

Investigating the effectiveness of Acceptance and Commitment Therapy (ACT) on marital compatibility and life expectancy in infertile women

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Abstract

Objective: Infertility affects on the various aspects of people's life. Perhaps one can say that infertility is the most common and stressful events in people's lives. The aim of this research is to evaluate the efficiency of treatment based on commitment and acceptance of the marital compatibility and life expectancy in infertile women who refer to health and medical centers of Mashhad Medical Sciences University. **Methods:** The present research is experimental with pretest-posttest and control test. The sample includes 30 infertile women who were randomly assigned to two groups of experimental (15) and control (15). For the experimental group, acceptance and commitment therapy sessions were formed (ACT) was formed and the control group had no interventions. **Findings:** the result of multi-variable covariance analysis showed that Acceptance and commitment therapy on marital compatibility and life expectancy in infertile female is effective ($0/05 > P$). **Conclusion:** based on the results of this research it can be concluded that marital acceptance and commitment therapy improves marital compatibility and life expectancy in infertile women.

Keywords: Acceptance and commitment therapy, marital compatibility, life expectancy, infertile women

Introduction:

Infertility is actually a complicated crisis in life, perhaps due to this reason many authors described psychological consequences of infertility as the reaction of public mourning. Infertile couples are faced with a series of health problems in diagnosis, and treatment and duration of disease in addition to mental problems (Jones, 1994). Infertility is described as a failure in pregnancy after one year of regular,

unprotected sexual intercourse (Mohammadi, Khalaj Abadi Farahani, 2002). The World Health Organization has suggested that infertility is a major health problem (Chang, R., Sulzky, translated by karimzadeh Meybodi, 1997) that has physical, mental and social dimensions (Bahrami et al, 2008). Also based on this organization's report, about 8 percent of the population, it means 50 to 80 million people in the world, have infertility problems during the fertility years (Mohammadi, Hosseini, Farzadi and Seyed fatemi, 2002). The infertility in women are about 40 percent ,in men 40 percent and both of them 20 percent that sometimes the cause is unknown (Berk, 2001). To investigate the prevalence of infertility and its expansion, it should be first noted that the possibility of pregnancy is around 25-20% per month. Based on this estimation, almost 90% of couples will get pregnant after 12 months (Berk, Dashy, 1996). Researches show that 15-10% of couples in fertility age are faced with these disorders (infertility) (Aspirof and Fritnez, 2005). And it is along with a wide range of psychological damage, including reduced life quality, self-esteem, sexual, emotional and social satisfaction, increasing the stress levels, anxiety, depression, anger, low self-feeling, feeling of Ineffectiveness, sexual dysfunction and marital problems of their relatives (Watkins, 2004). And basically some types of infertility is related to stress (Vasser, 1994). In another research Upkong& Orji (2006) studied 112 infertile and 96 fertile women for comparison and showed that readiness for psychiatric disorders, anxiety and depression in infertile women in comparison with fertile women were respectively 46/4%, 5/37%, and 9/42%. The results of Watkins research (2004) shows that women, more than men experience stress due to infertility and its consequences.

On the other hand the relatives expect women more than men to bring children, or in other words, the pressure of society in this case on the women without children is more than men. Even in American culture, the relatives blame women more than men for infertility. Matsubashi, Hosaka.Izumi.Suzuki& MAKINO (2001) also showed that emotional disorders and psychological stress in infertile women is more than infertile men. Numerous medical tests and organic check, different medicinal treatment and their physical and psychological effects, duration of infertility treatment, low rate of treatment success as well as economic problems caused by infertility treatment, are severe stress factors for the infertile couple. (Rajvir, Ceinwen& Cummming, 2000; Beutel, Kuprer& Kirchmeyer, 1999). Although infertility experience for a healthy or infertile person may be different, but the lack of experience of having child, create stress and change in life. Since that infertility affects the couples as a unit, and its treatment requires the cooperation of both men and women, so it is necessary to take some effort to create proper relationship between couples.

Health can be measured by various criteria .one of the important criteria in measuring health, is hope to life and that is the number of years that a person expect to live. But because the criteria didn't have ability to calculate disability and chronic illness, the experts create the hope in good health criteria. And it is said to the number of years that a person expects to live in good health and without disease. (Bington, 1996, quoted from Hallajian, 2010). Nowadays, with the advent of the positive psychology and health psychology rather than to pay attention to injuries or mental disorders, factors such as happiness, optimism, meaning initiative in life, self-control, social support and hope and the use of methods based on the these factors are considered in the prevention and treatment of physical disease. (Snyder& Macullough, 2000; Sligman& Csikszentmihalyi, 2000; work, 2003, the translated by Mehrdad. Kalantari, 2006). The hope structure in this regard has attracted increasing attention. So that by Seligman and Snyder view, frustration causes both physical and psychological disease. They conducted a research as general family function on life expectancy in disabled students and the results showed that family performance has an effect on life expectancy (Ghorbani and Shafagh, 2010). Banson W (2006) says about studies of hope that there is a significant positive relationship between high levels of hope and physical and psychological health, high self-value, positive thought and social relations. Hope to successfully treatment is the variables that there is a significant relationship between it and stress caused by infertility. Abbey A (1992) and Coolins A (1992) know hope to successfully infertility treatment as the

variables affecting on severity of the stress of infertility. Jackson N, Weiss, Landqist (2003) concluded that there is a direct relationship between hope and conformist functions, such as psychological compatibility, physical health and problem solving skills. Snyder (2006) in a study concluded that there is a negative correlation between high hope and positive motivations and low hope and negative emotions. So that low hope predict depression that is separate from diagnosis and the other opposing skill.

Marital compatibility and satisfaction is regarded as the result of General satisfaction of marital life and sexual relationship and emotional satisfaction (Shackel ford, 2000). A variety of factors affect on the strength and stability of the family. Some families spend their life with understanding and compatibility and happiness .On the contrary some group of people in the simplest and most basic issues of life are faced difficulties and confusion. In addition, mental happiness can be observed among families with greater compatibility both quantitatively and qualitatively. Compatible families understand each other better and find more the sense of balance.

Marital compatibility affect on many aspects of people's personal and social life. In fact good performance is the family foundation that facilitates the role of parents and increases the couple's life. (Coombz, 1991), enhances health (demo, Allin, 1996), economic development, more satisfaction with life (Nak , 1995), reduction of psychological problems, better management of conflicts (Abraham and Brayan, 2000), communication skills and problem solving (Johnson et al., 2005) and better skills to resolve conflicts (extracted from, Hosseini Nasab and others, 2010 : 58). Marital compatibility affects on the quality of parenting, life duration, health, life satisfaction, feeling of loneliness, upbringing and development of children, social relationships and tendency to social deviations (Mehrabi zade, Honarmad and others, 2011: 126).

But if marital life provide the adverse conditions to satisfy the different needs of couples, not only the positive aspects of marriage cannot be full filled, but also it would remain a negative and sometimes irreparable effect. These negative effects is not just for couples but also create a range of disorders in their children that among them isolation, depression, weakness in social competence, poor academic performance and communication problems can be considered. (Lurensu, 2009; from the knowledge, 2011).

In many studies, negative impact of infertility has shown on marital compatibility and sexual function (Monga, 2004), anxiety, depression and reduction of marital life quality (Matsubayashi, 2004; Peterson, 2004). Some studies show that marital compatibility in women is less than men (Sabateli, Meth, Gavazzi, 1988; Newton, 1990). Infertility stress can create disorders in the marital compatibility (Andrews, 1992; Benazon, 1992) and by the passage of time marital incompatibility of infertile women becomes more (mazaheri et al, 2002; Sandelowski, 1990; Shade, 1992). Sandelowski (1990) by checking 52 American couple found that the time variable has a significant effect on marital compatibility and over time it can reduce the marital compatibility in infertile women. It should be emphasized that most of the time physical treatment of infertility is not enough alone. Paying attention to psychological needs of infertile couples is an essential part in the success of infertility treatment. Stress, frustration and embarrassment of infertility can affect on mental health of couples and also their relationships as worse and destructive (Kuchenhoff, 1999).

Based on acceptance and commitment therapy that was introduced by Steven Hies in the 80s (1987) at the University of Nevada and was known as ACT, it is a form of cognitive behavioral therapy based on field-orientation of performance and has roots in the new theory about language and recognition that is called the mental relationship framework theory. In acceptance and commitment therapy the assumption is that human beings consider a lot of emotion, excitement or inner thought as irritating and constantly are trying to change inner experiences or get rid of them. These efforts have not been effective to control and it paradoxically leads to the intensification of feelings, emotions and thoughts that the person at first had tried to avoid them. Acceptance and commitment therapy essential processes includes: 1. Acceptance 2.

Self as a context (as background), 3. Contact with present moment, 4. Effusion, 5. Values, 6. Committed Action that all of them cause psychological flexibility (Haies, 2012). In this treatment the first attempt is to increase the individual's mental acceptance of subjective experience (thoughts, feelings, etc.) and thus ineffective control performance will be reduced. Patients are taught that any action to prevent or control these unwanted mental experiences is ineffective or has adverse effect and intensify them and these experiences should be completely accepted without any internal or external reaction to eliminate them. In the second step it is added to the individual's mental awareness in the present moment. It means individual becomes aware of all mental states, thoughts and his/her behavior in the present moment. In the third stage the person is taught to make separate him/herself from the subjective experience (Cognitive separation) so that it can act independently of these experience. Fourth, try to reduce the excessive focus on self- visually or personal story (as victims) that person has made it in mind. Fifth, help the person to recognize his personal values and certainly specify them and change them to behavioral purposes. (Values clarification) .And finally the motivation toward committed action, it means activities toward the goals and outlined values with the acceptance of subjective experience. These subjective experiences can be depressing and obsessive thoughts, thought of events (trauma), social phobias or anxiety and etc. The empirical evidence about the effects of this treatment on various disorders is increasing, For example increasing the effectiveness of the treatment about disorders such as depression, psychosis, substance abuse and drug addiction, burnout and chronic pain has been specified .the techniques that are used in act are including: Paradox, Meditative Exercises, Experiential Exercises, metaphors and language conversations (Hayes, Bisset& Fisher, 2010).

The main processes Of acceptance and commitment therapy seek to teach the people how to get rid of thought inhibition and break annoying thought how to endure against unfavorable thoughts and unpleasant emotions (Hayes, 2012) and Finally by considering the difficulties that infertile women are faced with them and these problems effect on marital compatibility and life expectancy of infertile women and their husbands. In this research, we have tried to take step towards improving marital compatibility and increasing life expectancy through commitment and acceptance-based treatment for this group of people. The main research question is that whether Acceptance and commitment therapy is effective on marital compatibility and life expectancy in infertile women?

The research method:

The research method is experimental with pretest and posttest and control group. The statistic population of research consists of all infertile women who refer to health centers of Medical Sciences university of Mashhad in the third quarter of 94-95.

In this research, 30 people were randomly selected as samples between the client who had got the fewer score through Espanyro questionnaires of marital compatibility test and Snyder life expectancy test and 15 people assigned to experimental group and 15 people assigned to the control group. Experimental group tests during therapy based on commitment and acceptance tests were consisted of 12 sessions of 90-minute and 2-session per week on the basis of the protocol of acceptance and commitment therapy (ACT). During this period the control group had no intervention.

The content of the meetings is as follows: first and second session getting familiar groups with each other, and therapist and outline treatment sessions. The third to ninth sessions getting familiar with the treatment concepts ACT (mental flexibility, psychological acceptance, psychological awareness, cognitive isolation, self-visualization, personal story, clarifying values and commitment act) and relevant exercises and at the beginning of each session, first focus on the increasing mental awareness, and then the participants were trained about handling and dealing appropriately with their mental experiences and creation of goal and

social and practical commitment to their goals. In the last three sessions the focus was mainly on practical training, providing feedback by the group and the therapist.

Research tools:

Spanier marital compatibility questionnaire:

This questionnaire consisted of 32 questions, and pays to assess the quality of the marital relationship or similar mutual relationships. This scale in 1976 was prepared by Spanier and has been translated into various languages in which its validity and reliability has been proven. (Fisiloglu and Demir 2000, Shek, 1995 quotes from Broul Walsh 2002). Bernstein (1989) recommended to use this scale everywhere because its psychometric base in comparing with other measures is very advanced.

The overall score of this scale is obtained by summing the scores of questions from 0 to 151. People whose score is 101 or less are regarded as incompatible in the view of Spanier. Factor analysis shows that this scale evaluates four dimensions of relationship. These four dimensions are as follows. * Dyadic satisfaction, dyadic cohesion, reciprocal agreement and reveal compassion. Spanier (1976) quotes from Sanaee, reported reliability of the scale with Cronbach's alpha as 96% that has the considerable internal consistency. The internal consistencies of the sub-scales are between good and excellent. And Dyadic satisfaction had been reported 0/94, dyadic cohesion 0/81, reciprocal agreement 0/90 and reveal compassion 0/73.

Snyder life expectancy questionnaire:

Life expectancy questionnaire is created by Schneider and his colleges (1991) to evaluate expectancy and has 12 statements and runs in self-expression forms. From these statements, 4 statements for factor thinking and 4 statements are for strategic thinking and 4 statements are misleading. So the below questionnaire includes the following scale: factor thinking and strategic thinking. Reliability and validity of the questionnaire has been approved by Mashhad University professors of management and experimental studies of teacher training (Karimiyan, 2013) Brayant Vengrous (2001) has gained the internal consistency of the test 0791 to 0711.

Research Findings

Mean and standard deviation of the pre-test and post-test scores of marital compatibility and life expectancy in both experimental and control groups are presented in Table 1.

Table 1: statistical criteria of marital compatibility and hope life variable in pretest and posttest and control groups

variable	group	level	number	mean	Standard deviation
Marital compatibility	test	Pre-test	15	70/93	14/949
		Post-test	15	88/86	14/970
	control	Pre-test	15	70/73	11/215
		Post-test	15	71/73	13/139

Life expectancy	test	Pre-test	15	30	6/546
		post-test	15	41/20	6/736
	control	Pre-test	15	29/13	5/950
		Post-test	15	29/93	5/897

As can be seen from the above table ,mean scores of marital compatibility in experimental group in pre-test is 70/93 and in post-test 88/86 and in the control group at pre-test 70/73 and in post-test is 71/73 . mean scores of life expectancy in the experimental group in pre-test and post-test are 30 and 41/20 and in the control group pretest and posttest are 29/13 and 29/93. Table 2: Kolmogorov-Smirnov test for checking data normality.

variable	group	number	Kolmogorov-Smirnov Z	Significance level
Marital compatibility	Pre-test	15	0/511	0/957
	Post-test	15	0/696	0/718
Life expectancy	Pre-test	15	0/577	0/893
	post-test	15	0/511	0/956

As seen in the above table Z Kolmogorov-Smirnov and significance level is greater than (0/05) is not meaningful for variables of two group, so it can be concluded that scores are normal and this assumption is met in covariance.

Table 3. Multi-variable covariance analysis (MANCOVA)

tests	amount	F	Hypothesis Degree of freedom	Error degree of freedom	Significance level	Squares of stake Ita
Pilapy effect	0/851	35/572	4	25	0/000	0/851
Wilks Lambada	0/149	35/572	4	25	0/000	0/851
Hatling effect	5/692	35/572	4	25	0/000	0/851
The largest root	5/692	35/572	4	25	0/000	0/851

As you can see in the multi- variable analysis of covariance, four tests of "Pilapy, lambada Wilks, Hatling effect and the largest root" are checked. As specified in the table the significance level for all multi-variable tests is (P-value = 0/000 <0/05) and shows that there is a significance difference at least between a dependent variable in the experimental and control groups. Regarding that square value of Ita stake is 0/851, it is specified that acceptance and commitment therapy determines the amount of 85/1% of the total variance of the dependent variables. Because the two groups are compared, the amount (F: 35/572) and significance level (sig = 0/000) and square value of Ita stake in all tests are equal.

Table 4: Results of uni-variable analysis of covariance (ANCOVA) post-test scores of marital compatibility after removal of pre-test.

Changes source	Sum of squares	Df	Mean of squares	F	Sig	Stake Ita
Pre-test	4698/424	1	4698/424	177/644	0/000	0/872
Main effect	210/927	1	210/927	7/975	0/009	0/235
The remaining error	687/660	26	26/448			

The above table shows that the significant level of main effect in the marital compatibility variable is (P-value = 0/009<0/05). and because this level is less than 0/05so 95/0 so the null hypothesis with confidence of 0/95 is rejected and the contrary assumption is to approved. And it can be concluded that acceptance and commitment therapy was effective on marital compatibility in infertile women.

Table 5: Results of uni-variable analysis of covariance (ANCOVA) post-test scores life expectancy variable after elimination of pretest

Changes source	Sum of squares	Df	Mean of squares	F	Sig	Stake Ita
Pre-test	760/987	1	760/987	54/027	0/000	0/675
Main effect	63/816	1	63/816	4/531	0/043	0/148
Remaining error	366/218	20	140/085			

The above table shows that the significant level of main effect in the life expectancy variable is ($P\text{-value} = 0/043 < 0/05$). Since this level is less than 0/05 so null hypothesis with confident of 0/95 is rejected and the contrary assumption is confirmed. And it can be concluded that acceptance and commitment therapy was effective on marital compatibility in infertile women.

Conclusion:

Despite all these interventions, Hayes and colleagues believe that there are some factors that can have negative effect on authorities' motivation and their readiness to give up ineffective patterns of behavior. The first factor can be background of references. If checking background of references indicate following of mental rules, we can expect him to be less motivated to give up and change control procedures. The second factor that can reduce motivation of references is his believe to the impossibility of changes and his strong attachment to the story that empowered this belief. References fear of changing patterns consequences of dysfunctional behavior and avoidance is the third factor in reducing motivation of references for treatment. Overcoming a self-conceptualization in which change is causing a threat to a set of beliefs that the references like them, is another factor in reducing the references motivation. It also overcome of past and future conceptualization can reduce references motivations (Hayes and others, 2011). The researchers believe that the use of therapies such as treatment based on commitment and acceptance due to underlying mechanisms such as acceptance, increased awareness, presence in moment, observing without judgment and refusing of experimental avoidance techniques can increase effectiveness of treatment in combination with Cognitive behavior treatment techniques (Kayani, Ghasemi, Ali Pour, 2013). The research results showed that treatment based on commitment and acceptance is effective in increasing life expectancy in infertile women. This result indirectly is in line with research findings of (Zetel and Hayes, 1986; Zetel, 1989; Aifert, 2003; Zetel, 2003; Levit, Brown, ouersilu and Barlow, 2004; oursilu and beton, 2005; Brinkborg and others (2011), Katie & Lance & McCracken (2014) Twohig and others (2015), Irandoust, Nadi, (2015), Narimani et al, 2014; Ghasemi et al, 2013; Rajabi et al, 2013), Honarparvaran, Nazanin, (2015), Imani, Mehdi, (2014) and is directly in line with research findings of (Peterson and Aifert, 2009; Peterson and Aifert, 2011), Alamdari, Elahe, (2015) that showed treatment based on commitment and acceptance is in line with reduction of stresses caused by infertility. Khalidi and Moradi (2015), in their research to evaluate efficiency of acceptance and commitment therapy on depression symptoms in patients with type 2 diabetes, examined 16 patients with type 2 diabetes in diabetes clinic of Sanandaj among patients who referred to Sanandaj clinic diabetes that results showed: acceptance and commitment therapy has managed to reduce the overall score of depression and its dimensions (perceptual, emotional, and physical) significantly in the experimental group than the control group. Piterson and Aifert (2011) demonstrated that commitment and acceptance therapy is a proper treatment for reducing stress, infertility, psychological distress and depression caused by infertility. Also Act in treatment of depression of patient who have failed IVF treatment is promising. Researchers have shown that acceptance and commitment therapy can cause to improve relations and increase of life satisfaction in couples with problems (Peterson, Eifert, 2009). In research for evaluation of acceptance and commitment therapy effectiveness, it was regarded as a treatment for mood disorders (Zettele, Hayes, 1986; Zettele, 1989), and ACT was effective as a treatment for mood and anxiety disorders and other psychological disorders. In the research to evaluate the effectiveness of acceptance and commitment therapy as a treatment for anxiety disorders (Eifert, 2003; Levitt, Brown, Orsillo & Barlow, 2004; orsillo and Batten, 2005; Zettele, 2003) informed the effectiveness of ACT as a treatment for mood and anxiety disorders and other psychological disorders (ACT, 2003) researchers reported Act as an effective treatment for pain disorder and eating disorders reported (Hayes, Bissett, Korn, Zettle, Rosenfarb, Cooper, & Grund, 1999). Research on treatment based on acceptance and commitment therapy on anger (Eifert, Mak Keri, & Forsya, 2006) and chronic pain (Dal, 2005), substance abuse (Wilson & Biyerd, 2000) showed the effectiveness of these methods.

Kastavmak kera research and study by five personality model pays to investigate the relationship between personality characteristics and marital compatibility. This research examines the relationship between personality characteristics and marital compatibility by this model. The sample consists of 446 couples that answered this questionnaire. The questionnaire examines personality traits of neuroticism, extroversion, honest, adaptive and conscientiousness, and also the couple's compatibility. The result of hierarchical regression studies indicates that the personal symptoms of self-evaluating and other-evaluating people, considers important predictors of marital compatibility for both men and women. It was specified that personality symptoms in predicting marital compatibility can affect marital relations beyond the effect of extra personality and intra personality factors. The transpersonal factors are such as emotional, relational, experimental and intellectual and individual motivational patterns which are thought to remain constant over time. (Costa and Mac Lycra, 1992.)

Gol Mohammadi (1994) showed that attempts to increase interest and engagement of men in the treatment of infertility cause a positive change in the couple's relations and improve the marital compatibility. And this research result is in line with the others research. Ashnaydr (2006) in a research concluded that there was a significant correlation between high hope and high motivations and low hope and negative emotions. That is low hope predicts depressive symptoms that is independent of diagnosis and other coping skills. Jackson N, Weiss, Landqist (2003) concluded that there is a direct relationship between hope and compatible affairs, such as psychological compatibility, physical health and problem solving skills. Elliott T, R, Witty T, Herrick S& Hiffman J (1991) found that patients with high hope that have spinal cord surgery , endure their disease better and showed less depression. Roleigh E research (1992) on rheumatic disease, and Affleck G& Tennen H (1996) in patients with chronic Fibromyalgia that is a painful disease also indicates that patients with more hope reported more positive experience and higher performance. Hope for the success of treatment is a variable that has a significant relationship between it and the stress of infertility.

Hoffman and Asmondson (2008) express the main objective of couples' therapy with ACT / RFT as emotional avoidance therapy, development of responses to cognitive content and creation and maintenance of behavioral change. They write that the ACT / RFT encourage the couples to link with their actual values and be fascinated by them. Identification the barriers that prevented people from favorable life constitute the key components of ACT interventions. (Eifert& Forsyth, 2006).

Creating a rich and meaningful life is while that person accepts its inevitable sufferings. ACT (actions) is interesting because this treatment is about effective actions that are guided by our deepest values even while we are fully prepared and committed. It is only through conscious action that we can build a meaningful life. Of course when we try to create such a life we will encounter with all sorts of obstacles in the form of unpleasant and unfavorable inner experience (Thoughts, images, feelings, sensations, impulses and memories). The treatment based on acceptance and commitment of goal to build a rich and meaningful life, while suffering person accepts its inevitability. ACT (organs) stands interesting because this treatment has an effect on the action to be guided by our deepest values even while we are fully prepared and are committed. It is only through conscious action that we can build a meaningful life. Of course, when their efforts began to build a life with all sorts of obstacles in the form of inner experience will be an unpleasant experience (thoughts, images, feelings, sensations, impulses and memories). ACT to manage these internal experiences of effective skills teaches us to pay attention to awareness (Harris, 2010; translated by Faizi, 2015). However, due to the new advent of this therapy (ACT), there is no more research resources to compare the results. in this treatment method the people are taught that instead of mental and practical avoidance of anxiety in social situations ,by to increasing mental flexibility with respect to internal experiences such as thoughts and feelings that are in the speaking and presence of

others also deal with this disorders by creating more social objectives and commitment . In fact, active and effective confrontation with thoughts and feelings, avoiding of inevitable actions, changing the view of own and a story that a person imposes the role of victim to himself, The reviewing of the values and life goals and finally more commitment to social purpose can be considered one of the main factors contributing to this therapy.

Regarding this issue, it is necessary to do more scientific and technical research on the psychological factors of infertility and there should be more effort to increase marital compatibility and life expectancy for this group of people. So in this research, commitment and acceptance therapy is used as an approach to improve marital life and life expectancy to take step towards enhancing marital compatibility, psychological well-being and life expectancy in Infertile Women and these people can be able to continue their life together and improve their performance in the social, physical and psychological areas.

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