Emotionally Focused Therapy for Couples Experiencing Infertility-Related Distress

A Randomized Controlled Trial

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Master in Clinical Psychology

Clinical Research Methods

Kingswood, New South Wales, September 2025

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Introduction

1.1 Scope, Impact and Significance

Infertility affects approximately one third of Australian couples, creating profound psychological distress that extends beyond individual suffering to threaten relationship stability and mental health. The convergence of failed conception attempts, financial strain from fertility treatments, and social isolation creates a cascade of depression, anxiety, and relationship dysfunction that current medical interventions inadequately address. This project proposes implementing *Emotionally Focused Couples Therapy* to address the psychological and relational consequences of infertility, providing evidence-based support that complements medical treatment. The intervention targets both individual psychological symptoms and dyadic communication patterns, addressing the bidirectional relationship between emotional distress and relationship quality. Given that relationship discord during infertility predicts both treatment discontinuation and poorer mental health outcomes, this intervention addresses a critical gap in current fertility care provision, potentially improving both psychological wellbeing and treatment persistence for affected couples.

1.2 Literature Review

1.2.1 Evidence Basis

The psychological burden of infertility creates distress comparable to cancer diagnosis, with prevalence rates of depression reaching 57 percent and anxiety affecting 67 percent of women undergoing fertility treatment (Gozuyesil et al., 2019). Recent systematic reviews demonstrate that Emotionally Focused Couples Therapy produces substantial improvements in relationship satisfaction for couples experiencing various stressors, with effect sizes exceeding those of alternative interventions (Beasley & Ager, 2019). The meta-analytic evidence reveals a weighted effect size of 2.09 for EFT interventions with couples, indicating remarkably strong therapeutic benefits that persist at follow-up assessment.

The theoretical foundation of EFT aligns particularly well with infertility-related distress through its focus on attachment disruption and emotional processing. Infertility fundamentally threatens the attachment bond between partners, triggering cascading patterns of pursuit and withdrawal that amplify individual distress while eroding relationship quality (Johnson, 2015). Research demonstrates that couples who develop secure attachment patterns and effective emotional communication show improved coping with infertility stress, reduced psychological symptoms, and enhanced treatment persistence (Péloquin et al., 2018).

Furthermore, meaning-based coping strategies, which EFT facilitates through emotional processing and attachment restructuring, predict superior psychological outcomes compared to avoidance or problem-focused approaches alone.

1.2.2 Research Question

The proposed research addresses this critical question through systematic investigation: In couples experiencing infertility (Population), does Emotionally Focused Couples Therapy (Intervention) compared to waitlist control (Comparison) reduce psychological distress and improve relationship satisfaction (Outcomes)? This PICO-structured inquiry enables precise hypothesis testing while maintaining clinical relevance for implementation in fertility treatment settings.

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Method

2.1 Research Design

2.1.1 Study Type and Participants

This randomized controlled trial will recruit 48 couples currently undergoing fertility treatment through reproductive medicine clinics in metropolitan areas. Inclusion criteria encompass couples who have attempted conception for at least twelve months, score above clinical thresholds on the Depression Anxiety Stress Scales, and demonstrate relationship distress on the Dyadic Adjustment Scale. Exclusion criteria include active substance use disorders, current psychotic symptoms, recent domestic violence, or concurrent couples therapy. Random allocation will assign 24 couples to immediate EFT intervention and 24 to waitlist control, with the control group receiving treatment after post-intervention assessment.

2.1.2 Study Protocol

The EFT intervention follows Johnson's validated three-stage model across twelve weekly sessions of 90 minutes duration. Stage One focuses on deescalation through identifying negative interaction cycles and accessing underlying attachment emotions. Therapists guide couples to recognize how infertility-related fears trigger pursuit-withdrawal patterns that amplify distress. Stage Two involves restructuring attachment bonds through expressing vulnerability and responding with emotional accessibility. Partners learn to share primary emotions underlying secondary reactions, particularly fears of abandonment and inadequacy triggered by reproductive challenges. Stage Three consolidates new interaction patterns and develops resilience narratives that integrate infertility experiences within secure attachment frameworks.

Treatment fidelity protocols include therapist training through certified EFT trainers, weekly supervision with fidelity monitoring, and random session coding using the EFT Therapist Fidelity Scale. All therapists must achieve certification standards and maintain fidelity ratings above established thresholds throughout intervention delivery.

2.1.3 Sample Size and Power-Analysis Calculation

Power analysis calculations indicate that detecting a large effect size (d = 0.80), based on conservative estimates from previous EFT research with distressed populations, requires 21 couples per group to achieve 80 percent power at alpha level 0.05. The recruitment target of 24 couples per group provides

buffer for anticipated 15 percent attrition, ensuring adequate power for primary analyses. Secondary analyses examining moderator effects of infertility duration and gender will employ the full sample, though power for interaction effects remains exploratory given sample constraints.

2.1.4 Data Collection and Outcome Measures

Primary outcomes encompass psychological distress measured through the Depression Anxiety Stress Scales and relationship satisfaction assessed via the Dyadic Adjustment Scale, administered at baseline, post-intervention, and three-month follow-up. Secondary measures include the Fertility Quality of Life questionnaire, Adult Attachment Scale, and treatment persistence indicators from medical records. Process measures collected at mid-treatment examine therapeutic alliance and emotional processing depth to investigate mechanisms of change.

2.1.5 Analytical Protocol

Multilevel modeling will accommodate the dyadic data structure, with individuals nested within couples. Primary analyses will employ intent-to-treat principles using maximum likelihood estimation for missing data. Effect sizes will be calculated using Hedge's g to enable comparison with existing literature. Moderation analyses will explore whether treatment effects vary by infertility cause, duration, or baseline symptom severity.

2.2 Fiscal Budget and Justification

The following fiscal budget reflects realistic costs for conducting rigorous intervention research while maintaining fiscal responsibility. The staffing allocation ensures adequate expertise for complex dyadic analyses while therapist costs reflect market rates for specialized clinical services. Participant reimbursement supports retention in this vulnerable population experiencing multiple stressors. The total investment yields potential benefits including reduced mental health service utilization, improved fertility treatment outcomes, and improved relationship stability for affected couples.

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