

Effectiveness of Existential Psychotherapy on Spiritual Health of Infertile Women

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Abstract

Background and Objectives: Infertility, particularly female infertility, can threaten women's psychological health. Spiritual health can play a significant role in increasing people's abilities especially in tough conditions. The aim of this study was to investigate the effect of psychotherapy on existential health in infertile women.

Methods: The study population of this experimental controlled study with pretest-post-test consisted of infertile women referring to the Gynecology and Infertility Clinic of Dehdasht from late June 2015 to late September 2015. First, the samples were selected by convenience sampling; after the Spirituality Component of the Lifestyle Questionnaire, they were randomized to two groups of 12 each: experimental and control. The experimental group attended eight sessions of existential psychotherapy and control group attended no intervention. Data analysis was conducted by covariance analysis in SPSS 18.

Results: Existential psychotherapy caused promotion of spiritual health in the infertile women.

Conclusion: This study indicated that existential psychotherapy is important to infertile women's spiritual health. It is therefore recommended to use existential psychotherapy to promote spiritual health in such women.

Keywords: Existential Psychology, Spirituality, Female Infertility.

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Introduction

Infertility is not only a medical diagnosis but also can be associated with adverse psychological outcomes, emotional disturbance, and social consequences (1,2). According to studies, female infertility can make women further vulnerable and decline the quality of their individual and marital life considerably (3-5); more clearly speaking, infertility can affect many aspects of women's life adversely if they lack certain characteristics and skills.

Spiritual health is one of the important and effective factors in improving quality of life. Spiritual health helps people increase their abilities to deal with different life events (6,7). Spiritual health represents an aspect of health that organizes human's values, relationship, meaning, and purpose. For a long time, it was

assumed that psychology had no relationship with spirituality but some relationship between these two fields has recently been discovered (8). Spirituality induces peace, psychological security, and freedom from futility, hopefulness, and satisfaction (9).

Besides that, spirituality leads to positive outcomes in populations that are somehow struggling with certain adversities. For example, a study demonstrated that spiritual health and life satisfaction were positively correlated in the infertile women such that women with higher levels of spiritual health reported to enjoy higher levels of life satisfaction (10). In fact, spiritual health increases psychological capacity and abilities to cope with stress and difficulties, and helps to enhance mental health and emotional well-

being in different populations (9), including infertile women. These women deal with certain problems and need to have certain characteristics and skills to cope constructively with them.

Existential psychotherapy is one of the approaches that can affect spiritual health because this approach was frequently reported to be effective in reducing many psychological problems such as depression and improving quality of life (11-14). In this approach, people are encouraged to recognize life events, either pleasant or unpleasant, and important issues in life are emphasized including life and death, freedom, feeling responsible for oneself and others, and finding meaning in life (15). Existential psychology puts emphasis on individual selections, assuming responsibility, extending knowledge about the current situation, and feeling committed to decision-making and action (16). A study demonstrated that existential cognitive group therapy was effective on spiritual health in the parents of children with cancer (17). Studies showed that existential psychotherapy-based interventions can be used to increase abilities in people that are faced with serious problems and challenges, with expectedly positive outcomes. In other words, existential psychotherapy declines vulnerability and increases abilities via influencing resilience, adjustment, and coping skills positively (18-20).

Taken together, infertile women are highly likely to become shocked and may have unpleasant conditions in terms of psychological, emotional, and interpersonal well-being. In addition, if infertile women enjoy certain characteristics, they are more capable of dealing and coping with conditions despite problems and challenges. As a result, it is necessary to conduct studies to determine the most effective interventions to rehabilitate infertile women. With regards to the above mentioned, the significance of psychological actions for infertile people, and spiritual health to increase people's abilities, our aim was to investigate the efficacy of existential psychotherapy on spiritual health in infertile women.

Methods

The study population of this applied experimental controlled study with pretest and post-test consisted of infertile women referring to the Gynecology and Infertility Clinic of Dehdasht, Kohghiluyeh and Boyer-Ahmad province from late June 2015 to late September 2015. A number of people from this population volunteered to participate in the study through the advertisement of delivering a treatment course to increase psychological capability. Of these people, 24 ones who attained lower scores on Spiritual Well-Being Scale and fulfilled the inclusion criteria (being 25-40 years, having at least one-year history of infertility, nulliparity, having at least high school completion certificate, providing written informed consent, not applying for divorce, and lack of receiving counseling and psychological services) were enrolled by convenience sampling and, by flipping the coin, randomized to two groups of 12 each: Experimental and control. The participants were told that the psychotherapy sessions would be held in group to help them increase resilience and as a part of a study. Then, the patients were enrolled after filling out the informed consent form.

The Spirituality Component of Lifestyle Questionnaire:

Lifestyle Questionnaire, developed by La'ali et al. in 2012, consists of 10 subscales and 70 items rated by Likert scale (Always: 3; Usually: 2; Sometimes: 1; and Never: 0) with minimum and maximum possible scores of 0 and 18, respectively. Higher scores on the spirituality component represent higher levels of perceived spiritual health. The validity of this component was confirmed using Psychological Well-Being Scale by convergent validity at 0.001 significance level. In addition, the reliability of this component was derived 0.84 by Cronbach's alpha coefficient and 0.89 by test-retest reliability (21).

The intervention group attended eight 100-min existential psychotherapy group sessions, and the control group received no intervention. To observe research ethics, the control group also attended the existential psychotherapy sessions after the intervention group completed

the psychotherapy group sessions and both groups took the post-test. The psychotherapy sessions were as follows:

First session: Introducing the participants to each other and explaining the rules; second session: Increasing self-awareness and reaching the concept I am; third and fourth sessions: Addressing death and awareness of finiteness; fifth session: Addressing life meaning and finding meaning in life; sixth session: Discussing loneliness; seventh session: Discussing freedom and responsibility; and eighth session: Concluding and terminating.

Data analysis was conducted by Analysis of covariance in SPSS 18. The level of significance was considered 0.01.

Result

A total of 24 women with mean age of 28.83 ± 1.76 years participated in this study. Table 1 indicates descriptive data (mean and standard deviation) on the studied variable.

Table 1. Mean and standard deviation of pre-test and post-test scores

Variable	Spiritual health		P value*
	Pretest Mean \pm SD	Post-test Mean \pm SD	
Experiment	6.50 \pm 1.73	12.17 \pm 1.26	0.001
Control	6.08 \pm 2.42	8.08 \pm 2.46	

*Covariance analysis for spiritual health

Mean (\pm standard deviation) scores on spiritual health at pretest and post-test were 6.50 ± 1.73 and 12.17 ± 1.26 , respectively, in the intervention group. In addition, mean (\pm standard deviation) scores on spiritual health at pretest and post-test were 6.08 ± 2.42 and 8.08 ± 2.46 , respectively, in the control group (Table 1). Therefore, difference in mean score between pretest and post-test is more marked in the intervention group than in the control group. Levene's test indicated that the variances were homogenous ($p > 0.05$). Then, Analysis of covariance was used to investigate the research hypothesis.

As the above Table indicates, difference in mean spiritual health scores at post-test is significant after controlling for scores at pretest in the two groups ($F = 24.35$, $P \leq 0.001$), that is, existential psychotherapy caused promotion of spiritual health.

Discussion

The aim of the current study was to investigate the efficacy of existential psychotherapy on spiritual health in infertile women. This study demonstrated that existential psychotherapy could significantly promote the infertile women's spiritual health. Consistent with our results, a study demonstrated that cognitive-existential group therapy was effective on spiritual health in the parents of children with cancer (17). Besides that, the present study can be considered to be indirectly consistent with those studies that indicated that existential psychotherapy was effective in improving constructs that are closely associated with spiritual health, i.e. mental health, finding meaning, hopefulness, quality of life, and internal cohesion of different populations (11,14,18-20).

We can argue that spirituality means belonging to something beyond oneself and being attached to a transcendent truth that represents the universal human experience. Therefore, people with spiritual health enjoy higher levels of feelings of internal cohesion and live a purposeful and optimistic life despite harsh conditions (22,23).

Moreover, unpleasant events in life such as infertility can adversely affect the infertile women's intrapersonal and interpersonal functioning, decline their feelings of internal cohesion, and therefore prevent them from living a purposeful and meaningful life (1,2). Life events can be so severe that cause people to develop psychiatric disorders over time, including depression and anxiety, and therefore lose their relationships with oneself, others, and the reality beyond oneself (23).

Moreover, existential psychotherapy trains people that they have freedom and ability to select the type of attitude and response to unpleasant events in life such as infertility. This causes people to cope better with tough conditions (16-18).

In addition, in the psychotherapy sessions, the participants discover that even pains and suffering are somehow meaningful and therefore embrace life under any conditions. Existential psychotherapy mainly focuses on human's being accountable for selecting his/her

route in life. Therefore, existential psychotherapy helps the women select a purpose, use their opportunities better, and be more satisfied with life through inducing in-depth changes in their attitudes. In addition, attending group psychotherapy sessions causes the women to seek to create better conditions in life by believing in the freedom of the will and their responsibility for life (20,24).

All these issues, raised in the psychotherapy sessions, can help infertile women restore their internal cohesion, establish positive relationships with oneself and others, and live a purposeful, hopeful, and meaningful life; therefore, their spiritual health is promoted as well. In other words, existential psychotherapy can help to promote spiritual health through positively affecting closely associated parameters with spirituality such as hopefulness, meaning, and feeling of internal cohesion.

The current study was conducted on infertile women in Dehdasht in from late June 2015 to late September 2015, and therefore its findings should be generalized to other populations with caution. In the light of the positive effect of existential psychotherapy on spiritual health, it is recommended to use existential approach-based interventions, as supplementary treatments, alongside routine treatments in infertility clinics so that women can be further empowered by the promotion of spiritual health, and experience better intrapersonal and interpersonal conditions.

Conclusion

Existential psychotherapy includes certain applied concepts and points that can be trained to infertile women to help them experience better conditions and higher levels of spiritual health. If spiritual health is considered positive and meaningful relationship with oneself, others, and a reality beyond oneself as well as to be associated with increased meaning in life, then it is positively and constructively highlighted by existential psychotherapy and helps to promote spiritual health.

Conflict of interest

The authors declare no conflict of interest.

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References

1. Sudha G, Reddy K, Reddy KN, Reddy B. Emotional distress in infertile couples: Across-cultural study. *Asia Pacific J Soc Sci*. 2011;3(1):90-101.
2. Spector AR. Psychological issues and interventions with infertile patients. *Women Therap*. 2004; 27(3&4):91-105.
3. Anderson KM, Sharpe M, Rattery A, Irvine DS. Distress and concern in couples referred to a specialist infertility clinic. *J Psychosomatic Res*. 2003;54(4):353-5.
4. Cserepes RE, Kollar J, Sapy T, Wischmann T, Bugan A. Effects of gender roles, child wish motives, subjective well-being, and marital adjustment on infertility-related stress: a preliminary study with a Hungarian sample of involuntary childless men and women. *Arch Gynecol Obstet*. 2013;288(4):925-32.
5. Sehhatie Shafaie F, Mirghafourvand M, Rahimi M. Perceived Stress and its Social-Individual Predictors among Infertile Couples Referring to Infertility Center of Alzahra Hospital in Tabriz in 2013. *Int J Women's Health Reprod Sci*. 2014;2(5):291-6.
6. Ghasemi Jobaneh R, Zaharakar K, Hamdami M, Karimi K. Role of Spiritual Health and Mindfulness in Psychological Capital of Students. *Res Med Educ*. 2016;8(2):27-36. [Persian]
7. Kelly J. Spirituality as a coping mechanism. *Dimens Crit Care Nurs*. 2004;23(4):162-8.
8. Abraham V. Spirituality and mental health. *Indian J Psychiatry*. 2008;50(4):233-7.
9. Hosseindokht A, Fathi-Ashtiani A, Taghizadeh ME. Relation between spiritual intelligence and spiritual wellbeing with quality of life and marital satisfaction. *Psychol Relig*. 2013;6(2):57-74. [Persian]
10. Etemadifar S, Hosseiny R, Ziraki A, Omrani A, Alijanpoor M. The Relationship between Spiritual Well-Being and Life Satisfaction in Females with Infertility. *Women's Health Bull*. 2016;3(4):e32344.
11. Khodadadi J. Effectiveness of existential psychotherapy on college students' quality of life [dissertation]. Tehran: Tarbiat Moallem University; 2011. [Persian]
12. Kalantarkousheh SM. Effects of existential issues training on marital communication among Iranian women. *Psihologijske Teme*. 2012; 21(2):213-24.
13. Margiotta DT. Existential themes in late life depression [dissertation]. United States Colorado: The University of the Rockies; 2006.
14. Rezaie R, Nazari AM, Zaharakar K, Smaeeli Far N. Effectiveness of existential psychotherapy in increasing the resiliency of mentally retarded children's mothers. *Int J Psychol Behav Res*. 2013;2(2):59-64.

15. Deurzen EV. *Existential Counselling & Psychotherapy in Practice*. London: Sage Publications; 2002.
16. Eliason G, Samide J, Williams J, Lepore M. Existential Theory and Our Search for Spirituality. *J Spiritual Ment Health*. 2010;12(2):86-111.
17. Eskandari M, Bahmani B, Hasani F, Asgari A. effectiveness of cognitive-existential group therapy on Spiritual well-being and image of God in Parents of children with cancer. *Clin Psychol Personal*. 2015;22(12):3-14. [Persian]
18. Vos J, Craig M, Cooper M. Existential therapies: a meta-analysis of their effects on psychological outcomes. *J Consult Clin Psychol*. 2015;83(1):115-28.
19. Mullan H. Existential" therapists and their group therapy practices. *Int J Group Psychother*. 1992;42(4):453-68.
20. Jalili Nikoo S, Rezaie Z, Nooryan K, Ghasemi Jobaneh R, Nejati Nezhad N. Effectiveness of Existential Psychotherapy in Increasing the Resiliency of Infertile Women. *Armaghane-danesh*. 2015;20(5):453- 60. [Persian]
21. Lali M, Abedi A, Kajbaf MB. Construction and Validation of the Lifestyle Questionnaire (LSQ). *Psychol Res*. 2015;15(1):64-75. [Persian]
22. Koenig HG. Research on religion, spirituality, and mental health: a review. *Can J Psychiatry*. 2009;54(5):283-91.
23. Al-HomaidanH. Depression among Women with Primary Infertility attending an Infertility Clinic in Riyadh, Kingdom of Saudi Arabia: Rate, Severity, and Contributing Factors. *Int J Health Sci (Qassim)*. 2011;5(2):108-15.
24. Mascaró N, Rosen D. Existential Meaning's Role in the Enhancement of Hope and Prevention of Depressive Symptoms. *J Personal*. 2005;73(4):985-1014.