



Original Article

## Assessment on relationship beliefs and marital burnout among fertile and infertile couples

Farnaz Abhar Zanjani<sup>1\*</sup>; Vahideh Khajeh-Mirza<sup>1</sup>; Mahboobeh Seyyedi<sup>2</sup>; Fatemeh Shahabizadeh<sup>3</sup>; Reza Dastjerdi<sup>4</sup>; Abdolmajid Bahreinian<sup>5</sup>

<sup>1</sup>Ph.D. student in general psychology, Islamic Azad University, Neyshabur Branch, Iran

<sup>2</sup>M.Sc. in clinical psychology, Islamic Azad University, Branch of Birjand, Iran

<sup>3</sup>Ph.D. in psychology, Department of psychology, Islamic Azad University, Branch of Birjand, Iran

<sup>4</sup>Ph.D. in educational psychology, Department of Psychology, Birjand University of Medical Sciences, Birjand, Iran

<sup>5</sup>Associate professor of psychology, Shahid Beheshti University of Medical Sciences, Tehran, Iran

### Abstract

**Introduction:** Infertility is accompanied by numerous physical, psychological and economic issues, leading to significant impacts on spousal relations, marital satisfaction or burnout of a couple. Relationship beliefs have a significant role in the management of this stressful factor as well as in marital relations. This research sets out to study relationship beliefs and marital burnout among fertile and infertile couples.

**Materials and Methods:** The population of this descriptive-correlational study comprises of fertile and infertile couples seeking treatment from Mashhad Infertility Treatment Clinic (2012). Via convenience sampling, 130 fertile and 130 infertile couples were selected according to medical criteria. The participants filled out the demographic data, Pine's Burnout Measure, and Epstein and Eidelson's Relationship Belief Inventory questionnaires. The data were analyzed through descriptive statistical methods, step by stem regression, one way variance analysis, Scheffe's tests, multi variable variance analysis, and independent T-test by SPSS version 18.

**Results:** All the scores concerning relationship beliefs were higher in the fertile group in comparison to the scores within the infertile group, except for the destructiveness belief and inflexibility of the spouse (respectively  $P=0.28$ ,  $P=0.21$ ) other factors in the fertile and infertile groups were significantly different. Regarding the marital burnout factor, the scores pertaining to psychological burnout were significantly higher in the infertile group ( $P=0.001$ ). Although the scores pertaining to physical burnout were higher in the infertile group, and emotional burnout was higher in the fertile group, these differences were not significant.

**Conclusion:** Compared to the fertile group, the infertile couples are characterized by stronger relationship beliefs, but they experience higher marital burnout in physical and psychological dimensions.

**Keywords:** Fertility, Marital burnout, Relationship beliefs

### Please cite this paper as:

Abhar Zanjani F, Khajeh-Mirza V, Seyyedi M, Shahabizadeh F, Dastjerdi R, Bahreinian A. Assessment on relationship beliefs and marital burnout among fertile and infertile couples. *Journal of Fundamentals of Mental Health* 2015; 17(2): 81-6.

### Introduction

Infertility is considered one of the main genetic problems, and defined as impotency in pregnancy after one year of intercourse, without using any contraceptive method (1).

According to past studies, about 50 to 80 million suffer this condition, while throughout the world one couple in six couples is afflicted with this condition (2).

Impotency as a crisis is a source of social anxiety which overshadows all aspects of individual's life together with its physical, psychological and economic issues (3).

Moreover, the couple's life expectations are challenged by being diagnosed with this condition, for infertility is an unplanned and unwanted anxiety factor, while many couples are not equipped with adequate knowledge and skill to cope with this issue (4,5).

In a study titled "comparison of stress, depression and satisfaction Faal-Kalkhoran indicates that stress and depression exists in infertile couples and the

\*Corresponding Author: Islamic Azad University, Neyshabur Branch, Iran

farnaz.zanjani@yahoo.com

Received: May. 11, 2014

Accepted: Oct. 21, 2014

main cause behind this is the people's attitude towards life management and social acceptance (2). According to this study it is observed that the degree of couple's burnout in infertile couples is higher compared to this factor among fertile couples, and this issue has an impact on treatment of infertility (6).

Burnout is defined as physical, emotional and psychological frustration and results from inconsistency between the reality and the individuals' expectations (7). Burnout in marital life has a gradual process and its development can cause the termination of the marital relation, and that's when the couple realizes that despite their constant efforts, this relation is no longer meaningful to them (8).

Some studies regard variety of factors affecting the development of burnout, one of which is the irrational relationship beliefs among individuals (9).

The reason behind many misunderstandings within a conjugal life, are irrational views which have a significant role in generating an unsuccessful relationship between couples (10).

Ineffectual relationship beliefs, form the basis of many conflicts in married lives (11) although mere existence of problems in a married life does not constitute an issue per se, but the way couples face these relational problems, have a significant role in the development of disagreements (12,13).

It has been observed that there is a significant correlation between marital satisfaction and relationship beliefs of couples, while it has been further observed that irrational beliefs have a reverse correlation with marital satisfaction (14).

The study conducted by Choubforushzade et al on 24 infertile women in Yazd, which was administered on two test groups and control groups, via application of tension management through the cognitive-behavioral method, indicates that this method had a positive impact on tension management of women in the test group and had increased the level of marital satisfaction in them (15).

Due to the fact that the tension developed as a result of infertility can damage the structure of marital relations, which in turn will result in a decrease in marital satisfaction together with wellbeing of mentality and quality of life in general (16).

With regard to the prevalence of infertility and the psychological complications it brings about such as stress and depression (17), it is essential to investigate and develop suitable guidelines for reducing such problems and establishing a healthy relationship between couples.

Psychological- sociological support provided for infertile couples during infertility treatment programs (18) is effective in the process of treatment; moreover

it reduces conjugal conflicts and disagreements and helps couples to develop a healthy relationship. Therefore with regard to the aforementioned issues and the scarce studies on relationship beliefs and marital burnout among infertile couples conducted worldwide, the results of this study would significantly benefit improvement in marital relationships in fertile and infertile couples.

This study sets out to investigate marital burnout and relationship beliefs among infertile and fertile couples in Mashhad, Iran.

### Materials and Methods

The population of this descriptive-correlational study comprises of fertile and infertile couples who had sought treatment form Mashhad Infertility Treatment Clinic (2012). The fertile group was comprised of couples who were married at least one year before, and had at least one alive child, and who referred to the clinic for regular monthly check ups or checkups during pregnancy; the infertile group consisted of couples with no child who had referred to the clinic for treatment pursuant to the infertility diagnosis.

The participants of this study were within the age group of 18 to 45 who were at least capable of reading and writing.

With respect to the type and goal of this research which is to investigate the relation between relationship beliefs and marital burnout in fertile and infertile couples on the one hand and regarding the reluctance of some couples to cooperate, the participants within both groups namely the infertile and fertile were selected via convenient sampling.

In this study 130 fertile and 130 infertile couples filled out the researcher-made questioners, together with Epstein and Eidelson's relationship beliefs as well as Pine's marital burnout questionnaires. The couples fulfilled these questionnaires separately.

The study was conducted in the Novin-e-Mashhad Infertility Treatment Center and the questionnaires were distributed among the couples after obtaining their consent. The couples were informed before filling the questionnaires that the entire information would be confidential during the whole process of research, therefore mentioning personal information was inessential, and that the purpose of the research was to improve the quality of marital relations among infertile couples.

#### *Research instrument*

A) *Researcher-made questionnaire:* This questionnaire consisting of demographic information about the informants including age, years in marriage, analysis of their physical and mental health, having or not having a child, and

concerning the infertile couples, information pertaining to the treatments conducted and the cause of infertility and the total number of years of their infertility.

*B) Marital Burnout Inventory:* For the purpose of assessment of marital burnout, Pine's self-assessment questionnaire consisting of 21 items was used. This scale consists of 3 main parts: physical burnout (exhaustion, fatigue, sleep disorder, etc.), emotional burnout (depression, hopelessness, entrapment, etc.) and psychological burnout (worthlessness, disappointment, feeling of rage towards he spouse, etc.). All items are answered in a seven degree Likert Scale (1= never to 7= always). This scope of scoring shows the degree of marital burnout. The confidence level of this test is between 0.91 and 0.93. The relation of any of the items with the degree of burnout has been considered significant with a difference of 0.001. The Cronbach's Alpha within this study was specified as 0.89 for a period of one month, 0.76 for two months and 0.66 for a period of four months (19).

In Iran, the correlation coefficient of this questionnaire with the Enrich marital satisfaction was significant by less than 0.01 (20).

*C) Relationship Belief Inventory:* The 60 item relationship beliefs scale was first developed by Epstein and Eidelson (1982). In the present study, the 40 item version of this questionnaire with each item having a six Likert scale was utilized. such scale analyses five irrational relationship beliefs in marital relations which are as follows:

1. Disagreement is destructive to a relationship.
2. Partners should be able to "mind read" or sense each other's thoughts and feelings without communicating overtly.
3. Partners cannot change themselves or their relationship.
4. One must be a perfect sexual partner.
5. Men and women have fundamentally different personalities and relationship needs.

The relationship beliefs answer sheet is of the Likert type and respondents state their beliefs concerning each statement in the form of one of the below options: is utterly wrong (0), wrong (1),

probably wrong or that it is more wrong than right (2), probably right or that it is more right than wrong (3), it is right (4), utterly right (5).

The subscales are calculated by adding up the scores for each item of a sub scale and the total score for the whole scale is calculated by summing up all the six subscale scores in turn the scope of which is between 0 and 200.

It is noteworthy that the highest score represents the most irrational belief (21).

The Cronbach's Alpha for this scale in Iran has been estimated between 0.72- 0.81 (22).

After gathering the data, we made use of SPSS 18 and methods of descriptive statistics such as mean, standard deviation and frequency, step by step regression, one way variance analysis, for the purpose of statistical analysis, multi variable variance and T test.

## Results

The study was conducted with the participation of 260 fertile and infertile couples and the demographic specifications of the participants are as follows: of the whole 520 participants most of the individuals forming 33.5 percent of the whole sample population, were within the 25-30 age group, and the least of the population 2.3 and 2.1 percent reported to have diploma or pre-diploma, 12.7 percent were educated up to post diploma, and 22.9 had MA. and higher degrees. With regard to the duration of marriage, 25.4 percent of the population reported 3 to 6 years in marriage, 24.2 percent 6 to 9 years, and 11.2 percent reported that 12 years or more had passed their marriage. Within the infertile group consisting of 130 couples, 32 couples had been coping with infertility issues for 1 to 4 years, 59 couples for 4 to 8 years, and 37 couples for 8 years. Moreover in this group the cause of infertility was attributed to the wife for 20 percent of the population, 23.1 percent attributed to the husband, and for 13.5 percent of the population the cause of infertility was unspecified.

The results of analyzing the relationship beliefs and marital burnout in fertile and infertile couples questionnaires are represented in tables 1 and 2.

**Table 1.** Descriptive specifications of dimensions of relationship beliefs in fertile and infertile couples

Variable	Group	Mean	Standard deviation	Significance
Belief in destructiveness	Infertile	20.125	5.3	0.28
	Fertile	22	9.5	
Expect mindreading from the partner	Infertile	24.67	6.2	0.004*
	Fertile	28.52	5.4	
Belief in unchangeability of the partner	Infertile	24.1	8.08	0.21
	Fertile	26.2	6.7	
Sexual perfectionism	Infertile	16.4	6.3	0.01*
	Fertile	20.05	8.2	
Belief in sexual differences	Infertile	20.9	6.8	0.039*
	Fertile	24.9	7.2	

As it is indicated in table 1, the scores pertaining to all dimensions of relationship beliefs of the fertile group are higher than the infertile group, except the belief in destructiveness and unchangeability of the

couple which were not statistically significant ( $P=0.21$ ,  $P=0.28$  respectively), other dimensions in the fertile and infertile groups revealed a significant difference.

**Table 2.** Descriptive specifications of dimensions of marital burnout in fertile and infertile couples

Variable	Group	Mean	Standard deviation	Significance
Physical burnout	Infertile	27.15	3.11	0.33
	Fertile	26	6.5	
Psychological burnout	Infertile	29	4.31	0.001*
	Fertile	21.24	7.12	
Emotional burnout	Infertile	23.12	6.33	0.51
	Fertile	25	2.23	

Within marital burnout dimension only the psychological factor have shown significant difference in the fertile and infertile groups ( $P=0.001$ ) and the scores of this factor in the infertile group are significantly higher; although the scores pertaining to the physical dimensions higher in the infertile group, the difference is not significant and the emotional burn out have been reported higher in the fertile group that unreasonable relationship beliefs may led to it.

### Discussion

With regard to the results mentioned, we found that the fertile group obtained higher scores in all dimensions of relationship beliefs compared to the infertile group, which signifies a weaker marital relationship among them compared to the couples coping with infertility issues. Unparallel with these findings, according to the findings of Molaenejad et al. about a half of infertile women do not enjoy marital stability and tolerance, and experience difficulties and issues in their relation with their husbands (23).

Moreover, Lee et al. report that marital satisfaction among infertile couples is lower than the fertile couples (24); furthermore other studies indicate that marital issues and quarrels increases in infertile couples, and sometimes these issues lead to separation of the couples (25). The higher scores in physical and psychological burnout among infertile couples may affect the marital life of them in longtime.

Such finding are in line with the present study, regarding the scores pertaining to relationship beliefs and marital burnout within the infertile group compared to the fertile group, for issues in relationship beliefs provide the grounds for marital dissatisfaction and disputes.

Moreover, the results of a study conducted in Tabriz on the psychological wellbeing and satisfaction of couples in 40 fertile and 40 infertile women, reveal that fertile women obtain higher scores in terms psychological wellbeing and factors

such as positive relationship with others compared to other women (26). These findings are parallel to the present study in relationships beliefs.

Mazaheri et al. have reported in their study that marital compromise does not reveal a significant difference between fertile and infertile couples, but the scores of the infertile men and women pertaining to their problem solving and management strategies, were significantly higher. This finding would be in line with the findings of current study in terms of the difference in relationship beliefs among fertile and infertile couples; and this is due to the fact that the couple's attitude towards problems solving and the way couples face problems, has a significant role in the formation of marital disputes (27).

In the study conducted by Nekoubakhat et al. on 60 fertile women and 60 infertile women who had referred to infertility clinics of Valiasr-e-Tehran, it was revealed that the marital burnout among infertile women was significantly higher than the same factor in the fertile women and that 40 percent of infertile women suffered high or very high levels of marital burnout, while only 16.7 percent of fertile women reported high levels of marital burnout and none of them suffered significantly high levels of marital burnout (6). In the present study, the infertile couples had higher scores in physical and psychological dimensions of burnout.

Furthermore, in this respect Joneydi et al. as well as Repokari state that in some cases infertility did not result in worsening of marital disputes but it has created more intimacy between the couples (29, 30).Such that in the study conducted by Joneydi et al., marital satisfaction among infertile women were reported higher than the same in the fertile women.

In respect of the findings of the present study concerning dimensions of marital burnout, the emotional burnout dimension and relationship beliefs were lower in the infertile couples which may be the result such increase in the intimacy during treatment processes.

With regard to the aforesaid, in most cases infertility is accompanied by marital issues and has

significant impacts on individuals life in terms of mental health and social conditions of the couple, and considering the important role of marital relations as a supportive source even in terms of infertility treatment, its issue gains more significance (32,31). One of the limitations of this study was that some participants did not cooperate in filling out the questionnaires. We suggest for further studies to take into consideration and analyze the correlation between demographic variables and the scores of relationship beliefs and marital burnout.

## Conclusion

According to the findings of this study, compared to the fertile couples, infertile couples have lower scores in terms of relationship beliefs, but they experience higher marital burnout in physical and psychological dimensions.

## Acknowledgement

This study derivated from dissertation and approved by the research committee of Ferdowsi University of Mashhad. No grant has supported this research and the authors had no conflict of interest with the results.

## References

1. Shahsavari Isfahani S, Morshed Behbahani B, Beigzadeh Sh, Sobhanian S. [Epidemiological factors associated with infertility in infertile couples referred to clinic of Peymaniyeh Hospital in Jahrom in years 1999-2009]. *Journal of science and health* 2010; 5(supp the 6<sup>th</sup> Iranian Epidemiology Conference): 51. (Persian)
2. Faal Kalkhoran L, Bahrami H, Farrokhi NA, Zeraati H, Tarahomi M. [Comparing anxiety, depression and sexual life satisfaction in two groups of fertile and infertile women in Tehran]. *Journal of reproduction and infertility* 2011; 12(2): 157-62. (Persian)
3. Gibson DM, Myers JE. The effect of social coping resources and growth-fostering relationships on infertility stress in women. *J Ment Health Couns* 2002; 24: 68-80.
4. Peterson BD, Newton CR, Feingold T. Anxiety and sexual stress in men and women undergoing infertility treatment. *Fertil Steril* 2007; 88: 911-4.
5. Schmidt L. Infertility and assisted reproduction in Denmark: Epidemiology and psychosocial consequences. *Dan Med Bull* 2006; 53: 390-417.
6. Nikoubakht N, Karimi U, Bahrami H. [Couple burnout among fertilized and unfertilized women referred to Valieasr Reproductive Center, Tehran]. *Iranian journal of epidemiology* 2011; 7(1): 32-7. (Persian)
7. Lingren HG. Marriage burnout. (cited 2003). Available from: <http://utahmarriage.org>.
8. Van Plet MA. Crossover of burnout among health care professionals. *J Marr Fam* 2009; 85: 210-30.
9. Balver RT. Professional nursing burnout and irrational thinking. *Journal article springer link* 2006; 12: 23-135.
10. Corey G. *Theory and practice of counseling and psychotherapy*. 5<sup>th</sup> ed. New York: Brooks/Cole publishing company; 1996.
11. Ellis A. *Overcoming destructive beliefs, feelings and behaviors*. Amherst, NY: Prometheus books; 2001.
12. Epstein N. Cognitive marital therapy: Multi level assessment and intervention. *Journal of rational-emotive therapy* 1986; 4: 68-81.
13. Gottman J. *What predict divorce?* Hillsdale. N. J: Erlbaum; 1994.
14. Bradbury TN, Fincham FD, Beach SRH. Research on the nature and determinants of marital satisfaction: A decade in review. *Journal of marriage and the family* 2000; 62: 964-80.
15. Choobforoushzadeh A, Kalantari M, Molavi H. The effectiveness of cognitive behavioral stress management therapy on marital satisfaction in infertile women. *Journal of fundamentals of mental health* 2010; 12(3): 596-603. (Persian)
16. Abbey A, Andrews FM, Halman LJ. Infertility and subjective well-being: The mediating roles of self-esteem, internal control and interpersonal conflict. *J Marr Fam* 1992; 54: 408-17.
17. Talaei A, Kimiaei SA, Borhani Moghani M, Moharreri F, Talaei A, Khanghaei R. [Effectiveness of group cognitive behavioral therapy on depression in infertile women]. *Iranian journal of obstetrics, gynecology and infertility* 2014; 17: 1-9. (Persian)
18. Agostini F, Monti F, De Pascalis L, Paterlini M, Battista La Sala G, Blickstein I. Psychosocial support for infertile couples during assisted reproductive technology treatment. *Fertil Steril* 2011; 95(2): 707-10.
19. Pines A. *Couple burnout: Causes and cures*. New York: Routledge; 1996.
20. Naderi F, Eftekhari Z, Amola Zadeh S. The associations of personality characteristics and intimate relationships in spouses of drug dependents men. *Woman and culture* 2011; 3(9): 83-98. (Persian)
21. Bradbury TN, Fincham FD. Assessing dysfunctional cognition in marriage. *Psychol Assess* 1993; 5(1): 92-101.
22. Sahebi A. *Research method in clinical psychology*. Tehran: Samt publication; 2004. (Persian)
23. Mollaeinejad M, Jafarpour M, Jahanfar Sh, Jamshidi R. [The relationship between marital adjustment and stress induced by infertility among women referred to Isfahan Infertility Treatment Center, 1999]. *Quarterly journal of fertility and infertility* 2000; 2: 26-39. (Persian)
24. Lee T, Sun GH, Chao SC. The effect of an infertility diagnosis on the distress, marital and sexual satisfaction between husbands and wives in Taiwan. *J Hum Reprod* 2009; 16: 1762-7.
25. Kemman E, Cheron C, Bachman G. Good luck rites in contemporary infertility. *Reprod Med* 1998; 43(3): 196-8.

26. Hatamloy-e-Saedabadi M, Hashemi Nosratabad T. [The comparison of psychological wellbeing and marital satisfaction in the fertile and infertile women]. *Health psychology* 2012; 1: 20-31. (Persian)
27. Mazaheri MA, Keighobadi F, Faghihimani Z, Ghashang N, Patou M. [Problem solving styles and marital satisfaction in fertile and infertile couples]. *Quarterly journal of fertility and infertility* 2001; 3: 23-31. (Persian)
28. Daniluk JC. Infertility: Interpersonal and intrapersonal impact. *Fertil Steril* 1988; 49: 982-90.
29. Joneidi E, Noorani Sadeddin Sh, Mokhber N, Shakeri MT. [The comparison of marital satisfaction among fertile and infertile women referred to treatment centers in Mashhad]. *Iranian journal of obstetrics, gynecology and infertility* 2009; 12(1): 7-16. (Persian)
30. Repokari L, Punamaki RL, Unkila-Kallio L, Vilska S, Polikkeus P, Sinkkonen J. Infertility treatment and marital relationships: a 1-year prospective study among successfully treated ART couples and their controls. *Hum Reprod* 2007; 22(5): 1481-91.
31. World Health Organization. Recent advances in medically assisted conception report of a WHO Scientific Group. *World Health Organ Tech Rep Ser* 1992; 820: 1-111.
32. Laffont I, Edelmann RJ. Perceived support and counseling needs in relation to in vitro fertilization. *J Psychosom Obstet Gynaecol* 1994; 15(4): 183-8.