



Investigation of Relationship between Emotional Intelligence and Personality Disorders in Fertile and Infertile Men

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Abstract

The present research investigates relationship between EI and personality disorders in fertile and infertile men. This research is an applied study, in terms of its goal. It is also a causal-comparative (case-control) research in terms of data gathering method. Further, correlation method was used to investigate relationship between EI and personality disorders. Statistical population of the research included all infertile men who referred to Al-Zahra infertility treatment department of Medical-educational center of Tabriz City, Iran. Research sample included 60 infertile and fertile men (each group including 30 men) who were selected by means of simple random sampling. Fertile participants were selected from ordinary people after being matched with infertile group (in terms of age and education level). Two questionnaires (EI questionnaire of Bradberry and Gariuz (2004) and Millon Clinical Multiaxial Inventory -3(MCMI-III)) were used for data collection. SPSS software was used for analyses. Data were analyzed in descriptive and inferential level (multivariate variance analysis (MANOVA) and Pearson correlation coefficient). Results of statistical test revealed that fertile and infertile men do not have significant difference with each other. However, there is a significant difference between personality disorders in fertile and infertile men. EI has significant relationship only with anti-social disorder.

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1. Introduction

Fertility phenomenon is affected by physiologic and socio-psychological factors. Psychological factors can play role in infertility and also infertility can have many psychological outcomes. The fact that an individual cannot reproduce like other people naturally is a bitter and painful experience and socio-psychological factors can also add to its importance. Moreover, infertility and its problems are not related only to not having children but outcomes like upsetting family and marital communications, feeling of denial by relatives, being criticized by relatives and oneself and ... have many impacts on individual identity and personality aspects and performances. Infertility may also lead to destruction of one's life and even if marital life continues, it will have a very low quality [1].

Infertility has many psychological pressures on patients. Psychological pressures even influence on couples' marital lives. It is interesting to know that personality attitudes and psychological diagnostic effects and biological parameters

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play role in men's infertility [2].

Therefore, it seems necessary to investigate psychological conditions of infertile men (EI and personality disorders) in order to identify their socio-psychological features and compare them with fertile men and plan correctly to support infertile couples so that they will have better marital life and get along with infertility. Further, couples can be persuaded to adopt children if they are willing. This has many benefits for infertile couples and for parentless children. Therefore, we try to answer the following questions and analyze the hypotheses:

Infertile men have lower EI than fertile men.

Whether personality disorders level is higher in infertile men in comparison with fertile men?

Whether EI has relationship with personality disorders in infertile men?

Such studies are being investigated from several years ago and some primary steps have been taken in this field in the world. In Iran, psychological aspects of infertility have not been studied. Few studies conducted in this field, considerable number of infertile men in Iran, contribution to improvement of couples' psychological hygiene and prevention from spending additional material and spiritual costs are all reasons for doing such studies.

2. Theoretical fundamentals and research background

Infertility is an important hygienic problem which has been recognized by WHO and there are about 5 million couples in the world who suffer from infertility. One couple out of 6 couples suffers from infertility in the world. 35% of infertility problems are related to men's infertility [3]. Studies show that psychological factors can influence on infertility and also infertility can have many adverse psychological effects [4].

Infertility is defined as a couple's disability to reproduce after one year marital life and copulation without using contraceptive methods [3]. Infertility is a stressful factor and much empirical and clinical evidence show that this stressful factor can result in different types of psychological or behavioral disorders in infertile person.

In addition to feminine or masculine specified variables which can impact on infertility (Iandometrios, disorder in womb structure, infectious reasons, endocrine glands disorders, few number of sperms and ...), 10% of variables affecting infertility are still unknown and physicians are not able to diagnose reasons for infertility in spite of numerous examinations. In such cases, couples are still infertile in spite of the fact that there is no clear reason for infertility. Psychological factors impacts are possible in such cases. Men's infertility may take place due to physical or psychological problems or due to both of them. Patients become afflicted with emotional crises as soon as they become aware of their disease. Men's response to this problem depends on the cause of infertility. Men's infertility threatens the traditional role of a father or man and the individual thinks he is inefficient and useless sexually and from personality aspect. A patient may use some solutions beyond marital affairs. Unfortunately, infertility treatment usually has transient negative effects on men's sexual behavior [5].

Infertility may be followed by anxiety because it results in disability to do traditional roles and individuals who are adherent to traditional sexual roles may become more anxious as a result of infertility [6]. Infertility is in fact is a complex crisis in life which is threatening from psychological viewpoint and it is disabling from emotional point of view and undermines individuals' psychological energy [7]. Moreover, medical treatment of infertility may also be tense. Worry about analgesia, surgery, numerous experiments and also fear from long-terms side effects of medicine, isolation from family members and friends and spending a lot of time and cost on treatment are all factors which produce crisis in infertile couples' lives[8].

2-1. Emotional Intelligence (EI)

EI and its interesting and wide aspects have received a lot of attention by psychologists and psychiatrists. EI concept was first used in 1940s. After that, Mayer and Salovey described EI. Gardner played an important role in formation and evolution of EI theory with his effective model called "multiple intelligences". According to Gardner's EI theory, there are two main types of intelligence: 1. Individual internal intelligence and awareness which accounts for

identification and differentiation of complex human feelings. 2. Knowledge and awareness in inter-individual relationships which accounts for ability to recognize and differentiate others' emotions and motivations. Daniel Goleman (1995) described EI concept widely and publicized this concept.

Many parents and scientists believe that teaching EI skills to children and students is necessary due to behavioral and emotional problems increase and decrease in self-confidence and depression in children and teenagers. These skills increase adaptability with serious dangerous and risky situations. Although good performance in the field of EI can predict an individual's success and progress, EI cannot be considered as an index of success measurement. Studies showed that EI is a better predictor of individual success and achievement than cognitive intelligence (IQ). Individuals, who have high level of EI, have steadier long-term relationships, better social skills and more ability to solve conflicts. There are many models for explanation and definition of EI. However, basic constructs of EI include perception of emotions in oneself and others, understanding and reasoning about emotions and management of emotions.

EI is made up of four main skills:

1. Self-awareness: it is the most necessary skill of EI. It refers to ability to express one's feelings and emotions and awareness of them. Self-awareness also includes controlling one's desires when responding to different conditions and individuals. This ability allows individuals to recognize their strengths and weak points and trust in their values.
2. Self-management: it refers to ability to use "awareness of emotions" to remain flexible and do activities positively. In other words, an individual can control all his/her emotional responses in public and in different conditions.
3. Social awareness: it includes organizational insight and empathy. It is ability to recognize others' emotions exactly and understand the fact that what is happening exactly. This is indicative of understanding others' feelings even when you do not have those feelings.

4. Relationship management: it refers to ability to use "awareness of others' emotions" in order to control and manage communications. Further, it involves clear relationship with conditions and controlling difficult conflicts properly. The two first skills are concentrated on an individual and the two next skills are mainly concentrated on contact with others. The four EI skills are formed based on what we see about ourselves and what we do for others [9].

Studies show that there is a positive relationship between EI and different types of social adaptation like socially-acceptable behavior, empathy with other people and openness to feelings [10], absence of negative behavior towards friends, establishment of positive relationship with others and satisfaction with this relationship, warp relationship with others, acceptance of empathic viewpoint and self-control ability. EI can be considered as a framework for investigation of individuals' social and emotional adaptation in their inter-individual transactions and play role in establishment of inter-individual relationships.

Baron believes that EI has 5 constructs and 15 factors affect it:

1. Inter-individual skills:
 1. Emotional self-awareness (recognition and understanding one's feelings);
 2. Assertiveness (expression of feelings, opinions, thoughts and constructive defense of personal rights);
 3. Self-regulation (awareness, understanding, acceptance and self-respect);
 4. Self-actualization (fulfillment of potential talents);
 5. Independence (self-control and self-authority in thoughts and actions and freedom from emotional dependence);
2. Inter-individual skills:
 1. Inter-individual skills (awareness, understanding others' feelings, creation and maintenance of mutual satisfactory relationships which are characterized by emotional nearness and dependence);
 2. Social commitment (to be an effective and constructive element in a social group, being a good partner for others);
 3. Empathy (ability to be aware of others' feelings, understanding feelings and appraisal of them);
3. Adaptation:
 1. problem-solving (definition and identification of problems, production of effective solutions);

2. Reality test (evaluation of concordance between abstract and corporeal experiences);
3. Flexibility (regulation of emotion, thinking and behaving at the time of changing situations and conditions);
4. Stress control:
Ability to tolerate stress (resistance against unfavorable events and stressful situations);
2. Impulse control (resistance against impulse or denial of impulse);
5. General temperament:
 1. Happiness (satisfaction with oneself, making oneself and others happy);
 2. Optimism (glance at positive aspects of life and maintaining positive approach even in confrontation with difficulties)[12].

According to the results of the previous studies, there is a positive relationship between EI and academic success, occupational performance, learning motivations, life skills, problem-solving, quality and the size of social network, process of emotional information, emotional adaptation and self-actualization. Further, many studies revealed a high level of correlation between EI and self-actualization. Different clinical evidence revealed that individuals who have low level of EI suffer from emotional ignorance and have problems with regulation of their emotions. Low level of EI can result in psychological disorders and intensification of disorders. Some disorders include: Alexey Time (inability to describe emotions, temperament and their descriptions), drug abuse disorder, shape physical disorders, depression disorders and anxiety.

2.2. Personality disorders

Personality disorders are psychological conditions which are not considered as disease but are behavioral styles. These disorders are characterized by relatively-constant, flexible and inconsistent behavioral models, which result in some problems in establishment of relationship with others and legal and occupational problems. Individuals who suffer from such conditions think they have natural behaviors. According to DSM4-TR-2000 classification, personality disorders are as follows:

- cluster personality disorders (A): paranoid personality disorder, schizoid personality disorder (avoidant), Schizotypal personality disorder;
- cluster personality disorders (B): anti-social personality disorder, Borderline personality disorder, histrionic personality disorder, Narcissistic personality disorder;
- cluster personality disorders ©: avoidant personality disorder, dependent personality disorder, obsessive-compulsive personality disorder [13].

3. Methodology

The present research is an applied study in terms of its goal and it is a causal-comparative (case-control) study in terms of information gathering methodology. Further, correlation method was used to investigate relationship between EI and personality disorders. Statistical population of the present research included all infertile men who referred to infertility treatment department of Al-Zahra educational and Medical Center in Tabriz City. 60 fertile and infertile men (30 people in each group) were picked by means of simple random sampling as sample size. Fertile participants were selected from ordinary people after being matched with infertile participants group (in terms of age and education level). Participants had the following characteristics: 1. Infertile men whose infertility diagnosis was one year ago. 2. Fertile men who had at least one child (were father). 3. Minimum education level in both infertile and fertile groups was high school degree. 4. None of the respondents had chronic diseases (like diabetes, kidney diseases and cardiovascular diseases and ...) and psychiatry diseases.

Two questionnaires were used in order to evaluate basic constructs of the research: 1. Bradbry and Graves (2004) EI questionnaire: this scale was designed by Bradbry and Graves in 2004 and was normalized on master degree and bachelor degree students of Roudheh and Saveh Islamic Azad Universities by Ganji [9]. 2. Millon Clinical Multi-

axial Inventory-3 (MCMI-III): this questionnaire was designed by Millon based on biological-psychological-social theory. This questionnaire includes 175 short self-reporting sentences with yes-or-no answers. This questionnaire measures 14 models of personality and 10 clinical symptoms and is used for adults which are aged above 18. MCMI-III is one of the most applicable psychological tests which was designed based on Millon's diagnostics model [14] and has been translated into several languages. It has been normalized twice in Iran and Sharifi [15] normalized the third version in Isfahan. MCMI-III which is the revised version of MCMI-II was introduced in August 1994 in American Psychology Association Meeting. Clinical models of personality in MCMI-III include: (Schizoid, avoidant, depressed, dependent, histrionic, narcissistic, anti-social, sadistic, compulsive, pessimist, masochist, Schizotypal, Borderline and paranoid). Clinical symptoms include (anxiety disorder, somatoform, manic, dysthymia, addiction to alcohol, addiction to drugs, post-trauma stress). Severe clinical symptoms include (thought disorder, basic depression, and delusional disorder). SPSS software was used for descriptive and inferential analysis.

4. Data analysis

Mean and standard deviation of infertile and fertile groups for EI, personality disorder and their constructs have been summarized in table 1. This table shows that mean values of infertile and fertile groups are different in avoidant, depression, histrionic, anti-social, sadism, Borderline, and paranoid constructs. However, there is no considerable difference between other variables.

Table 1. Mean and standard deviation of infertile and fertile groups in EI and personality disorders constructs

variable	group	mean	Standard deviation	N	variable	group	mean	Standard deviation	N
Self-awareness	infertile	82/50	9/36	30	narcissistic	infertile	47/07	22/51	30
	fertile	82/20	6/52	30		fertile	49/97	20/23	30
	total	82/35	8/00	60		total	48/52	21/27	60
Self-management	infertile	76/23	15/46	30	Anti-social	infertile	42/97	18/80	30
	fertile	72/53	14/66	30		fertile	26/93	10/73	30
	total	74/38	15/06	60		total	34/95	17/20	60
Social awareness	infertile	81/33	9/64	30	sadistic	infertile	42/27	16/40	30
	fertile	79/63	11/56	30		fertile	30/90	16/68	30
	total	80/48	10/59	60		total	36/58	17/37	60
Relationship management	infertile	71/87	11/59	30	compulsive	infertile	53/58	18/27	30
	fertile	67/40	10/72	30		fertile	65/00	20/51	30
	total	74/13	11/30	60		total	61/77	19/53	60
EI	infertile	77/73	7/80	30	pessimistic	infertile	52/47	50/15	30
	fertile	78/67	7/35	30		fertile	43/10	22/20	30
	total	78/20	7/52	60		total	47/78	19/56	60
schizoid	infertile	44/03	19/25	30	masochistic	infertile	45/17	22/87	30
	fertile	36/73	21/26	30		fertile	34/97	21/76	30
	total	40/38	20/44	60		total	40/07	22/72	60
avoidant	infertile	44/43	18/66	30	Schizotypal	infertile	38/47	16/94	30

	fertile	33/17	18/94	30		fertile	30/83	15/95	30
	total	38/80	19/49	60		total	34/65	16/76	60
depressed	infertile	47/59	25/21	30	Borderline	infertile	45/40	17/66	30
	fertile	44/20	21/20	30		fertile	36/40	16/80	30
	total	51/83	24/34	60		total	40/90	17/68	60
dependent	infertile	32/37	21/99	30	paranoid	infertile	49/40	16/63	30
	fertile	30/07	17/37	30		fertile	39/03	19/71	30
	total	31/22	19/68	60		total	44/22	18/82	60
histrionic	infertile	53/33	25/68	30					
	fertile	40/27	20/75	30					
	total	46/80	24/07	60					

In order to investigate hypothesis (1) and question (1), data were analyzed by means of multivariate variance analysis (MANOVA). Analyses revealed that according to multivariate significance statistic (Wilk's Lambda), there was no significant difference between constructs in the infertile and fertile groups ($f=1.63$, $DF=23$, $p=0.092$).

Table 2. Levene test for equality of variances error

variables	F	1 df	2 df	significance
self-awareness	0/75	1	58	0/39
Self-management	0/06	1	58	0/80
Social awareness	0/48	1	58	0/49
Relationship management	0/43	1	58	0/51
EI	0/18	1	58	0/67
schizoid	1/75	1	58	0/19
avoidant	0/28	1	58	0/60
depressed	0/31	1	58	0/58
dependent	0/68	1	58	0/41
histrionic	2/08	1	58	0/15
narcissistic	0/39	1	58	0/53
Anti-social	13/85	1	58	53
sadistic	0/09	1	58	0/77
compulsive	0/08	1	58	0/78
pessimistic	9/17	1	58	0/05
masochistic	0/20	1	58	0/65
Schizotypal	0/82	1	58	0/37
Borderline	0/03	1	58	0/85
paranoid	1/74	1	58	0/19

In order to investigate the fact that in which construct is the two groups different, Levene's equality of variances error test was conducted for posttest scales. As it can be seen in table 2, this test conforms to significance level ($p<0.05$) in all constructs. Therefore, comparison of the two groups via multivariate variance analysis is correct.

Table 3. MANOVA test (mutual effects of constructs)

source	variables	Sum of squares	df	Mean of squares	f	sig	Eta square
group	Self-awareness	1/35	1	1/35	0/02	0/89	0/00
	Self-management	205/35	1	205/35	0/90	0/35	0/02
	Social awareness	43/35	1	43/35	0/38	0/54	0/01
	Relationship management	308/27	1	308/27	2/47	0/12	0/04
	EI	13/07	1	13/07	0/23	0/63	0/01
	schizoid	799/35	1	799/35	1/94	0/17	0/03
	avoidant	1904/07	1	1904/07	5/39	0/02	0/09
	depressed	3496/07	1	3496/07	6/44	0/01	0/01
	dependent	79/35	1	79/35	0/20	0/65	0/01
	histrionic	2561/07	1	2561/07	4/70	0/03	0/08
	narcissistic	126/15	1	126/15	0/27	0/60	0/01
	Anti-social	3856/02	1	3856/02	16/47	0/00	0/22
	sadistic	1938/02	1	1938/02	7/09	0/01	0/11
	compulsive	627/27	1	627/27	1/66	0/20	0/03
	pessimistic	1316/02	1	1316/02	3/59	0/06	0/06
	masochistic	1560/60	1	1560/60	3/13	0/08	0/05
	Schizotypal	874/02	1	874/02	3/23	0/08	0/05
	Borderline	215/00	1	215/00	4/09	0/05	0/07
	paranoid	1612/02	1	1612/02	4/85	0/03	0/08

Hypothesis 1. Infertile men have lower EI than fertile men.

MANOVA table showed that there is no significant difference between constructs in the two groups: EI ($f=0.28$, $df=1$, $p=0.63$), self-awareness ($f=0.28$, $df=1$, $p=0.88$), self-management ($f=0.28$, $df=1$, $p=0.34$), social awareness ($f=0.28$, $df=1$, $p=0.54$), relationships management ($f=0.28$, $df=1$, $p=0.12$). in infertile men, EI and relationship management were lower than that of fertile men. However, self-awareness, self-management, and social awareness values in infertile men were greater than that of fertile men. This is while adaptability was the same in the two groups. Therefore, it can be said that although EI and relationship values in infertile men were lower than that of fertile men, their difference are not significant. Therefore, the first hypothesis is rejected and we cannot claim that infertile men have lower EI than fertile men.

First question-is personality disorders level higher in infertile men in comparison with fertile men?

Analysis of all personality disorders constructs revealed that the following constructs are significantly different in infertile and fertile men: avoidant personality disorders ($f=0.28$, $df=1$, $p<0.05$), depression ($f=0.28$, $df=1$, $p<0.05$), histrionic ($f=0.28$, $df=1$, $p<0.05$), antisocial ($f=0.28$, $df=1$, $p<0.01$), sadism ($f=0.28$, $df=1$, $p<0.01$), compulsive ($f=0.28$, $df=1$, $p<0.05$), Borderline ($f=0.28$, $df=1$, $p<0.05$), paranoid ($f=0.28$, $df=1$, $p<0.05$). however, differences in the following constructs means are not significant: schizoid($f=0.28$, $df=1$, $p<1.94$), dependent ($f=0.28$, $df=1$, $p<0.65$), narcissistic($f=0.28$, $df=1$, $p<0.60$), pessimistic ($f=0.28$, $df=1$, $p<0.063$), masochist($f=0.28$, $df=1$, $p<0.082$) and Schizotypal($f=0.28$, $df=1$, $p<0.078$).

In infertile men, personality disorders level was high in the following constructs: schizoid, depression, dependence, histrionic, anti-social, sadistic, pessimistic, masochist, Schizotypal, Borderline and paranoid. However, differences between the two groups are significant only in depression, histrionic, anti-social, sadistic, Borderline and paranoid constructs. In other cases i.e. in avoidant, narcissistic, and compulsive constructs, infertile men are lower than fertile men. In this case, only compulsive personality disorder is significantly different.

Question 2. Is there any relationship between EI and personality disorders in infertile men?

According to table 4, EI has significant revers relationship with anti-social personality disorder ($p=0.27$) but its correlation with other personality disorders are not significantly different. Considering EI constructs, it can be said that self-awareness ($p=-0.28$) and relationship management ($p=-0.29$) has a significant reverse relationship with narcissistic personality disorder and other constructs do not have significant relationship with personality disorders.

Table 4.Correlation coefficient between EI and personality disorders constructs in fertile and infertile men

		Schizoid	avoidant	depressed	dependent	histrionic	narcissistic	Anti-social	sadistic	compulsive	pessimistic	masochistic	Schizotypal	Borderline	paranoid
Self-awareness	r	-0/04	0/09	0/00	0/07	0/15	0/28 -*	0/03	0/01	0/12	0/03	0/19	0/15	0/03	0/13
	Sig	0/76	0/51	0/97	0/58	0/26	0/03	0/81	0/91	0/37	0/81	0/14	0/25	0/79	0/34
	N	60	60	60	60	60	60	60	60	60	60	60	60	60	60
Self-management	r	0/14	0/05	0/13	0/08	0/00	0/17	0/17	0/06	0/16	0/03	0/03	0/04	0/16	0/09
	Sig	0/27	0/70	0/33	0/56	0/98	0/19	0/19	0/65	0/21	0/83	0/82	0/76	0/23	0/47
	N	60	60	60	60	60	60	60	60	60	60	60	60	60	60
Social awareness	r	0/18	0/07	0/12	0/07	0/14	0/13	0/15	0/04	0/08	0/09	0/18	0/05	0/04	0/13
	Sig	0/16	0/59	0/37	0/59	0/30	0/32	0/26	0/76	0/56	0/46	0/17	0/71	0/77	0/33
	N	60	60	60	60	60	60	60	60	60	60	60	60	60	60
Relationship management	r	0/08	0/04	0/02	0/04	0/09	0/29 -*	0/22	0/06	0/11	0/00	0/15	0/08	0/02	0/11
	Sig	0/55	0/74	0/90	0/78	0/51	0/02	0/09	0/64	0/41	0/99	0/27	0/57	0/90	0/39
	N	60	60	60	60	60	60	60	60	60	60	60	60	60	60
EI	r	0/13	0/06	0/02	0/06	0/11	0/24	0/27 -*	0/12	0/22	0/08	0/12	0/13	0/06	0/21
	Sig	0/33	0/67	0/89	0/62	0/41	0/06	0/04	0/37	0/09	0/57	0/34	0/33	0/63	0/11
	N	60	60	60	60	60	60	60	60	60	60	60	60	60	60

3. Conclusion and discussion

The first hypothesis of the research stated that infertile men have lower EI in comparison with fertile men. Results of the research showed that EI and relationship management values in infertile men are lower than that of fertile men and self-awareness, self-management and social awareness values in infertile men are higher than that of fertile men.

However, none of the constructs has significant difference. Therefore, the first hypothesis was rejected and we cannot claim that infertile men have lower EI than fertile men. These results conform to the previous internal and external studies. In most cases, infertility results in divorce and other subsequent side effects in social life [4]. Infertile individuals have repetitive negative experiences and negative attitudes towards other people and therefore feel guilty and have negative images of them. Moreover, their EI reduces and sense of self-confidence is degraded if their treatments fail [16]. Infertility treatment and diagnostic programs disrupt infertile individuals' lives and prevent them from long-term professional and calendar planning [8]. Additionally, there is a reverse correlation between EI and psychological health. Therefore, it seems that infertility is a stressful experience and has relationship with EI in infertile individuals.

The first question of the research was: Is personality disorders level higher in infertile men in comparison with fertile men? Results showed that in infertile men, schizoid, depression, dependence, histrionic, anti-social, sadistic, pessimistic, masochist, Schizotypal, Borderline and paranoid personality disorders were high but only depression, histrionic, anti-social, sadism, Borderline and paranoid disorders had significant differences. In other cases, i.e. in avoidant, narcissistic and compulsive personality disorders infertile men were lower than fertile men. In this case, only compulsive personality disorder difference was statistically significant. Results of internal and external studies on difference between personality disorders in fertile and infertile couples are contradictory. Results of some studies like the present research reveal that there is difference between fertile and infertile couples in some of the constructs of personality disorders but many studies also did not find any significant difference between fertile and infertile couples in personality disorders [17]. Some researchers compared marital satisfaction between fertile and infertile couples and again contradictory results were obtained. Androz et al [18] believed that infertile couples have low level of marital and sexual satisfaction. Freeman et al [17] and Dani Luck [19] did not find any difference between the two groups. Wishman et al [20] compared psychological characteristics of infertile and fertile couples and did not find any significant difference between psychological variables of the two groups except for the fact that infertile couples obtained higher points in anxiety and depression tests. The present research also revealed that these disorders were high in infertile couples. According to KaramiNouri [4] report, socio-psychological results of infertility are not as severe as that of mentioned in descriptive studies. Many studies show that personality disorders in infertile men are more than that of fertile men. Beshlideh et al [21] concluded that infertile individuals suffer from anxiety, depression, and different fears which are mainly resulted from their infertility. Further, such individuals have low self-esteem and negative image of their character and suffer from absence of self-expression and self-humiliation. Younesi and Salajegheh [22] concluded that infertile individuals suffer from isolation, guilty conscience, pessimism, aggression, hostility, impulse behavior and conflicts with family members, disappointment and Najmi et al [23] found significant difference between infertile and fertile couples in somatization, obsessive-compulsive disorder, inter-individual sensitivity, depression, anxiety, hostility, Phobia, paranoid thoughts and psychotic behaviors and thoughts. Infertility has many adverse impacts on the personality of infertile individuals. Infertile individuals suffer from psychological problems like isolation, guilty conscience, pessimism, aggression, hostility, impulse behavior and conflicts with family members and disappointment [24], [21], [23], [8] and [25]. Najmi, Ahmadi and Ghasemi [23] found that infertile couples have higher scores in somatization, obsessive-compulsive disorder, inter-individual sensitivity, depression, anxiety, hostility, Phobia, paranoid thoughts and psychotic behaviors and thoughts in comparison with fertile couples. Studies conducted by Freeman et al [17], Bernstein et al [26] and Dani Luck [19] revealed that infertility is a frightening experience (especially for women). For example, Mahlsted et al [8] concluded that 96% of infertile women and men suffered from sense of frustration, 81% of them suffered from disappointment, 82% of them suffered from sense of distress and 65% of them suffered from anger. Further, several studies showed that infertility has a strong relationship with emotional problems like depression, stress, disappointment, isolation and dissatisfaction and infertile men had weaker psychological disorders than infertile women. Farahani [27] concluded that infertile individuals suffer from personality disorders of at least defective personality characteristics more than

fertile individuals. However, it must be noted that some mediating factors like cultural attitude increase vulnerability of infertile couples. Difference in social structure of modern and developing countries determines the amount of pressure exerted to infertile individuals. Differences among countries and regions in social isolation of infertile couples are resulted from special relationship systems, marital styles, ethical, legal and religious rules and customs [19].

The second question of the research investigated whether there is any relationship between EI and personality disorders in infertile individuals? Results showed that EI has a reverse and significant correlation only with anti-social personality disorder and its correlation with other personality disorders is not significant. Considering the constructs of EI, we can claim that self-awareness and relationship management have significant reverse relationship with narcissistic personality disorder and other constructs do not have significant relationships with personality disorders. These results are concordant with the results of internal and external studies.

Berg et al [16] conducted a research on 100 infertile individuals. Their study revealed that infertile individuals had more anxiety, clinical depression, frustration sense, and lower self-esteem and internal control than control group members. Tirgari et al [28] conducted a research titled: "comparison of EI level and marital satisfaction and their structural relationship in compatible and incompatible couples". They found that there was a significant difference between EI and marital satisfaction in compatible and incompatible couples. Further, their results showed that there is relationship between EI constructs and marital satisfaction and difference in level of having its capacities in compatible and incompatible couples. Therefore, couples' EI affects satisfactory marital relationships. Infertility is one of the important factors in marital satisfaction and incompatibility of couples. Further, there is a significant correlation between EI and marital satisfaction. From EI constructs, emotional self-awareness, social awareness, self-management and relationship management have significant impacts on marital satisfaction, respectively. Soltanifar [29] Zarean et al [30], tirgari [31] and Austin et al [32] reported that individuals with higher EI levels have higher marital satisfaction, conflict-solving skills, general health, satisfaction with life, social communications and lower levels of stress hormones and psychological depression in comparison with individuals who have lower levels of EI. Considering the fact that mediating factors like cultural attitude result in increase in infertile couples' vulnerability, Difference in social structure of modern and developing countries determines the amount of pressure exerted to infertile individuals. Differences among countries and regions in social isolation of infertile couples are resulted from special relationship systems, marital styles, ethical, legal and religious rules and customs. Therefore, results of similar studies are contradictory in different regions. In order to discover realities, studies should be conducted considering the above mediating factors.

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