

# Emotion regulation processes in couples with infertility, fertile couples and couples applying for adoption

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## INTRODUCTION

Facing infertility is often seen as a physically and psychologically demanding experience. In fact, dealing with difficulties in conceiving and the demands of medical treatment often leads to a painful emotional experience and in this context emotion regulation processes play a crucial role. Until recently, coping styles were the emotion regulation mechanisms that interested researchers the most in the area of infertility.

More recently, constructs such as self-compassion, self-judgment and psychological inflexibility/experiential avoidance have been pointed as important emotion regulation processes due to their impact in well-being and psychological adjustment [1-3]. These concepts emerge from contextual behavior therapies and have been applied to a wide range of situations [4, 5]. Although they have been less addressed regarding infertility.

## OBJETIVES

The current study sought out to explore differences in emotion regulation processes between infertile couples pursuing medical treatment, fertile couples, and couples who were applying for adoption, using the couple as unit of analysis.

## RESULTS

When comparing the three groups, significant differences were found in age ( $F = 14.76; p < .001$ ) in years of education ( $F = 24.99; p < .001$ ) and length of marriage/relationship ( $F = 66.07; p < .001$ ). IG couples are the youngest ones, being also married for less time. Concerning years of education no differences were found between the FG and the IG, being the AG the one with less years of education. Although the groups differ regarding these variables we considered them as defining characteristics of the groups. In the IG as well as in the AG duration of infertility was not significantly correlated with any of the measures studied.

Descriptive results concerning emotion regulation processes for each group are presented in Table 1.

**Table 2. Means and standard deviations concerning emotional/detached coping style (CSQ\_em/det), rational coping style (CSQ\_rational) and avoidant coping style (CSQ\_avoid), psychological inflexibility/experiential avoidance (AAQ-II), self-compassion (SCS\_comp), and self-judgment (SCS\_judg), group and gender main effects and group X gender interaction effect**

	Group						Main effects and interaction effects					
	FG (N = 240)		IG (N = 294)		AG (N = 118)		Group		Gender		Group X Gender	
	M	SD	M	SD	M	SD	F	$\eta^2p$	F	$\eta^2p$	F	$\eta^2p$
CSQ_em/det	38.15	5.75	36.10	7.53	40.12	6.47	14.85***	.08	22.53***	.07	2.48	.02
CSQ_racional	16.48	4.24	15.60	4.29	16.42	5.21	2.46	.02	3.18	.01	1.30	.01
CSQ_avoid	9.47	3.73	11.06	4.42	11.69	4.96	10.85***	.06	1.36	.00	.35	.00
AAQ-II	17.43	7.26	20.32	8.92	15.86	7.70	12.57***	.07	18.44***	.05	6.85***	.04
SCS_comp	41.22	7.74	40.50	8.65	43.53	7.26	5.20**	.03	.84	.00	3.36*	.02
SCS_judg	32.34	7.97	34.47	9.99	29.75	9.55	10.04***	.06	29.60***	.08	7.46***	.04

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p \leq .001$

To sum, the IG couples and particularly women tend to use less emotional/detached coping style (adaptive). No differences were found in the use of rational coping style. As for the avoidant coping style, IG and AG couples tend to apply more these strategies when compared to FG couples. In terms of psychological inflexibility/experiential avoidance and self-judgment the IG couples, especially the women, exhibit a higher use of these emotion regulation processes. Finally, when considering self-compassion, it appears that couples pursuing adoption are the most self-compassionate ones.

## DISCUSSION

From a clinical perspective, when working on psychological difficulties resulting from infertility, it is important to bear in mind the role of emotion regulation processes, particularly in women, that may contribute to the increasing of psychological suffering. These findings suggest that the Mindfulness Based Program for Infertility [12], Acceptance and Commitment Therapy [13] and Compassion-Focused Therapy [14] may be adequate approaches for patients dealing with infertility. These contextual cognitive-behavioral therapies explicitly address emotion regulation skills and may expand the effectiveness of psychotherapeutic interventions among people dealing with infertility.

## METHOD

**Participants:** 120 fertile couples (FG), 147 couples with an infertility diagnosis who were pursuing medical treatment for their fertility problem(s) (IG), and 59 couples with infertility applying for adoption (AG).

**Instruments:** **Coping Styles Questionnaire** [6, 7] is a 41-item questionnaire to assess three coping styles: emotional/detached, rational and avoidant. **Acceptance and Action Questionnaire II** [8, 9] is a 10-item self-report measure which assesses psychological inflexibility through experiential avoidance. **Self-Compassion Scale** [10, 11] is a measure of self-compassion that includes 26 items. In this study we used the self-compassion subscale that is a sum of the self-kindness, common humanity, and mindfulness, as well as the self-judgment subscale that corresponds to the sum of self-criticism, isolation and overidentification.

**Procedures:** The FG was collected from the general population through a snowball sampling procedure. The IG couples were asked to participate in the study by their medical doctors. The AG group couples were recruited through Portuguese social services adoption offices. The study was approved by the Ethical Committee of the university of Coimbra, Portugal, and all participants gave their informed consent.

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