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Original Article

The Effectiveness of Intensive Short-Term Dynamic Psychotherapy on Distress Tolerance and Marital Quality of Life in Infertile Women

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Abstract

Background: Infertility is one of the disturbances that may occur in the lives of couples, leading to experiences of psychological distress and endangering interpersonal relationships and marital quality. This study investigated the efficacy of intensive short-term dynamic psychotherapy (ISTDP) in enhancing distress tolerance and marital quality of life among infertile women in Yazd, Iran.

Methods: A semi-experimental pretest-posttest follow-up design with an experimental and control group (n=20 per group) was employed. Forty infertile women from the target population in Yazd, Iran (data collected in 2023) were randomly assigned into either the experimental group receiving eight 45-minute ISTDP sessions or the control group receiving no intervention. For data collection, questionnaires on distress tolerance and perceived relationship quality components were used. Data analysis was done by a repeated-measures analysis of variance (ANOVA) in SPSS version 27 was used.

Results: According to the results, for distress tolerance, the mean score for the ISTDP group at the pretest was 31.55 (±13.14), which increased to 50.10 (±9.31) at posttest and 49.70 (±8.68) in the follow-up. The mean score for the control group at the pretest and posttest were 32.05 (±10.28) and 32.25 (±10.17), respectively. Moreover, for the marital quality of life, the mean score for the ISTDP group at the pretest was 70.40 (±19.47), which increased to 90.70 (±20.59) at the posttest and 91.15 (±20.75) at the follow-up. The mean score for the control group at the pretest and posttest was 66.85 (±21.75) and 65.85 (±20.66), respectively. There was a statistically significant within-group effect in the ISTDP group ($P<0.01$). The results revealed a statistically significant difference ($P<0.001$) between the intervention and control groups on distress tolerance and marital quality of life measures. The effectiveness of ISTDP in improving distress tolerance and marital quality of life was significant, and the treatment effects remained stable during the follow-up phase.

Conclusions: It appears that ISTDP can be an effective step towards improving distress tolerance and marital quality of life. Therefore, ISTDP is considered a key and effective intervention.

Keywords: Couple therapy, Distress, Quality of life, Infertility, Women

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1. Introduction

One of the challenges that may arise in the lives of couples is infertility, which, in addition to a physical problem in one of the partners, refers to psychological issues that can cast a shadow over their marital life and create multiple psychological problems (1). Fertility can be defined as the capacity to conceive and, as a result, produce offspring. In the field of reproductive medicine, infertility is established as a diagnosis following a couple's inability to achieve a clinical pregnancy within one year of regular unprotected intercourse (2, 3). Further categorization of female infertility distinguishes between primary infertility, pertaining to women without a history of pregnancy, and secondary infertility, applicable to women with a prior pregnancy (4). Infertility is a recognized medical condition impacting 8-12% of couples globally, with a higher prevalence observed in less developed regions (5). This condition is often accompanied by psychological distress, including anxiety, depression, and stress, as documented in various studies (1). Notably, secondary infertility, defined as the inability to conceive after a prior pregnancy, appears to be more frequent than primary infertility (6). In Iran, the prevalence of psychological disorders in infertile couples has been reported to range from 25 to 60 percent (7), highlighting the need for a psychological perspective in studying infertility. Past observations indicated that the experience of infertility impacts the physical and emotional health, as well as the emotional and social relationships of the couple in

a way that women suffering from infertility have reported feelings of distress, grief, anxiety, and depression (8, 9).

Numerous studies on infertile couples have shown that these couples experience stress in a profoundly disturbing manner (10, 11). Stress may result from physical and cognitive damage such as infertility in couples. Due to reduced distress tolerance, individuals perceive emotions as unbearable and struggle to manage their stress (12). These individuals also make great efforts to avoid negative emotional experiences. Distress tolerance plays a significant role in promoting health (13). Individuals with low distress tolerance engage in improper attempts to cope with negative emotions, leading to behavioral disarray, and seek solace in negative behaviors such as substance use to alleviate emotional pain (14). Such tendencies towards destructive and harmful behaviors can endanger interpersonal relationships and reduce the quality of marital life for couples (15). Conversely, research suggested a significant decline in marital quality of life among infertile couples (16). This underscores the importance of addressing infertility and its associated stress to improve well-being within these partnerships.

Infertility can hinder couples' desire to have children and confront them with serious psychological problems (17). While severe emotional problems may not always be present in infertile couples, infertility often significantly impacts their marital quality of life (18). The stress of infertility for couples is consistently associated with distressing emotions that affect their interpersonal relationships (19). High marital quality is synonymous with a more successful and satisfying marital life (20). When fertility is involuntarily delayed or unsuccessful, the couple's relationship is affected, jeopardizing marital adjustment and satisfaction. This issue becomes more complex when cultural factors exacerbate the pressure and add to the couple's distress (15). A childless social life, emotional and mental challenges during the treatment process, suggestions for divorce, lack of empathy and adaptation from others, and the couple's lack of motivation lead to a decrease in the quality of the marital relationship (16). Thus, research (10) efforts has recently led to the identification of therapeutic approaches that reduce psychological distress and increase protective factors among infertile couples.

Given the multidimensional nature of marital life, it seems that combining different couple therapy perspectives can lead to more positive results in improving couples' relationships and increasing their marital quality of life. Some observations emphasized the psychoanalytic approach to identifying intra-individual issues related to adaptation and increasing emotional awareness (21). Growing knowledge shows that couples' unconscious attitudes better reflect the nature of their relationship with their partner than their explicit attitudes (22). The superiority of intensive short-term dynamic psychotherapy (ISTDP) over other psychotherapeutic interventions includes: experiencing deep emotions during the therapy session, high levels of therapist activity, encouraging the client to cooperate, active attention to time limitations, having a specific therapeutic focus and selection criteria, and the therapist's continuous effort for a deep emotional-experiential healing (23, 24). Previous studies examined the effects of ISTDP on marital satisfaction, marital conflicts, and increasing the developed defensive style to tolerate distress (25, 26). However, little research has targeted infertile couples to test this therapy. Therefore, the present study aimed to assess the effect of ISTDP on distress tolerance and marital quality of life in infertile women.

2. Methods

This was a semi-experimental pretest-posttest control group study with follow-up. The target population were infertile women residing in Yazd, Iran in 2023. Using a convenience sampling method, 40 infertile women who met the inclusion criteria (signing a written informed consent, minimum education level of middle school, minimum infertility history of 3 years, experience of receiving fertility treatments, no adopted children, no history of previous marriage, and no concurrent psychological treatment) were selected from infertile women referred to Yazd infertility centers, Iran. The exclusion criteria were unwillingness to continue cooperation, absence from more than two sessions, and incomplete questionnaires. The sample size calculation was conducted using G*Power software. Assuming a significance level of $\alpha=0.05$, and a desired test power of $1-\beta=0.90$, the analysis indicated that a total sample size of N=40 participants would be necessary. The mean and standard deviation of self-acceptance in the psychodrama and control groups were 11.15±2.23 and 7.50±1.93, respectively (27).

Participants were then randomly assigned into either the experimental (n=20) or the control group (n=20). Participants were randomly allocated to two groups (n=20 per group) using a random number table. This ensured an unbiased distribution of participants across the conditions. The intervention group underwent eight weekly sessions of 90-minute Davanloo ISTDP (28). The control group did not receive any intervention. Table 1 provides a summary of the ISTDP sessions. In addition, all participants completed the Distress Tolerance Questionnaire and the Perceived Quality of Marital Relationship Dimensions Questionnaire at pretest, posttest, and follow-up (one month after posttest).

2.1. Instruments

2.1.1. The Distress Tolerance Scale (DTS): DTS, developed by Simons and Gaher (29), is a 15-item self-report measure assessing emotional distress tolerance. The scale comprises four subscales: Tolerance, Absorption, Appraisal, and Regulation. Items are rated on a 5-point Likert scale (1=strongly disagree, 5=strongly agree), with one reverse-scored item. Higher total scores (range: 15-75) indicate greater distress tolerance. Azizi (30) reported good content validity (CVI=0.96, CVR=0.93) and acceptable internal consistency (Cronbach's alpha=0.77) for DTS. In this study, Cronbach's alpha confirmed high internal consistency (0.92).

2.1.2. Perceived Relationship Quality Components: This questionnaire, developed by Fletcher and colleagues (31), consists of 18 items with a 7-point Likert scale (1=strongly disagree to 7=strongly agree) and 6 subscales: satisfaction, commitment, intimacy, trust, sexual passion and excitement, and love. The questionnaire employed in this study has a total score ranging from 18 to 126, calculated by summing responses to individual questions. Higher scores reflected greater marital quality, while lower scores indicated poorer relationship quality. The questionnaire demonstrated evidence of both reliability and validity in previous studies (32). The instrument demonstrated good internal consistency in the present study (Cronbach's alpha=0.86), aligning with findings from JamaliGandomani and co-workers (32) who reported a coefficient of 0.85. Further support for validity is provided by Ghazanfari and colleagues (33) who documented a CVI of 0.95 and a CVR of 0.94.

2.2. Data Analysis

Statistical analyses were conducted using SPSS version 27 (descriptive statistics: mean and standard deviation) and assess group differences (repeated-measures ANOVA). Levene's test verified the homogeneity of variances, while the Kolmogorov-Smirnov test ensured normality of data distribution.

Table 1: Brief overview of intensive short-term dynamic psychotherapy sessions

Sessions	Content
1	Establishing ground rules for the sessions Conducting an initial interview using the dynamic sequence (also known as trial therapy) Helping clients to express their internal problems objectively
2	Deep exploration of the couple's internal conflicts and activation of defenses Implementing appropriate interventions based on the type of defense (tactical or primary) Transforming defenses from self-congruent to self-incongruent forms
3	Building the capacity to tolerate anxiety based on the individual's threshold of tolerance Identifying common tactical defenses Challenging defenses
4	Eliciting transference feelings based on the client's capacity Accessing and interpreting the unconscious
5	Intervening in the couple's conflicting problems and emotions, including anger, guilt, love, and sadness Identifying and neutralizing defenses
6	Exploring emotions and how they relate to the relationship with the partner Regulating anxiety and striving for a real emotional experience
7	Inquiring about the current situation and problem Conducting a dynamic sequence with the expression of problems The process of identification, clarification (function and cost), and blocking defenses
8	Summarizing the therapeutic content Analyzing the severity of anxiety symptoms, defense mechanisms, and the client's insight into underlying emotions

3. Results

Demographic characteristics of the experimental and control groups are presented in Table 2. The mean age±standard deviation of participants in the experimental and control groups was 36.69±6.74 and 38.12±7.30 years, respectively. Statistical analysis (Table 2) confirmed no significant differences in terms of demographic variables between the two groups.

Table 3 presents the mean±standard deviations (SD) of distress tolerance and marital quality of life in the ISTDP and control groups at the pretest, posttest, and follow-up phases in the infertile women. As can be seen in Table 3, the mean score of distress tolerance and marital quality of life in the ISTDP group increased significantly from pretest to posttest and follow-up, while the control group showed no significant differences between the mean ages in the two groups at different phases of the study. The mean age for both the ISTDP and control groups at the pretest, posttest, and follow-up stages are further illustrated in Figure 1.

Repeated-measures ANOVA identified significant main effects of time for distress tolerance and marital quality of life (P=0.001), indicating changes across pretest, posttest, and follow-up assessments. Additionally, significant interaction effects (group × time) were observed for both distress tolerance and marital quality of life (P=0.001), highlighting differential changes between the ISTDP group and the control group over time.

4. Discussion

The present study aimed to investigate the effect of IISTDP on distress tolerance and marital

Table 2: Comparison of demographic variables of participants in the experimental and control groups

Groups	Mean age (years)	Duration of marriage (years)	Education	
			High school	College education
ISTDP group	36.69±6.74	6.85±2.19	8 (33.33%)	12 (27.78%)
Control group	38.12±7.30	8.25±3.60	6 (27.78%)	14 (27.78%)
P	0.583	0.146	0.513	

ISTDP: Intensive Short-term Dynamic Psychotherapy

Table 3: Means and SD (Standard Deviation) of distress tolerance and marital quality of life in the ISTDP and control groups

Variable	Phase	ISTDP group	Control group	P (between-group)
		Mean±SD	Mean±SD	
Distress tolerance	Pretest	31.55±13.14	32.05±10.28	0.894
	Posttest	50.10±9.31	32.25±10.17	0.001
	Follow-up	49.70±8.68	32.45±10.05	0.001
	P (within-group)	0.001	0.902	-
Marital quality of life	Pretest	70.40±19.47	66.85±21.75	0.590
	Posttest	90.70±20.59	65.85±20.66	0.001
	Follow-up	91.15±20.75	66.35±20.68	0.001
	P (within-group)	0.002	0.882	-

SD: Standard Deviation; ISTDP: Intensive Short-term Dynamic Psychotherapy

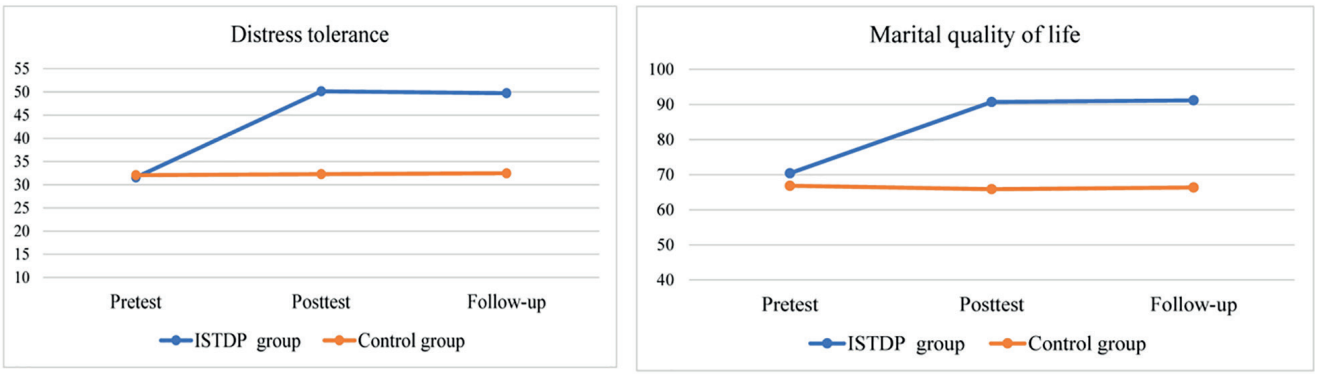

Figure 1: The figure shows the mean scores of distress tolerance and marital quality of life across three groups and evaluation phases. ISTDP: Intensive Short-term Dynamic Psychotherapy

quality of life among women with infertility. The study results indicated that ISTDP is effective in improving distress tolerance in infertile women. This was consistent with previous studies, including Mousavi and Naji (34) and Nabizadeh and Hajimoradi (35), which reported the effectiveness of ISTDP on psychological distress by providing strategies such as emotional expression and coping skills modification. In line with these findings, studies such as Amani and colleagues (36), Rocco and co-workers (37), and Parisuz and colleagues (25) also showed that ISTDP can significantly reduce psychological distress symptoms by affecting the emotional discharge pathway and monitoring distress and defenses moment by moment. This could be justified since ISTDP aims to address the barriers that lead to emotional distress and teach individuals how to cope with distressing emotions. This allows them to manage their distress, master their feelings, and create a safe environment where they do not fear experiencing distress. In other words, short-term intensive dynamic therapy provides a space for real emotional experience, which encourages individuals to embrace and control their distressing emotions with greater acceptance (34).

In ISTDP, through reciprocal interaction with the therapist, the individual can systematically bypass chronic defenses to connect with previously suppressed emotions that are the root of symptoms and personality problems. Once the suppressed emotions are reopened, the therapist uses specific techniques to help the patient cognitively consolidate insights through accurate summarization (37). In other words, emotional experience is a crucial part of short-term intensive dynamic therapy for improving distress tolerance. The use of pressure to promote emotional experience and challenge inhibitory mechanisms leads to emotional escalation and transference of distressing feelings, which ultimately prevents emotional suppression and prepares the individual to express suppressed emotions and achieve relief from distress. Therefore, it is expected that this therapeutic approach will reduce distress symptoms and facilitate distress tolerance by promoting emotional transference and awareness of chaotic and suppressed emotions (26).

The results also indicated the significant effectiveness of ISTDP on marital quality of life. These findings are consistent with previous studies, including Ziapour and colleagues (26), which emphasized the role of addressing repressive defenses as a factor in the success of dynamic psychotherapy in increasing marital satisfaction. In line with this finding, Parisuz and colleagues (25) also argued that ISTDP improves interpersonal relationships between couples by reducing negative emotions and resolving marital conflicts. In addition, Jarare and Etemadi (38) introduced ISTDP as a beneficial intervention for reducing marital problems. To explain this finding, it can be stated that in today's world, individuals face serious challenges in establishing and maintaining intimate relationships, resolving marital conflicts, and meeting the expectations and needs of their partner. However, creating and maintaining intimate relationships and meeting the emotional and mental needs of a spouse is a learnable skill. Since increased marital conflicts lead individuals to avoid or suppress negative thoughts and emotions, ISTDP focuses on uncovering and addressing suppressed emotions (26).

Another focus of ISTDP is improving communication between couples and rebuilding the structure of the emotional bond, known as internal object relations in ISTDP. These emotional memory structures play an important role in the development of the motivational-cognitive system, which is responsible for the individual's efforts to approach, maintain, or increase positive emotional capacity and reduce, prevent, or avoid negative states. By increasing the understanding of spouses for each other in a marriage, especially by focusing on and promoting empathy, the effects that spouses have on each other contribute to increased interpersonal processing. Increased interpersonal processing helps couples gain metacognitive awareness of their interaction methods and exhibit greater control in face of negative emotions. Therefore, ISTDP can lead to a decrease in negative emotions and consequently conflicts in marital relationships, and improve interpersonal relationships between couples (25).

4.1. Limitations

There are certain limitations to this study. Firstly, the employment of a purposive sampling technique may introduce bias into the outcomes. Purposive sampling technique hinges upon the discretion of the researcher in participant selection, potentially yielding a sample that does not accurately represent the target population. Secondly, the limited sample size may restrict the applicability of the results

to a broader population. Small sample sizes can yield volatile outcomes and diminish the statistical ability of the tests to identify significant effects. To mitigate the limitations of this study, future work should consider the following suggestions: using probability sampling approaches, such as random or stratified sampling, to ensure the representativeness of the study sample; increasing the sample size to improve the statistical power of the test and strengthening the generalizability of the results. To validate the findings even further, it is recommended to conduct the study using a variety of samples and demographics. .

5. Conclusions

In conclusion, the findings of this study provide robust evidence supporting the efficacy of ISTDP in enhancing distress tolerance and marital quality of life among individuals experiencing infertility. The significant differences observed between the intervention and control groups underscore the positive impact of ISTDP on these crucial psychological and relational aspects. Moreover, the sustained treatment effects demonstrated during the follow-up phase suggested the enduring benefits of ISTDP in promoting resilience and well-being in this population. These results highlighted the potential of ISTDP as a valuable therapeutic approach for addressing distress and enhancing marital quality of life in individuals facing infertility challenges. Further research and clinical applications of ISTDP in similar contexts are warranted to consolidate these promising outcomes and optimize mental health interventions for women with infertility.

Ethical Approval

This study was approved by the Ethics Committee of Islamic Azad University, Ahvaz Branch with the code of IR.IAU.AHVAZ.REC.1402.011. Also, written informed consent was obtained from the participants.

Authors' Contribution

Marjan Bahremand: Substantial contributions to the conception and design of the work, acquisition, analysis, and interpretation of data for the work, and reviewing the work critically for important intellectual content. Marzieh Talebzadeh Shoushtari: Substantial contributions to the conception and design of the work, acquisition, analysis, and interpretation of data for the work, and reviewing the work critically for important intellectual content. Fatemeh Sadat Marashian: Substantial contributions to the conception of the work, drafting the work and reviewing it critically for important intellectual content; All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such as the questions related to the accuracy or integrity of any part of the work.

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