, physical, and interpersonal happiness. Besides, emotional regulation plays an important role in coping with stressful life events. Generally, according to this study, the emotional regulation affects the marital satisfaction and psychological well-being of the infertile couples. Thus it is

Table 2 *The average and standard deviation of pre-test and post-test for marital satisfaction's components between the experimental and control groups (infertile couples)*

	Group	Mean	SD (±)
Pre-test of Personality issues	Experimental	14.80	1.32
	Control	14.90	1.77
Pre-test of communication	Experimental	8.45	0.99
	Control	8.25	0.91
Pre-test conflict resolution	Experimental	13.85	0.87
	Control	14.30	0.73
Pre-test financial management	Experimental	12.45	2.11
	Control	11.40	2.54
Pre-test leisure time activities	Experimental	12.25	0.91
	Control	12.45	1.27
Pre-test sexual relationships	Experimental	9.50	1.39
	Control	9.70	1.49
Pre-test religious orientation	Experimental	14.00	0.91
	Control	14.50	0.88
Post-test of Personality issues	Experimental	22.20	1.88
	Control	14.85	1.26
Post-test of communication	Experimental	16.10	1.97
	Control	8.45	2.11
Post-test conflict resolution	Experimental	22	1.97
	Control	14.50	1.63
Post-test financial management	Experimental	23.30	1.78
	Control	11.65	2.41
Post-test sexual relationships	Experimental	15.40	1.23
	Control	9.70	1.65
Post-test leisure time activities	Experimental	18	2.05
	Control	12.85	1.08
Post-test religious orientation	Experimental	18.01	1.05
	Control	14.45	0.85

Table 3 *The multivariate analysis of covariance to examine the significance of emotional regulation training on each component of psychological well-being in both experimental and control groups*

Source		SS	Df	MS	F	SIG
autonomy	group	1345.60	1	1345.60	73.63	0.001
	pre-test	126.12	1	126.12	23.54	0.25
environmental mastery	group	864.90	1	864.90	40.60	0.001
	post-test	344.56	1	344.56	17.40	0.47
personal growth	group	1113.02	1	1113.02	123.78	0.001
	pre-test	456.68	1	456.68	12.90	91 .0
positive relations with others	group	1334.02	1	1334.02	17.80	0.001
	pre-test	866.89	1	866.89	34.70	81 .0
being purposeful in the life	group	902.50	1	902.50	43.80	0.001
	pre-test	255.55	1	255.55	22.70	0.78
self-acceptance	group	1322.50	1	1322.50	67.10	0.001
	pre-test	654.67	1	654.67	40.33	0.34

better to pay attention to special trainings for these couples and take the preventive measures because these trainings are helpful in terms of appropriate treatment and better support of the infertile couples.

Based on the findings of the current research, the hypothesis that "emotional regulation influences the psychological well-being of the infertile couples" was approved. So, the results of the present study suggest that the emotional regulation training influences the psychological well-being of the infertile couples. This is consistent with the studies of Abbey et al [32], Besharat et al [33], Boyarsky et al [3], Besharat et al [7], Burpe et al [9], Tamaddoni [12], Noori and Mohammadi Aghdam [34].The positive emotional regulation strategies predicted the high level of life satisfaction. This can also be in line with the findings of Garnefski et al, about the association between the positive writing of positive emotions experiences and the negative correlation of negative emotional experiences with the life satisfaction [35]. Emotional regulation leads to emotional management and adjustment, and enjoying the positive skills of emotional regulation causes positive adjustment, therefore, emotional regulation plays an important role in life. It helps to enhance the psychological well-being in the life. Here, it may also be noted that the infertile women in different life situations will not probably use the positive emotions. In contrast, they have a lot negative emotions which bring them other problems such as negative self-perception, concerns in communicating with others, and poor social functioning. This is a reason of disturbing their psychological well-being as well.

Furthermore, the hypothesis that the "emotional regulation training influences the marital satisfaction of the infertile couples" was approved. Thus, the results of the present study suggest that the emotional regulation training influences the marital satisfaction of the infertile couples. It is consistent with the studies of Elsenbruch et al [36], Trent et al [37], Nilforooshan et al [38], Amanati et al [15], Goodinson et al [39], Gurdran et al [40] and To justify this, it can be said that the infertile couples are trapped in dry patterns and cycles of interaction, which are strengthened by them repeatedly. Their inability to cope with the emotions in which they were trapped result in confusion and further inconsistency with unsolvable issues. In modern approaches, emotional disorders are attributed to the cognitive control deficit. The inability to control the negative emotions is caused by negative thoughts and beliefs about anxiety and using ineffective coping strategies. The coping strategies include the practical and mental efforts to control the internal and environmental requirements and the conflicts between them. Then, the differences among individuals due to using different styles of emotional regulation cause the various social and cognitive outcomes. By the use of re-assessment styles positive emotions, better interpersonal and marital performance and overall higher marital satisfaction would be achieved.

Conclusion

Emotion with coordinating mental, biological, and motivational processes causes the infertile couples to consolidate their position related to the life, equips them with specific and effective responses to the issues, and ultimately leads them survive physically and socially. On the other side, emotions play an important role in creating, keeping, and cutting the interpersonal relations. It is achieved by adjusting the distance between individuals, because the emotions close people to each other or make them separated. For example, anger and joy influence the social relationships. Happiness causes relationship. In the separation time, sadness keeps the relationships. Anger stimulates people to cut harmful relationships. Emotional regulation, which is activated before the occurrence of the stressful event interpret the position in a way to reduce its associated emotional responses. Emotional regulation may have consequences on individuals' social functioning [18]. For example, the infertile couples who take the advantage of

emotional regulation in the form of evaluation, pay attention to the external sources such as the quality of relationship or other person, rather than to themselves. Thus they can more control the quality of the relationship and thereby have more marital satisfaction. Training positive emotions to the infertile couples help them to put the conflicts aside, and concentrate more on their agreement in the life. Furthermore, these positive emotions make them to have a correct sexual relationship instead of just having a relationship for childbearing. The current research would be in line with the results of other studies, in which the emotional regulation leads to positive psychological effects, including the increase of mind peace, the reduction of mental symptoms and emotional reactions, as well as the improvement of behavioral communication. One of the limitations of the study was the selection of the sample only from Ardabil city, which limits the generalization of the results to other cities. Ignoring the duration of infertility and used drug by the infertile couples were also the other limitations of this study. Furthermore, all the infertile women under study did not pass an IVF cycle.

Considering the sample selection dedicated to Ardabil, further researches in this regard is recommended on different cities. The results of future researches must be assessed carefully, in order to be able to generalize the findings to other cities. The current study has been conducted solely on male or female infertility agents. Therefore, it is suggested that the cause of infertility within families (men or women) be studied separately. Studying family income as well as spouse and family support in further researches is also suggested. Besides, It is recommended, if possible, the infertile women who are going to be studied, pass at least a full cycle of IVF.

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Contributions

Study design: MA, SHD, RGH
Data collection and analysis: MA, SHD, RGH
Manuscript preparation: MA, SHD, RGH, AA

Conflict of interest

"The authors declare that they have no competing interests."

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