



Qualitative comparison of satisfactory stable marriages and marriages with dissatisfaction in infertile couples

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ABSTRACT

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Background and Aim: The aim of this study was to compare the quality of satisfactory stable marriage and dissatisfaction-associated marriages in infertile couples. **Methods:** This study was conducted using a qualitative method using the grounded theory method. Using purposeful sampling method, participants were selected according to inclusion criteria and finally 18 infertile couples with satisfactory and stable marriage and 15 infertile couples in marriage with dissatisfaction were interviewed semi-structured and the data were analyzed using Colaizzi's method. **Results:** The result of open coding was reaching 202 primary codes, 84 sub-categories and 8 main categories and one central category. The central issue in this study is infertility: a dynamic for experiencing genuine and committed love in marriage or its dissatisfaction and disintegration. Data analysis showed that protective and risk factors affecting satisfactory stable marriage and couples with dissatisfaction were defined in three areas of personal factors, interpersonal and couple factors and factors related to family system. **Conclusion:** According to the results of this study, achieving acceptance of infertility and the experience of genuine and committed love in marriage or its dissatisfaction and collapse is not accidental in infertile couples, but by choosing constructive and active action or using ineffective strategies created and is an individual, family and interactive process that infertile couples can make with conscious efforts to grow and transcend marriage and take care of it, companionship, couple unity and acquisition. Couple skills and efficient strategies for health and happiness and finally gain satisfaction and stability in marriage and prevent dissatisfaction and breakdown of their marriage.



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Introduction

Infertility is known all over the world and in all cultures as a stressful and critical experience that threatens individual, marital, family and social stability, and in addition to physical problems, it is also associated with a set of psychological symptoms (Kim et al., 2020). In the context of 21st century diseases that have a negative impact on people's quality of life, infertility after cancer and cardiovascular diseases is the third factor that affects people's quality of life. It is a common problem that affects about 10-15% of couples (Cortiz, 2017). Most newly married couples are expecting a child, but after a year of unprotected sex, approximately 15% of couples are unable to conceive; Faced with this challenge, people must re-evaluate the meaning and value of becoming a parent, as well as decide on the steps and how to achieve this goal (Mars Bernstein, 2021). Infertility creates a critical situation that threatens the emotional and psychological life of the couple and the quality and identity of their marriage and can play an important role in their well-being and family life (Samadai Gole Kalai et al., 2016).

The experience of infertility, which some have called infertility crisis, is associated with physical, economic, psychological, and social stress that affects all aspects of a person's life. Infertile couples often consider infertility to be the most stressful event in their lives, which can cause family stability to break apart. Since mental health is a state beyond the absence of diseases and includes criteria such as physical, mental and social well-being; Therefore, with the diagnosis of infertility, a lot of stress is created and mental well-being is reduced; The psychological and social consequences of infertility diagnosis impose overwhelming stress and make women prone to experience depression, anxiety and problems in sexual relations, lower self-confidence and ultimately lower levels of psychological well-being and quality of life. Factors such as the level of attachment of couples, the quality of the relationship, personal and social beliefs, religious beliefs can affect the degree of compatibility with infertility (Zarif Golbar, 2020).

The research results show that infertility and its treatment methods can lead to changes in the individual and marital performance of couples.

Infertility has a profound effect on the joint vitality of people and therefore can cause a decrease in satisfaction with the joint life among them (Ganth, Thiagarajan and Nigesh, 2013). In a comprehensive review of research conducted in connection with the issue of factors related to marital satisfaction among infertile couples, Samadai Gole Kalai et al. (2016) categorized these findings into 6 categories: Demographic factors, use of assisted reproductive methods, psychological health, quality of life, economic, social and family support and sexual performance. In fact, a satisfactory marital relationship among infertile couples fulfills the need for intimacy and a sense of belonging of the husband and wife, increases the amount of positive emotions (such as happiness) between them, and as a result improves their physical and mental health. (Ahmadi Forushani et al., 2014).

In an exploratory study on the quality of marital life of infertile couples, Dilva Shuran and Sarin (2013) concluded that infertility affects all aspects of the quality of marital life of couples; The main effect is on the emotional dimension of the life of infertile couples, that's why researchers should pay attention to the emotional and psychological needs of infertile couples. A research that examines this issue (marital satisfaction among infertile Iranian couples) is important and fundamental because the quality of marriage affects the health and happiness of people in marriage and cohabitation; Also, other relationships and fields outside and inside the family are also affected, especially among infertile couples. When husband and wife experience stressors such as infertility and are not satisfied with their marital relationship, even on mental health (Thompson, 2013) and physical health (Soltan and Tahir, 2011), this category of couples also leaves a negative impact. On the other hand, favorable marital satisfaction, as an important aspect of family life well-being, is related to lower levels of depression (Wiseman, 2001), better physical health and less physical illness (Holmes and Buehler, 2007) and other positive outcomes. (Alendroff & Guimir, 2013).

In a research, Razavi and Salehian (2022) showed that perceived stress has a negative and significant relationship with marital compatibility and its components and sexual satisfaction and its components. This means that

with the reduction of perceived stress, marital compatibility and its components, as well as sexual satisfaction and its components, increase. Two of the factors that are likely to be affected by infertility treatment and the stress caused by this treatment are marital compatibility and sexual satisfaction.

In terms of importance, sexual issues are among the first-rate issues of a married life, and compatibility in sexual relations and proportionality and balance in the amount of sexual desire in men and women are among the most important causes of happiness and success in married life (Nick Rados et al., 2020). According to studies, 80% of infertile people suffer from a psychological disorder, including marital dissatisfaction, relationship disorders, especially couples, sexual dissatisfaction, decreased self-confidence in sexual relations and the number of intimacy, decreased sexual desire, anger, and negative emotional effects. (Mahadin et al., 2020).

However, many times when infertile couples go for treatment, they find that the treatment services are limited to the physical problem of infertility, and their psychological issues, which affect the quality, satisfaction and stability of their marriage, are ignored. (Jafarzadeh Kanarsari et al., 2015). Research shows that psychological aspects can play an important role in medical treatment and psychological adaptation to infertility; Moreover, infertility also has many psychological consequences (Pedro and Andipatin, 2014 and Podolska and Bizan, 2011). Eslami and Behbahani (2014) during a research about social, marital, therapeutic and religious needs among infertile couples, came to the conclusion that infertile couples need strategic solutions to express feelings and exchange opinions with each other about facing the challenge of infertility; They should receive training about intimacy, sympathy and empathy with each other's feelings, as well as information about infertility treatment methods and its psychosocial consequences. With the diagnosis of infertility, a couple's expectations of life are challenged, and while they are faced with an unwanted and unplanned source of anxiety, they are often not equipped with enough knowledge and skills to face and adapt to this situation. (Abharzanjani et al., 2014). Examining the psychological and communication dynamics of infertile couples who have high and low quality marriages can

provide useful information that helps in minimizing the problems of family life and increasing the quality and fruitfulness of the marriage of couples who face the challenge of infertility. The results obtained from the present research will have two important roles in helping couple therapists and infertile couples: First, from the fundamental aspect, couple therapists and marriage counselors will get a rich and deep description of people's experiences of marital satisfaction of infertile couples; It can help the way couples face this issue and also provide information for couples who are facing infertility issues about the components related to marital satisfaction and how to improve its level as well as its consequences, which can be helpful for them. Second, from the practical aspect, the findings obtained from this research can provide appropriate services in order to improve the quality of married life of infertile couples who decide to continue their life together, in infertility treatment centers and psychological counseling centers; It can also provide the basis for future studies in the field of examining factors related to marital quality among infertile couples in Iranian culture. According to what has been said, this study seeks to identify and compare the effective factors in stable, satisfying marriages with a life of more than 10 years and marriages with dissatisfaction in infertile couples.

Method

In this research, a phenomenological qualitative study method was used to investigate the deep and lived experiences of infertile couples, because a stable, satisfying marriage and marriages with dissatisfaction are concepts dependent on culture; The cultural and social context in which we live has various dimensions and aspects that affect a stable marriage and the level of satisfaction of infertile couples. The participants in the research were selected voluntarily and through the purposeful sampling method. In this research, infertile couples with a stable and satisfying marriage are couples who have been married for at least ten years; do not have biological children; and based on the standardized scales of general health (Goldberg, 1978) and the scale of marital quality (Busby and Curran, 1995) have scored above average. The second group was infertile couples who had been married for at least ten years; did not have biological children and scored lower than

average based on standardized scales of general health (Goldberg, 1978) and marital quality scale (Busby and Curran, 1995). In the research, in order to comply with ethical principles, consent was obtained from the couples to participate in the study and audio recording. Regarding the objectives of the current research, the reason for recording the interview session, the confidentiality of information and their identity, the necessary explanations were provided, and after obtaining the permission, the interviews were conducted in an in-depth and semi-structured manner and in person. Sample selection, data collection and data analysis were carried out until theoretical saturation, when the researcher was sure that the new information was a repetition of the previous information, and interviews with 15 participants reached theoretical saturation. However, to ensure this saturation, the interviews were continued up to 18 cases in satisfied couples and 15 couples were interviewed in the group of marriages with dissatisfaction. The notes were analyzed during the stages of Claysey analysis (Mohammadpour, 2010). To ensure the validity of the research and increase the accuracy and acceptability of the findings, review by the participants, review by a colleague and search for contradictory evidence were included.

Materials

1. Semi-structured interview. The main method of data collection in this research was a semi-structured interview. In the semi-structured exploratory interview, a set of preliminary questions were prepared and examined face-to-face. The initial questions were prepared based on the review of research literature, consultation with experts and preliminary fieldwork. The researcher tried to obtain qualitative data in an independent and exploratory way, and the results were analyzed without mental manipulation and presenting a specific pattern. In addition to the basic questions, probing questions were also used during the interview to gain a deeper understanding of the phenomenon under study. The interview questions were generally and mostly started with open questions, for example: What are the individual characteristics of you or your spouse that cause satisfaction/dissatisfaction in married life? What is the role of the people around you and your main families in the level of

satisfaction/dissatisfaction with your married life? What skills do you each have that contributed to this level of satisfaction/dissatisfaction?

Implementation

In this research, Collaizi analysis was used to analyze the data. At first, the audio file of the interviews recorded as the text of the income, in the next step, the text of the interviews was provided to several experts and according to the questions raised in the interview, they said whether we can achieve the research goals or not? After the corrections considered by the specialists, the process of main interviews began. After each interview, the process of analysis or coding was done. Conducting interviews continued until theoretical saturation. For open coding, the text of the interviews was read several times and the main concepts were extracted and recorded as codes, and then similar codes were placed in categories. In the axial coding, the classes were related to their central classes in order to provide more detailed and complete explanations about the phenomenon. Also, in axial coding, the primary categories that were formed in open coding were compared and those that were similar were placed around a common axis. Finally, in the selective coding, integration and refinement of categories was done in order to determine the main and subcategories and to compare the categories of satisfactory stable marriages and marriages with dissatisfaction. To validate the codings, the strategy of multi-layering the data was used; Therefore, during this research and interviews, if it was felt that there was a different understanding of the meaning and message of the participants about the topic or message, it was shared with them; They were asked whether the interpretation taken from the messages was correct or not (validation by the members), also the recorded interviews were implemented and then they were listened to carefully. In addition, the three interviews whose coding work was finished were given to three researchers in the field of grounded theory and they were asked to code these three interviews independently. (Using audit technique) Also, referring to the raw data, the final model was compared and evaluated with the raw data. At this stage, the researcher has carried out the process of going back and forth between raw interviews and coded interviews,

which is the basis of continuous comparison of interviews and the process of coding and comparing categories (analytical comparisons).

Results

This research, which lasted for more than a year, aimed to qualitatively compare stable, satisfying marriages and marriages with dissatisfaction in infertile couples. The result of the open coding stage was reaching 202 primary codes, 84 sub-categories, 8 main categories and one central category. The central category in

this research is infertility: a campaign to experience genuine and committed love in marriage or dissatisfaction and its collapse. The analysis, review and comparison of the data showed that the protective and risk-inducing factors affecting stable, satisfying marriages and marriages with dissatisfaction can be explained in three areas: personal factors, interpersonal and couple factors, and factors related to the family system.

Table 1. Comparison of personal protective and risk factors

Components		Stable and satisfactory marriage	Unstable and unsatisfactory marriage
Personal protective and risk factors	Effective personality and individual characteristics	Patience	Impatience
		Responsibility	Lack of responsibility
		A sense of efficiency and effective exposure	Inefficiency and use of harmful defense mechanisms
	Psychological capitals of couples	Passing and flexibility	Autonomy and inflexibility
		Optimism and positive attitude	Pessimism and negative attitude
		Emotion management and effective coping with infertility stress	Failure to manage negative emotions and ineffective exposure to stress
		Hope and not getting discouraged from the goal	Despair and despair
	Secure attachment couple	Resilience	lack of endurance
		Feeling of worth and self-esteem in relationships	Fear of rejection and unacceptability
		Finding meaning in difficulties	Feeling weak and inferior in your infertility
	Being social	Inability to establish intimate relationships	

In the case of individual factors, personal and personality characteristics, psychological capital of the couples, and secure attachment in infertile couples differed in terms of satisfaction and stability in marriages. Patience, responsibility, self-efficacy and effective coping, forgiveness and flexibility, optimism and positive attitude, emotion management and effective stress coping, hope and not giving up on the goal, resilience, feeling valued and self-esteem in relationships, finding meaning in difficulties, and being social were effective personality and educational characteristics in infertile couples

with stable and satisfying marriages. Impatience, irresponsibility, inefficacy and maladaptive defense mechanisms, self-centeredness and inflexibility, pessimism and negative attitude, ineffective management of negative emotions and stress coping, hopelessness and despair, lack of resilience, fear of rejection and non-acceptance, feeling weak and deficient in their infertility, inability to establish intimate relationships were characteristics that were effective in infertile couples with dissatisfying marriages.

Table 2. Comparison of individual and couple protective and risk factors

Components		Stable and satisfactory marriage	Unstable and unsatisfactory marriage
Interpersonal and couple protective and risk factors	Efficient pairing system	Trying to understand each other's phenomenal world	Weakness in recognizing and accepting the spouse
		Desirable sexual relations and expression of satisfaction	Unwanted sex and expressing dissatisfaction
		Compatibility and acceptance of each other's conditions	Incompatibility and lack of understanding of each other's conditions
		An honest effort to promote intimacy and love in marriage	Lack of responsibility in intimate marriage and care for it
		Forming a couple's identity	Fragile couple identity
	Conflict resolution strategies	Cooperation in doing everyday things	Lack of participation and help in playing roles
		Expressing love and appreciation for your spouse	Lack of verbal and non-verbal expression of interest
		Respect, trust, understanding and love for your spouse	Lack of respect, trust, understanding, interest towards spouse
		Consultation and consensus and making joint decisions	
		Respecting each other's wishes, accepting each other's individuality	Lack of consultation and consensus and joint decision-making
Acceptance of infertility, compassion and commitment towards spouse	Maintaining freshness and love in the relationship	Ignoring each other's opinions and wishes	
	Problem solving and effective conflict resolution	Lack of care to maintain freshness and love in the relationship	
	Self-disclosure to the spouse	Failure to manage and effectively deal with disputes	
	Intimacy and love for each other	Not expressing wishes and expectations from each other	
	Lack of control in communication	Lack of intimacy and weak emotional relationship	
	Effective communication and conflict resolution, mutual respect in resolving conflicts between husband and wife	Using threats and intimidation tools, comparing, humiliating and insulting, being defensive or avoiding dialogue, being angry for a long time.	
	Comforting and expressing shared feelings and empathy	Weakness in communication skills and conflict resolution verbal and non-verbal misbehavior with spouse	

Understanding the physical and mental conditions of the spouse during the treatment	Lack of empathy and expression of common feelings
Restoring goals in life together	Indifference to the spouse's condition during treatment
Companionship in the treatment and temporary treatment of infertility conditions	Staying away from each other and calling for continued life together
Compassion and care for the wife	Lack of companionship in treatment and despair

In the case of interpersonal and couple factors, efficient couple system, conflict resolution strategies, acceptance of infertility, empathy and commitment towards spouse differed in terms of satisfaction and stability in marriages. Infertile couples with satisfying marriages benefited from understanding each other's visible world, desirable sexual relationships and expressing satisfaction, compatibility and acceptance of each other's conditions, sincere efforts to enhance intimacy and love in marriage, formation of couple identity, cooperation in daily tasks, expressing interest and appreciation towards spouse, respect, trust, understanding and interest towards spouse, consultation and collaboration in making decisions, respecting each other's desires, accepting individuality of each other, maintaining vitality and love in the relationship, problem solving and effective conflict resolution, self-disclosure to spouse, intimacy and love towards each other, non-controlling communication, effective communication and conflict resolution, mutual respect in resolving marital conflicts, comforting and expressing shared emotions and understanding spouse's physical and psychological conditions during treatment, regaining shared goals in married life, accompanying in treatment and temporarily seeing the conditions of infertility with

compassion and care for spouse. Infertile couples with dissatisfying marriages used weak recognition and acceptance of spouse, undesirable sexual relationship and expressing dissatisfaction, inauthenticity and neglect in sincere marriage and care, broken couple identity, lack of participation and help in fulfilling roles, lack of verbal and nonverbal expression of interest, respect, trust, and interest towards spouse, lack of consultation and collaboration in making decisions, ignoring each other's opinions and desires, lack of care to maintain vitality and love in the relationship, ineffective management and coping with conflicts, not expressing desires and expectations from each other, lack of nurturing intimacy and weak emotional relationship, using threatening and intimidating tools, comparing, belittling and insulting, defensive or avoiding communication, prolonged anger, weak communication and conflict resolution skills, verbal and nonverbal mistreatment towards spouse, lack of empathy and expression of shared emotions, indifference towards spouse's conditions during treatment, distancing from each other and despair in continuing married life, lack of participation in treatment and hopelessness, blaming and neglecting spouse in their relationships.

Table 3. Comparison of protective and risk factors related to the family system

Components	Stable and satisfactory marriage	Unstable and unsatisfactory marriage
Protective and risk factors related to the family system	Constructive relationship of the couple with the original family	Lack of friendly communication and a pessimistic view of the spouse's family
	Border construction in relations with the main families	Lack of boundary building in relations with the main families

Strategic support of those around you	Spouse support for main families	Prioritizing families and friends over spouses
	Interest in spouse's relatives, honesty and effective communication with family	Lack of friendly and effective communication, lack of interest in spouse's relatives
	Positive parenting role models	Prevalence of divorce in the main family
	Effective communication and respectful relationship without conflict with the original families	Lack of constructive and conflict-free communication with the original families
	Supporting families in marital relationships and encouraging conflict resolution	Intervening and debilitating behaviors of the couple system
	Financial support and providing facilities in times of crisis	Lack of financial support despite ability
	Acceptance of families and companionship in treatment	Indifference and lack of companionship in treatment
	Financial, emotional and intellectual support for families	Lack of financial, emotional and intellectual support for families

In the case of factors related to the family system, constructive communication and support from family members are important factors in stable and satisfactory marriages versus dissatisfied marriages and infertility. Among stable and satisfactory marriages, strategic support from family members and constructive communication between the couple and their primary family, through emotional and mental support, financial support, providing facilities, boundary-setting in relationships with primary families, and respectful relationships without conflict with primary families, have been achieved. Among dissatisfied marriages, ineffective family interference, lack of constructive communication between the couple and their primary family, ineffective family interventions, lack of financial and emotional support, and failure to establish respectful relationships without conflict with primary families were identified as contributing factors to dissatisfaction.

Conclusion

The aim of this study was to qualitatively compare stable, satisfying marriages and marriages with dissatisfaction in infertile

couples. In research with a phenomenological approach, the central category is the most central category, in this research, infertility is a campaign to experience genuine and committed love in marriage or dissatisfaction and its collapse. This choice is due to the fact that all the concepts extracted in the group of stable and satisfying marriages somehow contributed to the experience of authentic and committed love, on the other hand, in the group of marriages with dissatisfaction, the extracted concepts are in line with the collapse of marriage and dissatisfaction.

By studying the research literature, it can be said that a stable and satisfying marriage is a multidimensional phenomenon and identifying its dimensions requires a lot of effort and study in various fields. Success in marriage is possible only when couples have a set of interpersonal skills and a set of individual traits. Marital compatibility and satisfaction from a stable relationship and marriage requires that couples are aware of ways to strengthen their relationship and cultivate desirable traits in themselves. In this research, effective individual factors were investigated in the main

components of effective personality and individual characteristics, couples' secure attachment and couples' psychological capitals. Many studies have considered factors such as honesty, communication skills, understanding, equality, purposefulness, responsibility, joint efforts, self-confidence, self-esteem, spirituality, friendships, love and trust as necessary for a successful life (Sahibdel, Zaharakar, and Delavar, 2015).

In a psychological research study conducted by Derakhshan, Shafieabadi, and Naeimi (2022), it was concluded that factors contributing to the continuity of a family include individual factors, religious beliefs, financial independence, family support, harmonious beliefs, counseling, successful sexual relationships, not prioritizing childbearing, a non-negative attitude towards divorce, attention to other dimensions of life, voluntary marriage, relationship management, and accepting difficulties. Infertility was identified as an important factor in creating psychological distress and stress, which may lead to a noticeable decrease in well-being and mental symptoms such as depression and anxiety, as well as a reduction in life satisfaction (Keshtkaran, Lovink, Fisterol, et al., 2020). The individual characteristics and traits of each member of a couple can predict the success or failure of their relationship. Among the individual traits emphasized, self-confidence, belief, goal orientation, logical thinking, secure attachment, and emotional maturity were listed. It is clear that marital success and satisfaction will not be sustainable and reliable without these qualities (Birashk, Hall, and Mokheri, 2003). On the other hand, quality of married life for infertile couples is not only influenced by individual traits or infertility, but the impact of this challenge on their lives largely depends on their existing or created capacities for communication. In this study, inter- and personal protective and risk factors, including efficient couple system components, conflict resolution strategies, acceptance of infertility, compassion, and commitment to one's spouse differed significantly between two research groups. Among the factors that directly influenced life satisfaction in infertile couples were efficient couple systems, conscious efforts for the growth and care of one's marriage. At the marital level, couples with an efficient couple system were satisfied to have fulfilled their duties in dimensions of relationship vitality,

personal and spousal growth, financial management, efficient decision-making, efficient role-playing, purposeful efforts to improve the relationship, positive conflict, romance, effective communication, relationship trust, and mutual understanding. These findings are consistent with other studies that highlight the role of loyalty (Mohsenzadeh, Moradi Kouchi, and Khodadi Sangdehi, 2014), joint decision-making and financial management, and proper role-playing, affection (Etemadi et al., 2013), love, companionship, and togetherness, love and attachment (Bachand & Caron, 2001, Brooks & Dong Li, 2012), love, commitment, and loyalty (Sharisa, 2014), and intimacy (Gottman & Silver, 2002) as important factors to increase life satisfaction.

Couples who have had successful fertility treatment are more satisfied with their marital relationship compared to fertile couples and although these couples face challenges in adapting to stressful conditions of infertility, they have reported high levels of quality in their marital relationships after adapting to these conditions (Khanabadi & Farahbakhsh, 2018). Pasha et al. (2017) have concluded, in their study, that there is a positive correlation between high levels of intimacy and spirituality in infertile women, and that spiritual intimacy plays an important role in marital intimacy and has a direct effect on marital satisfaction, and that there is also a strong and positive relationship between physical and sexual aspects of intimacy and marital satisfaction. Kushikawa et al. (2008) have found, in their study on the relationship between marital intimacy and the mental health of couples undergoing infertility treatment, that couples with high levels of closeness also have high levels of mental health, and it can be said that effective communication and mental health are the key to maintaining intimacy in infertile couples. In the explanation of the findings of this section of the research, it can be said that coherence and flexibility of the relationship can create balance in a relationship between stability and change in stressful conditions. When couples can resolve conflicts in a desirable manner and increase their ability to withstand stress, conflicts and stress can even lead to the growth of a relationship, not only increasing the stability of the marriage but also its quality. On the other hand, the results obtained in marriages with dissatisfaction among infertile couples are

comparable to those of Kazaan & Kashnier (2019), Pasha et al. (2017), Tabinda & Amina (2013), Amanati et al. (2009), Homayoun and comparable. Studies have also shown that individuals undergoing infertility treatment are usually anxious and experience more stress than normal individuals (Kim, Shin, & Yan, 2018). The high cost of infertility treatment, constant concern about the effectiveness of the treatment, fatigue from commuting to treatment centers, constant questioning by others or societal pressure, fear of family disruption, loss of spouse's interest, and potential tensions resulting from treatments can lead to tension, conflict, frustration, severe self-esteem loss, loss of confidence, alienation, identity disorder, feelings of ugliness and meaninglessness in life (Kazaan & Kashnier, 2019).

The following text is part of a psychology scientific article. Translate it to English: The protective and risk factors related to the family system also include the components of the couple's constructive relationship with the main family and the strategic support of the people around them, which had many differences with each other in the comparison of the two studied groups. Some elements involved in a satisfactory and stable marriage should be found in the main family of the couple. On the one hand, the family can be the focus of the formation of problems and on the other hand, it can be the center of healing and treatment of problems. Having a healthy and supportive family plays an essential role in forming a healthy personality of children and determining their personal relationships. Parents' support and how they deal with their children's marriage is one of the main and determining factors in a healthy and stable marriage (Sergin and Flor 2005). In this study, satisfied infertile couples had an attitude of respect and non-dependence in the relationship system with the main families. They had their support and on the other hand, they did not allow them to enter into privacy, which led to maintaining the relationship at a suitable balance point. If the communication and interaction between the couples and the main families does not lead to damage to the marital system, the couples by prioritizing their marital system can have proper privacy with the families despite using the support resources of the main families, they will experience higher satisfaction in marriage. In

general, it can be said that in a satisfactory and stable marriage, the family supports the couple, especially in the financial and emotional aspects, by fulfilling the roles, but with the preservation of the couple's privacy and as long as the couple's system is not endangered; This finding is consistent with the researches of Fathi and Ismaili (2016), Hatami (2015), Khanabadi (2019) and Kolamosi (2013).

The results obtained in marriages accompanied by dissatisfaction in infertile couples also with the results of studies (Denison, Kerner, Segrin 2014), Soudabe Gharegi, Hasan Baba (2012) and Bayraktaraglu (2013). It is consistent and comparable with the findings of Witton et al. (2008), Venter, Botha, van den Berg (2009). According to Wisner (2014), the health of the main family is effective in the quality of children's future life, and the main families have a lasting effect on the quality and success of the children's married life. Bayraktaraglu (2013) concluded that a good relationship with the main family in traditional eastern societies is an important predictive factor in the marital compatibility of couples, and therefore there is a special emphasis on problem-solving skills and communication with the main family in counseling and treating marital issues. Soudabe Ghareghi, Hassan and Baba (2012) in a study concluded that this category of experiences has a positive and significant relationship with the marital compatibility of couples. Venter, Botha and van den Berg (2009) in a study on the relationship of the main family and marital satisfaction concluded that emotional responsiveness in the main family and the type of role performance are important determinants in predicting the level of marital satisfaction of couples. Whitton et al. (2008) concluded that the experience of hostility and enmity in the main family relationships can be a strong predictor of the children's future marital relationships and as a mediating variable influencing couples' incompatibility, and therefore family relationship patterns can have a strong effect on performance. Compatibility, intimacy and intimate relationships of couples with each other. The final dimensions of psychological and environmental quality of life and satisfaction with the spouse relationship are mutually related and can indirectly affect marital commitment. On the other hand, satisfaction with the spouse relationship, spouse

support and companionship, harmony, and couples' perception of infertility are also related to the quality of their marital relationship. When a marital system is faced with a challenge such as infertility, the husband and wife become closer to each other, consciously or unconsciously, to better cope with this challenge as a unit of two. The special circumstances of infertility require spouses to show more acceptance and compassion towards each other to maintain a healthy balance and a healthy sexual relationship quality and not hide it, and commit to cooperating with each other to overcome the challenge. Infertile couples' need for this supportive style of marital relationship has higher significance and prominence in Eastern collectivist culture (Khanabadi & Farahbakhsh, 2018). Otherwise, they can create the final outcome of dissatisfaction with the spouse relationship, for example, inefficient communication thinking and irrational thinking, which affected their performance in marital, family, and conflict resolution strategies, leading to a decrease in satisfaction. As the findings show, satisfied and dissatisfied couples are often opposing each other, and personality and training characteristics have a high importance in marital satisfaction or lack thereof, but alone are not enough. Conflict resolution strategies in satisfied couples' marital relationship with their origin and family are clarified, supporting the matrimonial system, compatibility, compensation, calming conversation, and ultimately using efficient resources that reduce misconceptions and suffering in the relationship, another step towards maintaining and enhancing the relationship. While dissatisfied couples move toward destroying the relationship with avoidance strategies, aggravating the situation, not prioritizing the matrimonial system, and using inefficient resources. The final outcome is that the protective factors in the main individual, interpersonal, and family components lead to satisfied couples experiencing the sense of love, happiness, growth, and satisfying family ties, and dissatisfied couples experience a sense of loss, anger, hatred, jealousy, grief, loneliness, fatigue, hopelessness, stress, anxiety, tears, and unsatisfying family ties. It is expected that attention to these factors in family formation and their creation or strengthening, in addition to the treatment of infertility, will be considered

for infertile couples and will lead to an increase in their satisfaction and continuity of life.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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