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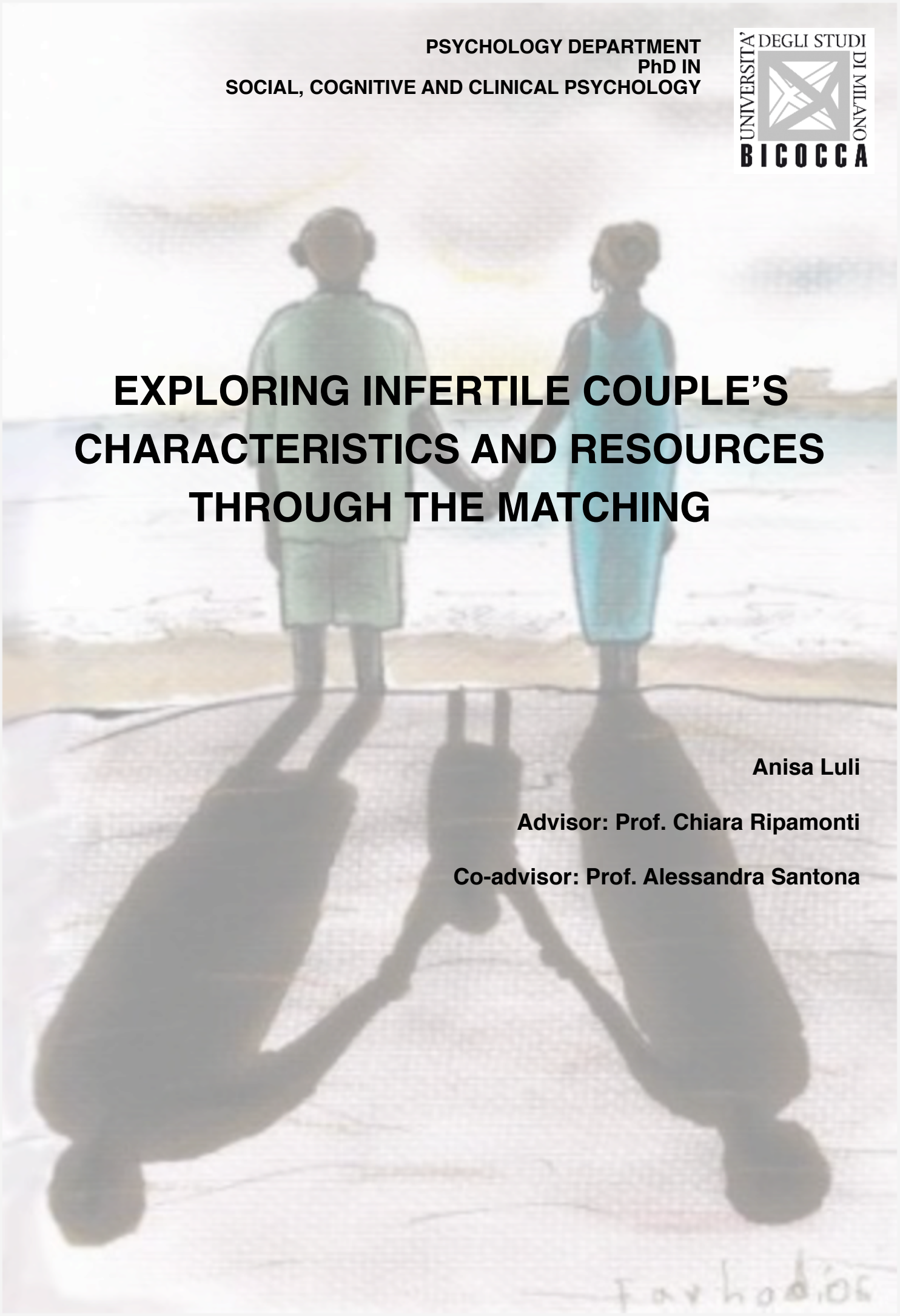

EXPLORING INFERTILE COUPLE'S CHARACTERISTICS AND RESOURCES THROUGH THE MATCHING

Anisa Luli

Advisor: Prof. Chiara Ripamonti

Co-advisor: Prof. Alessandra Santona

UNIVERSITY OF MILAN - BICOCCA

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Candidate

Anisa Luli

Advisor

Chiara Ripamonti

Co-advisor

Alessandra Santona

Education year 2016-2017

Watercolor of an in vitro fertilized embryo - Lyon Road Art

Wanting a child

How hard it is for the river here to re-enter
the sea, though it's most beautiful, of course, in the waste
of time where it's almost
turned back. Then
it's yoked,
trussed . . . . The river
has been everywhere, imagine, dividing, discerning,
cutting deep into the parent rock,
scouring and scouring
its own bed.
Nothing is whole
where it has been. Nothing
remains unsaid.
Sometimes I'll come this far from home
merely to dip my fingers in this glittering , archaic
sea that renders everything
identical, flesh
where mind and body
blur. The seagulls squeak, ill-fitting
hinges, the beach is thick
with shells. The tide
is always pulsing upward, inland, into the river's rapid
argument, pushing
with its insistent tragic waves — the living echo,
says my book, of some great storm far out at sea, too far
to be recalled by us
but transferred
whole onto this shore by waves, so that erosion
is its very face.

Jorie Graham
(American poet)

A child within my mind. I see
The eye, the hands. I see you also there.
I see you waiting with an honest care,
Within my mind, within my body...

Elizabeth Jennings

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Abstract

Infertility is a well-documented phenomenon due to the increasing number of couples involved (World Health Organization [WHO], 2002) and moreover, to the psychological (Verhaak et al., 2001), relational (Greil, Shreffer, Schmist, & McQuillan, 2011; Cousineau & Domar, 2007) and social (Cousineau et al., 2007; Folkvord, Odegaard, & Sundby, 2005) implications on the individual's and couple's life (Johansson & Berg, 2004; Monga, Alexandrescu, Katz, Stein, & Ganiats, 2004; Peterson, 2000). This thesis focuses on the dual nature of infertility and its implications. The aim is to promote the individual and couple characteristics that can help infertile subjects and couples to cope with their problematic. The first section of the thesis focuses on the influences of infertility on individuals and factors and characteristics that can correlate to these influences in each partner. Findings of the first three chapters of this section, confirmed the negative impact of infertility on relationship quality, more particularity on dyadic adjustment and sexuality, and on disclosure. Moreover, the correlation of personal and situational factors with relational factors as dyadic adjustment and sexuality was confirmed. The second section focuses on the decision making process of infertile sample as we consider it as an essential element that is used to resolve the problem and can influence the present and future of the couple. Interest was focused specifically on the decision making styles and elements that correlate with each style. Even though the rational decision making style was more used in fertile sample, positive dyadic adjustment and positive sexually dimensions were correlated to this decision making style, becoming in this way elements of interest that should be promoted in order to orient infertile couple towards the rational decision making style. The third section was focused on the moderator role of adult attachment. It resulted that in a problematic situation insecure attachment styles can become moderators of positive dyadic adjustment, sexuality, disclosure and decision making styles. The last section was dedicated to the dyadic approach. We identified some specific couple configurations that can cope better with the implications of infertility. These specific couples are well adjusted, sexually satisfied, disclosed with family and friends. According to attachment, we found that not only secure attached couples can cope better with infertility, not only the mixed attached couples, but in specific cases insecure attached couples, too. Finally, a contribution of our results to the present counseling in infertile couples is proposed.

Summary

Introduction: Infertility

This introduction provides a framework for the thesis' next chapters. We firstly define infertility concept and several facts about infertility in Italy and around the world. A description of the challenges infertile couples go through is discussed, considering international research findings. Several lacks on studying infertility are described. Then, a study on decision making process study of infertility is proposed.
The moderator role of attachment is described. A call for new research on infertility using couple's matching is highlighted.
Contributions on the present guidelines on infertility counseling are described.
Finally, several limitations of the research are provided.

Facts about infertility

The World Health Organization (WHO) gives different definitions of infertility. Clinically, infertility is defined as "*a disease of the reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse*". Demographically, it is defined as "*the inability of those of reproductive age (15-49 years) to become or remain pregnant within five years of exposure to pregnancy*". Epidemiologically, infertility is defined "*women of reproductive age (15–49 years) at risk of becoming pregnant (not pregnant, sexually active, not using contraception and not lactating) who report trying unsuccessfully for a pregnancy for two years or more*".
It is commonly accepted that infertility affects more than 80 million people worldwide (WHO, 2002). It is divided in two types of infertility: *primary infertility*, when a woman, who has never had a child, is unable to bear the first child and *secondary infertility*, when a woman has given birth to a child but can't bear another/second one. It is estimated that 37.1% of the cases of infertility in Italy are related to female infertility, 29.3% to male infertility, 17.6% to couple's infertility and 15.1% to ideopathic infertility (National Registry of Assisted Medical Procreation, 2015).
The causes of infertility are different and they differ in base of which of the partners is the bearer of the dysfunction. However, there are some common causes that lead to female and male infertility, such as: *Age*: the probability of having problems with procreation is bigger when the mother is older (Denson, 2006; Taylor, 2003); *Life style factors,* which can be*:* excessive use of coffee, cigarettes, alcohol, chronic use of drugs and obesity (Denson, 2006) can lead to infertility. Besides these common causes of infertility there are also some medical causes. For females, infertility causes are:

endometriosis, which is a condition that occurs when segments of endometrium grow on the structures outside the uterus; *polycystic ovarian syndrome*, is an endocrine condition that interferes with ovulation; *ovulation disorders*, may be the result of premature ovarian failure; *hormonal imbalances*, can lead to malfunctions due to the lack of communications between systems caused by hormonal problems. Male's infertility causes are: *varicocele*, which is a condition when blood flow back up and pulls in the vain causing overheating of the testicles; *epididymal or vas deferens defect*, are two major tubes in the male reproductive system that for some reasons are blocked non permitting the sperm to go out; *hormonal imbalance*, can interfere with sperm production and seminal fluids.

The growing numbers of infertile couples have lead to the foundation of what is known as Assisted Medically Reproduction Techniques. These techniques are divided in three groups, in base of the gravity of infertility problems of the couples. The first group includes simple and less invasive techniques. The second and third groups of techniques are more complex and invasive. Some of the most used techniques include: *intrauterine insemination*, involves the placement of sperm into the vagina; *active ovulation management with insemination*, which involves the ovarian stimulation to ripen and release multiple eggs in a single circle; *in vitro fertilization (IVF)*, the egg fertilized outside the woman's uterus is inseminated in the woman's uterus.

In Italy, it is estimated that around 50.000 couples a year contact medical structures because of having problems with procreation. About 20.000 couples a year contact Assisted Medically Reproduction (AMR) centers. In Italy, there are 358 centers of AMR (Scaravelli et al., 2013). Their activity is regulated by Low 40 of 19. 02. 2004, which allows the use of AMR exclusively to couples in major age groups, of different sex, married or cohabitants and in potential fertile age (art. 5). Their infertility has to be documented by a physician, and only when all the alternative therapies (treating infertility pharmacologically or surgically) have been inefficient, the couple can proceed with AMR. Since 2014, the Constitutional Court has invalidated the prohibition of heterologous fertilization and therefore the techniques that now can be used are both homologous and heterologous.

Why do we study infertility?

One of the deepest desires of a human is to conceive a child and start a family. It consists in his fundamental and crucial role in the lifespan. Desiring a child,

conceiving, becoming a parent isn't only a biological fact but it is a complex event that involves a great amount of physical, psychological and emotional investment from both partners. It represents, on a personal level, an unconscious investment on the individual value of the partners of becoming parents, mother and father. On a couple level, it represents, the maturing of the relationship, with partners who have created a physical and psychological space for a third person (Malagoli & Lubrano, 2002).

The desired parenthood brings emotions, positive and negative, intense ones and often unknown ones. For this reason, when the desire for a child is particularly difficult to achieve because of infertility, a wide range of emotions and experiences come to life enclosing the two partners in a variety of challenges, both personally and as a couple. It is not to be forgotten that becoming a parent and having a child after marriage is a social expectation, too (Shapiro, 1988). In the moment that this is long in coming, the social pressure, stigma and the sense of shame becomes part of the partners' life (Kimani & Olenja, 2001). So when the partners come to the physician's office they already have an amount of negative emotions and feelings that the diagnosis of infertility only contributes to enhance, not mentioning the impact of treatments if the couple decides to proceed with them. Infertility becomes a source of psychological and social suffering for both the woman and the man. This can put great pressure on the relationship of the couple.

This thesis is focusing on the relational aspects of infertility, more specifically, on the relationship quality, sexuality and social disclosure, because infertility is a dyadic phenomenon (Olafsdottir, Wikland, & Möller, 2012), independently which of the partners is the bearer of the dysfunction; it influences both partners (Fisher & Hammarberg, 2012). About these arguments, the international literature has focused only on the characteristics of each partner on different dimensions considered, the differences between the two infertile partners and on the differences between infertile and fertile subjects. In fact, this is a well-documented phenomenon in the international literature (Greil et al., 2011; Verhaak et al., 2001). There are different studies that have shown how relationship quality is lower in infertile couples (Greil et al., 2011; Cousineau et al., 2007; Johansson & Berg, 2004; Monga et al., 2004; Peterson, 2000). Studies of Visigalli (2011), Pasch, Dunkel-Schetter, and Christensen (2001) have found low levels of relationship satisfaction in infertile couples, manifested in communication problems and high levels of conflict. Findings have shown that levels of relationship quality were lower in infertile females than infertile males (Edelmann & Connolly, 2000) and that

infertile couples comparing with fertile ones have lower marital satisfaction (Shapiro, Gottman, & Carrere, 2000).

However, one aspect of the infertile couple's relationship that suffers most is the sexual aspect. According to Braveman (2004), when infertility is added to a relationship, it can cause significant problems to individual's or couple's sex life. These problems can range from mild (with complaints of less enjoyment of sexual relations) to severe (in which sexual relations can cease or be associated with traumatic feelings). Some of the sexual life aspects that have been object of interest are, the perception of sexuality by both infertile partners, frequency of sexual intercourse and the duration of sexual intercourse. In a study of Wischmann (2013), females with a diagnosis of infertility had lower sexual frequencies, sexual interest and sexual satisfaction comparing to fertile females.

Infertility isn't accompanied only by differences in the dynamics inside the infertile couple, but also with changes on the infertile couple's relationship with family of origin and friends. According to a study of Cousineau and Domar (2007), infertile couples declared that their relationship with family and friends became very difficult after infertility. Some of these changes include communication and time spent with family and friends. Studies have shown that communication and time spent with family and friends changes negatively in couples after a diagnosis of infertility (Cousineau et al., 2007; Folkvord et al., 2005). Feelings like jealousie, shame, anger, sense of inadequacy (Visagalli, 2011; Steuber & Solomon, 2011) that communication about fertility problems and time spent with family and friends especially with those who have children brings out, make the infertile couple desire not to talk about their problems and spend time with family and friends.

Infertility is also, the moment to make those very difficult life changing decisions (White, Mcquillan, & Greil, 2006), about the couple's future and the desire to become a parent. An infertility diagnosis is a very important event in the couple's life that brings along a lot of questions and decisions regarding the future of the couple. When two people decide to combine this so called agreement to have a child together and it doesn't work out for them, they either have to accept that fact that nature doesn't want them to have a child together or they can take this further and contact a specialist (Boivin, Bunting, Collins, & Nygren, 2007). When the couple decides to contact a specialist and receives the diagnosis of infertility, they have to deal with very difficult decisions. They have to identify their options and to evaluate the pros and cons of each option (White et al., 2006). It is important to note that, in the studies on infertility, there is a lack of

researches about the decision making styles characterizing infertile couples and subjects. The international literature has focused only on gender differences about the decision to start a treatment or drop out of it.

This brief and partial mini review of researches on infertility has the role to demonstrate how research is portraying infertility. As we see, researchers have considered different aspects of infertility, but always considering each partner's perception, making comparisons between infertile partners and between infertile partners and fertile ones. One aspect of studying infertility, still missing till now, is studying it considering the infertile couple as a unique unit of measure. Infertility is a shared experience, so it is important to understand the interaction of partners and to explore how each partner's reaction to infertility has an impact on his or her partner's adjustment, sexuality, disclosure and decision making.

Another aspect is the decision making style of the infertile couple as a fundamental part of their journey. Only if we have a complete vision of the challenges that the infertile couple has to go through, we can help them by individualizing elements of strength inside and outside the couple that can be used to help them deal with this problem.

Why attachment theory?

The theoretical framework of this thesis is the attachment theory. During the past 30 years, attachment theory (Bowlby, 1980) has become one of the most important conceptual frameworks for understanding human relationships (Mikulincer & Shaver, 2013; Banse, 2004).

According to this theory, attachment represents human's propensity to create emotional relationships with significant other persons. As Bowlby (1979) postulated, "*attachment characterize the human being from cradle to grave*" (pg. 78), meaning that individuals, during their existence, need to ensure the proximity and affective availability of another significant person. Starting from this perspective there has been a great interest in the studies on attachment: primarily focused on the first childhood, then to the investigation of the characteristics of attachment in adults, up to the couple relationships. A great interest has been given to the dynamics that influence couple's relationship (Butner, Diamond, & Hicks, 2007; Hollist & Miller, 2005; Mikulincer, 2002).

Understanding the structure of adult attachment is a complex process that includes the past and present of the individual (Barone & Del Corno, 2007). This has given start to the interest of research on the mental representation of the attachment. Bowlby (1988) postulated the term Internal Working Models (MOI) to explain some mental maps or representations that are created through the first interaction of the child with the caregiver. These mental maps lead the child's thoughts about himself and the other, and serve to regulate, interpret and predict behaviors, thoughts and emotions related to attachment (Cassidy & Shaver, 2002). This has led to the identification of some similarities between infant attachment and adult attachment like the desire to receive cures and affection, proximity and need for security that are progressively transferred to the adult attachment, starting with proximity and continuing till the other adult is seen as a new secure base (Hazan & Shaver, 1994). However, adult attachment presents some differences from infant attachment, too. Some of these differences are: the asymmetry in the infant attachment between mother and child that is transformed in symmetric relationship between the two partners; another difference is the fact that the relationship between mother and child is characterized by observable behaviors meanwhile, adult relationships are characterized by believes and expectations on the other partner's behavior (Main & George, 1985). Also, in adulthood the proximity of an attachment figure is searched not only in a situation of stress but also to give or receive support, protection or sexual intimacy (Hazan et al., 1994).

Attachment is a construct that accompanies individuals during the whole life circle and contributes to his emotional development (Santona & Zavattini, 2007). So the passage from the study of infant attachment, adult attachment to couple's relationships has convinced researchers that the attachment bond to the partner can't be hold only by attachment, it needs other systems too. In order to understand couple's relationships, it's necessary to analyze the way attachment system interacts with other systems. There are three behavioral systems that characterize adult relationship, they are: attachment, caregiving and sexuality (Weiss, 1982). These three systems were defined by Lichtenberg (1989), as motivational systems. Only recently some researchers (Mikulincer & Goodman, 2006) have shown interest to know and understand the role of motivational systems in the adult relationships, underlying that only by knowing how the attachment system interacts with the other systems we can comprehend the couple's relationship.

Lichtenberg (1989) has proposed five motivational systems:

- motivational system based on the psychic regulation of the physiological needs;
- motivational system of attachment;
- exploratory-assertive motivational system;
- aversive motivational system;
- sexual motivational system.

Lichtenberg (2005), emphasized the importance of all the five motivational systems but others (Mikulincer et al., 2006; Shaver & Mikulincer, 2002), on the other hand, consider important only three of the motivational systems: attachment, care giving and sexuality. Attachment theorists have formulated various hypotheses on how the three motivational systems are organized. The first hypothesis consists in a hierarchical organization of the three motivational systems. According to this, the attachment system as the first system to develop influences the development of the other two systems (Mikulincer, 2006). This prospective, considers each system as innate and with specific developmental functions (Castellano, Velotti, & Zavattini, 2010). So, the attachment system provides protection when the individual perceives dangerous situations, through the maintenance of proximity of the attachment figure; the care giving system provides protection through behaviors that promote protection and proximity when individuals perceive dangerous situations; the sexual system provides the generational transmission of genetic assets through the search of a partner with whom to establish a physical relationship. The second hypothesis consists of a circular organization, which means that the activation of one of the three systems leads to the activation of the other two too, even though they have different importance in the relationship. A third hypothesis consists of the idea that during lifespan these three systems interact maintaining a dynamic balance but in some moments one of them can be predominant over the other two systems (Castellano et al., 2010). Empirical studies (Sprecher & McKinney, 1993; Kotler, 1985), support the importance of each component on the couple's relationship.

Most of the couple's problems are related to their difficulty to maintain a balance between these three systems. This is why, a proper evaluation of the balance of the motivational systems can provide useful indications on how partners relate to each other, their needs and the difficulties that can emerge during their relationship which can help us define in some way the future of the couple's relationship (Castellano et al., 2010).

However, research conducted considering the motivational system theory allows us to critically reflect on some fundamental aspects in the relationship between partners. One

of these aspects is the marital quality and sexuality. During the last years, the relation between attachment and marital quality and sexuality has been part of the researcher's interest. Studies have focused on the relation between attachment styles and the marital quality on one hand (Mikulincer et al., 2013; Raffagnino, 2007; Curran, 2005; Amato & Sobolewski, 2001) and sexuality on the other (Impett, Gordon, & Strachman, 2008; Brassard, Shaver, & Lussier, 2007; Schachner, Shaver, & Mikulincer, 2005). On evaluating attachment styles, researchers have focused only on two styles, which are the: anxious attachment style and avoidance attachment style (Brennan, Clark, & Shaver, 1998). Attachment anxiety involves a fear of interpersonal rejection or abandonment, an excessive need for approval from others, and distress when one's partner is unavailable or unresponsive. The interpersonal style of individuals with greater attachment anxiety is characterized by attempts to control their anxiety by minimizing emotional distance and soliciting constant displays of support and love from others. Attachment avoidance involves a fear of dependence and interpersonal intimacy, an excessive need for self-reliance, and reluctance to self-disclose. In terms of interpersonal style, individuals with greater attachment avoidance believe that others cannot be trusted to care for them without hurting them. Therefore, such individuals tend to avoid the necessity for other persons in order to maintain independence and control (Shaver et al., 2002). Results have shown that secure attachment style is correlated to higher satisfaction in marital quality and higher sexual satisfaction (Birnbaum, 2007). Meanwhile, the insecure attachment is correlated to a lower marital quality and sexual satisfaction (Brassard et al., 2007).

Studies on attachment haven't ceased after analyzing the relation between attachment and the dimension of relationship quality and sexual life. Bearing in mind that, attachment theory interest is expanded in the whole range of human relationships; objects of study of attachment have been other two dimensions of our interest, like social disclosure and decision making styles. According to these dimensions, researchers have agreed in saying that secure attachment style predicts a major communication and time spent with family and friends (Granot, Zisman-Ilani, Ram, Goldstick, & Yovell 2001). Also, a study of Deniz (2011), found that the attachment styles predicted decision making styles. In fact, according to this study, a secure style of attachment is correlated to a rational decision making style.

Certainly, the information presented till know is a short description of what we are going to focus on in the following chapters. In this line, it will be widely treated in the following

chapter, the theoretical discussion about a possible change of the prototype hypothesis (assume that the representations of experiences with primary figures during childhood influence relationship formation in later years) in discontinuity hypothesis (assume that individuals with certain representations of infant attachment, during adulthood, due to his/her partner may develop a different attachment style linked with the couple's relationship). We are also going to focus on the concept of complex attachment that indicates the dual nature of the couple's attachment and the bidirectional dependence that characterizes romantic relationships.

An attachment perspective of infertility

Only recently, researches have given attention to the role of attachment dimensions in couples dealing with infertility (Donarelli et al., 2012). Its role can be understood in terms of predictability and protectiveness. In terms of predictability, attachment gives us the chance to predict individuals reaction to infertility by just knowing his/her attachment style (Feeney, 2007). Studies have shown that stressful conditions, like infertility can be, turn out to be extremely heavy and difficult to overcome for the insecure partner respect the secure ones (Feeney, Alexander, Noller, & Hohaus, 2003). So just by knowing that we can assume that a diagnosis of infertility will have a bad impact on the partners characterized by an insecure attachment comparing to those characterized by a secure attachment.

As we mentioned, attachment styles can have a protective role inside the couple's relationship in the condition of infertility. Just considering attachment style characteristics we can say that it is more likely that a couple composed by two secure attached partners or a couple composed by one secure and one insecure partner bears better with infertility problems if compared to a couple of both insecure partners. This argumentation is well documented and we will have the opportunity to focus a little more in the next chapters, considering the protective role of the attachment styles among the dyadic adjustment, sexuality, social disclosure and decision making styles.

SECTION I

What to expect when you expect and when you don’t

Introduction to the section

This section focuses on the experiences that infertile subjects are going through and on elements and factors that are correlated to their states. More specifically, the first chapter focuses on the study of dyadic adjustment of the infertile sample. It investigates the levels of dyadic adjustment in infertile individuals, compared to the ones of the fertile subjects. Moreover, it investigates the correlation of personal and situational factors and sexuality with dyadic adjustment. Special attention is given to the differences between infertile sample and fertile one. A comparison between infertile females and infertile males is proposed, too. The second chapter, focuses on sexuality. It investigates sexuality problems in infertile couples, compared to fertile ones. Furthermore, it investigates the correlation of sexuality dimensions with personal and situational factors and dyadic adjustment, comparing infertile sample with the fertile one and infertile females and infertile males. Finally, the third chapter analyses social disclosure comparing infertile subjects with fertile ones. An investigation of the correlation of social disclosure with personal and situational factors, dyadic adjustment and sexuality is presented too.

Chapter 1

Dyadic adjustment: levels and characteristics in both fertile and infertile couples

Elements that define relationship quality

One of the most interesting quests of the scientific debate has been on relationship quality and the elements that define it (Santona et al., 2007). Researchers have been interested in studying the factors that define and contribute to the success of a couple's relationship. The aim was to make these constructs operative, in order to study relationship quality empirically (Hamilton, 2010). The fists study on couple's relationship quality was on "marriage satisfaction", and ten years later from this study the term "marital adjustment" began to be used by researchers (Burgess & Cottrell, 1939). The research on marital adjustment was concentrated on the relationship stability, using partner's satisfaction as a principal indicator of the couple's function. But it was difficult to find a unique definition of marital adjustment.

Researchers had to wait till the late 70's, to reach a more articulated conception of the couple's relationship quality. This concept focuses on the various intrinsic dimensions that characterize couple's relationship. So a large body of research on marital quality began, focusing on the personal experiences and joint experiences of the partners and on the general functioning of the couple (Fincham, Beach, & Kemp-Fincham, 1997).

Despite the great amount of researches, theoretical and terminological questions have always been cause of debates and controversial opinions among researchers.

One aspect of this debate was focused on the lack of a unique theoretical orientation to be used as a reference in the future researches. The attachment theory, social and cognitive prospective, have been the most used by researches (Bartholomew, 1990; Collins & Read, 1990; Hazan & Shaver, 1987). A second aspect of this debate focuses on the fact that different definitions have been used to refer to the same phenomenon, creating in this way conceptual confusion.

The most studied factor of relationship quality has been the couple's satisfaction. The couple's satisfaction evaluates the happiness or unhappiness perceived by partners (Scabini, 1978; Berscheid, 1977). Concepts like "satisfaction" and "adjustment" have been often overlapped by researchers, making this way the differences between them smaller. According to this aspect, the researcher's common thought is that in a relationship there are two types of satisfaction, the wife's satisfaction and the husband's satisfaction. Some studies have shown that high levels of satisfaction in one partner are correlated with high satisfaction in the other partner (Spanier & Cole, 1974).

Couple's adjustment can be seen as an individual characteristic or as a dyadic characteristic. This is clarified by Glenn (1998), who thinks that couple's adjustment has

to do, on one hand with the evaluation of the emotions referred by each partner and on the other hand with the evaluation of the couple's emotions.

So, couple's satisfaction can be considered as one specific aspect of the couple's relationship, meanwhile, adjustment can be considered as the compressive function of the couple (Spanier, 1979). Another difference between satisfaction and adjustment is the fact that satisfaction is a static process, a result of adjustment construct meanwhile adjustment is a dynamic process.

It was Spanier (1979) who gave a unique definition of the couple's adjustment, which can be considered an index of the quality of couple's life. It is not rigid and unchangeable but a process in movement and can be measured, evaluated different times during the lifespan (Santona et al., 2007).

So, couple's adjustment (dyadic adjustment) was defined as "*the balance of a structure that, due to life changes, has to be stable and at the same moment, has to be flexible and has relationship's qualities such as clarity, coherence, flexibility and tolerance*" (Spanier, 2000; 1976b, pg.104). The author refers to different elements that composed dyadic adjustment, including satisfaction, too. By using this term, he indicated a construct which could be evaluated different times during life or during couple's relationship by defining it as "good or bad adjustment". A good adjustment consists in an optimal balance, that both partners, reach between stability and flexibility of their reactions towards changes during lifespan and is characterized by the presence of specific relational elements like clarity, coherence, flexibility and tolerance (Mazzoni & Afà, 2007).

Adjustment seems to be a very important part of relational quality of partner's life. It seems to have different implications in different dimensions like: mental health, physical health and often on longevity, too (Carey, Spector, Lantiga & Krauss, 1993). Different studies have focused on this argument and have shown that there are three main variables that seem to influence adjustment in different moments of couple's life (Mikulincer & Shaver, 2013; Santona et al., 2007). These variables are:

- personal and social resources;
- gratification from interaction with partners;
- satisfaction about personal life style.

Over the years, dyadic adjustment has become a construct of interest in studying couple's relationship quality. In fact, researches haven't focused only on measuring dyadic adjustment in couples in different moments of their life but are also focused on the relationship between this construct and other elements of importance in the

everyday life of couples and on the influences that these elements can have on dyadic adjustment.

Relationship quality in new parents

The experience of becoming a mother and father, on individual and couple level, is one of the most significant experiences in the adult life. This event defines not only the maturity of the partners as individuals but also the maturity of the relationship with a new family identity. However, this represents a moment of crisis for the partners. They have to make physical and psychological space for this child, with whom they have to create an emotional bond and a relationship based on giving love and support without conditions. New parents must renegotiate their roles and their relationship; they have to take on the parent role based on social prescriptions of what a parent is (Cast, 2004). The transition to parenthood is crucial. Becoming a parent has the largest effect on marital satisfaction compared to couples without children (Meijer, Godfried, & Van Den, 2007; Twenge, Campbell, & Foster, 2003; O'Brien & Peyton, 2002; Grote & Clark, 2001; Cowan & Cowan, 2000). Most new parents report a declining of shared leisure activities, joint decision making, and general companionship (Feeney, Hohaus, Noller, & Alexander, 2001). LeMasters (1957) noted a "crisis" once a couple transitioned to parenthood. He concluded that the child forces the couple to quickly reorganize their established relationship. This led to stress and strain in the relationship and decreased marital satisfaction. In general, marital quality tends to gradually decline during the first years of marriage for most couples (Kurdek 1998). However, this decline appears to be more drastic in married couples with children (Lawrence et al. 2008; Twenge et al. 2003).

Many studies have found a difference between women and men in reported marital satisfaction over the transition to parenthood. Women usually report being more dissatisfied in their marriages than men (Meijer et al., 2007; Shapiro et al. 2000). This is largely attributed to the woman being the primary caregiver of the child and remaining responsible for the quality of this care (Feldman & Churnin Nash, 1984). The man's role usually changes as well, but it often involves the sole responsibility of providing financial and physical security for his expanded family (Cowan 1997).

Anyway there are researchers arguing that children don't have any effect on marital quality, that an unhappy relationship will remain unhappy and a happy one will remain happy. At this point, it is normal to ask, which point of view is correct? Are there some variables that can moderate the effect of children on marital quality?

Researchers suggest studying factors that might cause a crisis in the marital quality of new parent couples (Feeney et al., 2001; Cowan et al., 2000; Shapiro et al., 2000). According to some authors, one of the factors that can influence the new parent's dyadic adjustment is the age of the partners. Sanders (2010), reported that age influences negatively dyadic adjustment. In fact, young partners show lower dyadic adjustment. Age, not only serves as a marker for development and maturity, but moreover signals differences in life experiences in realms of education, financial security, marital stability, career establishment, and in the sense of readiness for the parental role (Umberson & Williams, 2005). Husbands and wives who delay parenthood are better educated, have higher incomes and occupational prestige, and are more likely to have planned the birth of their child in comparison to other couples (Coltrane, 1990).

Another factor that might influence relationship quality at transition to parenthood is the length of marriage. A study of Helmes-Erikson (2001), suggested that length of marriage prior to parenthood is positively associated with relationship satisfaction after the birth of the child. On the other hand, in an Italian study, authors have compared parent couples after different years of marriage with couples without children for their own choice. The study found that although females had high levels of dyadic adjustment during pregnancy, on the last months of pregnancy they presented lower levels of dyadic adjustment than childless females. More specifically, they showed lower points in the scale of emotional expression (Velotti, Castellano, & Zavattini, 2011).

Another factor that can influence relationship quality is work and economics. The intersection between work and family life is a complicated dynamic to understand. However, it is logical to imagine that experiences in one microsystem influence conditions in the other through permeable boundaries in the work-family configuration (Hill, 2005). The connection between the two systems is bidirectional (Hill, 2005; Rogers, Lancaster, Wakeley, & Bhagwagar, 2004). Experiences in one role that create frustration or depression may lead to negative effects in the other role. Similarly, experiences in one role that create feelings of enjoyment and competence may result in positive effects in the other role. It was found that increases in marital discord are significantly related to declines in job satisfaction over time (Rogers et al., 2004). However, the majority of studies have found the opposite outcome: that the work role significantly impacts the family role. Higher levels of work related stress has been found to increase hostility and decrease warmth and supportiveness in marital interactions (Matthews, Gardner, & Eid, 1996). Bolger, Delongis, Kessler and Schilling (1989) found

that arguments in the workplace increased the likelihood of arguments at home. These findings were true for both husbands and wives.

The results on the correlation of age, civil status and educational level with dyadic adjustment haven't always been unanimous as the studies of Mitnick, Heyman and Smith (2009) and Alder (2009) confirm. As a matter of fact, they didn't find any correlation among the variables. Moreover they declared that having a child or not don't influence dyadic adjustment of couples, as dyadic adjustment normally decreases over the time (Mitnick et al., 2009).

Relationship quality in infertile couples

Different studies have been interested on relationship quality in infertile couples, reporting a diminution of dyadic relationship quality (Greil et al. 2011; Cousineau et al., 2007; Johansson et al., 2004; Monga et al., 2004; Salvatore et al., 2001; Peterson, 2000). However, researchers haven't always reported concording results. In fact, on one hand we have studies confirming that infertility is associated with marital problems and conflicts for those involved (Tao, Coates, & Maycock, 2012). For example, a study of Monga, Alexandrescu, Katz and Ganiats (2004), found that marital quality of infertile couples was lower than the marital quality of fertile couples. Results that were confirmed by another study of Güleç, Hassa, Yalçin, & Yenilmez, (2011), who found that infertile men and women had lower dyadic adjustment in the scales of consensus and emotional expression compared with fertile subjects. We found studies confirming the opposite. According to Sydsjö, Wadsby, Kjellberg and Sydsjö (2002), infertile couples refer a better relationship satisfaction if compared with fertile couples. Also, another study of Repokari and colleagues (2007), analyses the dyadic adjustment confronting infertile females and females that had become mothers from two to twelve months ago. Results showed that fertile females had lower dyadic adjustment, particularly in the scales of dyadic consensus than infertile females.

Researchers don't agree in neither of the factors that might influence couple's adjustment in infertility. According to some researchers, the causes of relationship quality satisfaction in infertile couples might be correlated to negative emotions like depression, anxiety, anger, shame that the two partners feel and which is correlated to their difficult situation (Deka & Sarma, 2010; Slade, O'Neill, Simpson, & Lashen, 2007; Schmidt, Holstein, Christensen, & Boivin, 2005; Anderson, Sharpe, Rattray, & Irvine, 2003; Berg, Wilson, & Weingartner, 2002; Edelman et al., 2000). The presence of these

emotions can cause conflict and a diminution of communication (Leemens et al., 2004), that can lead to lower satisfaction.

Another factor that might influence relationship quality is the decision to start an infertility treatment. In fact, according to Schmidt, Holstein, Christensen and Boivin (2005) and to Pasch, Dunkel-Schetter and Christensen (2002), the effect of infertility on marital relationships can be modified by partners' involvement in infertility treatment. Negative feelings and emotions that the infertile couple already have can be negatively influenced by treatments (Braverman, 2004). Problems that treatment brings to the couple's relationship quality are correlated in the first place with the duration, the harm they cause and the level of invasiveness of the treatment (Berg et al., 1991). According to this, many studies have been focused on the evaluation of the impact that these procedures have on the couple's relationship. Verhaak and colleagues (2007), analyzing studies on this aspect, found that females in particular are most influenced and this can lead to relationship and sexual problems inside the couple. Other studies (Holter, Anderheim, Bergh, & Molle, 2005; Wischman, Stammer, Scherg, Gerhard, & Verres, 2001), found that a good relationship between partners can become a protective factor in this case.

Talking about treatment, it is shown that, lengthier treatments, and unsuccessful ones can lead to marital dissatisfaction (Lee, Sun, & Chao, 2000). Also, failed treatment in the past influence negatively marital satisfaction (Wang, Healy, Black, & Sullivan, 2008). For infertile female's marital satisfaction is different in different treatment periods, as proven by Verhaak and colleagues (2001), who reported that marital satisfaction for females during treatment was significantly lower compared with the periods before and after the treatment.

Other studies have confirmed that different facts related to infertility like infertility type and factor are correlated with relationship quality. In fact, according to infertility type, several studies (Smith et al., 2009), have found that for both partners, a male infertility diagnosis was more problematic on the relationship aspect than a female infertility diagnosis or couple infertile diagnosis. When infertility factor is only male factor, these perceive lower sexual satisfaction and relationship quality (Smith et al., 2009). According to another study, infertile males expressed more marital satisfaction than their partners (Lee et al., 2001). Another study, found that male factor infertility doesn't have a negative impact on marital quality. According to the same study, infertile males expressed higher marital satisfaction than their wives. As we can see studies have reported discordant results. Drosdzol and Skrzypulex (2009) claim that a combination of

factors as infertile males, aged over thirty, with lower education are more in danger to experience lower dyadic adjustment (Drosdzol et al., 2009). As we can see, age and education can be factors that influence relationship quality. In particular, individuals aged over thirty and with lower education can perceive lower levels of marital dissatisfaction (Repokari et al., 2007; Lee et al., 2000). According to Wang and colleagues (2008), also infertile females in advanced age have lower levels of marital satisfaction.

Another factor influencing marital quality is the duration of infertility. Drosdzol and colleagues (2009), found that infertile couples experiencing infertility for three to six years are more probable to report lower levels of marital satisfaction. Wang and colleagues (2008), report that marital satisfaction was negatively correlated with increased duration of infertility.

Researchers have seen infertility diagnosis as an important factor in the assessment of marital satisfaction differences between females and males (Lee et al., 2001). Most of researchers have agreed that marital satisfaction is lower in females (Güleç et al., 2011; Wichman, Ehlers, Wichman, Weaver, & Coddington, 2011; Lechner, 2007; Brucker & McKenry, 2004; Lee et al., 2000), due to the fact that infertility influences the emotional aspects of a relationship, and due to the fact that females tend to give more importance to the probability to procreate comparing to males. But Peterson, Pirritano, Christensen and Schmidt (2008), don't agree with these results, reporting equal levels of marital quality between husbands and wives. This result was confirmed in a later study of Peterson, Newton and Skaggs (2006).

As we see, data according to relationship quality in infertility is conflicting. If on one hand, we find studies suggesting that infertile individuals experience greater dissatisfaction with themselves, their marriages (Ramazanzadeh, Noorbala, Abedina,& Naghizadeh, 2006; Petereson, 2001), on the other hand, there are studies suggesting that infertility might be stressful but infertility, as a shared condition between partners, can make them feel closer and has a positive effect on their relationship (Chachamovich et al., 2009). Repokari and colleagues (2007), confirmed this conclusion, highlighting how stress of infertility was a stabilizer of marital relationships.

Therefore, analyzing the literature we can say, that, there is an influence of infertility in relationship quality, even though it’s difficult to say which and how different factors influence infertility.

Variables examined in this chapter

Describing relationship quality characteristics of infertile subject, we saw that there is a general accepted opinion that infertility influences negatively relationship quality in those interested but there is a great part of researchers reporting conflictual results on how and which factors influence relationship quality. Therefore, it is necessary to investigate the relationship between dyadic adjustment and personal and situational factors, and other factors characterizing relationship, like sexuality, in order to have a clear understanding of marital relationship in infertility, and on the determinants that might affect or predict marital relationship (Tao et al., 2012).

We will start this study by describing our sample composed by infertile and fertile subjects, in order to have an idea of the personal and situational characteristics of our sample.

The aim of this study is to explore dyadic adjustment in infertile and fertile subjects, comparing the two samples, and to explore the link between dyadic adjustment and personal and situation factors and, between dyadic adjustment and sexuality. In particular, in a first moment, we want to understand how infertility impact dyadic adjustment. And, in a second moment, we want to explore if specific personal/ situational factors and sexuality characteristics are correlated to adjustment states in infertile sample. In order to understand if there are differences between the samples, a confrontation between infertile females and fertile females, infertile males and fertile males is applied. Finally, we confronted infertile females with infertile males, to understand if there are differences inside the infertile sample.

According to the literature considered, and to the aims proposed, we hypothesized that:

i. there are differences in mean scores on Dyadic Adjustment (DAS) between infertile sample and fertile sample. More specifically, we expect that confronting infertile females vs fertile females and infertile males vs fertile males, infertile subjects will have lower scores in all scales of dyadic adjustment scales (Dyadic Emotional Expression, Dyadic Cohesion, Dyadic Consensus, Dyadic Satisfaction and Total DAS). And comparing infertile females and infertile males, infertile females will have lower scores in all scales of DAS.

ii. there is a correlation between Dyadic Adjustment (DAS) scales and Personal/ situational factors for the infertile sample. More specifically, we expect that Personal factors like: age, educational title, profession, civil status, duration of

marriage or cohabitation influence the Dyadic adjustment. Also, we expected that Situational factors like: factor of infertility, time spent from the decision to have a child, time spent between the diagnosis and the decision to contact a specialized center of AMR, person who had the idea to contact a specialized center of AMR, person who has been informed about this decision, actual type of treatment, previous treatments influence Dyadic Adjustment (DAS). Confronting infertile females vs infertile males we expect to find differences between females and males.

iii. there is a correlation between Dyadic Adjustment (DAS) scales and Sexuality (MSQ) scales, for both infertile and fertile sample. More specifically, we expect that higher levels of Dyadic Adjustment (DAS) are correlated with higher levels of “Sexual Esteem", “Internal Sexual Control”, “Sexual Consciousness”, “Sexual Motivation”, “Sexual Assertiveness” and “Sexual Satisfaction” (MSQ) and lower levels in “Sexual Preoccupation”, “Sexual Anxiety”, “Sexual Depression”, “External Sexual Control”, “Sexual Monitoring” and “Fear of Sex” (MSQ). Confronting infertile females with fertile females, infertile males with fertile males, we expect to find differences between the two samples. Also, confronting infertile females with infertile males we expect to find differences between females and males.

Material and methods

Participants

One hundred thirty infertile subjects (sixty females and seventy males) and two hundred thirty three fertile subjects (one hundred twenty females and one hundred thirteen males) participated to the study.

Infertile and fertile subjects shared these characteristics: have Italian citizenship, are major age, have a good psychophysic condition that consented the compilation of the questionnaires. Moreover, they are both dealing with a difficult moment on the individual and couple life. What makes possible the comparison between these samples is the presence of the child in the fertile sample and the absence of the child in the infertile sample.

These samples were used in all the thesis.

Materials

The questionnaires used for these analyses are:

Dyadic Adjustment Scale (DAS, Spanier, 1976), is a questionnaire used to asses five dimension of dyadic adjustment: dyadic emotional expression, dyadic cohesion, dyadic consensual, dyadic satisfaction and total dyadic adjustment. The questionnaire shows good psychometric properties both for validity and reliability (Montesino, Gómez, Fernández & Rodrígues, 2013).

Multidimensional Sexuality Questionnaire (MSQ, Snell, Fisher, & Walters, 1993), is a self-reported questionnaire used to asses twelve dimensions of sexuality: sexual esteem, sexual preoccupation, internal sexual control, sexual consciousness, sexual motivation, sexual anxiety, sexual assertiveness, sexual depression, external sexual control, sexual monitoring, fear of sex, and sexual satisfaction. The questionnaire presents good psychometric properties both for validity and reliability (Snell et al., 1993).

Symptom Checklist-90 Revised (SCL-90R, Derogatis, & Unger, 2010), is a questionnaire used to asses the presence/absence of psychopathologic symptoms. It assess twelve sub scales: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism. The SCL-90-R also allows to calculate three global indices starting from the scores obtained in the individual scales: Global Severity Index (GSI): represents the intensity indicator and the psychic discomfort level reported by the subject; Positive Symptom Total (PST), is the symptom intensity indicator and Positive Symptom Distress Index (PSDI), which is the indicator of response style, referring to the tendency of the subject to minimize or accentuate their discomfort. High scores on the Global Severity Index means presence of psychopathologic symptoms. The questionnaire is largely used and shows good psychometric properties both for validity and reliability (Derogatis et al., 2010).

Personal and situational history questionnaire , is a questionnaire we made *“ad hoc”,* in order to gather personal and situational information about infertile couples and fertile couples. The personal and situational history questionnaire made for infertile couples consisted in a total of 21 items and is used to gather personal information like: age, gender, education title, profession, residence, civil status, eventual cohabitation, duration of marriage or cohabit, familiar system. The situational information gathered

consists in: type and factor of infertility, time spent from the decision to have a child, time spent between the diagnosis and the decision to contact a specialized center of AMR, who had the idea to contact a specialized center of AMR, who has been informed about this decision, type of treatment they are subjected, precedent treatments, if yes, how many.

The personal and situational history questionnaire made for fertile couples consisted in a total of 15 items and is used to gather the personal information like the one used for infertile couples. Meanwhile, the situational questionnaire information gathered consists in: number of children, age of the children, time spent from the decision to have a child, time spent form the decision to have a child and procreating, who has been informed about their decision to have a child.

Procedure

This study was carried out in accordance with the recommendations of the Declaration oh Helsinki and the approval of the Ethical Committee of University of Milano – Bicocca. All subjects gave written informed consent in order to participate.

Infertile subjects were recruited in hospitals and public and private AMR centers in North Italy. From 62 structures contacted, 18 accepted to participate to the study. Physicians and psychologists were contacted telephonically, in order to invite them to participate to the study. A personal meeting has been organized with the structures which accepted to participate, in order to discuss details, like compilation of the questionnaires and to answer to possible additional information about the research. Infertile subjects have been invited by their physician or psychologist to participate to the study and only to the couples where both partners accepted to participate was given an envelope with inside the questionnaires. It consisted in a total of 8 questionnaires for the female partner and the same 8 questionnaires for the male partner. Each partner was invited to compile the questionnaires individually. All compiled questionnaires were given back in a close envelop to ensure the anonymous of the patients.

Fertile subjects were recruited in public and private nurseries in North Italy. Nursery coordinators have been contacted telephonically, in order to invite them to participate to the study. Also in this case, with the structures which accepted to participate, a personal meeting has been organized. Fertile subjects have been invited by the coordinator to participate to the study and only to the couples where both partners accept to participate were given an envelope with inside the questionnaires. The rest of the procedure was similar to the one followed with infertile sample.

Data-analysis

We used IBM Statistical Program for Social Sciences 24 (SPSS), to analyze data. Correlations between DAS scales and Personal and Situational factors were calculated using T-test, Linear Regression and One Way Anova. In order to analyze the difference between infertile sample and fertile sample, the dataset was divided in infertile sample dataset and in fertile sample one. According to Personal and Situational factors, in order to analyze them, some variables have been transformed in dihcotomic variables. Correlations between DAS scales and MSQ scales were calculated using MANOVA, where DAS scales were the dependent variable. Differences between infertile females and fertile females, infertile males and fertile males, were analyzed using the group as fixed factor. When infertile females and infertile males was confronted, fixed factor was the gender. Only mean values of DAS for infertile and fertile sample was calculated using linear mixed model, using software R (R Development Core Team, 2016). Comparisons between couples have been corrected by post-hoc (Adjusted p values reported - Bonferroni, single-step method).

Results

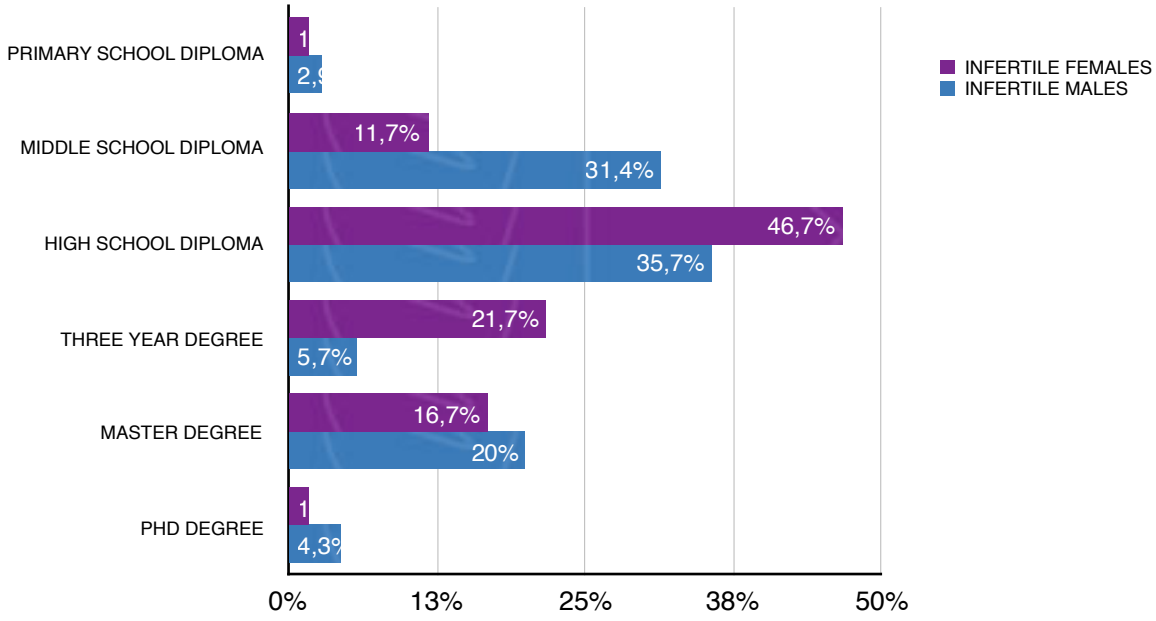
Description of infertile sample

***Personal factors*:**

Age: Infertile females presented an age between 26 and 51 years, (*M*=36.66, *SD*=6.28), Mode=41. Infertile female's mean age was 36.66 (*SD*=6,28). Infertile males presented an age between 29 and 60 years, (*M*=40.72, *SD*=6.52), Mode=36. Infertile male's mean age was 40.72 (*SD*=6.52).

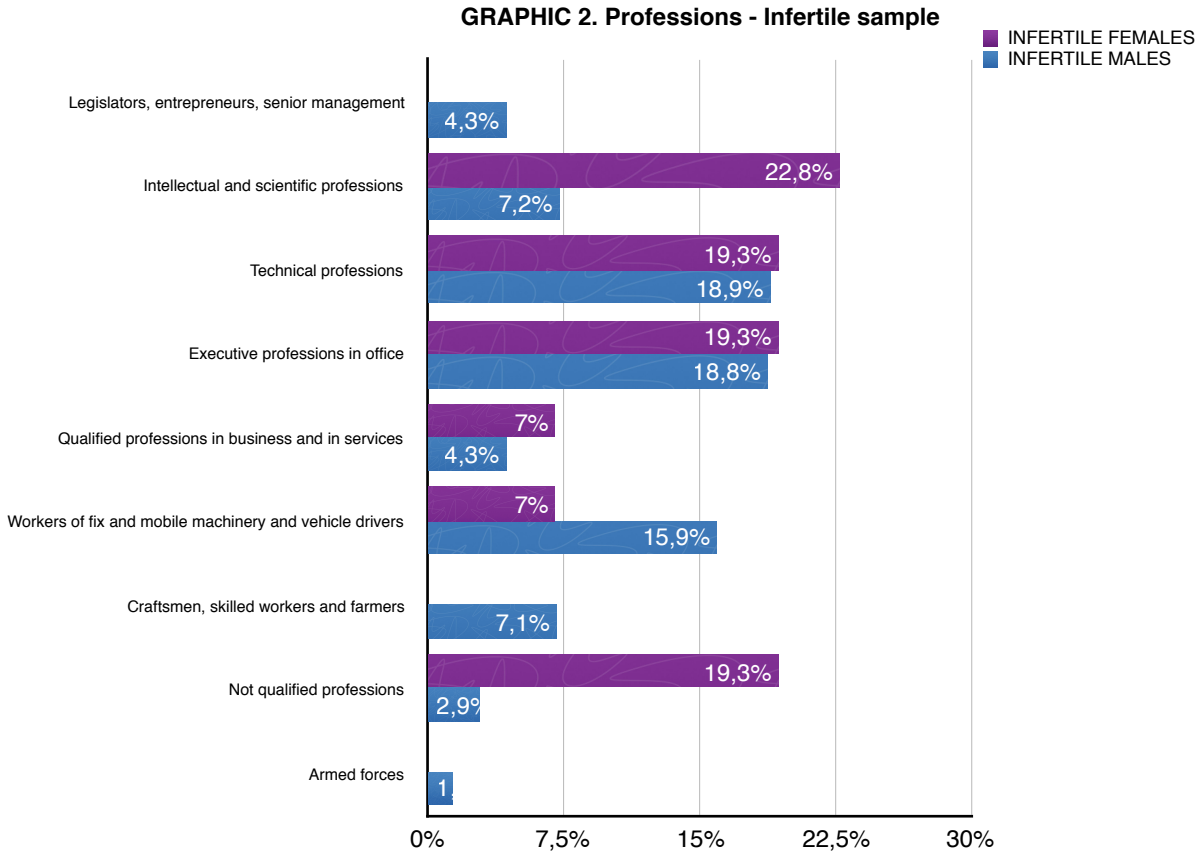
Education title: Most of the infertile females (46,7%) and males (35,7%) had a High School Diploma. Detailed data on education title for infertile females and infertile males are presented in Graphic 1.

Graphic 1. Education title - Infertile sample



Profession[1]: The most representative profession category for infertile sample was the category of “Executive professions in office” (28.6%). More detailed data are presented in Graphic 2.

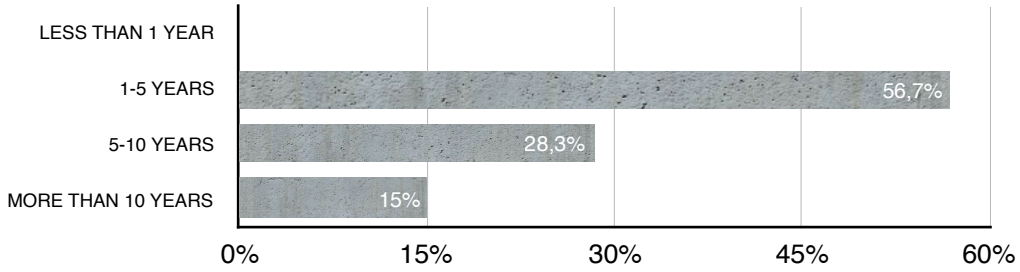
GRAPHIC 2. Professions - Infertile sample



[1] Professions are classified according to ISTAT classifications of professions.

Civil status and relationship duration: Seventy one point seven percent of infertile females and seventy two point nine percent of infertile males were married, while 27.1% of infertile females and 27.7% of infertile males were cohabitant. Of these, 56.7% were together for 1-5 years, 28.3% for 5-10 years, 15% for more than 10 years. The category "1-5 years" includes all the participants who gave an answer that included a period from 1 to 5 years. Meanwhile, the category "5-10 years" includes all the participants who answered: "More than 5 years", and the ones who gave an answer that includes a period from 6 to 10 years (see Graphic 3).

GRAPHIC 3. Relationship duration - Infertile sample

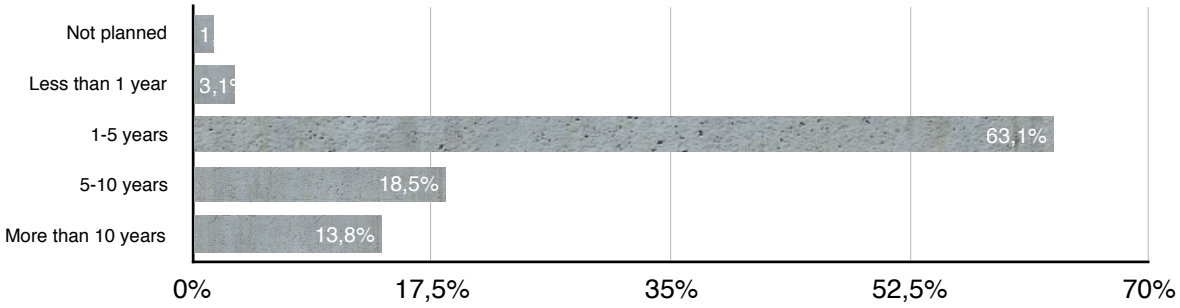


Family system: Ninety three point eight percent of the infertile subjects gave an answer to this item. Of these, 93% of infertile females and 86.2% of infertile males lived in a nuclear family system. Meanwhile, only 7% of infertile females and 13.8% of infertile males lived in an extended family system.

Situational factors:

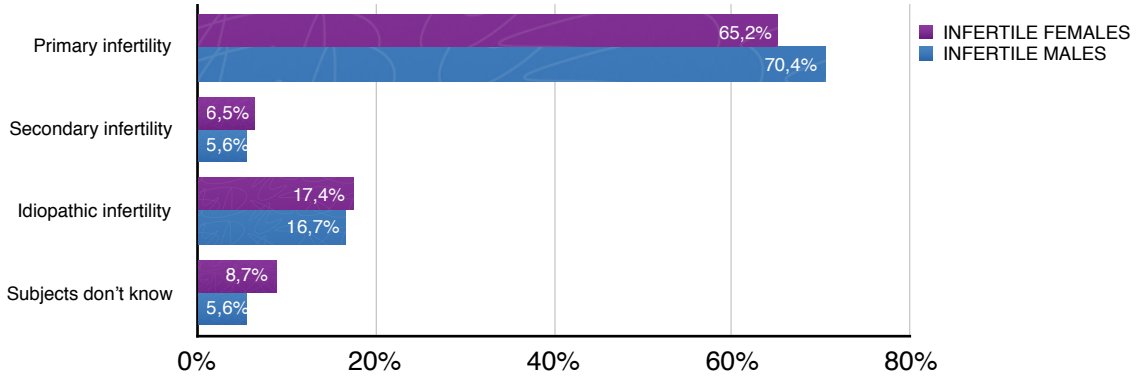
Time spent from the decision to have a child: Eighty six point two percent of infertile subjects gave an answer to this item. Most of the infertile sample (63.1%) declared that it has passed 1-5 years since they decided to have a child. Meanwhile, 1.5% of infertile subject's (2 subjects) declared they didn't plan it. Even though they wanted a child, they didn't plan to have one in a short time. Their answers were like: "We were looking for a child but without pressing ourself to have the baby in a short time or as soon as possible". In mean, infertile sample have decided to have a child 4.1 years ago (*SD*=41.3) (see Graphic 4).

GRAPHIC 4. Time spent from the decision to have a child - Infertile subjects



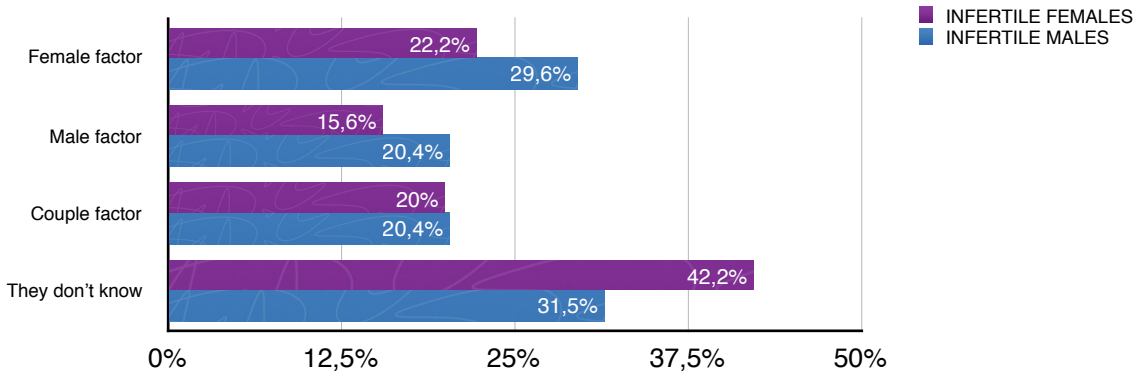
Type of infertility: Seventy six point nine percent of the infertile subjects gave an answer to this item. Most of these, (65.2% of females and 70.4% of males), had a primary infertility (see Graphic 5).

GRAPHIC 5. Infertility type



Factor of infertility: Seventy six point two percent of infertile subjects gave an answer to the item. The major part of infertile females (42.2%) and males (31.5%) declared they didn't know their infertility factor (see Graphic 6).

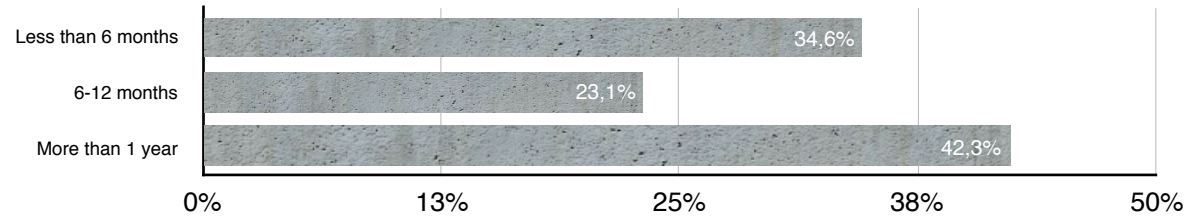
GRAPHIC 6. Factor of infertility



Time spent between diagnosis and contact AMR center: It has passed more than 1 year from the moment they received the diagnosis of infertility and the moment they

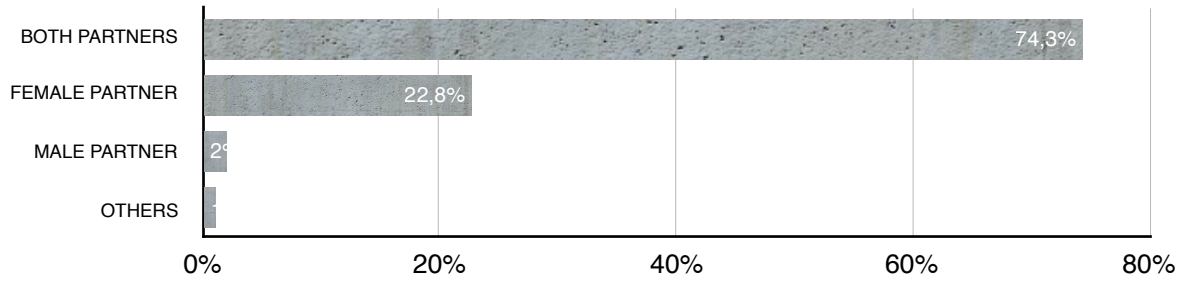
decided to contact an AMR center for the major part of infertile sample (42.3%) (see Graphic 7).

GRAPHIC 7. Time spent between diagnosis and contact AMR center



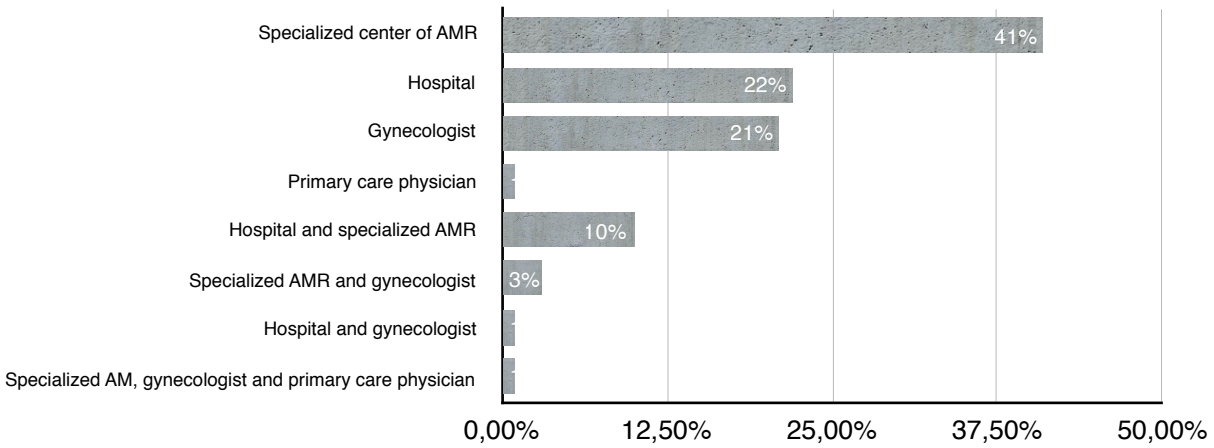
Person who had the idea to contact AMR center: Seventy seven point sevens percent of infertile subjects gave an answer to this item. The decision to contact an AMR center was made, in the 74.3% of the cases by both partners (see Graphic 8).

GRAPHIC 8. Person who had the idea to contact AMR center



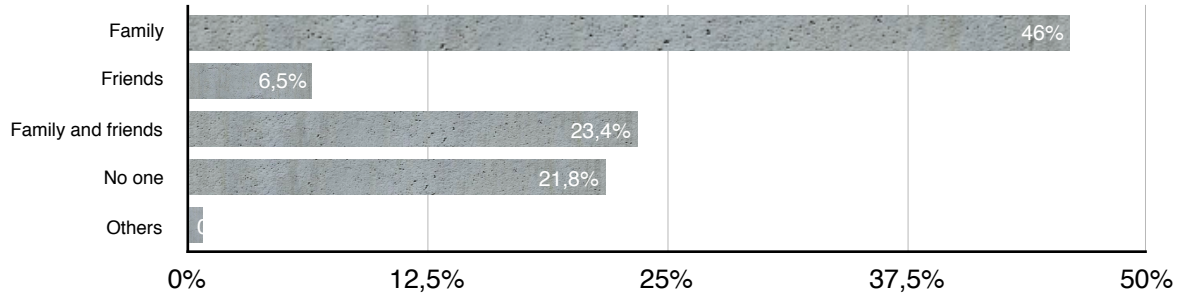
Structure/person contacted for their problem: Seventy six point nine percent of the infertile subjects gave an answer to this item. Most of them (41%) were in contact with a specialized center of AMR. For more detailed information about the distribution of the sample see Graphic 9.

GRAPHIC 9. Structure/person contacted for their problem



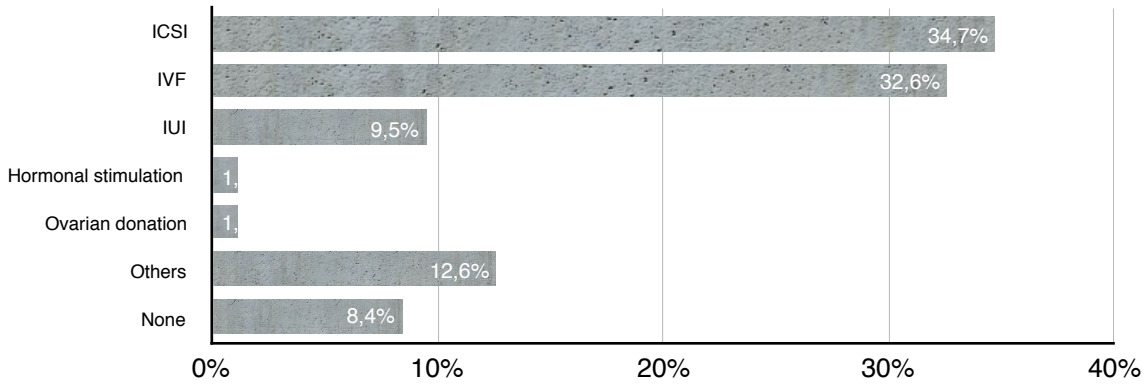
Person informed about decision to contact AMR center: Ninety five point four percent of the infertile subjects gave an answer to the item. For 46% of the infertile sample only the family of origin was informed about the decision to contact an AMR center (see Graphic 10).

GRAPHIC. 10 Persons informed about decision to contact AMR centers



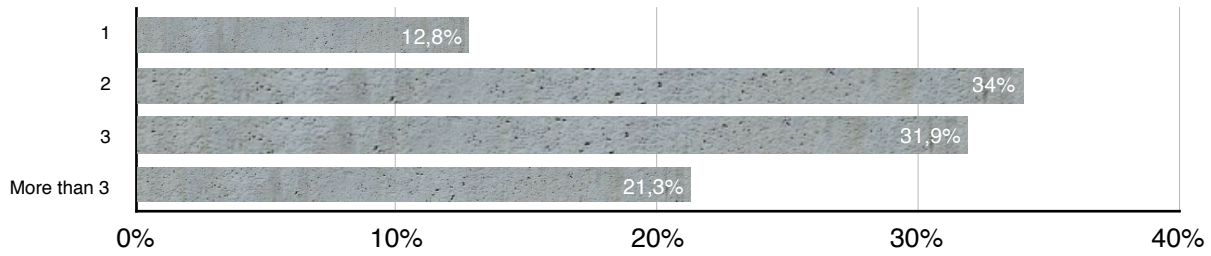
Actual type of treatment: Seventy three point one percent of infertile subjects gave an answer to this item. Actually, most of them, were undergoing Intra cytoplasmic sperm injection (ICSI) (34.7%), and In vitro fertilization (IVF) (32.6%) (see Graphic 11).

GRAPHIC 11. Actual treatment



Previous treatments: Most of the infertile sample have made previous treatments, 34% had made two, 31.9% three and 21.3% more than three (see Graphic 12).

GRAPHIC 12. Number of previous treatments



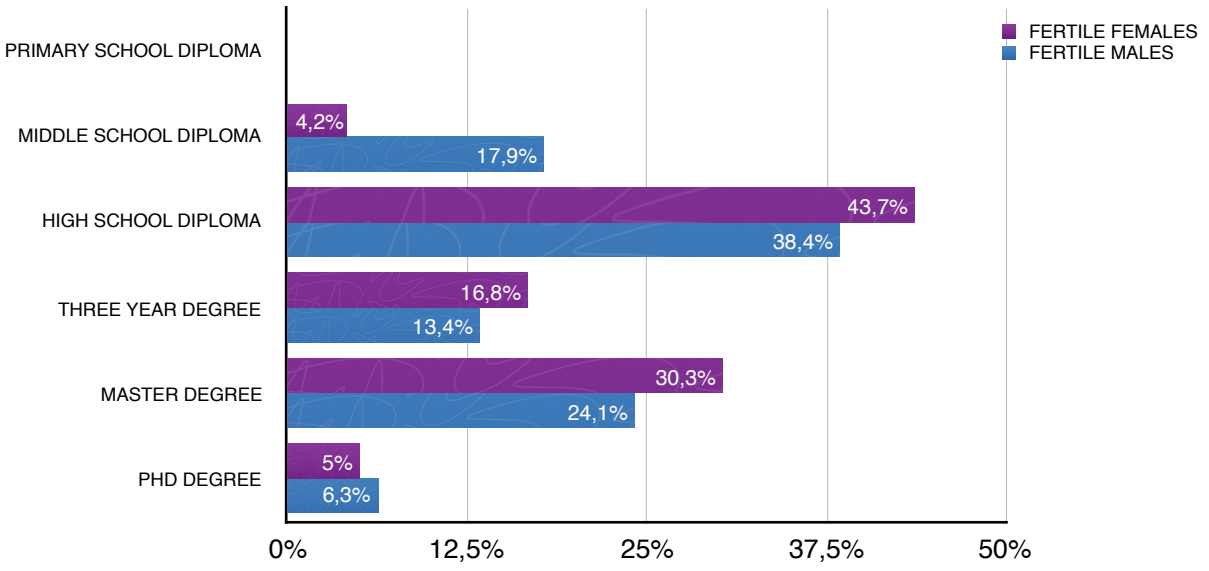
Description of fertile sample

Personal factors:

Age: Fertile females presented an age between 22 and 45 years old, (*M*=34.02, *SD*=5), Mode=36. Fertile women's mean age was 34.02 (*SD*=5). Fertile males presented an age between 24 and 53 years, (*M*=37.12, *SD*=5.81), Mode=38. Fertile male's mean age was 40.72 (*SD*= 5.81).

Education title: Regarding education title, similar results were found for fertile sample too. In fact, most of fertile females (43.7%) and males (38.4%) had a High School Diploma. More detailed data are presented in Graphic 13.

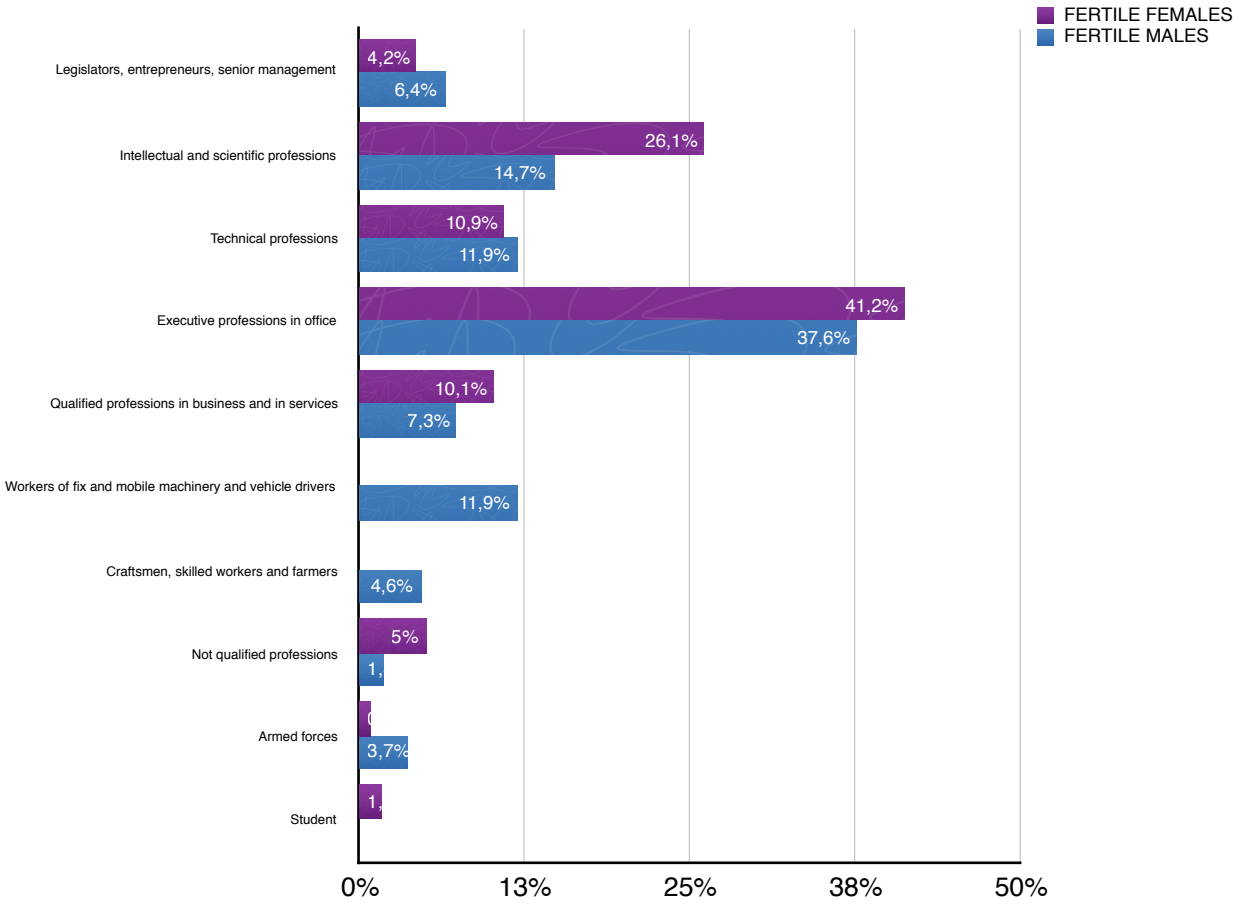
GRAPHIC 13. Education title - Fertile subjects



Profession[2]: Similar results as in infertile sample was found for the fertile one too. The most representative profession category for fertile sample is the category of "executive professions in office" (39.5%). See Graphic 14 for more data.

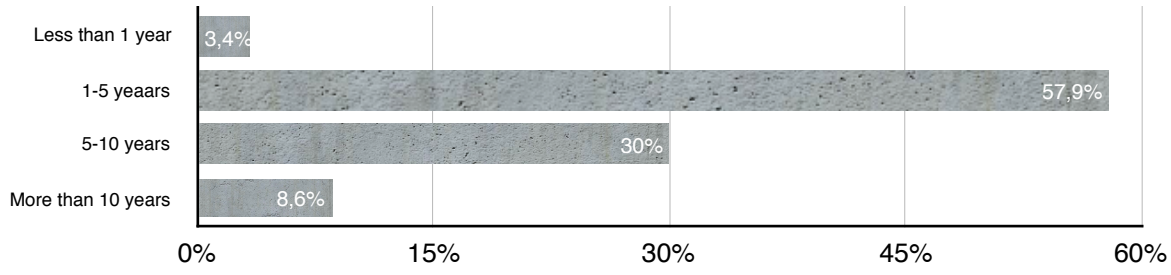
[2] Professions are classified according to ISTAT classifications of professions.

GRAPHIC 14. Professions - Fertile subjects



Civil State and relationship duration: Sixty eight point three percent of fertile females and 68.1% of fertile males were married, while 31.7% of fertile females and 31.9% of fertile males were cohabitant. Most of these (57.9%) were together for 1-5 years (see Graphic 15).

GRAPHIC 15. Duration of relationship - Fertile subjects

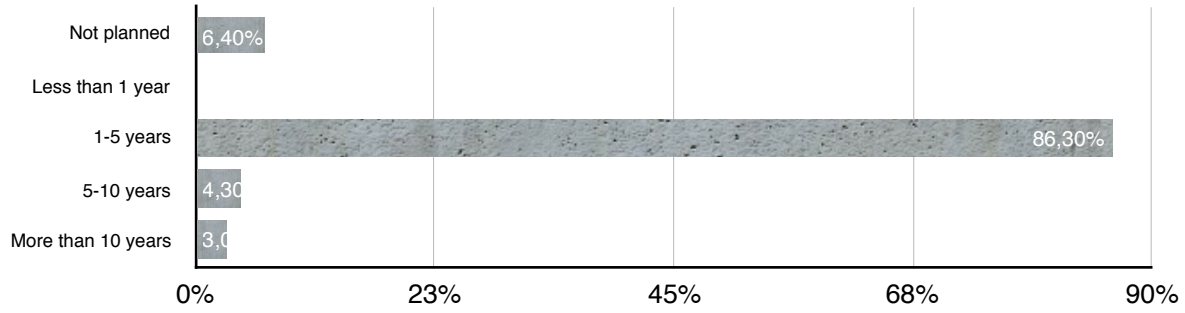


Family system: Ninety eight point seven percent of the fertile subjects gave an answer to this item. Of these, 90% of fertile females and 91.8% of fertile males lived in a nuclear family system. Meanwhile, only 10% of fertile females and 8.2% of fertile males lived in an extended family system.

Situational factors:

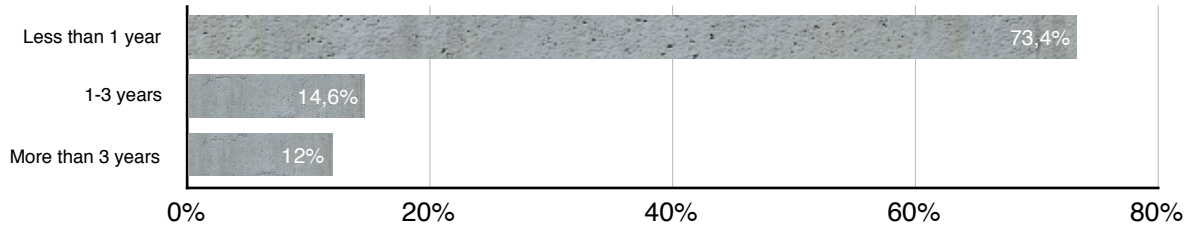
Time spent from the decision to have a child: Ninety seven percent of the fertile subjects gave an answer to the item. It has passed 1-5 years since they decided to have a child for most of the fertile sample (86.30%) (see Graphic 16).

GRAPHIC 16. Time spent from the decision to have a child - Fertile subjects



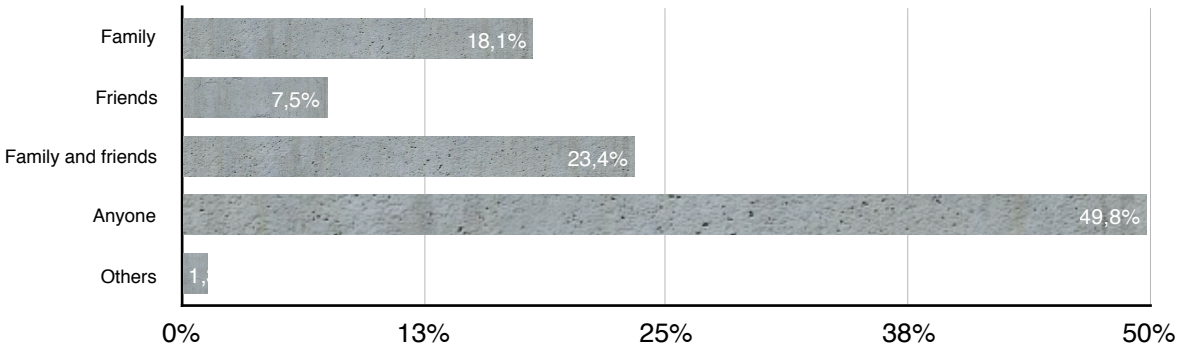
Time spent between the decision to have a child and procreating: Ninety two point three percent of fertile subjects gave an answer to the item. For the major part of fertile sample it was necessary less than 1 year to have a child (73.4%) (see Graphic 17).

Graphic 17. Time spent between decision to have a child and procreation - Fertile subjects



Person informed about decision to procreate: Ninety seven point four percent of the fertile subjects gave an answer to the item. The decision to have a child was shared with everyone for 49.8% of the fertile sample (see Graphic 18).

GRAPHIC 18. Person informed about the decision to procreate - Fertile subjects



Children age: Ninety nine point one percent of the fertile subjects gave an answer to the item. All the subject reported to have only one child. Forty six point eight percent of the sample had a child aged less than 1 year. Meanwhile, 53.2% had a child aged 12-18 months. Children's mean age was 10.6 months (*SD*= 4.94).

Description of the psychopathological evaluation of the entire sample

The original sample consisted in 379 subjects. The subjects who reported a severity score and a Global psychopathological scale score higher than one, (Prunas, Sarno, Preti, Madeddu, & Perugini, 2012) were eliminated. The final sample was composed by 363 subjects.

Description of dyadic adjustment in infertile and fertile sample

Regarding the distribution of the infertile and fertile sample on dyadic adjustment, Linear Mixed Model showed that there is a significant statistical difference between the infertile sample and fertile sample. It resulted that at each unit of increase in "Dyadic emotional express" (DAS) for Fertile sample, "Dyadic emotional express" of Infertile sample decreases by 1.09 unit. This result demonstrated that there are different levels of emotional expression between the two groups (seeTable 1).

Table 1. Linear Mixed Models for Emotional expression (DAS)

EMOTIONAL EXPRESSION DAS	B	df	T-test	p.
Fixed factors intercept	10.02	314.44	3.91	<.001
GroupControl	-1.09	306.60	-3.46	<.001
GenderMale	0.08	165.59	0.30	0.76
GroupControl:GenderMale	11.89	163.61	0.37	0.71

ANOVA analyzes executed in order to explore the differences between groups, referred that there is a significant statistical difference for "Dyadic emotional express" scale between Infertile females and Fertile females. Specifically, when emotional expression increases in the infertile sample, it decreases in the fertile sample (seeTable 2).

Table 2. ANOVA for Emotional expression (DAS)

EMOTIONAL EXPRESS DAS	B	Z value	p.
F.INF VS F. FER	-1.09	-3.46	<.001
M.INF VS M.FER	0.12	0.37	0.97
F.FER VS M.FER	0.20	1.04	0.64
F.INF VS M.INF	0.08	0.30	0.99

In conclusion, according to the "Dyadic emotional express" scale of DAS, there is a difference between the two samples regarding only females.

There were no significant statistical difference between the infertile sample and the fertile one on "Dyadic cohesion" (see Table 3 and Table 4), on "Dyadic consensus" (see Table 5 and Table 6), and on "Dyadic satisfaction" (see Table 7 and Table 8).

Table 3. Linear Mixed Model for Dyadic cohesion (DAS)

DYADIC COHESION DAS	B	df	T-test	p.
Fixed factors intercept	17.45	307.97	39.06	<.001
GroupControl	-1.08	299.96	-1.96	<.001
GenderMale	-0.06	172.00	-0.14	0.89
GroupControl:GenderMale	0.27	170.19	0.51	0.60

Table 4. ANOVA for Dyadic cohesion (DAS)

DYADIC COHESION DAS	B	Z value	p.
F.INF VS F. FER	-1.08	-1.96	0.15
M.INF VS M.FER	0.27	0.51	0.93
F.FER VS M.FER	0.21	0.68	0.86
F.INF VS M.INF	-0.06	-0.14	0.99

Table 5. Liner Mixed Model for Dyadic consensus (DAS)

DYADIC CONSENSUS DAS	B	df	T-test	p.
Fixed factors intercept	52.77	326.50	55.32	<.001
GroupControl	-1.77	320.20	-1.50	0.13
GenderMale	-0.65	175.00	-0.65	0.52
GroupControl:GenderMale	1.22	172.80	0.97	0.33

Table 6. ANOVA for Dyadic consensus (DAS)

DYADIC CONSENSUS DAS	B	Z value	p.
F.INF VS F. FER	-1.77	-1.50	0.34
M.INF VS M.FER	1.22	0.97	0.66
F.FER VS M.FER	0.57	0.77	0.81
F.INF VS M.INF	-0.65	-0.64	0.88

Table 7. Linear Mixed Model fo Dyadic satisfaction (DAS)

DYADIC SATISFACTION DAS	B	df	T-test	p.
Fixed factors intercept	21.44	323.00	70.54	<.001
GroupControl	-1.18	316.20	-2.15	<.001
GenderMale	-1.40	174.60	10.87	0.38
GroupControl:GenderMale	1.00	172.50	1.75	<.001

Table 8. ANOVA for Dyadic satisfaction (DAS)

DYADIC SATISFACTION DAS	B	Z value	p.
F.INF VS F. FER	-1.18	-2.15	0.78
M.INF VS M.FER	1.00	1.75	0.22
F.FER VS M.FER	0.60	1.76	0.23
F.INF VS M.INF	-0.40	-0.87	0.75

There was a significant statistical difference between the infertile sample and fertile sample on “Total dyadic adjustment” scale. In particular, it resulted that at each unit of increase of the “Total dyadic adjustment” (DAS) for the Fertile sample, it decreases by 4.9459 unit for the infertile sample. This result demonstrated that there are different levels of dyadic adjustment between the two groups (see Table 9).

Table 9. Linear Mixed Model for Total dyadic adjustment (DAS)

TOTAL DYADIC ADJUSTMENT DAS	B	df	T-test	p.
Fixed factors intercept	111.49	298.90	70.49	<.001
GroupControl	-4.94	290.39	-2.53	<.001
GenderMale	-0.93	167.49	-0.64	0.52
GroupControl:GenderMale	2.44	165.83	1.36	0.17

ANOVA analyzes referred that there is a significant statistical difference for “Total dyadic adjustment” scale between Infertile females and Fertile females. Specifically, when dyadic adjustment increases in the infertile sample, it decreases in the fertile sample (see Table 10).

Table 10. ANOVA for Total dyadic adjustment (DAS)

TOTAL DYADIC ADJUSTMENT DAS	B	Z value	p.
F.INF VS F. FER	-4.95	-2.53	<.001
M.INF VS M.FER	2.44	1.36	0.44
F.FER VS M.FER	1.51	1.42	0.40
F.INF VS M.INF	-0.93	-0.64	0.88

In conclusion, according to the “Total dyadic adjustment” scale of DAS, there is a difference between the two samples that regards only females.

Correlation between dyadic adjustment scales and personal and situational factors - confronting infertile females and infertile males

Regarding the correlations between dyadic adjustment scales and personal and situational factors, data analyses reported that the correlation between indicated variables was significative only for the following DAS scales and personal/situational factors:

Civil status - There is a significative statistical difference in means between Cohabitant females and "Dyadic Satisfactions" of DAS, only for females. In particular, Cohabitant Females have higher mean points on "Dyadic Satisfaction" confronting with Married Females (see Table 11).

There were no significative statistical differences in means between Civil Status and DAS for males (see Table 12).

Table 11. T-test for DAS and Civil status for females

FEMALES	Mean Married	sd	Mean Cohabitant	sd	t	p
Dyadic Emotion Expression	10.09	1.90	10.09	1.71	0.65	0.95
Dyadic Cohesion	17.67	3.93	17.71	4.24	-0.03	0.98
Dyadic Consensus	52.81	7.45	54.24	5.74	-0.03	0.98
Dyadic Satisfaction	30.88	3.82	33.35	4.21	-0.00	<.001
Total Dyadic Adjustment	111.46	12.39	115.35	11.35	-0.00	0.27

Table 12. T-test for DAS and Civil status for males

MALES	Mean Married	sd	Mean Cohabitant	sd	t	p
Dyadic Emotion Expression	10.28	1.50	9.84	1.74	1.04	0.30
Dyadic Cohesion	17.44	4.04	17.84	4.78	-0.36	0.72
Dyadic Consensus	51.80	7.62	53.68	5.36	-0.99	0.33
Dyadic Satisfaction	30.70	3.86	32.16	2.63	-1.52	0.13
Total Dyadic Adjustment	110.22	12.92	113.53	10.73	-0.99	0.32

Education title - There were no significative statistical differences in means between Education title and DAS for females (see Table 13). Meanwhile, there is a significative statistical difference in means between Education title and "Dyadic Cohesion" of DAS for Males. In particular, Males with a lower level of education had higher mean points of "Dyadic Cohesion" in their relationship (see Table 14).

Table 13. T-test for DAS and Education title for females

FEMALES	Mean High Education	sd	Mean Low Education	sd	t	p
Dyadic Emotion Expression	9.83	1.97	10.25	1.75	-0.86	0.39
Dyadic Cohesion	17.88	3.17	17.56	3.92	0.33	0.74
Dyadic Consensus	53.00	5.34	53.36	7.98	-0.19	0.85
Dyadic Satisfaction	31.29	2.84	31.78	4.73	-0.45	0.65
Total Dyadic Adjustment	112.00	10.21	112.94	13.41	-0.29	0.77

Table 14. T-test for DAS and Education title for males

MALES	Mean High Education	sd	Mean Low Education	sd	t	p
Dyadic Emotion Expression	9.76	1.76	10.33	1.46	-1.40	0.16
Dyadic Cohesion	15.90	4.50	18.27	3.78	-2.25	<.001
Dyadic Consensus	52.05	5.92	52.44	7.60	-0.21	0.83
Dyadic Satisfaction	31.14	2.99	31.08	3.87	0.06	0.95
Total Dyadic Adjustment	108.86	10.68	112.12	13.01	-1.01	0.31

Duration of the relationship - The results indicated that only for females there is a significative statistical difference in means between Duration of the Relationship and the "Dyadic Satisfaction" of DAS. In particular, each month in more of the relationship, the "Dyadic Satisfaction" for the relationship increases more (see Table 15).

There were no significative statistical differences of means between Duration of the Relationship and DAS for males (see Table 16).

Table 15. Linear Regression for DAS and Duration of the relationship for females

FEMALES	B	t	p
Dyadic Emotion Expression	0.03	1.13	0.26
Dyadic Cohesion	-0.00	-0.56	0.57
Dyadic Consensus	0.01	0.57	0.57
Dyadic Satisfaction	0.02	2.40	<.001
Total Dyadic Adjustment	0.01	1.32	0.19

Table 16. Linear Regression for DAS and Duration of the relationship for males

MALES	B	t	p
Dyadic Emotion Expression	-0.03	-1.25	0.22
Dyadic Cohesion	-0.01	-1.77	0.08
Dyadic Consensus	-0.01	-0.81	0.42
Dyadic Satisfaction	-0.00	-0.22	0.83
Total Dyadic Adjustment	-0.00	0.56	0.57

Persons informed about the decision of the couple to make AMR treatment - The results indicated that there were no significative statistical differences in means between this situational factor and DAS for females (see Table 17).

There is a significative statistical difference in means between this situational factor and "Dyadic Consensus", "Dyadic Emotional Expression", "Dyadic Satisfaction" and "Total DAS". In particular, males that didn't inform anyone about their decision to begin an AMR treatment had higher mean points on "Dyadic Consensus", "Dyadic Affective Expression", "Dyadic Satisfaction" and "Total DAS", compared with males who had informed other persons (see Table 18).

Table 17. T-test for DAS and Persons informed about the decision to make an AMR treatment

FEMALES	Mean Family, friends and others	sd	Mean No, one	sd	t	p
Dyadic Affective Expression	111.94	58.92	115.36	60.04	-0.84	0.40
Dyadic Cohesion	17.73	7.88	17.45	7.01	0.23	0.81
Dyadic Consensus	52.73	16.78	55.36	18.11	-1.13	0.26
Dyadic Satisfaction	10.02	5.10	10.36	6.11	-0.56	0.57
Total Dyadic Adjustment	31.45	14.56	32.18	15.10	-0.54	0.59

Table 18. T-test for DAS and Persons informed about the decision to make an AMR treatment

MALES	Mean Family, friends and others	sd	Mean No, one	sd	t	p
Dyadic Affective Expression	9.96	1.97	118.40	67.84	-2.69	<.001
Dyadic Cohesion	17.57	7.36	17.47	7.03	0.09	0.93
Dyadic Consensus	51.24	15.88	56.20	18.90	-2.49	<.001
Dyadic Satisfaction	30.33	13.13	33.87	14.50	-2.02	<.001
Total Dyadic Adjustment	109.11	55.73	118.40	67.68	-2.69	<.001

Previous treatments - No significative statistical differences in means were found between Previous treatments and DAS for females (see Table 19).

Meanwhile, there is a significative statistical difference in means between this situational factor and "Total Dyadic Adjustment". In particular, males who didn't made Previous Treatments were more adjusted, compared with male who did previous treatments (see Table 20).

Table 19. T-test for DAS and Previous treatments for females

FEMALES	Mean Yes, previous treatments	sd	Mean No, previous treatments	sd	t	p
Dyadic Affective Expression	9.76	1.88	32.72	14.03	-0.94	0.35
Dyadic Cohesion	16.90	6.54	17.96	7.68	-0.99	0.33
Dyadic Consensus	53.19	17.33	55.04	17.90	-1.19	0.24
Dyadic Satisfaction	31.67	13.89	32.72	14.00	-0.93	0.36
Total Dyadic Adjustment	115.52	65.66	116.00	66.07	-1.54	0.13

Table 20. T-test for DAS and Previous treatments for males

MALES	Mea Yes, previous Treatments	sd	Mean No, previous Treatments	sd	t	p
Dyadic Affective Expression	9.71	1.76	10.50	2.01	-1.74	0.09
Dyadic Cohesion	17.13	7.01	17.96	7.99	-0.76	0.45
Dyadic Consensus	51.83	16.80	54.43	17.32	-1.62	0.11
Dyadic Satisfaction	30.88	13.23	32.32	14.55	-1.68	0.09
Total Dyadic Adjustment	109.54	60.77	115.21	65.72	-2.04	<.001

Correlation between dyadic adjustment scales and sexuality scales - confronting infertile females vs fertile females

The results indicated that, there is a positive correlation between “Dyadic Emotional Expression” and positive dimensions of sexuality (“Sexual Esteem”), *B*=.137, *p*<.001. Moreover, “Dyadic Emotional Expression”, “Dyadic Consensus” and “Total Dyadic Adjustment” correlate negatively with “Sexual Anxiety” *B*=-.242, *p*<.001; *B*=-.636, *p*<.001; *B*=-1,015, *p*<.001, “Sexual Monitoring”,*B*=-.265, *p*<.001; *B*=-.906, *p*<.001; *B*=-1,191, *p*<.001 and “External Sexual Control”, *B*=-.193, *p*<.001; *B*=-.619, *p*<.001; *B*=-.818, *p*<.001. All the scales of DAS correlates positively with “Sexual Satisfaction”, *B*=.231, *p*<.001; *B*=.212, *p*<.001; *B*=.385, *p*<.001; *B*=.167, *p*<.001; *B*=.994, *p*<.001, and negatively with “Sexual Depression”, *B*=-.316, *p*<.001; *B*=-.181, *p*<.001; *B*=-.651, *p*<.001; *B*=-.272, *p*<.001; *B*=-1,421, *p*<.001 (see Table 21).

Table 21. MANOVA for Dyadic adjustment and Sexuality dimensions for Females

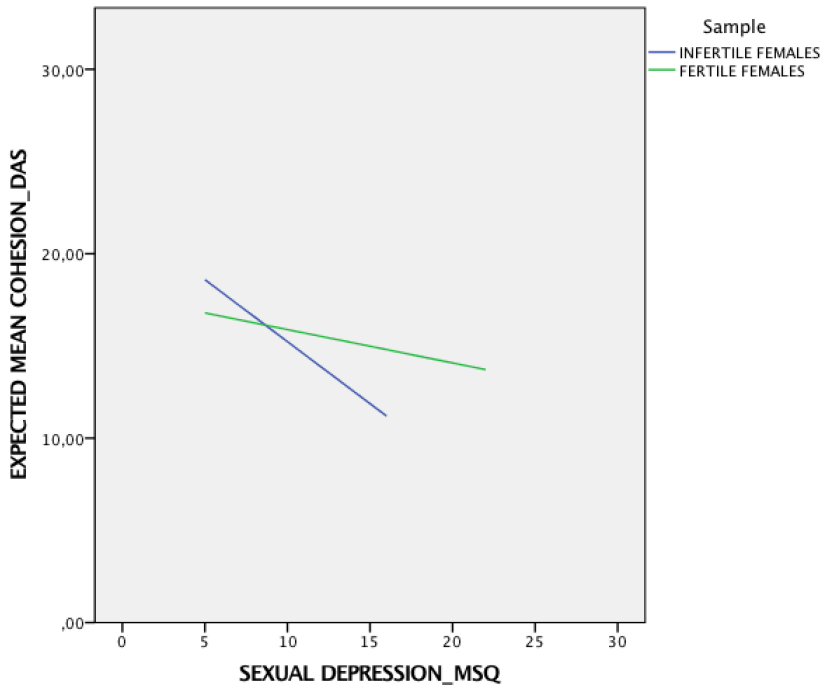
FEMALES	EMOTIONAL EXPRESSION_DAS		COHESION_ DAS		CONSENSUS_ DAS		SATISFACTION_ DAS		TOTAL_DAS	
DAS + MSQ	B	p.	B	p.	B	p.	B	p.	B	p.
SEXUAL ESTEEM	0.14	<0.001	0.14	0.09	0.14	0.45	0.17	0.12	0.55	0.07
GROUP	10.34	0.34	10.22	0.61	20.21	0.00	10.12	0.65	50.90	0.50
INTERACTION	-0.02	0.79	-0.00	0.97	-0.01	0.97	-0.00	0.99	-0.04	0.94
SEXUAL PREOCCUPATION	0.04	0.69	0.28	0.10	-0.71	0.05	-0.03	0.84	-0.43	0.48
GROUP	10.99	0.27	70.19	0.02	20.41	0.71	40.61	0.14	160.21	0.14
INTERACTION	-0.08	0.63	-0.53	0.05	0.00	1.00	-0.29	0.28	-0.90	0.35
INTERNAL SEXUAL CONTROL	0.050	0.24	0.09	0.21	0.17	0.26	0.07	0.32	0.39	0.13
GROUP	10.43	0.25	20.19	0.29	40.27	0.34	20.96	0.17	10.84	0.15
INTERACTION	-0.02	0.83	-0.06	0.68	-0.13	0.65	-0.11	0.42	-0.32	0.52
SEXUAL CONSCIUOSNESS	0.33	0.99	0.34	0.79	0.66	0.11	0.86	0.21	0.23	0.78
GROUP	-0.14	0.93	20.22	0.41	20.78	0.63	20.71	0.33	70.57	0.44
INTERACTION	0.12	0.11	-0.03	0.81	0.08	0.85	-0.06	0.68	0.09	0.85
SEXUAL MOTIVATION	0.07	0.13	0.07	0.34	-0.04	0.80	0.02	0.74	0.12	0.65
GROUP	10.63	0.15	10.56	0.42	40.14	0.32	0.42	0.83	70.75	0.26
INTERACTION	-0.03	0.69	-0.01	0.92	-0.14	0.61	0.06	0.64	-0.12	0.79
SEXUAL ANXIETY	-0.24	<0.001	0.11	-0.90	-0.64	<0.001	0.12	0.49	-10.01	<0.001
GROUP	0.37	0.66	30.40	0.03	10.19	0.71	-0.82	0.60	40.14	0.44
INTERACTION	-0.20	0.09	0.00	0.08	-0.66	0.06	0.12	0.68	-10.03	0.08
SEXUAL ASSERTIVENESS	0.09	0.07	0.12	0.14	0.01	0.94	0.05	0.58	0.27	0.37
GROUP	-0.35	0.79	-20.05	0.36	10.09	0.000	30.56	0.14	20.25	0.79
INTERACTION	0.09	0.29	0.20	0.15	0.07	0.82	-0.14	0.32	0.21	0.68
SEXUAL DEPRESSION	-0.32	<0.001	-0.18	<0.001	-0.65	<0.001	-0.27	<0.001	-10.42	<0.001
GROUP	0.972	0.16	40.25	<0.001	30.60	0.20	0.10	0.94	80.92	0.09
INTERACTION	-0.02	0.84	-0.49	<0.001	-0.31	0.42	0.14	0.45	-0.68	0.28
EXTERNAL SEXUAL CONTROL	-0.19	<0.001	0.03	0.78	-0.62	<0.001	-0.03	0.76	-0.82	<0.001
GROUP	10.96	<0.001	40.03	<0.001	30.11	0.31	10.26	0.40	10.37	<0.001
INTERACTION	-0.09	0.32	-0.34	0.44	-0.09	0.80	0.00	0.99	-0.52	0.38
SEXUAL MONITORING	-0.26	<0.001	0.23	0.09	-0.91	<0.001	-0.25	0.07	-10.19	<0.001
GROUP	10.12	0.27	40.91	0.01	10.85	0.62	20.03	0.26	90.91	0.11
INTERACTION	-0.01	0.95	-0.57	0.07	0.01	0.98	-0.14	0.62	-0.71	0.46
FEAR OF SEX	-0.12	0.16	0.17	0.24	0.12	0.69	0.04	0.78	0.22	0.68
GROUP	20.83	<0.001	60.22	<0.001	130.20	<0.001	50.61	<0.001	270.87	<0.001
INTERACTION	-0.17	0.19	-0.47	0.89	-10.07	0.43	-0.42	0.06	-20.13	0.10
SEXUAL SATISFACTION	0.23	<0.001	0.21	<0.001	0.38	<0.001	0.17	<0.001	0.99	<0.001
GROUP	10.65	0.00	-0.35	0.88	-30.30	0.51	20.08	0.40	0.08	0.99
INTERACTION	-0.05	0.40	0.06	0.63	0.23	0.37	-0.06	0.62	0.17	0.67

Furthermore, it results that, on average, there are significative statistical differences between Infertile and Fertile Females on the correlations between “Dyadic Cohesion”

and “Sexual Depression”, between “Dyadic Emotional Expression”, “Dyadic Cohesion”, “Total Dyadic Adjustment” and “External Sexual Control”, and between all the scales of DAS and “Fear of Sex”, where Infertile Females have higher points than Fertile Females.

Data analyzes showed a different interaction between “Sexual Depression” scale of MSQ and “Dyadic Cohesion” scale of DAS (see Graphic 19). This interaction was stronger for Fertile Females than for Fertile Females.

GRAPHIC 19. Interaction between “Sexual Depression” of MSQ and “Dyadic Cohesion” of DAS



Correlation between dyadic adjustment scales and sexuality scales - confronting infertile males vs fertile males

The results indicated that, “Dyadic Consensus” correlates negatively with these scales of MSQ: “Sexual Preoccupation”, *B*=-.858, *p*<.001. “Dyadic Emotional Expression”, “Dyadic Cohesion”, “Total Dyadic Adjustment” correlate negatively with “Sexual Anxiety”, *B*=-.145, *p*<.001; *B*=-.269, *p*<.001; *B*=-.652, *p*<.001, and with “Sexual Depression”, *B*=-.243, *p*<.001; *B*=-.276, *p*<.001; *B*=-.873, *p*<.001, but correlate positively with “Sexual satisfaction”, *B*=.166, *p*<.001; *B*=,199, *p*<.001; *B*=,619, *p*<.001.

Moreover, it results that, on average, there are significative statistical differences between Infertile Males and Fertile Males on the correlations between “Extern Sexual

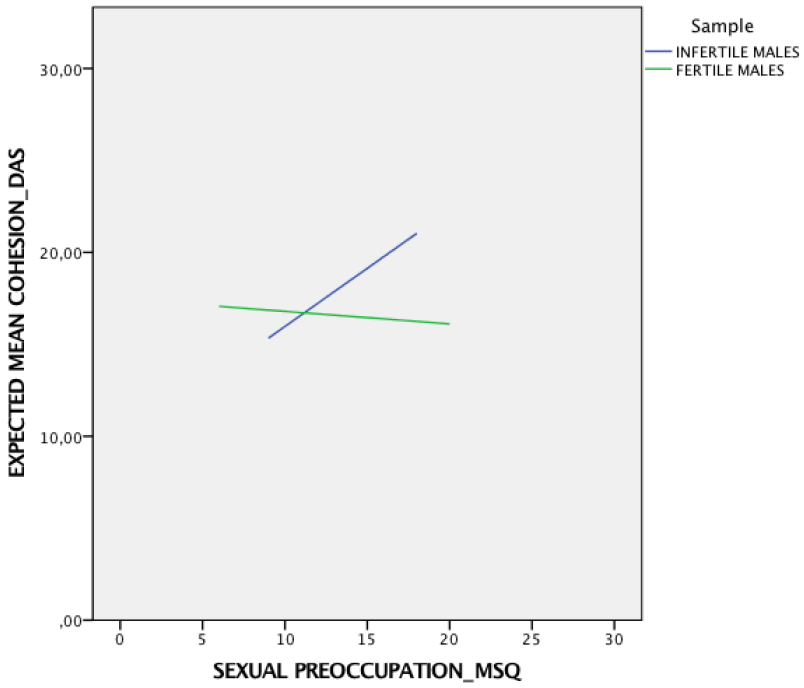
Control" of MSQ and all the scales of DAS, and between "Sexual Monitoring" of MSQ and "Dyadic Emotional Expression", "Dyadic Cohesion", "Total Dyadic Adjustment" of DAS, where Infertile Males have higher points than Fertile Males (see Table 22).

Table 22. MANOVA for Dyadic adjustment and Sexuality dimensions for Males

MALES	EMOTIONAL EXPRESSION_DAS		COHESION_ DAS		CONSENSUS_ DAS		SATISFACTION_ DAS		TOTAL_DAS	
DAS + MSQ	B	p.	B	p.	B	p.	B	p.	B	p.
SEXUAL ESTEEM	0.10	0.03	0.19	0.30	0.29	0.13	0.06	0.47	0.56	0.09
GROUP	10.06	0.41	-0.55	0.83	10.63	0.75	20.08	0.37	40.24	0.61
INTERACTION	-0.01	0.88	0.09	0.54	-0.06	0.83	-0.11	0.41	-0.10	0.84
SEXUAL PREOCCUPATION	-0.16	0.02	-0.07	0.60	-0.86	<0.001	-0.08	0.54	-10.17	0.01
GROUP	-20.07	0.20	-70.82	0.01	-70.27	0.24	10.34	0.65	-150.82	0.13
INTERACTION	0.23	0.06	0.70	<0.001	0.62	0.20	-0.09	0.69	10.46	0.07
INTERNAL SEXUAL CONTROL	0.08	0.06	0.07	0.43	0.06	0.75	0.05	0.53	0.25	0.38
GROUP	0.45	0.68	20.10	0.32	-20.85	0.51	0.41	0.00	0.11	0.99
INTERACTION	0.04	0.60	-0.07	0.58	0.24	0.38	-0.01	0.94	0.19	0.68
SEXUAL CONSCIUOSNESS	-0.02	0.76	0.08	0.44	-0.00	0.99	-0.12	0.19	-0.06	0.85
GROUP	-0.98	0.49	10.26	0.64	-50.01	0.37	-40.82	0.06	-90.55	0.30
INTERACTION	0.11	0.17	-0.01	0.92	0.33	0.29	0.29	0.04	0.72	0.17
SEXUAL MOTIVATION	-0.04	0.29	0.09	0.26	0.02	0.87	-0.11	0.14	-0.04	0.88
GROUP	-0.50	0.67	10.67	0.45	-0.43	0.93	-20.54	0.23	-10.79	0.82
INTERACTION	0.08	0.24	-0.04	0.78	0.07	0.80	0.16	0.20	0.27	0.55
SEXUAL ANXIETY	-0.15	<0.001	-0.27	<0.001	-0.28	0.16	0.04	0.66	-0.65	<0.001
GROUP	0.95	0.21	10.51	0.28	0.48	0.87	10.47	0.29	40.41	0.38
INTERACTION	-0.02	0.78	-0.10	0.51	-0.01	0.97	-0.16	0.32	-0.30	0.60
SEXUAL ASSERTIVENESS	0.07	0.12	0.11	0.20	0.19	0.31	0.01	0.93	0.39	0.21
GROUP	0.18	0.89	0.24	0.93	0.52	0.92	0.96	0.70	10.91	0.83
INTERACTION	0.04	0.58	0.04	0.77	0.01	0.98	-0.04	0.75	0.05	0.92
SEXUAL DEPRESSION	-0.24	<0.001	-0.28	<0.001	-0.41	0.08	0.52	0.64	-0.87	<0.001
GROUP	10.28	0.07	20.23	0.11	40.94	0.09	20.97	0.03	110.4	0.02
INTERACTION	-0.06	0.49	-0.20	0.29	-0.64	0.10	-0.40	0.02	-10.31	0.04
EXTERNAL SEXUAL CONTROL	-0.14	0.01	-0.09	0.42	-0.24	0.30	0.08	0.46	-0.39	0.30
GROUP	10.60	<0.001	30.29	<0.001	70.42	<0.001	30.29	<0.001	150.60	<0.001
INTERACTION	-0.09	0.35	-0.30	0.10	-0.86	0.02	-0.39	0.02	-10.64	0.01
SEXUAL MONITORING	-0.11	0.14	-0.15	0.26	-0.44	0.11	0.03	0.83	-0.66	0.14
GROUP	10.88	<0.001	40.62	<0.001	50.89	0.06	10.78	0.23	140.16	<0.001
INTERACTION	-0.15	0.20	-0.55	0.01	-0.79	0.07	-0.24	0.26	-10.73	0.02
FEAR OF SEX	-0.10	0.14	0.02	0.86	-0.11	0.68	-0.14	0.26	-0.33	0.47
GROUP	10.32	0.31	10.94	0.43	10.09	0.05	-0.48	0.84	120.88	0.13
INTERACTION	-0.04	0.75	-0.10	0.67	-0.90	0.51	0.07	0.26	-0.97	0.23
SEXUAL SATISFACTION	0.17	<0.001	0.20	<0.001	0.23	0.14	0.02	0.78	0.62	<0.001
GROUP	0.54	0.64	0.28	0.90	-10.63	0.73	-20.63	0.24	-30.44	0.66
INTERACTION	0.01	0.87	0.02	0.84	0.11	0.67	0.15	0.20	0.30	0.48

There is an interaction between "Sexual Preoccupation" scale of MSQ and "Dyadic Cohesion" scale of DAS (see Graphic 20), which results to be more stronger for Infertile Males.

GRAPHIC 20. Interaction between "Sexual Preoccupation" of MSQ and "Dyadic Cohesion" of DAS



Correlation between dyadic adjustment scales and sexuality scales - confronting infertile females vs infertile males

MANOVA indicated that, "Dyadic Emotional Expression", "Dyadic Cohesion", "Dyadic Consensus", "Total Dyadic Adjustment" of DAS correlate negatively with "Sexual Depression", *B*=-.308, *p*<.001; *B*=-.473, *p*<.001; *B*=-1,049, *p*<.001; *B*=-2,180, *p*<.001, "External Sexual Control", *B*=-.230, *p*<.001; *B*=-.388, *p*<.001; *B*=-1,100, *p*<.001; *B*=-2,033, *p*<.001 and "Sexual Monitoring", *B*=-.255, *p*<.001; *B*=.702, *p*<.001; *B*=-1,226, *p*<.001; *B*=-2,393, *p*<.001 of MSQ. "Dyadic Emotional Expression", "Dyadic Cohesion" and "Total Dyadic Adjustment" of DAS correlate negatively with "Sexual Anxiety", *B*=-.169, *p*<.001; *B*=-.374, *p*<,001; *B*=-.952, *p*<.001 but correlate positively with "Sexual Satisfaction" *B*=.175, *p*<.001; *B*=.224, *p*<.001; *B*=.915, *p*<.001 of MSQ. "Dyadic Emotional Expression" correlates positively with "Sexual Assertiveness" ,*B*=.117, *p*<.001."Dyadic Consensus" and "Total Dyadic Adjustment" of DAS correlate negatively with "Fear of Sex", *B*=-1,014, *p*<.001; *B*=-1,299, *p*<.001 (see Table 23).

Table 23. MANOVA for Dyadic adjustment and Sexuality dimensions for Females vs Males

FEMALES MALES	EMOTIONAL EXPRESSION_DAS		COHESION_ DAS		CONSENSUS_ DAS		SATISFACTION_ DAS		TOTAL_DAS	
DAS + MSQ	B	p.	B	p.	B	p.	B	p.	B	p.
SEXUAL ESTEEM	0.09	0.06	0.18	0.11	0.23	0.29	-0.05	0.67	0.45	0.22
GENDER	-0.34	0.80	10.06	0.73	20.59	0.64	-20.54	0.40	0.78	0.93
INTERACTION	0.02	0.80	-0.05	0.78	-0.10	0.76	0.18	0.31	0.05	0.92
SEXUAL PREOCCUPATION	0.07	0.42	0.63	0.00	-0.24	0.54	-0.17	0.41	0.23	0.65
GENDER	10.28	0.44	10.88	0.00	50.95	0.38	20.02	0.59	20.14	0.09
INTERACTION	-0.11	0.42	-0.88	0.00	-0.47	0.40	-0.16	0.61	-10.63	0.10
INTERNAL SEXUAL CONTROL	0.12	0.01	-0.01	0.95	0.29	0.15	0.04	0.71	0.45	0.20
GENDER	10.23	0.27	-0.45	0.86	40.66	0.32	10.62	0.53	70.06	0.39
INTERACTION	-0.09	0.24	0.04	0.81	-0.25	0.41	-0.08	0.63	-0.38	0.48
SEXUAL CONSCIUOSNESS	0.09	0.08	0.06	0.63	0.33	0.14	0.17	0.17	0.66	0.09
GENDER	-0.47	0.74	10.67	0.61	50.59	0.34	40.20	0.19	11.00	0.28
INTERACTION	0.03	0.72	-0.09	0.64	-0.28	0.43	-0.28	0.24	-0.57	0.35
SEXUAL MOTIVATION	0.04	0.43	0.05	0.67	0.09	0.65	0.05	0.64	0.23	0.56
GENDER	0.05	0.96	0.12	0.00	40.89	0.29	0.05	0.98	50.11	0.53
INTERACTION	-0.00	0.97	0.01	0.96	-0.27	0.36	0.03	0.83	-0.23	0.65
SEXUAL ANXIETY	-0.17	<0.001	-0.37	<0.001	-0.29	0.27	-0.12	0.42	-0.95	<0.001
GENDER	-0.01	0.99	-0.74	0.69	30.20	0.35	-10.32	0.48	10.13	0.85
INTERACTION	-0.03	0.79	0.08	0.72	-0.36	0.40	0.24	0.32	-0.07	0.92
SEXUAL ASSERTIVENESS	0.12	<0.001	0.16	0.19	0.20	0.37	-0.31	0.76	0.44	0.26
GENDER	-0.90	0.47	-20.32	0.46	30.03	0.58	10.37	0.65	10.17	0.90
INTERACTION	0.06	0.42	0.16	0.35	-0.12	0.71	-0.06	0.73	0.04	0.94
SEXUAL DEPRESSION	-0.31	<0.001	-0.47	<0.001	-10.05	<0.001	-0.35	0.03	-20.18	<0.001
GENDER	-0.05	0.95	10.16	0.49	-0.20	0.95	-10.15	0.55	-0.24	0.96
INTERACTION	-0.03	0.77	-0.20	0.40	0.08	0.19	0.22	0.37	0.08	0.91
EXTERNAL SEXUAL CONTROL	-0.23	<0.001	-0.39	<0.001	-10.10	<0.001	-0.32	0.03	-20.03	<0.001
GENDER	0.46	0.59	-0.42	0.81	-20.04	0.49	-10.77	0.31	-30.77	0.46
INTERACTION	-0.06	0.47	0.08	0.68	0.39	0.25	0.28	0.17	0.70	0.24
SEXUAL MONITORING	-0.25	<0.001	-0.70	<0.001	-10.23	<0.001	-0.21	0.25	-20.39	<0.001
GENDER	-0.07	0.94	-20.37	0.25	-10.76	0.63	10.41	0.50	-20.79	0.65
INTERACTION	-0.02	0.89	0.35	0.25	0.33	0.55	-0.17	0.58	0.49	0.60
FEAR OF SEX	-0.14	0.10	-0.07	0.72	-10.01	<0.001	-0.07	0.72	-10.30	<0.001
GENDER	10.43	0.24	20.45	0.41	-0.04	0.99	30.60	0.21	70.44	0.40
INTERACTION	-0.15	0.20	-0.23	0.41	0.07	0.88	-0.31	0.25	-0.61	0.46
SEXUAL SATISFACTION	0.17	<0.001	0.22	<0.001	0.34	0.70	0.17	0.10	0.91	<0.001
GENDER	-0.25	0.84	-1.00	0.74	-40.89	0.37	10.59	0.60	-40.54	0.62
INTERACTION	0.00	1.00	0.05	0.77	0.28	0.32	-0.07	0.66	0.25	0.59

Discussion

Results confirmed that dyadic adjustment is a dimension of couple's relationship that is negatively influenced by infertility. The first hypothesis lowers dyadic adjustment in infertile subjects. According to the first hypothesis, lower levels of dyadic adjustment were found in infertile subject. This result not only confirmed our expectations but confirmed that part of literature which report lower levels of dyadic adjustment in infertile subjects (Tao et al., 2012).

According to the second hypothesis, whose aim was to explore the correlations between personal and situational factors and dyadic adjustment, the results of the study confirmed our expectations. We first found a correlation between DAS and civil status,

where it resulted that cohabiters' females were more satisfied with their relationship than married and cohabiters males. As cohabitation becomes a pervasive phenomenon and Italy reaches higher numbers of cohabiters, cohabitation is becoming more acceptable in the individuals' perceptions, so that today Italian cohabiters are no more less satisfied with their family life as married as they were before (Soons & Kalmijn, 2009; Stutzer & Frey, 2006; Stanley, Whitton, & Markm,nm 2004). The slow and yet continuing propagation of cohabitation has led to an increase in approval and legitimization of cohabiters among people opinion and in turn, to an increase in their family satisfaction as well.

Another result of our study confirmed that low educated males had higher levels of cohesion comparing with females with a lower and higher educational level. This result is in contrast with findings that report that a lower educational level is a risk factor regarding relationship quality (Drosdzol et al., 2009; Repokari et al., 2007). We can attribute this result to a characteristic of our sample.

Also, we found that, regarding the duration of the relationship, for each additional month of relationship, the dyadic satisfaction of females increased more. This result is in contrast with previous findings. However these studies don't refer specifically to infertile subjects, so we suggest that in the condition of infertility, the duration of the relationship can be a protective factor of the dyadic adjustment in infertile partners. Referring specifically to the condition of infertility, we found that, males that didn't share with anyone their decision to contact an AMR center had higher levels of dyadic adjustment. We can say that these results are in line with the tendencies of males to minimize emotion and dispatch (Peterson, 2006).

Finally, we found that males that didn't make previous treatments had higher levels of dyadic adjustment. This result confirmed previous researches (Repokari et al., 2007; Wang et al., 2007; Lee et al., 2000). Failures affect partners' support to each other and feelings of self-esteem, and harm dyadic adjustment as well.

The third hypothesis analyzed the correlation between DAS and MSQ. The aim was to study if sexuality was correlated with dyadic adjustment. Data analyze showed that, comparing infertile females and infertile males, there weren't significant differences between females and males. In both females and males, we found that lower levels of "Sexual Anxiety", "Sexual Depression", "External Sexual Control", "Sexual Monitoring" and "Sexual fear" and higher levels of "Sexual assertively", "Sexual satisfaction" were correlated with higher levels of dyadic adjustment. This result was in line with our

expectations and literature, confirming that negative aspects of sexuality were negatively correlated with dyadic adjustment.

Comparing infertile females and fertile females, resulted that the high levels of “Sexual Esteem”, “Sexual Satisfaction" and lower levels of “Sexual Anxiety”, “Sexual Depression”, “External Sexual Control”, “Sexual Monitoring“ were correlated with high levels of dyadic adjustment for both infertile and fertile females. Also, it resulted in a significant difference in between infertile females and fertile females in the correlation of “Sexual Depression" and “Dyadic Cohesion”; “External Sexual Control” and “Dyadic Emotional Expression”, “Dyadic Cohesion” and “Total Dyadic Adjustment”; “Fear of Sex” and all the scale of DAS, where infertile females had higher points than fertile females.

According to the confrontation between infertile males and fertile males, it results that lower levels of “Sexual Preoccupation”, “Sexual Anxiety”, “Sexual Depression”, and higher levels of “Sexual satisfaction” was correlated with higher levels of dyadic adjustment. Also it resulted in a significant difference in between infertile males and fertile males in the correlation of “Extern sexual control”, “Sexual monitoring” and DAS, and between “Sexual Monitoring” and “Dyadic Emotional Expression”, “Dyadic Cohesion”, and ”Total Dyadic Adjustment”, where infertile males had higher points than fertile males. Observing the interaction between “Sexual Preoccupation” and “Dyadic Cohesion”, we saw that this interaction was stronger for infertile males. These results confirmed the one obtained confronting infertile females with fertile ones.

In conclusion, the dyadic adjustment is an aspect of infertile couples that is affected by this condition (Greil et al. 2011; Cousineau et al., 2007; Johansson et al., 2004; Monga et al., 2004; Salvatore et al., 2001; Peterson, 2000) and our findings confirmed it. We confirmed that several personal and situational factors like civil status, level of education, duration of the relationship, persons informed about the decision the contact AMR centers, and previous treatments and sexuality are correlated with dyadic adjustment in infertile females and males. A large portion of the literature indicates that these two variables are strongly related (MacNeil et al., 2005) and we found a confirmation of that in our results.

Chapter 2

Sexuality: does childbirth and infertility determine the decay of sexual pleasure?

Sexuality before, during and after childbirth in new parents

When a couple is engaged in a serious relationship, the next step to make is to conceive a child. This decision is often accompanied with feelings of joy, excitement and hope by both partners. The first period after the decision to have a child is called preconceiving period and includes the period between the decisions to have a child with the decision to have unprotected sexual relations, till procreation (Mastrolacovo & Agricola, 2011). The preconceiving period can be lived by the couple in a quiet idyllic way or in an opposite way. According to the first experience, the idealist one, the couple thinks that it will be easy to get pregnant (Mastrolacovo et al., 2011). The general opinion is that it will be sufficient to have unprotected sexual relations in order to have a pregnancy in a short time. During this period, sexual relationships tend to be fulfilling for both partners.

On the other hand, there are the couples who don't live in such ideal way this period. When the desire to have a child is too strong, it can influence sexual relations which become mechanic and exclusively aimed to procreation. These couples tend to have sexual relations only in the "right moments", which coincide with the ovulatory phases of women. Literature on the sexual relations of couples looking for a child, has reported that there is an improvement of sexual life in the first months of unprotected sexual relations. But after the first months, and especially when the couple starts to plan sexual life, this tends to lose its natural aspect and becomes a mechanic act whose aim is to procreate. Researches found that the tendency to plan sexual relationship sometimes impacts negatively on fertility. It is proved that it is easier to get a pregnancy when sexual relations are lived according to the partner's desires without forcing anything, without planning, without maximizing the frequency (Graziottin, 2013). According to Lorenz (2015), this can be explained by the fact that not planning sexual relations influences positively the immune system that has a very important role in conceiving. Planning sexual life can lead to stress in both partners. A study of Byun, Bak, Lyu, Seok, Lee, and Shim Yoon (2012), found that stress levels on males who wanted a child were correlated with the ovulatory period of the partner. Another common opinion is that, maximizing the frequency of sexual relations can negatively influence the psychophysic wellbeing of the partners (D'Argento, 2008). In fact, researchers think that planning sexual life can lead to fatigue, exhaustion, lack of sexual satisfaction and desire, and can lead to anxiety of performance in males (D'Argento, 2008). The anxiety of performance can lead to a diminution of libido, an augmentation of cortisol, the

hormone of stress, a diminution of testosterone and to different sexual problems (Byun et al., 2012; Graziottin, 2011).

Among the major risks for the quality of relationship is that focusing only on the desire to have a child without continuing to invest on other aspects of the relationship can lead to a loss of self-esteem and increased insecurity and the frustrations felt by each partner, as well as the lack of communication that can expose the relationship to a crisis.

According to the sexual life during pregnancy, researches are limited. Most women continue sexual activity during pregnancy (Lawrence et al., 2016). As a matter of fact, according to a meta-analysis of 59 articles resulted that 90% of women were sexually active during pregnancy, although the number of sexual activity decreases to approximately one third of women in the ninth month of pregnancy (von Sydow, 1999). The decrease in sexual activity has been attributed to a decrease in desire, physical discomforts, altered body image, and fears of injuring the fetus or adversely affecting the pregnancy (Trutnovsky, Haas, Lang, & Petru, 2006). This due to the fact that the new mother to be is more concentrated on the baby to come and on responding to the baby needs.

The arrival of the baby, brings on other sexual problems. Postpartum sexual function is influenced by the many significant changes in anatomy, hormones, family structure, and partner relationships that accompany childbirth. Although the intimacy of beginning a family and supporting a newborn may enrich many couple's sexual experience, many postpartum hurdles, like breastfeeding, lack of sleep, may negatively influence sexual health. Early research on postnatal sexual behavior suggested that libido returned to normal for most women within four weeks of birth (Kenny, 1973), and that, by six weeks, sexual function returned to pre-pregnancy levels or better (Tolor & Di Grazia, 1976).

Does infertile couples experience a change in sexuality after infertility diagnosis and during treatment?

Sexuality is one of the most important issues to be discussed when it comes to infertility, as it is one of the areas most affected by difficulties in having children. The WHO (2002) defines sexuality as a central aspect of the human being throughout life, including sex, identity and gender roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies,

desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. You can understand from this definition, the central role played by sexuality within the life of individuals, and that its eventual failure has profound implications in the quality of life of the couple. When the infertile couple comes to the physician office, they have a load of sexual problems composed by those characterizing the preconceiving period and the ones characterizing the more months of unsuccessful sexual relationships. In this way begins the long calvary of visits, diagnosis, treatments for the infertile couple (Moro et al., 2009). The first intervention that a physician can make with an infertile couple is to give them advice for the best ways to maximize the opportunity to have a conception (Moro et al., 2009). Some of the advice the physician gives to infertile couples concerns frequencies and the timing of sexual relations (Moro et al., 2009). The problem with these advices is the interpretation that the couples give to them. If they are interpreted in the wrong way they can lead to problematics.

When talking about sexuality in infertility, three are the areas to focus on: frequency of sexual relations, sexual desire and sexual satisfaction (Fassino, Pierò, Boggio, Piccioni, & Garzaro, 2002). According to the frequency of sexual relations, we can find couples having sexual relations every day, several times a day, which can lead to the mechanization of sex (Monga et al., 2009). We can have also couples who reduce sexual relation till they stop having sex (Moro et al., 2009). The last situation is created when the couple receives the diagnosis of infertility. Loss of self-esteem (Moro et al., 2009), negative perception of the body (Moro et al., 2009), sense of not being adequate (Elliot, 1998), can lead to cessation of sexual relations (Fiumanò, 2000). According to the sexual desire, infertile couples declare lower sexual desire (Ohl et al., 2009). This is explained by the fact that sexual relations are finalized to procreation with or without sexual desire. Ohl, Reder, Fernandez, Bettahar-Lebugle, Rongie`res, and Nisand, (2009), found lower sexual desire in infertile subjects than in fertile ones.

There are several studies reporting low levels of sexual satisfaction in infertile couples (Greil et al., 2011; Deka et al., 2010; Nene, Coyaji, & Apte, 2005; Tsujimura et al. 2004; Read, 2004; Saleh, Ranga, Raina, Nelson, & Agarwal, 2003; Verhaak et al., 2001; Lee et al., 2000). Infertile couples report lower levels of sexual satisfaction after the diagnosis of infertility (Nelson, 2008; Anderson et al., 2003; Lee et al., 2000). This result was confirmed by a recent study of Bokaie, (2015).

An Italian research (Marci et al., 2012) found some differences between females and males concerning sexual satisfaction. Comparing infertile couples and fertile ones, was found that infertile males were more satisfied sexually than infertile females, and more

than the partners of fertile couples. Meanwhile, Nelson (2008) found that the male partner in infertile couples experienced less sexual satisfaction when compared to the female partner. It was supposed that this was due to the psychological pressure associated with efforts to conceive (Monga et al., 2004). Infertility diagnosis is perceived by males as a blow to their manhood, and this can make them feel physically and sexually unattractive (Labadini, Righetti, Bernocchi, & Rubini, 2004). In addition, during the sexual act the man perceives his role as "active part" that must maintain a good erection and ensure good sexual performance, and this is often accompanied by intense performance anxiety, fear of failure (Lombardi & De Zordo, 2013). According to the studies of Anderson, Sharpe, Rattray, and Irvine (2003), Edelmann and Connolly (2000), Lee, Sun, and Chao (2000), females perceive lower levels of sexual satisfaction if compared to males because sexual relations are related to procreation. Monga, Alexandrescu, Katz, Stein, and Ganiats (2004), on the other side, didn't find a difference between females and males on sexual satisfaction.

Shoji, Hamatani, Ishikawa, Kuji, Ohta, Matsui, and Yoshimura (2014), studied sexuality comparing infertile couples with new parent's couples. They found that infertile couples had lower sexual satisfaction than new parents.

These sexual problems persist also during treatments. Many individuals and couples report less enjoyment of sexual intimacy as they go through treatment. These feelings may be due to the association of sexual intimacy with the failure to get pregnant.

Effects of personal and situational factors on sexuality

We made a full literature review in order to gather information on the personal and situational factors that prevent sexuality in infertile subjects. We can list some factors like: age, infertility duration, infertility type and factor and treatments. According to age, Bourrée (2014), reported that older couples tended to maintain more stable sexual frequencies than younger couples after infertility diagnosis. Duration of infertility seems to influence sexuality, too. Hassanin, Abd-El-Raheem, and Shahin (2010), exhibited that infertility was the essential cause of reduced sexual function within four to six years after infertility in Egypt. These results were confirmed later by Drosdzol and Skrzypulex (2009). Furthermore, they found that diagnosed male factor infertility contributed to increase relationship instability and decrease sexual satisfaction in both females and males. Additionally, Lee, Sun, and Chao (2000), suggested that wives expressed less sexual satisfaction than their partners in only male factor infertility

and combining male-female factor infertility. Moreover, the results showed no difference in sexual satisfaction between wives and husbands in infertile couples with unexplained factor infertility. However, other studies presented contrary results which suggested infertility and its treatment did not have a negative influence on sexual relationship and satisfaction because the shared stress of infertility could make both couples more involved jointly with the same problem (Tao et al., 2011). Again, Lee, Sun, and Chao (2000), reported that infertility type doesn't influence sexual satisfaction and that females will report lower levels of sexual satisfaction independently of infertility type. For Pakpour, Yekaninejad, Zeidi, and Burri (2012), secondary infertility, lower educational level and higher partner education put women at increased risk for sexual disturb.

The sexual satisfaction of infertile females was found to be various in different stages of treatment, with the most profound change occurring during treatment. This impacted most on the couple's sexual relations. Furthermore, other studies demonstrated that females with unsuccessful IVF treatment had a lower satisfaction of sexual life compared to those who subsequently conceived or adopted (Bryson, Sykes, & Traub, 2000).

Variables considered in this chapter

Sexuality is an important aspect of the couple's relationship as it is known as a fundamental need of the human being and as a dimension that express couple's satisfaction with the relationship (Litzinger & Gordon, 2007; Metz & McCarthy, 2007). At the same time it is an aspect that is largely influenced by the condition of infertility (Grei et al., 2011; Deka et al., 2009; Moro et a., 2009; Ozkan & Baysal, 2006; Nene et al., 2005; Tsujimura et al., 2004; Saleh et al., 2003; Verhaak et al., 2001; Lee et al., 2000).

The aim of this study was, first, to explore sexuality dimensions in both infertile and fertile subjects, comparing the two samples. The second aim was to explore the link between sexuality dimensions and personal and situational factors. The third aim was to explore the link between sexuality dimensions and dyadic adjustment. In particular, we wanted to understand if and how infertility impact sexuality comparing infertile and fertile subjects. We wanted also to analyze if specific personal and situational factors and dyadic adjustment states were correlated to specific sexual dimensions. Also, in this case we confronted infertile females with fertile females, infertile males with fertile males, in order to understand if there where differences between two samples. Finally,

we confronted infertile females with infertile males, in order to understand if there were differences inside the infertile sample.

According to the literature considered, and to the aims proposed, we hypothesized that:

i. there are differences in mean scores on Sexuality dimensions (MSQ) between infertile sample and fertile sample. More specifically, we expect that confronting infertile females with fertile females and infertile males with fertile males, infertile subjects will have lower scores in the scales of “Sexual Esteem”, “Internal Sexual Control”, “Sexual Consciousness”, “Sexual Motivation”, “Sexual Assertiveness” and “Sexual Satisfaction”, and higher scores in the scales of “Sexual Preoccupation”, “Sexual Anxiety”, “Sexual Depression”, “External Sexual Control”, “Sexual Monitoring”, “Fear of Sex”. And comparing infertile females and infertile males, infertile males will have better scores.

ii. there is a correlation between Sexuality dimensions (MSQ) and Personal/ situational factors for the infertile sample. More specifically, we expect that Personal factors like: age, education title, profession, civil status, duration of marriage or cohabitation influence the Sexuality dimensions. Also, we expected that Situational factors like: factor of infertility, time spent from the decision to have a child, time spent between the diagnosis and the decision to contact a specialized center of AMR, person who had the idea to contact a specialized center of AMR, person who has been informed about this decision, actual type of treatment, previous treatments influence Sexuality dimensions (MSQ).

iii. there is a correlation between Sexuality dimensions (MSQ) and Dyadic Adjustment (DAS) scales for both infertile and fertile sample. More specifically, we expect that higher levels of “Sexual Esteem", “Internal Sexual Control”, “Sexual Consciousness”, “Sexual Motivation”, “Sexual Assertiveness” and “Sexual Satisfaction” of MSQ and lower levels in “Sexual Preoccupation”, “Sexual Anxiety”, “Sexual Depression”, “External Sexual Control”, “Sexual Monitoring” and “Fear of Sex” (MSQ) are correlated with higher levels of “Dyadic Emotional expression”, “Dyadic Consensus”, “Dyadic Cohesion”, “Dyadic Satisfaction” and “Total Dyadic Adjustment”. Confronting infertile females with fertile females, infertile males with fertile males, we expect to find

differences between the two samples. Also, confronting infertile females with infertile males we expect to find differences between females and males.

Materials

For these analyzes we used three questionnaires that we described previously. The questionnaires are :

Multidimensional Sexuality Questionnaire (MSQ, Snell et al., 1993), see Chapter 1.

Dyadic Adjustment Scale (DAS, Spanier, 1976), see Chapter 1.

Personal and situational history questionnaire , see Chapter 1.

Data-analysis

We used IBM Statistical Program for Social Sciences 24 (SPSS), to analyze data. Correlations between MSQ scales and personal and situational factors were calculated using T-test, Linear Regression and One Way Anova. In order to analyze the difference between infertile sample and fertile sample, the dataset was divided in infertile sample dataset and in fertile sample one. Correlations between MSQ scales and DAS scales were calculated using MANOVA, where MSQ scales were the dependent variable. In case of the differences between infertile females and fertile females, infertile males and fertile males, fixed factor was the group. When infertile females and infertile males was confronted, fixed factor was the gender. Only mean values of MSQ was calculated using linear mixed model, using software R (R Development Core Team, 2016). Comparisons between couples have been corrected by post-hoc (Adjusted p values reported - Bonferroni, single-step method).

Results

Description of sexuality in infertile and fertile sample

Linear Mixed Model showed that there is a significant statistical difference between infertile sample and fertile sample. It resulted that at each unit of increase in “Sexual esteem” (MSQ) for Fertile sample, “Sexual esteem” of Infertile sample decreases by

1.05 units. This result demonstrated that there are different levels of sexual esteem between the two groups (see Table 24).

Table 24. Linear Mixed Models for Sexual esteem (MSQ)

SEXUAL ESTEEM MSQ	B	df	T-test	p.
Fixed factors intercept	15.87	346.90	32.83	<.001
GroupControl	-1.05	343.70	-1.78	<.001
GenderMale	0.72	184.90	1.27	0.20
GroupControl:GenderMale	0.85	181.50	1.20	0.23

ANOVA analyzes reported a significative statistical difference for “Sexual esteem” scale between Fertile females and Fertile males. In particular, when sexual esteem increases in fertile females, it increases in fertile males, too (see Table 25).

Table 25. ANOVA for Sexual esteem (MSQ)

SEXUAL ESTEEM MSQ	B	Z value	p.
F.INF VS F. FER	-1.05	-1.78	0.21
M.INF VS M.FER	0.85	1.20	0.52
F.FER VS M.FER	1.58	3.74	<.001
F.INF VS M.INF	0.72	1.27	0.48

In conclusion, according to the “Sexual esteem” scale of MSQ, there is a difference between the two samples and between genders only for the fertile sample.

Regarding the distribution of the infertile and fertile sample on sexual preoccupation, Linear Mixed Model showed that there is a significant statistical difference between these samples. It resulted that when “Sexual preoccupation” (MSQ) increases for fertile females, it increases for fertile males, too. The same for infertile sample. These results demonstrated that there are different levels of sexual preoccupation between females and males in each sample (see Table 26 and Table 27).

Table 26. Linear Mixed Models for Sexual preoccupation (MSQ)

SEXUAL PREOCCUPATION MSQ	B	df	T-test	p.
Fixed factors intercept	11.32	348.10	39.45	<.001
GroupControl	-0.34	345.30	-0.96	0.33
GenderMale	1.18	189.10	3.44	<.001
GroupControl:GenderMale	0.46	185.70	1.09	0.27

Table 27. ANOVA for Sexual preoccupation (MSQ)

SEXUAL PREOCCUPATION MSQ	B	Z_value	p.
F.INF VS F. FER	-0.34	-0.96	0.68
M.INF VS M.FER	0.46	1.09	0.60
F.FER VS M.FER	1.64	6.49	<.001
F.INF VS M.INF	1.18	3.44	<.001

In conclusion, according to the "Sexual preoccupation" scale of MSQ, there is a difference between the two genders for both samples.

Linear Mixed Model showed that there is no significant statistical difference between infertile sample and fertile sample for "Internal sexual control" scale (see Table 28 and Table 29), for "Sexual consciousness" scale (see Table 30 and Table 31), for "Sexual depression" scale (see Table 32 and Table 33), for "External sexual control" scale (see Table 34 and Table 35), for "Sexual monitoring" scale (see Table 36 and Table 37), and for "Fear of sex" scale of MSQ (see Table 38 and Table 39).

Table 28. Linear Mixed Models for Internal sexual control (MSQ)

INTERNAL SEXUAL CONTROL MSQ	B	df	T-test	p.
Fixed factors intercept	14.30	342.40	26.48	<.001
GroupControl	0.89	338.10	1.34	0.18
GenderMale	0.49	186.10	0.79	0.43
GroupControl:GenderMale	0.37	182.80	0.48	0.63

Table 29. ANOVA for Internal sexual control (MSQ)

INTERNAL SEXUAL CONTROL MSQ	B	Z value	p.
F.INF VS F. FER	0.89	1.34	0.44
M.INF VS M.FER	0.37	0.48	0.94
F.FER VS M.FER	0.85	1.88	0.17
F.INF VS M.INF	0.49	0.79	0.80

Table 30. Linear Mixed Models for Sexual consciousness (MSQ)

SEXUAL CONSCIOUSNESS MSQ	B	df	T-test	p.
Fixed factors intercept	15.90	340.90	35.02	<.001
GroupControl	1.11	336.20	2.00	0.04
GenderMale	0.87	183.70	1.70	0.09
GroupControl:GenderMale	-0.11	180.50	-0.17	0.86

Table 31. ANOVA for Sexual consiousness (MSQ)

SEXUAL CONSIOUSNESS MSQ	B	Z value	p.
F.INF VS F. FER	1.11	2.00	0.13
M.INF VS M.FER	-0.11	-0.17	0.99
F.FER VS M.FER	0.77	2.03	0.12
F.INF VS M.INF	0.87	1.70	0.24

Table 32. Linear Mixed Models for Sexual depression (MSQ)

SEXUAL DEPRESSION MSQ	B	df	T-test	p.
Fixed factors intercept	6.52	333.80	16.16	<.001
GroupControl	0.77	327.40	1.56	0.12
GenderMale	0.41	157.10	0.92	0.36
GroupControl:GenderMale	-0.50	153.90	-0.90	0.37

Table 33. ANOVA for Sexual depression (MSQ)

SEXUAL DEPRESSION MSQ	B	Z value	p.
F.INF VS F. FER	0.77	1.56	0.31
M.INF VS M.FER	-0.50	-0.90	0.74
F.FER VS M.FER	-0.08	-0.25	0.99
F.INF VS M.INF	0.41	0.92	0.72

Table 34. Linear Mixed Models for External sexual control (MSQ)

EXTERNAL SEXUAL CONTROL MSQ	B	df	T-test	p.
Fixed factors intercept	8.20	346.20	20.61	<.001
GroupControl	-0.38	342.70	-0.79	0.43
GenderMale	-0.31	171.60	-0.65	0.51
GroupControl:GenderMale	0.27	168.10	0.45	0.65

Table 35. ANOVA for External sexual control (MSQ)

EXTERNAL SEXUAL CONTROL MSQ	B	Z value	p.
F.INF VS F. FER	-0.38	-0.79	0.08
M.INF VS M.FER	0.27	0.45	0.95
F.FER VS M.FER	-0.04	-0.12	1.00
F.INF VS M.INF	-0.31	-0.65	0.87

Table 36. Linear Mixed Models for Sexual monitoring (MSQ)

SEXUAL MONITORING MSQ	B	df	T-test	p.
Fixed factors intercept	6.22	354.40	20.25	<.001
GroupControl	0.25	353.40	0.66	0.50
GenderMale	0.44	176.40	1.11	0.26
GroupControl:GenderMale	-0.37	172.70	-0.76	0.44

Table 37. ANOVA for Sexual monitoring (MSQ)

SEXUAL MONITORING MSQ	B	Z value	p.
F.INF VS F. FER	0.25	0.66	0.86
M.INF VS M.FER	-0.37	-0.76	0.80
F.FER VS M.FER	0.06	0.22	0.99
F.INF VS M.INF	0.44	1.11	0.57

Table 38. Linear Mixed Models for Fear of sex (MSQ)

FEAR OF SEX MSQ	B	df	T-test	p.
Fixed factors intercept	10.29	351.30	32.61	<.001
GroupControl	0.28	349.40	0.73	0.46
GenderMale	0.19	175.20	0.49	0.62
GroupControl:GenderMale	-0.52	171.50	-1.07	0.28

Table 39. ANOVA for Fear of sex (MSQ)

FEAR OF SEX MSQ	B	Z value	p.
F.INF VS F. FER	0.28	0.73	0.08
M.INF VS M.FER	-0.52	-1.07	0.61
F.FER VS M.FER	-0.33	-1.14	0.56
F.INF VS M.INF	0.19	0.49	0.93

There is a significant statistical difference between infertile sample and fertile sample. It resulted that when “Sexual motivation” (MSQ), increases for fertile female, it increases for fertile males, too. The same for infertile females and males (see Table 40). ANOVA reported different levels of “Sexual motivation” between females and males for both samples (see Table 41).

Table 40. Linear Mixed Models for Sexual motivation (MSQ)

SEXUAL MOTIVATION MSQ	B	df	T-test	p.
Fixed factors intercept	13.98	336.90	24.94	<.001
GroupControl	1.17	331.40	1.70	0.09
GenderMale	1.96	180.50	3.17	<.001
GroupControl:GenderMale	0.58	177.40	0.76	0.44

Table 41. ANOVA for Sexual motivation (MSQ)

SEXUAL MOTIVATION MSQ	B	Z value	p.
F.INF VS F. FER	1.17	1.70	0.24
M.INF VS M.FER	0.59	0.76	0.82
F.FER VS M.FER	2.55	5.58	<.001
F.INF VS M.INF	1.96	3.17	<.001

According to the “Sexual motivation” scale of MSQ, there is a difference between two genders that regards both samples.

Linear Mixed Model reported a significant statistical difference between infertile sample and fertile one. It resulted that at each unit of increase in “Sexual anxiety” (MSQ) for the Fertile sample, “Sexual anxiety” of Infertile sample increases by 1.64 units, demonstrating different levels of sexual anxiety between the two groups (see Table 42).

Table 42. Linear Mixed Models for Sexual anxiety (MSQ)

SEXUAL ANXIETY MSQ	B	df	T-test	p.
Fixed factors intercept	7.20	336.30	16.70	<.001
GroupControl	1.64	330.50	3.10	<.001
GenderMale	0.71	169.20	1.47	0.14
GroupControl:GenderMale	-0.75	166.10	-1.25	0.21

ANOVA analyzes showed that when “Sexual anxiety” increases in infertile females, it increases in fertile females, too (see Table 43).

Table 43. ANOVA for Sexual anxiety (MSQ)

SEXUAL ANXIETY MSQ	B	Z value	p.
F.INF VS F. FER	1.64	3.10	<.001
M.INF VS M.FER	-0.75	-1.25	0.49
F.FER VS M.FER	-0.04	-0.11	0.99
F.INF VS M.INF	0.71	1.47	0.36

According to the “Sexual anxiety” scale of MSQ, there is a difference between two samples that regards only females.

There is no significant statistical difference between infertile sample and fertile sample for “Sexual assertiveness” (MSQ) (see Table 44 and Table 45).

Table 44. Linear Mixed Models for Sexual assertiveness (MSQ)

SEXUAL ASSERTIVENESS MSQ	B	df	T-test	p.
Fixed factors intercept	16.14	351.00	32.60	<.001
GroupControl	-1.00	348.90	-1.65	0.09
GenderMale	1.04	190.60	1.72	0.08
GroupControl:GenderMale	1.30	187.00	1.73	0.08

Table 45. ANOVA for Sexual assertiveness (MSQ)

SEXUAL ASSERTIVENESS	B	Z value	p.
F.INF VS F. FER	-1.00	-1.65	0.26
M.INF VS M.FER	1.30	1.73	0.23
F.FER VS M.FER	2.35	5.25	<.001
F.INF VS M.INF	1.04	1.72	0.23

Finally, Linear Mixed Model showed a significant statistical difference between infertile sample and fertile sample. It resulted that at each unit of increase in “Sexual satisfaction” (MSQ) for Fertile sample, “Sexual satisfaction” of Infertile sample decreases by 2.14 units, reporting different levels of sexual satisfaction between the two samples (see Table 46).

Table 46. Linear Mixed Models of Sexual satisfaction (MSQ)

SEXUAL SATISFACTION MSQ	B	df	T-test	p.
Fixed factors intercept	19.28	323.20	33.60	<.001
GroupControl	-2.14	315.40	-3.03	<.001
GenderMale	-0.93	170.90	-1.57	0.11
GroupControl:GenderMale	1.08	168.10	1.47	0.14

There is a significant statistical difference for “Sexual satisfaction” scale between Infertile females and Fertile females. Specifically, when sexual satisfaction increases in the infertile females, it decreases in fertile females (see Table 47).

Table 47. ANOVA for Sexual satisfaction (MSQ)

SEXUAL SATISFACTOIN MSQ	B	Z value	p.
F.INF VS F. FER	-2.14	-3.03	<.001
M.INF VS M.FER	1.08	1.47	0.36
F.FER VS M.FER	0.15	0.35	0.97
F.INF VS M.INF	-0.93	0.59	0.31

In conclusion, according to the “Sexual satisfaction” scale of DAS, there is a difference between the two samples that regards only females.

Correlation between sexuality scales and personal and situational factors - confronting infertile females and infertile males

Data analyses indicated that the correlation between these variables was significative only for the following MSQ scales and personal/situational factors:

Age - The results indicated that for females there is a significative statistical difference in means between Age and “Sexual Preoccupation”, “Sexual Consciousness”, “Sexual Motivation”, “Sexual Anxiety”. In particular, the more age increases, the more increases “Sexual Preoccupation”, “Sexual Consciousness”, “Sexual Motivation”, “Sexual Anxiety” (see Table 48). For males, the more age increases, the more “Sexual Esteem” and “Sexual Preoccupation” increases (see Table 49).

Table 48. Linear Regression for MSQ and Age

FEMALES	B	p
SEXUAL ESTEEM	-0.02	0.81
SEXUAL PREOCCUPATION	0.00	<.001
INTERNAL SEXUAL CONTROL	-0.07	0.51
SEXUAL CONSCIUOSNESS	0.23	<.001
SEXUAL MOTIVATION	0.15	<.001
SEXUAL ANXIETY	0.07	<.001
SEXUAL ASSERTIVENESS	-0.04	0.67
SEXUAL DEPRESSION	-0.24	0.03
EXTERNAL SEXUAL CONTROL	0.02	0.83
SEXUAL MONITORING	0.12	0.16
FEAR OF SEX	0.02	0.78
SEXUAL SATISFACTION	-0.21	0.06

Table 49. Linear Regression for MSQ and Age

MALES	B	p
SEXUAL ESTEEM	0.10	<.001
SEXUAL PREOCCUPATION	0.09	<.001
INTERNAL SEXUAL CONTROL	0.99	0.61
SEXUAL CONSCIUOSNESS	0.48	0.11
SEXUAL MOTIVATION	0.40	0.54
SEXUAL ANXIETY	-0.24	0.28
SEXUAL ASSERTIVENESS	1.31	0.19
SEXUAL DEPRESSION	-0.35	0.12
EXTERNAL SEXUAL CONTROL	0.36	0.42
SEXUAL MONITORING	0.00	0.38
FEAR OF SEX	-0.97	0.20
SEXUAL SATISFACTION	-0.57	0.99

Civil status - There was a significative statistical difference in means between Single females and “Sexual Depression” of MSQ. In particular, single females have higher levels of “Sexual Depression” comparing with married or cohabitant females (see Table 50).

Meanwhile, there were no significative differences in means for males (see Table 51).

Table 50. T-test for MSQ and Civil status

FEMALES	Mean Married	sd	Mean Cohabitant	sd	t	p
SEXUAL ESTEEM	15.72	3.83	16.65	2.91	-0.90	0.37
SEXUAL PREOCCUPATION	16.65	2.36	11.42	1.77	0.66	0.51
INTERNAL SEXUAL CONTROL	14.19	4.23	14.76	2.86	-0.52	0.61
SEXUAL CONSCIUOSNESS	16.12	3.49	15.65	3.24	0.48	0.63
SEXUAL MOTIVATION	15.65	4.46	14.21	4.09	0.40	0.69
SEXUAL ANXIETY	13.71	2.10	6.81	3.80	-1.08	0.28
SEXUAL ASSERTIVENESS	7.65	4.03	5.21	3.89	1.31	0.19
SEXUAL DEPRESSION	5.77	1.82	7.82	3.80	-2.84	<.001
EXTERNAL SEXUAL CONTROL	16.67	3.40	15.18	4.10	-0.53	0.59
SEXUAL MONITORING	6.31	2.12	5.92	1.30	0.88	0.39
FEAR OF SEX	10.44	2.83	9.82	2.45	0.80	0.43
SEXUAL SATISFACTION	10.78	3.97	18.92	5.15	0.66	0.75

Table 51. T-test for MSQ and Civil status

MALES	Mean Married	sd	Mean Cohabitant	sd	t	p
SEXUAL ESTEEM	19.01	3.98	16.17	4.38	0.12	0.24
SEXUAL PREOCCUPATION	12.56	2.30	12.16	2.11	0.66	0.51
INTERNAL SEXUAL CONTROL	14.64	4.22	15.21	4.50	-0.52	0.61
SEXUAL CONSCIUOSNESS	16.12	4.01	15.65	3.09	0.48	0.63
SEXUAL MOTIVATION	14.21	4.45	13.71	3.51	0.40	0.69
SEXUAL ANXIETY	6.81	3.25	7.65	3.32	-1.08	0.28
SEXUAL ASSERTIVENESS	16.67	3.54	15.18	4.63	1.32	0.75
SEXUAL DEPRESSION	5.77	2.91	7.82	2.81	-284	0.12
EXTERNAL SEXUAL CONTROL	7.98	3.12	8.53	3.17	-0.81	0.42
SEXUAL MONITORING	6.30	2.45	5.82	2.90	-0.10	0.12
FEAR OF SEX	10.49	2.47	10.83	1.79	-0.97	0.19
SEXUAL SATISFACTION	19.74	4.45	18.94	4.46	-0.57	0.40

Education title - There is a significative statistical difference in means between Education title and “Sexual Depression” of MSQ. In particular, females with a high level of education title have higher levels of “Sexual Depression” (see Table 52). For males, there were no significative statistical differences in means between Education title and MSQ (see Table 53).

Table 52. T-test for MSQ and Education title

FEMALES	Mean High instruction	sd	Mean Low instruction	sd	t	p
SEXUAL ESTEEM	15.75	3.70	16.33	3.47	-0.90	0.37
SEXUAL PREOCCUPATION	16.65	2.19	11.42	2.18	0.66	0.51
INTERNAL SEXUAL CONTROL	13.61	3.05	15.46	4.72	-1.84	0.61
SEXUAL CONSCIUOSNESS	16.12	3.05	15.65	3.90	0.48	0.63
SEXUAL MOTIVATION	15.65	4.31	12.29	4.41	0.40	0.69
SEXUAL ANXIETY	13.71	2.17	6.81	3.36	-1.08	0.28
SEXUAL ASSERTIVENESS	7.65	3.96	5.21	4.17	1.31	0.19
SEXUAL DEPRESSION	5.78	1.96	7.21	3.35	-2.84	<.001
EXTERNAL SEXUAL CONTROL	16.69	3.34	15.18	3.99	-0.53	0.59
SEXUAL MONITORING	6.30	2.00	5.33	1.83	0.87	0.39
FEAR OF SEX	15.44	2.96	9.52	2.20	0.79	0.43
SEXUAL SATISFACTION	19.97	3.41	18.83	5.39	0.65	0.52

Table 53. T-test for MSQ and Education title

MALES	Mean High instruction	sd	Mean Low instruction	sd	t	p
SEXUAL ESTEEM	15.01	3.94	16.60	4.42	0.11	0.37
SEXUAL PREOCCUPATION	12.56	2.25	13.90	2.16	0.68	1.00
INTERNAL SEXUAL CONTROL	14.64	4.17	15.21	4.58	2.49	0.90
SEXUAL CONSCIUOSNESS	16.12	3.55	15.65	4.35	1.60	0.78
SEXUAL MOTIVATION	14.21	4.14	13.71	4.35	-2.00	0.69
SEXUAL ANXIETY	9.99	3.23	7.65	3.30	-1.08	0.28
SEXUAL ASSERTIVENESS	17.03	3.65	15.18	4.36	-0.29	0.38
SEXUAL DEPRESSION	5.77	2.80	7.82	3.06	-0.55	0.12
EXTERNAL SEXUAL CONTROL	8.03	3.04	8.53	3.35	0.00	0.38
SEXUAL MONITORING	6.30	2.54	5.82	2.67	-0.10	0.12
FEAR OF SEX	10.44	2.26	9.82	2.32	-0.97	0.20
SEXUAL SATISFACTION	19.74	3.86	18.94	5.38	-0.44	0.40

Duration of the relationship - There is a significative statistical differences in means between Duration of the relationship and “Sexual Anxiety” of MSQ for females. In particular, every month in more of the relationship, the “Sexual Anxiety” increases more (see Table 54). Meanwhile, for males every month in more of the relationship, “Fear of Sex” increases more (see Table 55).

Table 54. Linear Regression for MSQ and Duration of the relationship

FEMALES	B	t
SEXUAL ESTEEM	0.06	0.91
SEXUAL PREOCCUPATION	3.74	0.46
INTERNAL SEXUAL CONTROL	-0.04	0.63
SEXUAL CONSCIUOSNESS	0.04	1.00
SEXUAL MOTIVATION	2.30	0.69
SEXUAL ANXIETY	0.61	<.001
SEXUAL ASSERTIVENESS	0.06	0.72
SEXUAL DEPRESSION	3.74	0.72
EXTERNAL SEXUAL CONTROL	-0.04	1.08
SEXUAL MONITORING	0.04	0.59
FEAR OF SEX	2.30	1.90
SEXUAL SATISFACTION	2.40	3.08

Table 55. Linear Regression for MSQ and Duration of the relationship

MALES	B	t
SEXUAL ESTEEM	-0.02	0.57
SEXUAL PREOCCUPATION	0.78	0.74
INTERNAL SEXUAL CONTROL	-0.00	0.98
SEXUAL CONSCIUOSNESS	0.06	0.90
SEXUAL MOTIVATION	2.20	0.90
SEXUAL ANXIETY	-0.01	0.58
SEXUAL ASSERTIVENESS	-0.01	0.57
SEXUAL DEPRESSION	0.78	0.74
EXTERNAL SEXUAL CONTROL	-0.00	0.98
SEXUAL MONITORING	0.06	0.88
FEAR OF SEX	0.29	<.001
SEXUAL SATISFACTION	-0.01	0.58

Time spent since the decision to have a child - There are no significative statistical differences in means between this variable and MSQ for females (see Table 56). Meanwhile, for males there is a significative statistical difference in means between Time spent since the decision to have a child and “Extern Sexual Control”, “Sexual Monitoring” of MSQ. In particular, every month in more since the decision to have a child, the “External Sexual Control” and “Sexual Monitoring” increase more (see Table 57).

Table 56. Linear Regression for MSQ and Time spent since the decision to have a child

FEMALES	B	t
SEXUAL ESTEEM	-0.08	1.14
SEXUAL PREOCCUPATION	-5.87	1.20
INTERNAL SEXUAL CONTROL	0.11	1.15
SEXUAL CONSCIUOSNESS	0.04	1.29
SEXUAL MOTIVATION	2.91	1.59
SEXUAL ANXIETY	-0.03	0.67
SEXUAL ASSERTIVENESS	-0.08	1.14
SEXUAL DEPRESSION	-5.87	1.03
EXTERNAL SEXUAL CONTROL	0.11	0.69
SEXUAL MONITORING	0.04	0.78
FEAR OF SEX	2.91	0.60
SEXUAL SATISFACTION	-0.03	0.68

Table 57. Linear Regression for MSQ and Time spent since the decision to have a child

MALES	B	t
SEXUAL ESTEEM	-0.02	1.56
SEXUAL PREOCCUPATION	0.78	0.73
INTERNAL SEXUAL CONTROL	-0.00	0.99
SEXUAL CONSCIUOSNESS	0.06	1.01
SEXUAL MOTIVATION	2.20	1.41
SEXUAL ANXIETY	-0.02	0.59
SEXUAL ASSERTIVENESS	-0.02	0.57
SEXUAL DEPRESSION	0.78	0.74
EXTERNAL SEXUAL CONTROL	0.26	<.001
SEXUAL MONITORING	0.24	<.001
FEAR OF SEX	2.20	1.40
SEXUAL SATISFACTION	-0.02	0.58

Person who had the idea to contact an AMR center - There is a significative statistical difference in means between Person who had the idea to contact an AMR center and “Sexual Preoccupation” of MSQ. In particular, for females, when the decision to contact

an AMR center was taken by both partners, “Sexual Preoccupation” was higher (see Table 58). Meanwhile, for males, when the decision to contact an AMR center was taken by one of the partners, “Sexual Depression” of MSQ was higher (see Table 59).

Table 58. T-test for MSQ and Person who had the idea to contact an AMR center

FEMALES	Mean One of the partners	sd	Mean Both partners	sd	t	p
SEXUAL ESTEEM	14.75	3.80	16.35	3.51	-0.01	0.87
SEXUAL PREOCCUPATION	10.36	1.33	11.58	1.86	-2.45	<.001
INTERNAL SEXUAL CONTROL	14.96	3.44	15.13	3.76	0.01	0.86
SEXUAL CONSCIUOSNESS	10.36	3.76	6.77	2.67	0.06	0.79
SEXUAL MOTIVATION	11.58	4.61	6.33	4.06	-2.84	0.58
SEXUAL ANXIETY	15.05	2.26	8.45	3.38	0.03	0.56
SEXUAL ASSERTIVENESS	14.58	4.35	7.92	3.48	-0.11	0.87
SEXUAL DEPRESSION	16.41	2.93	6.45	2.61	-0.60	0.89
EXTERNAL SEXUAL CONTROL	15.88	3.69	6.00	3.73	0.01	0.86
SEXUAL MONITORING	13.45	2.06	9.50	1.64	0.01	0.79
FEAR OF SEX	14.92	2.50	10.25	2.70	-2.84	0.58
SEXUAL SATISFACTION	6.95	3.96	19.50	4.60	0.05	0.56

Table 59. T-test for MSQ and Person who had the idea to contact an AMR center

MALES	Mean One of the partners	sd	Mean Both partners	sd	t	p
SEXUAL ESTEEM	17.06	3.40	11.98	4.51	-0.01	0.87
SEXUAL PREOCCUPATION	16.96	2.14	7.75	2.33	-2.45	0.91
INTERNAL SEXUAL CONTROL	16.19	3.10	6.12	5.02	0.01	0.86
SEXUAL CONSCIUOSNESS	12.18	3.25	8.00	3.82	0.01	0.79
SEXUAL MOTIVATION	12.35	4.19	7.15	4.07	-2.84	0.58
SEXUAL ANXIETY	14.89	3.62	6.64	3.05	0.03	0.56
SEXUAL ASSERTIVENESS	14.96	4.54	6.42	3.43	-0.01	0.87
SEXUAL DEPRESSION	7.75	3.17	6.12	2.27	2.16	<.001
EXTERNAL SEXUAL CONTROL	17.15	3.05	9.69	2.59	0.01	0.86
SEXUAL MONITORING	16.32	2.26	18.39	2.55	0.01	0.79
FEAR OF SEX	16.35	2.15	18.92	2.17	-2.84	0.58
SEXUAL SATISFACTION	8.14	3.89	16.82	4.66	0.03	0.56

Persons informed about the decision of the couple to make an AMR treatment - For females, there is a significative statistical difference in means between this situational factor and “Extern Sexual Control” of MSQ. In particular, females that had informed family and friends, had higher levels of Extern Sexual Control” (see Table 60). Furthermore, males that had informed only the family, had higher levels of “Extern Sexual Control” (see Table 61).

Table 60. T-test for MSQ and Persons informed about the decision to make an AMR treatment

FEMALES	Mean Family and friends	sd	Mean No one	sd	t	p
SEXUAL ESTEEM	15.90	3.19	12.09	5.46	0.04	0.23
SEXUAL PREOCCUPATION	16.16	2.13	15.27	1.87	-0.67	0.82
INTERNAL SEXUAL CONTROL	15.27	4.01	6.67	4.04	0.01	0.91
SEXUAL CONSCIUOSNESS	11.24	3.35	5.55	4.18	-0.09	0.90
SEXUAL MOTIVATION	10.91	4.08	8.82	5.24	-7.64	0.03
SEXUAL ANXIETY	14.36	2.87	6.18	1.89	0.08	0.03
SEXUAL ASSERTIVENESS	14.09	3.89	6.18	5.02	0.04	0.23
SEXUAL DEPRESSION	16.02	2.98	6.09	1.04	-0.67	0.82
EXTERNAL SEXUAL CONTROL	16.09	3.80	10.40	2.01	2.23	<.001
SEXUAL MONITORING	13.78	1.81	9.64	2.84	-0.09	0.11
FEAR OF SEX	15.09	2.58	19.33	4.47	-7.64	0.83
SEXUAL SATISFACTION	6.91	3.38	20.45	5.01	0.08	0.73

Table 61. T-test for MSQ and Persons informed about the decision to make an AMR treatment

MALES	Mean Family and friends	sd	Mean No one	sd	t	p
SEXUAL ESTEEM	13.04	4.24	11.45	3.76	-0.01	0.91
SEXUAL PREOCCUPATION	16.41	2.22	17.39	2.25	-1.73	0.74
INTERNAL SEXUAL CONTROL	17.19	4.20	16.56	4.86	0.00	0.98
SEXUAL CONSCIUOSNESS	12.59	4.17	7.08	2.48	-0.04	0.41
SEXUAL MOTIVATION	11.88	4.25	6.31	4.29	-14.60	0.92
SEXUAL ANXIETY	14.59	3.46	8.37	2.63	0.15	0.73
SEXUAL ASSERTIVENESS	15.44	3.71	6.19	4.57	-0.01	0.91
SEXUAL DEPRESSION	16.55	3.02	6.67	2.41	-1.73	0.74
EXTERNAL SEXUAL CONTROL	17.56	3.38	6.50	1.37	2.51	<.001
SEXUAL MONITORING	15.67	2.77	10.51	2.00	-0.04	0.41
FEAR OF SEX	16.38	2.48	10.13	1.82	-14.60	0.92
SEXUAL SATISFACTION	7.86	4.88	18.29	2.92	0.15	0.83

Actual treatment - The results indicated that, females undergoing FIVET treatment have higher levels of “Sexual Motivation” (see Table 62). Meanwhile, those males who have a partner undergoing FIVET treatment, have higher levels of “Sexual Motivation” and “Sexual Satisfaction”. Males who have a partner undergoing ICSI treatment, have higher levels of “Sexual Depression” (see Table 63).

Table 62. T-test for MSQ and Actual treatment

FEMALES	Mean ICSI	sd	Mean FIVET	sd	t	p
SEXUAL ESTEEM	13.56	3.05	14.56	3.19	0.01	0.81
SEXUAL PREOCCUPATION	14.63	1.67	16.73	1.77	-3.65	0.42
INTERNAL SEXUAL CONTROL	16.20	3.44	5.88	3.89	0.04	0.61
SEXUAL CONSCIUOSNESS	10.50	3.16	7.00	3.00	-0.04	0.37
SEXUAL MOTIVATION	12.00	4.75	17.53	3.39	-2.50	<.001
SEXUAL ANXIETY	15.31	2.08	8.33	2.10	0.08	0.19
SEXUAL ASSERTIVENESS	14.60	3.74	6.31	3.86	0.01	0.80
SEXUAL DEPRESSION	15.69	1.45	6.80	3.23	-3.65	0.43
EXTERNAL SEXUAL CONTROL	16.53	3.25	10.38	4.47	0.04	0.60
SEXUAL MONITORING	12.00	1.92	10.20	2.21	-0.03	0.38
FEAR OF SEX	15.73	1.96	19.75	3.17	-8.34	0.12
SEXUAL SATISFACTION	7.06	3.53	18.47	3.70	0.08	0.17

Table 63. T-test for MSQ and Actual treatment

MALES	Mean ICSI	sd	Mean FIVET	sd	t	p
SEXUAL ESTEEM	12.56	4.08	18.56	3.03	0.01	0.85
SEXUAL PREOCCUPATION	14.63	1.12	16.73	2.68	-3.65	0.43
INTERNAL SEXUAL CONTROL	16.20	3.80	5.88	4.76	0.04	0.60
SEXUAL CONSCIUOSNESS	10.50	3.67	7.00	3.63	-0.04	0.37
SEXUAL MOTIVATION	14.71	4.15	17.93	3.22	-2.43	<.001
SEXUAL ANXIETY	15.31	3.33	8.33	3.85	0.08	0.19
SEXUAL ASSERTIVENESS	14.60	3.27	6.31	4.56	0.01	0.81
SEXUAL DEPRESSION	8.12	3.29	7.47	1.53	2.35	<.001
EXTERNAL SEXUAL CONTROL	16.53	2.43	10.38	2.98	0.04	0.61
SEXUAL MONITORING	12.00	2.34	10.20	1.62	-0.04	0.91
FEAR OF SEX	10.99	1.87	19.75	1.52	-5.34	0.13
SEXUAL SATISFACTION	16.18	4.25	19.13	3.70	-2.09	<.001

Correlation between sexuality scales and dyadic adjustment scales - confronting infertile females vs fertile females

MANOVA showed that, “Sexual Anxiety”, *B*=-.624, *p*<.001, “Sexual Depression” *B*=-.889, *p*<.001, “External Sexual Control” *B*=-.342, *p*<.001, “Sexual Monitoring” *B*=-.316, *p*<.001 correlated negatively and “Sexual Satisfaction” *B*=1,078, *p*<.001 correlated positively with “Dyadic Emotional Expression” of DAS. “Sexual Depression” *B*=-.206, *p*<.001, “Sexual Satisfaction” *B*=.400, *p*<.001 correlated negatively with “Dyadic Cohesion” of DAS. “Sexual Anxiety” *B*=-.127, *p*<.001, “Sexual Depression” *B*=-.142, *p*<.001, “External Sexual Control” *B*=-.085, *p*<.001, “Sexual Monitoring” *B*=-.084, *p*<.001 of MSQ corrected negatively and “Sexual Satisfaction” *B*=. 139, *p*<.001 of MSQ correlated positively with “Dyadic Consensus” of DAS. “Sexual Anxiety” *B*=-.076, *p*<.001, “Sexual Depression” *B*=-.076, *p*<.001, “Sexual Monitoring” *B*=-.041, *p*<.001 of MSQ corrected negatively and “Sexual Satisfaction” *B*=.134, *p*<.001 of MSQ correlated positively with “Total Dyadic Adjustment” of DAS.

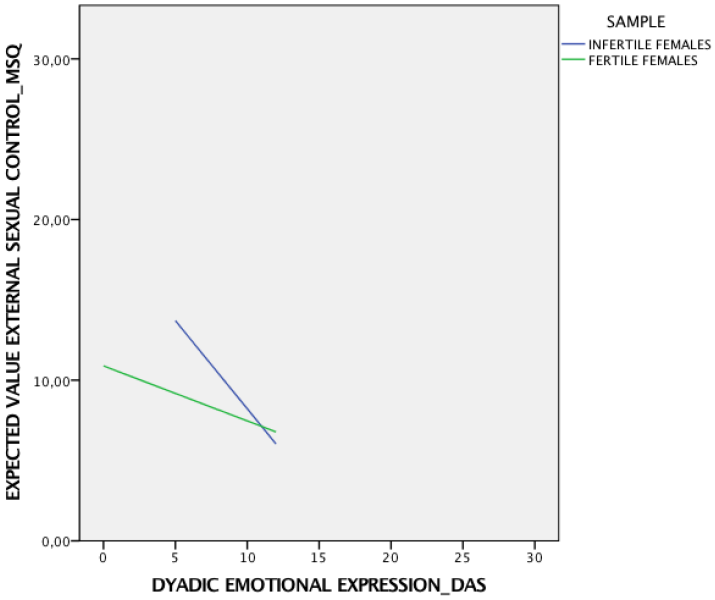
Furthermore, there is a significative statistical difference between Infertile Females and Fertile Females on the correlation between “Dyadic Emotional Expression”, “Total Dyadic Adjustment” of DAS and “External Sexual Control” of MSQ, where Infertile Females showed higher points than Fertile Females and between “Dyadic Emotional Expression”, “Total Dyadic Adjustment” of DAS and “Sexual Fear” of MSQ, where Infertile Females showed higher points than Fertile Females (see Table 64).

Table 64. MANOVA for Sexuality dimensions and Dyadic adjustment

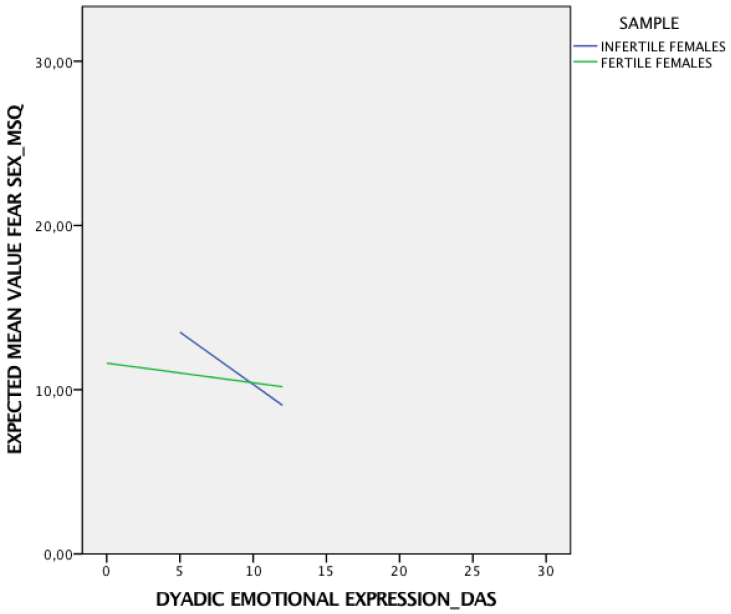
FEMALES	EMOTIONAL EXPRESSION DAS		COHESION DAS		CONSENSUS DAS		SATISFACTION DAS		TOTAL DAS	
MSQ + DAS	B	p.	B	p.	B	p.	B	p.	B	p.
SEXUAL SELF-ESTEEM	0.43	0.01	0.18	0.08	0.03	0.46	0.18	0.08	0.05	0.07
GROUP	0.58	0.85	10.72	0.56	10.10	0.80	30.35	0.50	10.43	0.79
INTERACTION	0.01	0.97	-0.04	0.80	0.00	1.00	-0.07	0.63	-0.00	0.92
SEXUAL PREOCCUPATION	0.03	0.72	0.09	0.11	-0.04	0.07	-0.01	0.84	-0.01	0.51
GROUP	10.12	0.50	30.37	0.03	10.90	0.41	30.03	0.26	40.22	0.14
INTERACTION	-0.08	0.62	-0.18	0.05	-0.03	0.52	-0.09	0.32	-0.03	0.18
INTERNAL SEXUAL CONTROL	0.21	0.24	0.16	0.18	0.06	0.26	0.13	0.26	0.05	0.12
GROUP	-0.38	0.91	10.06	0.75	10.47	0.77	40.46	0.44	30.54	0.57
INTERACTION	-0.07	0.85	-0.18	0.54	-0.05	0.63	-0.17	0.35	-0.04	0.46
SEXUAL CONSCIUOSNESS	0.11	0.45	0.03	0.78	0.02	0.68	0.04	0.71	0.01	0.58
GROUP	-40.33	0.13	-0.08	0.98	-0.80	0.85	10.35	0.77	-0.32	0.95
INTERACTION	0.32	0.27	-0.05	0.73	-0.00	0.95	-0.08	0.61	-0.01	0.88
SEXUAL MOTIVATION	0.27	0.14	0.18	0.33	-0.01	0.80	0.04	0.71	0.01	0.65
GROUP	-0.58	0.87	-0.52	0.88	10.99	0.70	-20.76	0.64	0.55	0.93
INTERACTION	-0.07	0.84	-0.04	0.85	-0.06	0.56	0.05	0.78	-0.01	0.80
SEXUAL ANXIETY	-0.62	<0.001	0.00	0.96	-0.13	<0.001	-0.16	0.08	-0.08	<0.001
GROUP	-30.18	-0.20	10.10	0.67	-30.15	0.39	-80.19	0.06	-40.24	0.34
INTERACTION	0.20	0.41	-0.17	0.26	0.03	0.66	0.21	0.13	0.02	0.53
SEXUAL ASSERTIVENESS	0.28	0.09	0.15	0.14	0.00	0.95	0.06	0.56	0.02	0.39
GROUP	-40.94	0.11	-30.42	0.25	-0.19	0.97	50.95	0.25	-20.25	0.69
INTERACTION	0.56	0.07	0.24	0.15	0.02	0.78	-0.16	0.34	0.03	0.573
SEXUAL DEPRESSION	-0.89	<0.001	-0.21	<0.001	-0.14	<0.001	-0.33	0.00	-0.11	<0.001
GROUP	-10.68	0.48	20.20	0.39	-0.64	0.86	-90.13	0.03	-10.76	0.69
INTERACTION	0.17	0.46	-0.16	0.26	0.00	1.00	0.27	0.05	0.01	0.73
EXTERNAL SEXUAL CONTROL	-0.34	<0.001	0.02	0.80	-0.08	<0.001	-0.03	0.76	-0.04	0.06
GROUP	80.29	<0.001	50.99	0.01	50.87	0.10	0.32	0.94	80.94	<0.001
INTERACTION	-0.75	<0.001	-0.32	0.02	-0.10	0.13	0.00	1.00	-0.07	0.06
SEXUAL MONITORING	-0.37	<0.001	0.11	0.07	-0.08	<0.001	-0.13	0.04	-0.04	<0.001
GROUP	-0.10	0.95	30.22	0.07	-0.98	0.70	-10.43	0.62	0.67	0.83
INTERACTION	0.01	0.93	-0.21	0.04	0.02	0.74	0.04	0.67	-0.08	0.82
FEAR OF SEX	-0.12	0.21	0.07	0.28	0.01	0.73	0.02	0.78	0.07	0.71
GROUP	50.06	<0.001	30.88	0.04	70.83	0.00	50.67	0.07	110.22	<0.001
INTERACTION	-0.52	<0.001	-0.24	0.02	-0.15	0.00	-0.19	0.06	-0.10	<0.001
SEXUAL SATISFACTION	10.08	<0.001	0.40	<0.001	0.14	<0.001	0.34	0.01	0.13	<0.001
GROUP	20.30	0.49	20.20	0.53	-20.98	0.56	80.85	0.14	0.17	0.98
INTERACTION	-0.11	0.74	-0.02	0.93	0.10	0.32	-0.22	0.26	0.01	0.81

Data analyze showed a different interaction between “Dyadic Emotional Expression” of DAS and “External Sexual Control” (see Graphic 21), “Fear of Sex” (see Graphic 22) of MSQ, between "Total Dyadic Adjustment" and “Fear of Sex” (see Graphic 23) of MSQ. In all these cases, the interaction was stronger for the Fertile Females than for Infertile Females.

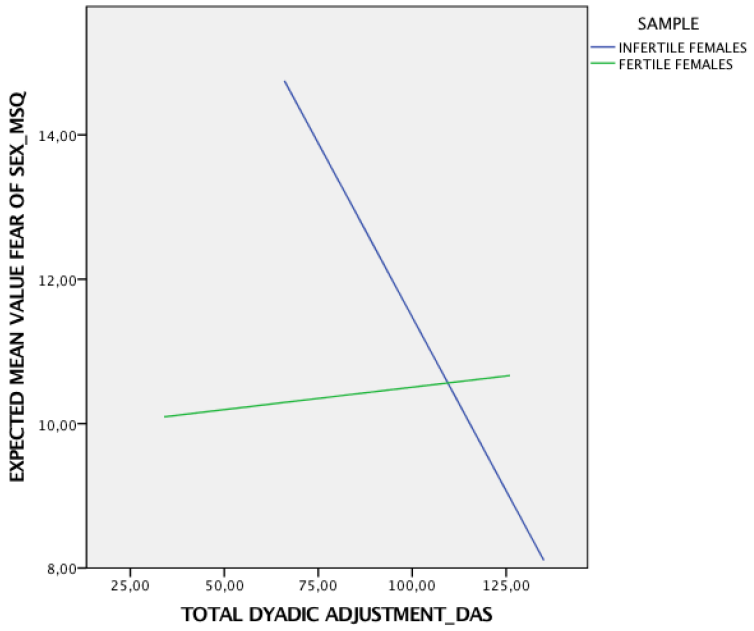
GRAPHIC 21. Interaction between "External Sexual Control" of MSQ and "Dyadic Emotional Expression" of DAS.



GRAPHIC 22. Interaction between "Fear of Sex" of MSQ and "Dyadic Emotional Expression" of DAS.



GRAPHIC 23. Interaction between "Fear of Sex" of MSQ and "Total Dyadic Adjustment" of DAS.



Correlation between sexuality scales and dyadic adjustment scales - confronting infertile males vs fertile males

"Sexual Anxiety" *B*=-.430, *p*<.001, "Sexual Depression" *B*=-.478, *p*<.001, "External Sexual Control" *B*=-.288, *p*<.001 correlated negatively and "Sexual Satisfaction" *B*=.758, p<.001 of MSQ corrected positively with "Dyadic Emotional Expression" of DAS. "Sexual Anxiety", "Sexual Depression" correlated negatively and "Sexual Satisfaction" of MSQ corrected positively with "Dyadic Cohesion" of DAS *B*=-.337, *p*<.001; *B*=-.228, *p*<.001; *B*=.383, *p*<.001 and "Total Dyadic Adjustment" of DAS *B*=-.055, *p*<.001; *B*=-.048, *p*<.001; *B*=.080, *p*<.001. "Sexual Preoccupation" of MSQ *B*=-.095, *p*=,002 correlates negatively with "Dyadic Consensus" of DAS.

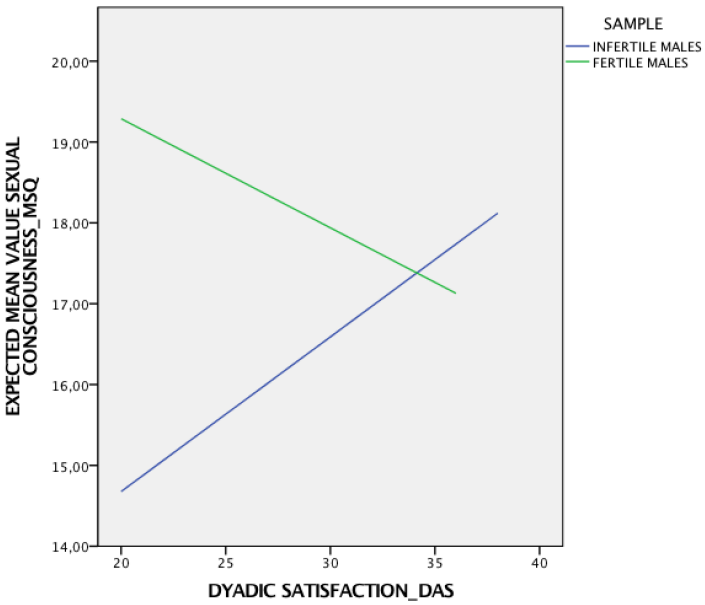
Furthermore, it results that, on average, there is a significative statistical difference between Infertile Males and Fertile Males on the correlation between "Dyadic Consensus" and "Total Dyadic Adjustment" of DAS and "External Sexual Control", "Sexual Monitoring" of MSQ, between "Dyadic Satisfaction" of DAS and "Sexual Consciousness", "External Sexual Control" of MSQ, where Infertile Males have higher points than Fertile Males, except for "Sexual Consciousness" (see Table 65).

Table 65. MANOVA for Sexuality dimensions and Dyadic adjustment

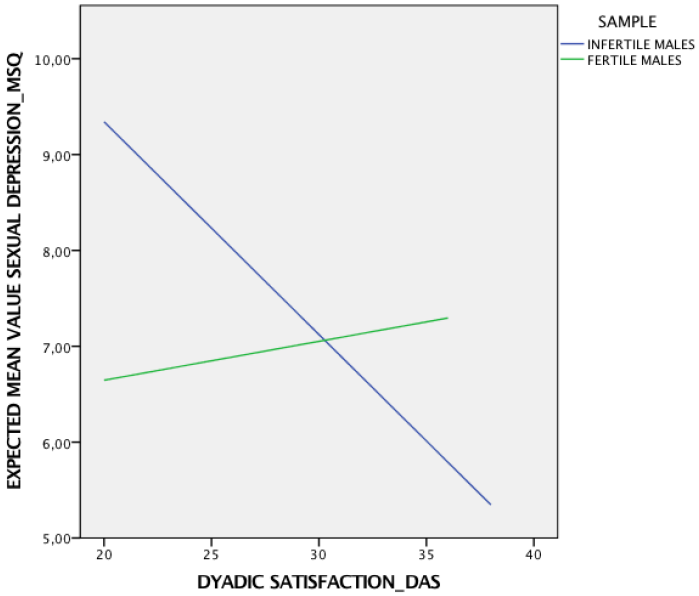
MALES	EMOTIONAL EXPRESSION_DAS		COHESION_ DAS		CONSENSUS_ DAS		SATISFACTION_DAS		TOTAL_DAS	
DAS + MSQ	B	p.	B	p.	B	p.	B	p.	B	p.
SEXUAL SELF-ESTEEM	0.14	<0.001	0.14	0.09	0.14	0.45	0.17	0.12	0.55	0.07
GROUP	10.34	0.34	10.22	0.61	20.21	0.00	10.12	0.65	50.90	0.50
INTERACTION	-0.02	0.79	-0.00	0.97	-0.01	0.97	-0.00	0.99	-0.04	0.94
SEXUAL PREOCCUPATION	0.04	0.69	0.28	0.10	-0.71	0.05	-0.03	0.84	-0.43	0.48
GROUP	10.99	0.27	70.19	0.02	20.41	0.71	40.61	0.14	160.21	0.14
INTERACTION	-0.08	0.63	-0.53	0.05	0.00	1.00	-0.29	0.28	-0.90	0.35
INTERNAL SEXUAL CONTROL	0.05	0.24	0.09	0.21	0.17	0.26	0.07	0.32	0.39	0.13
GROUP	10.43	0.25	20.19	0.29	40.27	0.34	20.96	0.17	10.84	0.15
INTERACTION	-0.02	0.83	-0.06	0.68	-0.13	0.65	-0.11	0.42	-0.32	0.52
SEXUAL CONSCIUOSNESS	0.33	0.99	0.34	0.79	0.66	0.11	0.86	0.21	0.23	0.78
GROUP	-0.14	0.93	20.22	0.41	20.78	0.63	20.71	0.33	70.57	0.44
INTERACTION	0.12	0.11	-0.03	0.81	0.08	0.85	-0.06	0.68	0.09	0.85
SEXUAL MOTIVATION	0.07	0.13	0.07	0.34	-0.04	0.80	0.02	0.74	0.12	0.65
GROUP	10.63	0.15	10.56	0.42	40.14	0.32	0.42	0.83	70.75	0.26
INTERACTION	-0.03	0.69	-0.01	0.92	-0.14	0.61	0.06	0.64	-0.12	0.79
SEXUAL ANXIETY	-0.24	<0.001	0.11	-0.90	-0.64	<0.001	0.12	0.49	-10.01	<0.001
GROUP	0.37	0.66	30.40	0.03	10.19	0.71	-0.82	0.60	40.14	0.44
INTERACTION	-0.20	0.09	0.00	0.08	-0.66	0.06	0.12	0.68	-10.03	0.08
SEXUAL ASSERTIVENESS	0.09	0.07	0.12	0.14	0.01	0.94	0.05	0.58	0.27	0.37
GROUP	-0.35	0.79	-20.05	0.36	10.09	0.00	30.56	0.14	20.25	0.79
INTERACTION	0.09	0.29	0.20	0.15	0.07	0.82	-0.14	0.32	0.21	0.68
SEXUAL DEPRESSION	-0.32	<0.001	-0.18	<0.001	-0.65	<0.001	-0.27	<0.001	-10.42	<0.001
GROUP	0.97	0.16	40.25	<0.001	30.60	0.20	0.10	0.94	80.92	0.09
INTERACTION	-0.02	0.84	-0.49	<0.001	-0.31	0.42	0.14	0.45	-0.68	0.28
EXTERNAL SEXUAL CONTROL	-0.19	<0.001	0.03	0.78	-0.62	<0.001	-0.03	0.76	-0.82	<0.001
GROUP	10.96	<0.001	40.03	<0.001	30.11	0.31	10.26	0.40	10.37	<0.001
INTERACTION	-0.09	0.32	-0.34	0.44	-0.09	0.80	0.00	0.99	-0.52	0.38
SEXUAL MONITORING	-0.26	<0.001	0.23	0.09	-0.91	<0.001	-0.25	0.07	-10.19	<0.001
GROUP	10.12	0.27	40.91	0.01	10.85	0.62	20.03	0.26	90.91	0.11
INTERACTION	-0.01	0.95	-0.57	0.07	0.01	0.98	-0.14	0.62	-0.71	0.46
FEAR OF SEX	-0.12	0.16	0.17	0.24	0.12	0.69	0.04	0.78	0.22	0.68
GROUP	20.83	<0.001	60.22	<0.001	130.20	<0.001	50.61	<0.001	270.87	<0.001
INTERACTION	-0.17	0.19	-0.47	0.89	-10.07	0.43	-0.42	0.06	-20.13	0.10
SEXUAL SATISFACTION	0.23	<0.001	0.21	<0.001	0.38	<0.001	0.17	<0.001	0.99	<0.001
GROUP	10.65	0.00	-0.35	0.88	-30.30	0.51	20.08	0.40	0.08	0.99
INTERACTION	-0.05	0.40	0.06	0.63	0.23	0.37	-0.06	0.62	0.17	0.67

There is a different interaction between “Dyadic Satisfaction” of DAS and “Sexual Consciousness” of MSQ, which is stronger for Infertile Males (see the Graphic 24); between “Dyadic Satisfaction” and “Sexual Depression” (see Graphic 25), between “Dyadic Satisfaction” and “External Sexual Control” (see Graphic 26), between “Total Dyadic Adjustment” and “Sexual Depression” (see Graphic 27), between “Total Dyadic Adjustment” and “External Sexual Control” (see Graphic 28), between “Total Dyadic Adjustment” and “Sexual Monitoring” (see Graphic 29). These interactions are stronger for Fertile males.

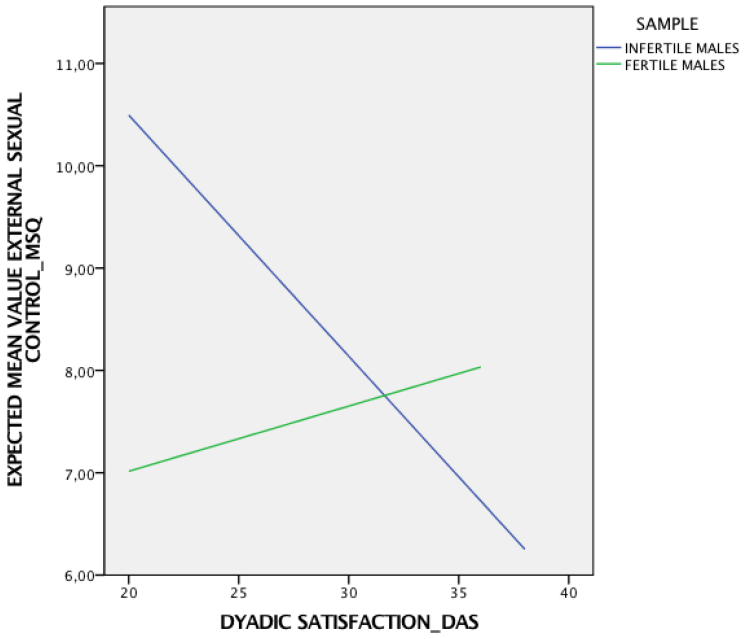
GRAPHIC 24. Interaction between "Sexual Consciousness" of MSQ and "Dyadic Satisfaction" of DAS



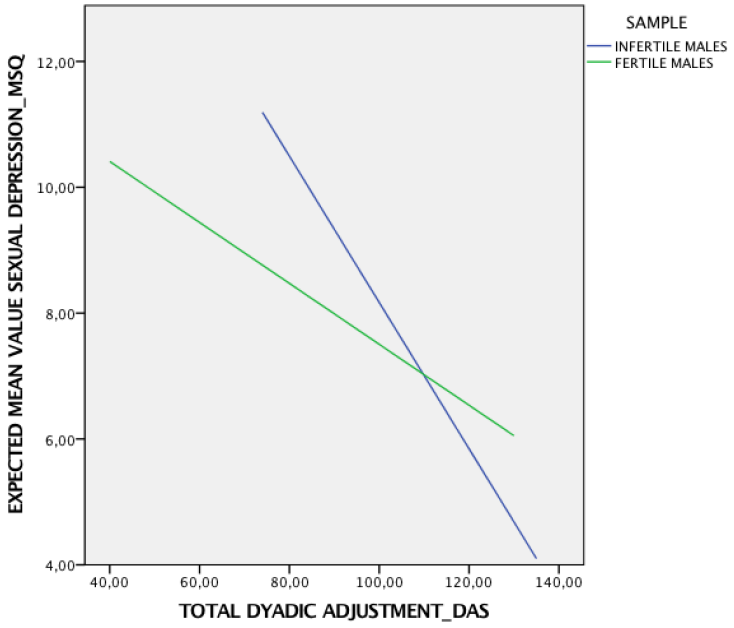
GRAPHIC 25. Interaction between "Sexual Depression" of MSQ and "Dyadic Satisfaction" of DAS



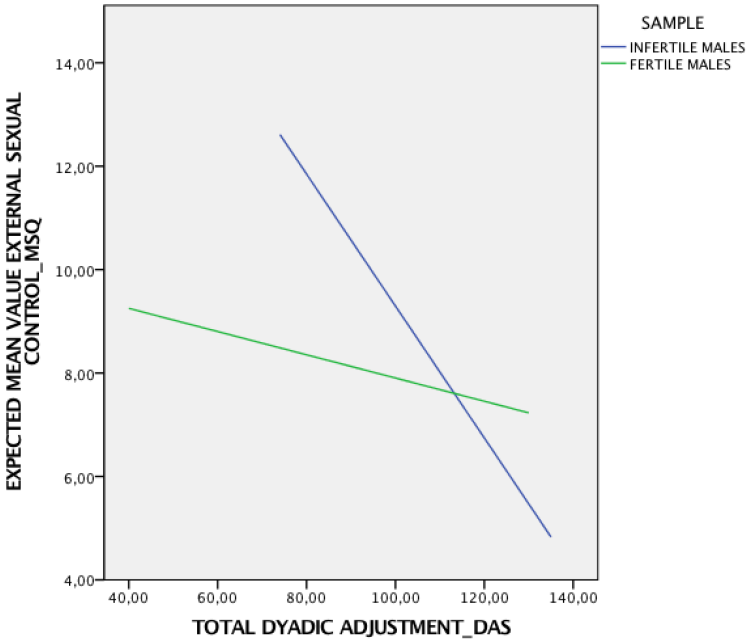
GRAPHIC 26. Interaction between "External Sexual Control" of MSQ and "Dyadic Satisfaction" of DAS



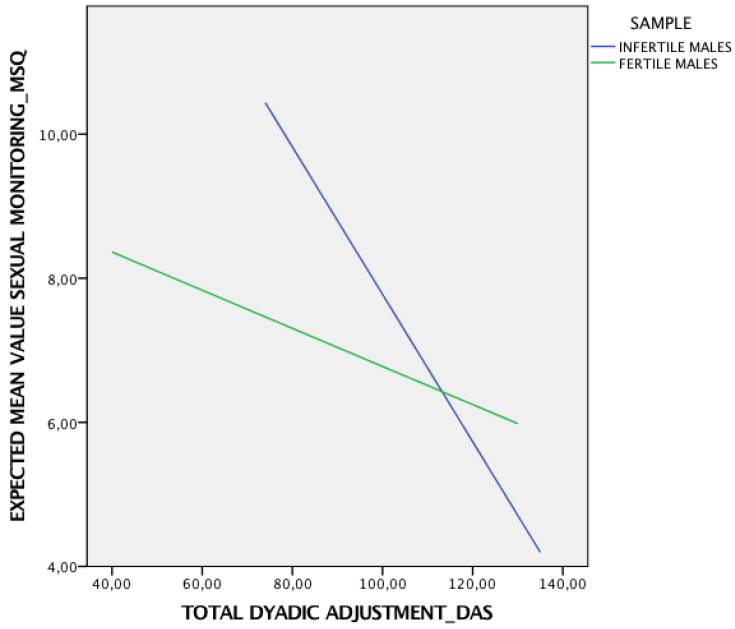
GRAPHIC 27. Interaction between "Sexual Depression" of MSQ and "Total Dyadic Adjustment" of DAS



GRAPHIC 28. Interaction between "External Sexual Control" of MSQ and "Total Dyadic Adjustment" of DAS



GRAPHIC 29. Interaction between "Sexual Monitoring" of MSQ and "Total Dyadic Adjustment" of DAS



Correlation between sexuality scales and dyadic adjustment scales - confronting infertile females vs infertile males

The results indicated that, "Sexual Esteem" *B*=.629, *p*<.001, "Internal Sexual Control" *B*=.889, *p*<.001, "Sexual Assertiveness" *B*=.706, *p*<.001, "Sexual Satisfaction"

B=1,400, *p*<.001, were correlated positively and “Sexual Anxiety” *B*=-.724, *p*<.001, “Sexual Depression” *B*=-1,025, *p*<.001, “External Sexual Control” *B*=-.899, *p*<.001, “Sexual Monitoring” *B*=-.681, *p*<.001 were correlated negatively with “Dyadic Emotional Adjustment”. “Sexual Anxiety” *B*=-.230, *p*<.001; *B*=-,065, *p*<.001, “Sexual Depression” *B*=-.226, *p*<.001; *B*=-.116, *p*<.001, “External Sexual Control” *B*=-.218, *p*<.001; *B*=-.128, *p*<.001, “Sexual Monitoring” *B*=-.268, *p*<.001; *B*=-.102, *p*<.001 were negatively correlated and “Sexual Satisfaction” *B*=.257, *p*<.001; *B*=.117, *p*<.001 of MSQ were positively correlated with “Dyadic Cohesion” and “Total Dyadic Adjustment”. “Sexual Depression” *B*=-.170, *p*<.001, “External Sexual Control” *B*=-.210, *p*<.001, “Sexual Monitoring” *B*=-.160, *p*<.001, “Sexual Fear” *B*=-.107, *p*<.001 were negatively correlated with “Dyadic Consensus”. Moreover, it results that, on average, there is a significative statistical difference between Infertile Females and Infertile Males on the correlation between “Dyadic Cohesion” and “Sexual Preoccupation”, where Infertile Females showed higher points than Infertile Males (see Table 66).

Table 66. MANOVA for Sexuality dimensions and Dyadic adjustment

FEMALES VS MALES	EMOTIONAL EXPRESSION_DAS		COHESION_ DAS		CONSENSUS_ DAS		SATISFACTION_ DAS		TOTAL_DAS	
DAS + MSQ	B	p.	B	p.	B	p.	B	p.	B	p.
SEXUAL SELF-ESTEEM	0.63	<0.001	0.18	0.12	0.07	0.26	-0.06	0.63	0.05	0.20
GENDER	10.33	0.74	0.14	0.96	10.48	0.78	-50.93	0.30	-0.20	0.97
INTERACTION	-0.19	0.63	-0.04	0.80	-0.04	0.68	0.170	0.35	-0.00	0.94
SEXUAL PREOCCUPATIO	0.15	0.38	0.18	0.00	-0.02	0.54	-0.07	0.38	0.01	0.66
GENDER	0.88	0.71	30.69	<0.001	10.35	0.65	-0.18	0.96	40.82	0.18
INTERACTION	-0.20	0.39	-0.28	0.01	-0.05	0.40	-0.03	0.77	-0.05	0.10
INTERNAL SEXUAL CONTR	0.89	<0.001	-0.01	0.95	0.11	0.13	0.06	0.68	0.05	0.19
GENDER	70.02	0.11	-10.30	0.71	40.45	0.42	20.46	0.67	40.67	0.49
INTERACTION	-0.74	0.08	0.05	0.81	-0.09	0.36	-0.09	0.63	-0.05	0.44
SEXUAL CONSCIUOSNE	0.56	0.04	0.05	0.63	0.09	0.13	0.19	0.12	0.06	0.08
GENDER	0.52	0.89	0.57	0.85	30.51	0.47	60.38	0.23	50.29	0.37
INTERACTION	-0.13	0.73	-0.08	0.64	-0.08	0.37	-0.23	0.17	-0.05	0.30
SEXUAL MOTIVATION	0.28	0.40	0.05	0.69	0.03	0.66	0.07	0.62	0.03	0.53
GENDER	-10.10	0.81	-20.45	0.50	30.48	0.55	-20.79	0.66	10.09	0.88
INTERACTION	-0.08	0.86	0.03	0.88	-0.10	0.35	0.03	0.89	-0.03	0.67
SEXUAL ANXIETY	-0.72	<0.001	-0.23	<0.001	-0.06	0.23	-0.10	0.35	-0.06	<0.001
GENDER	-30.92	0.21	-10.99	0.42	10.15	0.77	-50.42	0.22	-20.43	0.61
INTERACTION	0.30	0.31	0.07	0.61	-0.04	0.64	0.15	0.30	0.01	0.72
SEXUAL ASSERTIVENES	0.71	<0.001	0.14	0.22	0.06	0.38	-0.04	0.75	0.04	0.27
GENDER	-20.28	0.57	-50.52	0.09	0.72	0.89	0.66	0.91	-20.12	0.74
INTERACTION	0.133	0.73	0.25	0.15	-0.03	0.74	-0.05	0.78	0.01	0.87
SEXUAL DEPRESSION	-10.02	<0.001	-0.23	<0.001	-0.17	<0.001	-0.22	0.09	-0.12	<0.001
GENDER	-30.72	0.00	20.02	0.35	-10.92	0.58	-50.67	0.16	-10.97	0.62
INTERACTION	0.31	0.21	-0.14	0.24	0.03	0.65	0.17	0.19	0.01	0.69
EXTERNAL SEXUAL CONTR	-0.90	<0.001	-0.22	<0.001	-0.21	<0.001	-0.24	0.04	-0.13	<0.001
GENDER	20.20	0.48	10.72	0.51	-0.85	0.84	-60.24	0.20	-0.82	0.87
INTERACTION	-0.20	0.52	-0.08	0.58	0.02	0.75	0.21	0.18	0.01	0.80
SEXUAL MONITORING	-0.68	<0.001	-0.27	<0.001	-0.16	<0.001	-0.11	0.17	-0.10	<0.001
GENDER	-40.33	0.06	-30.43	0.06	-50.22	0.07	-10.07	0.75	-60.47	0.06
INTERACTION	0.38	0.09	0.17	0.09	0.09	0.09	0.02	0.85	0.05	0.07
FEAR OF SEX	-0.30	0.10	-0.02	0.25	-0.11	<0.001	-0.03	0.73	-0.04	0.05
GENDER	30.14	0.23	20.43	0.25	10.81	0.57	40.30	0.24	50.63	0.15
INTERACTION	-0.33	0.19	-0.15	0.20	-0.04	0.55	-0.14	0.22	-0.05	0.14
SEXUAL SATISFACTION	10.40	<0.001	0.26	<0.001	0.13	0.07	0.26	0.08	0.12	<0.001
GENDER	50.47	0.20	-10.25	0.73	-40.48	0.43	50.51	0.39	-20.52	0.71
INTERACTION	-0.43	0.30	0.13	0.52	0.10	0.34	-0.14	0.47	0.03	0.61

Discussion

Sexuality is a milestone in the study of infertility. There is a general consensus among researchers on affirming the negative impact of infertility and its treatment on sexuality (Greil et al., 2011; Ramazanzadeh et al., 2009; Deka et al., 2010; Nene et al., 2005; Tsujimura et al. 2004; Read, 2004; Saleh et al. 2003; Verhaak et al., 2001; Lee et al. 2000).

According to this, we first wanted to study sexuality in our sample, comparing infertile and fertile subjects. The results of data analyzes confirmed our expectations. Infertility influenced negatively sexuality in infertile sample, which showed lower sexual esteem and satisfaction compared to fertile sample. These results confirmed not only our expectations but also literature (Shoji et al., 2014; Greil et al., 2011; Ramazanzadeh et

al., 2009; Deka et al., 2010; Nene et al., 2005; Tsujimura et al. 2004; Read, 2004; Saleh et al. 2003; Verhaak et al., 2001). Infertile sample, on the other hand, had higher points in sexual motivation and sexual anxiety. We expected infertile subjects to have higher sexual anxiety due to treatments, programming sexual relations (Graziottin, 2011), but we didn't expect them to have higher points in sexual motivation. We found also differences between infertile females and fertile ones. In particular, infertile females reported higher levels of sexual satisfaction and lower levels of sexual anxiety than fertile females. These results are in contrast with literature (Shoji et al., 2014). We can attribute these results to a characteristic of our sample and recommend further studies.

Then we analyzed the correlation between sexuality dimensions and personal and situational factors, the results of the study confirmed that personal and situations factors are correlated with specific sexual dimensions and most of the cases differently for females and males. In those resulted statistically significant is to highlight the correlation between MSQ and Age, where, for females, the more age increases, the more increases a certain sexual preoccupation, anxiety, motivation and consciousness. For males, increases sexual esteem and preoccupation. There is a general accepted idea that with the increase of age, sexuality declines in both females and males. What we see in infertile subjects is on one hand the typical sexual concerns that people have with the advancement of the years: females concerning about their desire to be involved in a satisfied sexual relation and on their body sensations related with their sexual relations, and males that with the years that advance gain more sexual positive consideration about their sexual life. On the other hand, we have some typical sexuality concerns that characterize infertile subjects, like the tendencies to think or express preoccupation and anxiety about their sexual life (Greil et al., 2011; Ramazanzadeh et al., 2009; Deka et al., 2010; Nene et al., 2005; Tsujimura et al. 2004; Read, 2004; Saleh et al. 2003; Verhaak et al., 2001; Lee et al. 2000). Another result of our study showed that single cohabitant females tend to have higher levels of sexual depression. This result confirms previous literature results, reporting higher sexual unhappiness, anxiety or discomfort of infertile females with their sexual life (Edelmann et al., 2000; Lee et al., 2000). It resulted also, that females with lower levels of education had higher levels of sexual depression. This correlation hasn't been studied before so we don't have previous research to consult in order to give an explanation to this result. It resulted, also that more the relationship duration increases, more increases sexual anxiety in infertile females and fear of sex in infertile males. Literature findings suggests

that the duration of a relationship is a predictor for females sexual desire more than for the male's one (Murray, 2012) and the negative effect of duration of the relationship on sexuality. In a condition of infertility it seems to influence negatively both females and males. Time spent from the decision to have a child was correlated with external sexual control and sexual monitoring in males. This result confirmed other researches results, affirming that the duration of infertility influences males' sexuality. Furthermore, it resulted that if the idea to contact an AMR center was given by both partners, infertile females perceived more sexual preoccupation, meanwhile if the idea was given by one of the partners infertile males perceive more sexual depression. This aspect hasn't been studied before, so we don't have the possibility to consult any study for a possible explanation of the result. Finally, we found that females and males undergoing FIVET treatment perceive higher sexual motivation. Moreover, infertile males, whose partners were undergoing ICSI treatment perceived higher levels of sexual depression. Undergoing a treatment like FIVET is on the other hand a signal of hope for the couple for their dream to come true and this can influence positively sexuality, increasing sexual motivation. On the other side, ICSI is an invasive treatment used commonly when the male partner is infertile. Infertility condition and the male factor for a male, as reported from literature influence negatively in sexuality in males (Smith et al., 2009).

The third aim of the study analyses the predictive role of dyadic adjustment on sexuality. Data analyze, comparing infertile females and infertile males, showed that there weren't significant statistical differences between females and males. In both females and males, we found that high levels of dyadic adjustment was correlated with low levels of "Sexual Anxiety", "Sexual Preoccupation", "External Sexual Control", "Sexual Depression", "Fear of Sex" and "Sexual Monitoring" and with high levels of "Sexual Esteem", "Sexual Assertiveness", "Sexual Satisfaction". This result was in line with our expectations and literature findings. It confirmed that high levels of dyadic adjustment are positively correlated with positive sexuality dimensions and negatively correlated with negative sexuality dimensions.

This result was confirmed also when we compared infertile females with fertile females and infertile males with fertile males, higher levels of dyadic adjustment are positively correlated with positive aspects of sexuality and negatively correlated with negative aspects of sexuality.

In conclusion we can say that, sexuality is negatively influenced by infertility. The present study wanted, in the first place, to explore the actual sexuality in infertile subjects, comparing to fertile subjects. It resulted that, according to the first aim, infertile sample had lower sexual satisfaction and esteem than fertile sample. In the second place, we wanted to analyze the correlation of several personal and situational factors on sexuality with different aspects of sexuality. It resulted that age, civil status, level of education, relationship duration, infertility duration, person who had the idea to contact AMR center, persons informed about the decision to contact AMR centers, type of treatment are correlated to different sexuality dimensions in infertile subjects. In the third place we wanted to explore the correlation between dyadic adjustment and sexuality. Dyadic adjustment correlated with sexuality in both infertile and fertile sample.

Chapter 3

Couple's disclosure tendencies with family and friends when facing a problem: communication and time spent with the social network

The importance of being there: social support in couples facing infertility

Social support is a complex phenomenon whose actual meaning has not been clarified. Different definitions of social support have been given till now. For example, Caplan defined support as continuing social aggregates that provide individuals with opportunities for feedback about themselves and for validations of their expectations of others (Wolchik, Ruehlman, Braver, & Sandler, 1989). Cobb defined social support as information leading the individual to believe that he or she is cared for and loved and that he or she belongs to a network of communication and mutual obligation (Wolchik et al., 1989). Belle (1989) defined social support as resources that are provided by people within the context of interpersonal relationships. These definitions vary from each other but, they all underline the importance of supportive interpersonal relationships or networks. Social support can be (House, 1981):

- Instrumental, which is a practical support obtained by the persons near to you;
- Emotional, which is an affective support that can be obtained through hearing the others, giving attention and consolation;
- Informative, which is a support based on giving and receiving information and consolation;
- Affiliative, which is a kind of support that consisted in being and feeling part of a group, to have a social network.

These kinds of social supports can be:

- Direct or indirect: direct when help is received directly by a person inside the social network or indirect by another person outside the social network;
- Formal or informal: formal when help is received by institutions or informal when it is received by family and friends;
- Received or perceived: sometimes there is a discrepancy between these.

There is a strong relationship between social support and the individual's way to cope with difficult and stressing situations (Ronen, Hamama, Rosenbaum, & Mishely-Yarlap, 2014; Casale & Wild, 2012; Decker, 2007; Collins & Feeney, 2000), and fertility definitely is a physically and psychologically stressful problematic, in all societies and cultures (Greil et al., 2010). Despite increasing calls that have been made to include social support as a variable in infertility studies (Schmidt, 2009; Verhaak et al., 2005), there are relatively few studies examining the impact of social support on infertile subjects. Some studies have focused on the often unintentional negative impact that unsupportive responses have on generic adjustment and infertility stress (Slade et al.,

2007; Mindes, Ingram, Kliewer, & James 2003). Support from social networks can influence positively individuals's adjustment when dealing with the stress of infertility. For example, social support has been associated with lower levels of depression and anxiety (Lechner, Bolman, & Van Dalen, 2007; Verhaak et al., 2005) and reductions in infertility stress (Schmidt et al., 2005). Women seem to adjust better to the stress of infertility when they perceive higher social support from specific sources such as partners, family or friends (Martins, Peterson, Almeida, & Costa, 2011). Individuals who receive support from others and have high levels of perceived support and are satisfied with this support, have more efficient coping strategies to use in order to deal with stressful situations. Receiving social support from a significant partner has also been associated with lower levels of depression in men (Lund, Sejbaek, Christensen, & Schmidt, 2009).

Social support is correlated to higher quality of life in both females and males (Slade et al., 2007). In a study of Showell, Brown, Yazdani, Stankiewicz, & Hart (2011), it was observed that perceived social support from the family has a positive effect on the marital adjustment of infertile couples.

Social support has been shown to positively impact various aspects of individual's life across the lifespan, including sexuality. As a matter of fact, Blackmore, Hart, Albiani, & Mohr (2011), reported that those with increased positive partner support had significant improvement in sexual satisfaction over time. Furthermore, they found that the respondents with abundant social support considered sex life important, were satisfied with it, and found it easy to talk about sex life more often than those with less social support. Social support in sex life offered by one's own spouse/partner was important particularly to women. Friends functioned as significant positive sources of support in sex life particularly among women, but relatives did not. Bach, James, Mortimer, Vandeweerd, and Corvin (2013) found that not having a friend for either emotional support or to rely on for care if needed was significantly associated with sexual inactivity.

Infertile subject's need social support more than ever, considering the difficulties related to treatment. Researches (Salvatore et al., 2001) have found that when the AMR treatment has a positive result, females tend to avoid an exclusive relationship with the partner, and tend to expand the social network, in particular with friends. According to the AMR treatment, Agostini (2011), after a longitudinal study that measured social network support perceived from females and males at the beginning, during and at the

end of the AMR treatment, found that females perceived higher social support than males in all the three phases of the AMR treatment. Additionally, couples after the first treatment perceived higher social support than couples that had other treatments before. According to the positive or negative result of the AMR treatment, it was found that when the result was negative, females perceived lower social support than when the result of the treatment was positive. Vassard, Lund, Pinborg, Boivin, and Schmidt (2012), found that social support influences drop out from treatments. According to their study, low family support predicts treatment termination after 1 year for both men and women.

Several authors, including Martins and colleagues (2011) and Cousineau and colleagues (2007), have highlighted gender differences in social support research, highlighting how women seek more support than men. Fisher and Hammarberg additionally came to similar results in 2012, highlighting how women are more active in seeking social support and tend to trust more with those around them, especially other women, and getting from them advice and support. In 2010, Agostini and colleagues also investigated gender differences, finding that, even for women, who initially demonstrate to seek and receive greater support, the perception of social support (especially by friends) falls significantly after PMA's first failure, suggesting that female partners are little inclined to share the negative experiences. As for male partners, however, the perception of support seems to increase during the early stages of assessment and then fall considerably when it appears necessary to intervene with in vitro fertilization, probably due to the increased focus on the woman that this delicate intervention requires and makes the partner feel isolated and almost alien to the process. After two or three cycles of PMA fail, gender differences tend to disappear, and both members of the couple experience less social support, especially on the part of their friends, while the perception of family members remains strong which shows how the social relationships most affected by the experience of infertility are the friendly ones, while they seem to remain solid with their respective families of origin.

Finally, although, there is great evidence of social support benefits in infertility, infertile females and males tend to avoid social support sought in situations which threaten self-esteem (Folkman, 1984), and infertility is surely a situation which threaten self-esteem of individuals involved, due to its potentially stigmatizing nature (Slade et al., 2007). The lack of social support sought by infertile couples is treated in the paragraph below.

Reasons why seeking or not social support

Social support can be understood in terms of communication and time spent with family and friends (Steuber & Solomon, 2011; Deka et al., 2010; Cousineau et al., 2007; Slade et al., 2007; Peterson et al., 2006; Dhaliwal, Gupta, Gopalan, & Kulhara, 2004), as enhancing communication and time spent with family and friends can enhance social support received. Communication is an important factor in establishing new friendships, new romantic relations or to maintain those already existing. Throughout communication we can satisfy our needs both physic and emotional, ensure protection when needed. Those make communication essential in every situation and moment during the whole life circle. In cases of crisis, traumas or difficulties, time spent with family, friends or others increases, because individuals tend to search proximity and support from others (Uchino, 2009; Collins & Feeney, 2005). So we ask, what happens in infertile subjects?

There is a general and shared opinion that social support seeking in infertile subjects is really low. According to the communication, which is considered as a very important aspect related to social support, there are different reasons why infertile subjects prefer not to share information about their conditions and decisions. According to a study of Greene, Derlega, and Mathews (2006), infertile subjects fear stigmatization if they communicate to others their problematic. But, on the other side, hiding personal information can be psychologically and physically harmful, meanwhile disclosure with others can enhance well-being (Pennebaker, 2000) and strength emotions of intimacy and trust (Greene et al., 2006). Martins, Peterson, Almeida, and Costa (2011), evidenced that the absence of disclosure with others can cause stress only when the lack of communication concerns close people. This result underlines the idea that hiding a personal stressful information such as can be a diagnosis of infertility or the beginning of AMR treatment, to others considered close, can cause stress to individuals (Steuber et al., 2011).

There are several elements that influence this lack of seeking behavior in infertile individuals. Different studies have shown that for the infertile couple it is very difficult to communicate to others their condition (Ramazanzadeh et al., 2009; Drosdzol et al., 2008; El-Messidi, Al-Fozan, Lin Tan, Farag, and Tulandi, 2004; Lemmens et al., 2004; Fekkes et al., 2003; Fassino et al., 2002). The reasons for this lack of communication are different. According to Nene, Coyaji, and Apte (2005), infertile couples want to avoid feelings of shame, social disapproval and guilt or because the information can be

traumatic for the family or because they would have to talk about their sexual problems. Other studies have reported that infertile couples think that others can't be empathic with them (Greil et al., 2011; Deka et al., 2010; Cousineau et al., 2007). Others fear that family and friends can't be supportive enough (Mindes et al., 2003). This kind of behavior of infertile couples can lead to less adaptation to infertility (Mindes et al., 2003). Steuber and Solomon (2011), reported that infertile couples think that this is an information that concerns only them and no-one else.

Comparing females and males behavior, Folkvord, Odegaard, and Sundby (2005), reported that the partner that feels more discomfort on talking with family and friends about infertility is the male partner.

According to the time spent with others, the infertile couple tends to diminish the time spent with family and friends. According to Folkvord, Odegaard, and Sundby (2005), the couple tends to avoid family and friends due to the pressure that older family members make to the couple in order to have a child. Feelings of humiliation or discrimination that the couple can experience in different situations with family and friends, like family reunions, parties lead the couple to the choice to avoid spending time with others (Nene et al., 2005).

Whatever are the reasons leading the couple to decide not to report the infertility diagnosis to their family and friends, to avoid meetings with them, we should not forget the benefits of social support. As a matter of fact, many of the infertile couples who have accepted it, have positive relapses with lower stress levels (Martins et al., 2011), increased satisfaction in couple relationship and higher personal well-being (Felmle and Sprecher, 2000).

To help individuals and couples cope with the stress associated with infertility, there is a need to examine the disclosure behaviors that individuals can employ to increase the quality of social support requested and offered. A recent study of Martins, Peterson and Almeida (2011), indicated that when infertility is not disclosed to at least a close familiar or friend, the beneficial effects of social support on both social and personal stress cease to exist. When social support perception is lower, there is a tendency to keep infertility a secret within close friends, but when social support perception is higher, disclosing infertility with closer relationships is higher, too. These findings, suggest that disclosing has an important role in social support.

Variables considered in this chapter

Literature review have shown that social support is a very important element that can help infertile couples cope with the problematics related to their condition (Slade et al., 2007; Mindes et al., 2003). However, levels of social support requested and received are still low among infertile subjects (Ramazanzadeh et al., 2009; Drosdzol et al., 2008; El-Messidi et al., 2004; Lemmens et al., 2004; Fekkes et al., 2003; Fassino et al., 2002).

The aim of this study was, first, to explore disclosure behavior in both infertile and fertile subjects, comparing the two samples, in order to understand if they communicate and spend time with family and friends. The second aim was to explore the link between disclosure and personal and situational factors, in order to understand if several elements of personal and situational factors are correlated to disclosure behavior among infertile sample. Finally, we wanted to explore the possible correlation of dyadic adjustment and sexuality to disclosure behavior. We made the same confrontations between infertile and fertile sample as in Chapter 1 and 2.

According to the literature considered, and to the aims proposed, we hypothesized that:

i. there are differences in mean scores on Disclosure with family and friends (CD-FAMILY and CD-FRIENDS) between infertile sample and fertile sample. More specifically, we expect that confronting infertile females with fertile females and infertile males with fertile males, infertile subjects will have lower scores in both scales of disclosure (Communication and time spent with family and friends). And comparing infertile females and infertile males, infertile males will have lower scores in both scales of CD-FA e CD-FR.

ii. there is a correlation between Disclosure dimensions (CD-FA and CD-FR) and Personal/situational factors for the infertile sample. More specifically, we expect that Personal factors like: age, education title, profession, civil status, duration of marriage or cohabitation influence the Dyadic adjustment. Also, we expected that Situational factors like: factor of infertility, time spent from the decision to have a child, time spent between the diagnosis and the decision to contact a specialized center of AMR, person who had the idea to contact a specialized center of AMR, person who has been informed about this decision, type of treatment they are subjected, previous treatments influence Disclosure dimensions (CD-FA and CD-FR).

iii. there is a correlation between Disclosure dimensions (CD-FA and CD-FR) and Dyadic Adjustment (DAS) scales for both infertile and fertile sample. More specifically, we expect that higher levels of dyadic adjustment will be correlated with high levels of disclosure dimensions (Communication with Family and Friends, Time Spent with Family and Friends). Confronting infertile females with fertile females, infertile males with fertile males, we expect to find differences between the two samples. Also, confronting infertile females with infertile males we expect to find differences between females and males.

iv. there is a correlation between Disclosure dimensions (CD-FA and CD-FR) and Sexuality (MSQ), for both infertile and fertile sample. More specifically, we expect that higher levels of “Sexual Esteem", “Internal Sexual Control”, “Sexual Consciousness”, “Sexual Motivation”, “Sexual Assertiveness” and “Sexual Satisfaction” of MSQ and lower levels in “Sexual Preoccupation”, “Sexual Anxiety”, “Sexual Depression”, “External Sexual Control”, “Sexual Monitoring” and “Fear of Sex” (MSQ) are correlated with higher levels of Disclosure dimensions (Communication with Family and Friends, Time Spent with Family and Friends). Confronting infertile females with fertile females, infertile males with fertile males, we expect to find differences between the two samples. Also, confronting infertile females with infertile males we expect to find differences between females and males.

Materials

For these analyzes we used two questionnaire that we created *ad hoc:*

Couples Disclosure - Family (CD-FAMILY), is a questionnaire, created *ad hoc* in order to evaluate subjects disclosure with family in a moment of difficulty or crisis. The questionnaire is composed by 28 items divided in two scales: the first scale ,composed by 19 items, evaluates communication with family, meanwhile the second scale composed by 9 items evaluates time spent with family in a moment of life crisis. Items according to the first scale refers to thematics like: the level of proximity with family, need for support, fear of being criticized, fear to disappoint family members, fear of making them suffer, fear of their judgment, fear of not being understand, shame, fear of being isolated, keeping the secret. Some items examples are: *“I talk with my family about my problems because I need to talk with someone who can understand*

me"; "I don't talk to my family about my problems because of the fear of being criticized".

Second scale items refers to thematics like: changes or not of time spent with family during a moment of crisis: avoid family in events with too many people, avoid family when we are relatives with children, avoid family in order to evade inappropriate comments, avoid the family because they may make inappropriate questions or give unwanted advices. Some items examples are: *"I avoid to spend time with my family if I know that they might make inappropriate comments"; "I avoid to spend time with my family because I know they will make questions about my difficulties".*

Answers are calculated on a Likert scale that goes from 0 (strongly disagree) to 6 (strongly agree).

The aim of this study is not to validate this questionnaire. We created it because we didn't find a proper validated questionnaire that evaluates disclosure with family and more specifically communication and time spent with them in a moment of crisis. Although the aim of the study isn't the validation of the questionnaire, we first submitted the questionnaire to a focus groups composed by 25 couples and than conduced an Alpha Cronbach analyses in order to valuate the reliability of the questionnaire, which confirmed that the two scales of the questionnaire are unidimensional, each of them measure an unique factor (see table 67).

Table 67. Alpha Cronbach CD-Family

	CD-FAMILY COMMUNICATION	CD-FAMILY TIME SPENT WITH FAMILY
INFERTILE FEMALES	0.91	0.90
INFERTILE MALES	0.92	0.83
FERTILE FEMALES	0.91	0.86
FERTILE MALES	0.90	0.82

Couples Disclosure - Friends (CD-FRIENDS), is a questionnaire, created *ad hoc* in order to evaluate subjects disclosure with friends in a moment of difficulty or crisis. This questionnaire has the same format as the CD-FAMILY but in this case it evaluates disclosure with friends. Some of the items examples are: *"I don't talk with my friends about my problems because I fear their judgment"; "I avoid to spend time with my friends because I fear that they might make inadequate comments about my situation".*

We conduced an Alpha Cronbach in order to evaluate the questionnaire's affordability, which reconfirmed that the two scales of the questionnaire are unidimensional (see Table 68).

Table 68. Alpha Cronbach CD-Friends

	CD-FRIENDS COMMUNICATION	CD-FRIENDS TIME SPENT WITH FRIENDS
INFERTILE FEMALES	0.89	0.89
INFERTILE MALES	0.84	0.87
FERTILE FEMALES	0.89	0.90
FERTILE MALES	0.87	0.83

We conduced also a Pearson Correlation for infertile and fertile females and for infertile and fertile males, in order to analyze the correlation between the two questionnaires (see Table 69, Table 70, Table 71, Table 72).

Table 69. Pearson correlation for CD-Family and CD-Friends for infertile females

	CD-FA COMMUNICATION		CD-FA TIME SPENT		CD-FR COMMUNICATION		CD-FR TIME SPENT	
	r	p	r	p	r	p	r	p
CD-FA COMMUNICATION			0.40	0.00	0.48	0.00	0.16	0.00
CD-FA TIME SPENT	0.40	0.00			0.19	0.00	0.45	0.00
CD-FR COMMUNICATION	0.48	0.00	0.19	0.00			0.38	0.00
CD-FR TIME SPENT	0.16	0.00	0.45	0.00	0.38	0.00		

Table 70. Pearson correlation for CD-Family and CD-Friends for infertile males

	CD-FA COMMUNICATION		CD-FA TIME SPENT		CD-FR COMMUNICATION		CD-FR TIME SPENT	
	r	p	r	p	r	p	r	p
CD-FA COMMUNICATION			0.49	0.00	0.45	0.00	0.14	0.00
CD-FA TIME SPENT	0.49	0.00			0.20	0.01	0.51	0.00
CD-FR COMMUNICATION	0.49	0.00	0.20	0.01			0.49	0.00
CD-FR TIME SPENT	0.14	0.00	0.51	0.00	0.49	0.00		

Table 71. Pearson correlation for CD-Family and CD-Friends for fertile females

	CD-FA COMMUNICATION		CD-FA TIME SPENT		CD-FR COMMUNICATION		CD-FR TIME SPENT	
	r	p	r	p	r	p	r	p
CD-FA COMMUNICATION			0.39	0.00	0.21	0.02	0.06	0.00
CD-FA TIME SPENT	0.39	0.00			0.00	0.00	0.07	0.00
CD-FR COMMUNICATION	0.02	0.00	0.96	0.04			0.56	0.00
CD-FR TIME SPENT	0.06	0.00	0.07	0.00	0.56	0.00		

Table 72. Pearson correlation for CD-Family and CD-Friends for fertile males

	CD-FA COMMUNICATION		CD-FA TIME SPENT		CD-FR COMMUNICATION		CD-FR TIME SPENT	
	r	p	r	p	r	p	r	p
CD-FA COMMUNICATION			0.32	0 .00	0.67	0 .00	0.34	.000
CD-FA TIME SPENT	0.32	0 .00			0.18	0.00	0.51	.000
CD-FR COMMUNICATION	0.67	0.00	0.18	0.00			0.33	.000
CD-FR TIME SPENT	0..34	0.00	0.51	0.00	0.33	0.00		

The inter-item correlation and the Cronbach's alpha coefficients found in the present sample showed acceptable reliabilities of both tools.

Other questionnaires used in for these analyzes are:

Dyadic Adjustment Scale (DAS, Spanier, 1976), see Chapter 1.

Multidimensional Sexuality Questionnaire (MSQ, Snell et al., 1993), see Chapter 1.

Personal and situational history questionnaire , see Chapter 1.

Data-analysis

We used IBM Statistical Program for Social Sciences 24 (SPSS), to analyze data. Correlations between CD-FA and CD-FR scales and personal and situational factors were calculated using T-test, Linear Regression and One Way Anova. In order to

analyze the difference between infertile sample and fertile sample, the dataset was divided in infertile sample dataset and in fertile sample one. Correlations between CD-FA and CD-FR scales and DAS and MSQ scales were calculated using MANOVA, where CD-FA and CD-FR scales were the dependent variable. In case of the differences between infertile females and fertile females, infertile males and fertile males, fixed factor was the group. When infertile females and infertile males was confronted, fixed factor was the gender. Only mean values of CD-FA and CD-FR was calculated using linear mixed model, using software R (R Development Core Team, 2016). Comparisons between couples have been corrected by post-hoc (Adjusted p values reported - Bonferroni, single-step method).

Results

Description of disclosure with family and friends in infertile and fertile sample

Regarding the distribution of the infertile and fertile sample on disclosure with family and friends, Linear Mixed Model showed a significant statistical difference between fertile females and fertile males on “Communication with family” of CD-FA. It resulted that when communication with family increases in fertile females, it decreases in fertile males. This result demonstrated that there are different levels of communications with family between fertile females and males (see Table 73 and Table 74).

Table 73. Linear Mixed Models for CD-Family-Communication

COMMUNICATION WITH FAMILY CD-FA	B	df	T-test	p.
Fixed factors intercept	99.78	324.60	49.80	<.001
GroupControl	0.95	315.10	0.39	0.69
GenderMale	-4.61	166.00	-2.26	<.001
GroupControl:GenderMale	-0.26	162.50	-0.11	0.91

Table 74. ANOVA for CD-Family-Communication

COMMUNICATION WITH FAMILY CD-DA	B	Z value	p.
F.INF VS F. FER	0.95	0.39	0.97
M.INF VS M.FER	-0.26	-0.11	0.99
F.FER VS M.FER	-4.87	-3.33	<.001
F.INF VS M.INF	-4.61	-2.26	0.07

Linear Mixed Model showed also a significant statistical difference between the infertile and fertile sample on “Time spent with family” of CD-FA (see Table 75 and Table 76).

Table 75. Linear Mixed Models for CD-Family-Time spend with family

TIME SPENT WITH FAMILY CD-FA	B	df	T-test	p.
Fixed factors intercept	46.30	343.20	0.59	<.001
GroupControl	0.49	338.60	0.52	0.60
GenderMale	0.03	175.10	0.04	0.96
GroupControl:GenderMale	-2.48	170.70	-0.22	<.001

Table 76. ANOVA for CD-Family-Time spend with family

TIME SPENT WITH FAMILY CD-FA	B	Z value	p.
F.INF VS F. FER	0.49	0.52	0.92
M.INF VS M.FER	-2.45	-2.25	0.07
F.FER VS M.FER	-2.48	-3.80	0.07
F.INF VS M.INF	0.03	0.09	1.00

According to disclosure with friends, Linear Mixed Model found a significant statistical difference between the fertile females and fertile males on “Communication with friends”. It resulted that when communication with friends increases in fertile females, it decreases in fertile males. This result demonstrated that there are different levels of communications with friends between fertile females and males for both samples (see Table 77 and Table 78).

Table 77. Linear Mixed Models for CD-Friends-Communication

COMMUNICATION WITH FRIENDS CD-FR	B	df	T-test	p.
Fixed factors intercept	94.22	343.60	50.79	<.001
GroupControl	4.05	340.40	1.79	0.07
GenderMale	-6.18	196.50	-2.85	<.001
GroupControl:GenderMale	1.96	192.40	0.73	0.46

Table 78. ANOVA for CD-Friends-Communication

COMMUNICATION WITH FRIENDS CD-FR	B	Z value	p.
F.INF VS F. FER	4.05	1.79	0.20
M.INF VS M.FER	1.96	0.73	0.83
F.FER VS M.FER	-4.22	-2.69	<.001
F.INF VS M.INF	-6.18	-2.85	<.001

Finally, there is a significant statistical difference between the infertile and fertile sample on “Time spent with friends” of CD-FR (see Table 79 and Table 80).

Table 79. Linear Mixed Models for CD-Friends-Time spent with friends

TIME SPENT WITH FRIENDS CD-FR	B	df	T-test	p.
Fixed factors intercept	46.01	338.70	56.28	<.001
GroupControl	-1.94	334.10	-1.94	0.05
GenderMale	-0.97	186.60	-1.05	0.29
GroupControl:GenderMale	0.34	182.60	0.30	0.76

Table 80. ANOVA for CD-Friends-Time spent with friends

TIME SPENT WITH FRIENDS CF-FR	B	Z value	p.
F.INF VS F. FER	-1.94	-1.94	0.15
M.INF VS M.FER	0.34	0.30	0.98
F.FER VS M.FER	-0.63	-0.94	0.70
F.INF VS M.INF	-0.97	-1.05	0.63

Correlation between disclosure scales and personal and situational factors - confronting infertile females and infertile males

Data analyses indicate that the correlation between indicated variables was significative only for the following CD-FA and CD-FR scales and personal/situational factors:

Duration of the relationship - The results indicated that for females there is no significative statistical difference between this personal factor and CD-FA and CD-FR (see Table 81). Meanwhile there is a significative statistical difference between this personal factor and “Time Spent with Friends” of CD-FR for males. In particular, every month in more of the relationship, time spent with friends increases more (see Table 82).

Table 81. Linear Regression for CD-FA. CD-FR and Duration of the relationship

FEMALES	B	t	p.
COMMUNICATION_FA	0.05	1.19	0.24
TIME SPENT_FA	0.02	1.38	0.17
COMMUNICATION_FR	0.04	0.87	0.39
TIME SPENT_FR	0.00	0.01	0.99

Table 82. Linear Regression for CD-FA. CD-FR and Duration of the relationship

MALES	B	t	p.
COMMUNICATION_FA	0.02	0.68	0.50
TIME SPENT_FA	0.00	0.22	0.82
COMMUNICATION_FR	-0.04	-1.15	0.25
TIME SPENT_FR	-0.03	-2.10	<.001

Time spent from the diagnosis to the decision to contact an AMR center - There is no significative statistical difference between this situational factor and CD-FA and CD-FR for females (see Table 83). Meanwhile for males, more time passes between the diagnosis and the decision to contact an AMR center, more increases the communication and time spent with family (see Table 84).

Table 83. Linear Regression for CD-FA. CD-FR and Time spent from diagnosis to the decision to contact an AMR center

FEMALES	B	t	p.
COMMUNICATION_FA	0.06	0.39	0.70
TIME SPENT_FA	0.05	0.34	0.74
COMMUNICATION_FR	0.05	0.30	0.76
TIME SPENT_FR	0.11	0.70	0.49

Table 84. Linear Regression for CD-FA. CD-FR and Time spent from diagnosis to the decision to contact an AMR center

MALES	B	t	p.
COMMUNICATION_FA	0.30	2.07	<.001
TIME SPENT_FA	0.31	2.12	<.001
COMMUNICATION_FR	0.23	1.58	0.12
TIME SPENT_FR	0.17	1.11	0.27

Person who had the idea to contact an AMR center - There is no significative statistical difference between this personal factor and CD-FA, CD-FR for females (see Table 85). Meanwhile for males, when the decision to contact an AMR center was taken by both partners, time spent with family, communication with friends increases (see Table 86).

Table 85. T-test for CD-FA. CD-FR and Person who had the idea to contact an AMR center

FEMALES	Mean Both partners	sd	Mean One of the partners	sd	t	p
COMMUNICATION_FA	101.79	20.78	97.90	13.35	-0.76	0.45
TIME SPENT_FA	47.73	8.46	44.81	5.97	-1.17	0.25
COMMUNICATION_FR	94.54	20.58	95.33	15.73	0.15	0.88
TIME SPENT_FR	46.92	9.31	44.38	5.36	-1.14	0.26

Table 86. T-test for CD-FA. CD-FR and Person who had the idea to contact an AMR center

MALES	Mean Both partners	sd	Mean One of the partners	sd	t	p
COMMUNICATION_FA	98.44	15.50	93.81	16.91	-1.05	0.30
TIME SPENT_FA	47.78	5.71	45.04	3.51	-2.12	<.001
COMMUNICATION_FR	93.89	14.57	83.41	14.01	-2.69	<.001
TIME SPENT_FR	46.89	9.29	43.74	4.89	-1.56	0.12

Previous treatments - For females, there is a significative statistical difference in means between this situational factor and "Time Spent with Family" and "Time Spent with Friends". In particular, females who didn't make previous treatments, spent more time with family and friends (see Table 87). Furthermore, males whose partners didn't make previous treatments, spent more time with friends (see Table 88).

Table 87. T-test for CD-F. CD-FR and Previous treatments

FEMALES	Mean Yes, previous treatments	sd	Mean No, previous treatments	sd	t	p
COMMUNICATION_FA	95.52	18.10	103.88	15.56	-1.66	0.10
TIME SPENT_FA	43.76	9.70	48.25	3.05	-2.15	<.001
COMMUNICATION_FR	92.05	18.79	97.42	17.17	-1.00	0.32
TIME SPENT_FR	42.95	9.29	48.17	4.34	-2.46	<.001

Table 88. T-test for CD-FA. CD-FR and Previous treatments

MALES	Mean Ye, previous treatments	sd	Mean No, previous treatments	sd	t	p
COMMUNICATION_FA	93.58	18.72	98.41	14.12	-1.07	0.29
TIME SPENT_FA	45.13	5.92	47.41	3.74	-1.71	0.09
COMMUNICATION_FR	89.50	18.09	88.55	12.33	0.23	0.82
TIME SPENT_FR	42.71	10.26	47.38	3.18	-2.32	<.001

Correlation between disclosure scales and dyadic adjustment scales - confronting infertile females vs fertile females

The results indicated that, "Communication with Family" *B*=2,022, *p*<.001 of CD-FA and "Communication with Friends" *B*=1.550, *p*<.001 of CD-FR correlate positively with "Dyadic Emotional Expression" of DAS. "Time Spent with Friends" of CD-FR correlates positively with "Dyadic Cohesion" *B*=.430, *p*<.001, "Dyadic Consensus" *B*=.168, *p*<.001 and "Total Dyadic Adjustment" *B*=.127, *p*<.001 of DAS. "Communication with Friends" of CD-FR correlates positively with "Total Dyadic Adjustment" *B*=.400, *p*<.001 of DAS.

Furthermore, it results that, on average, there is a significative statistical difference between Infertile Females and Fertile Females on the correlation between "Dyadic

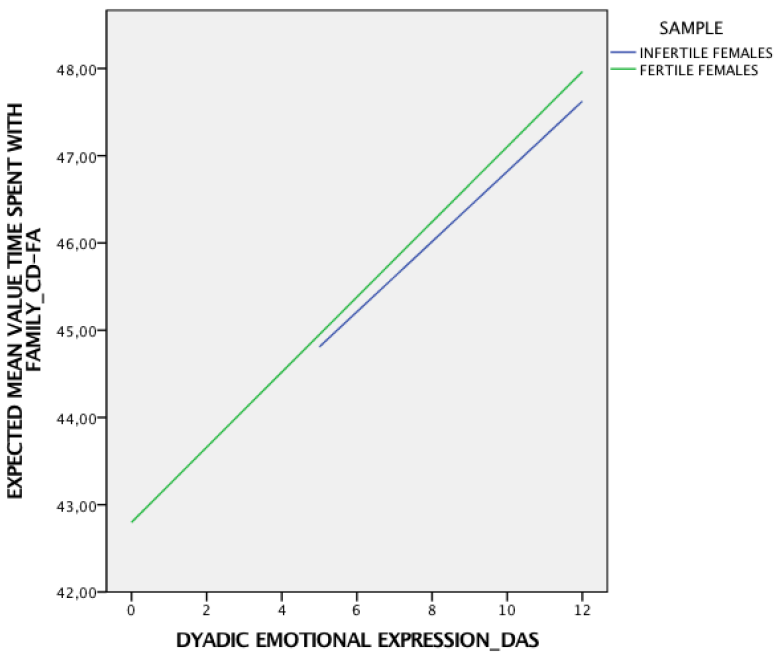
Emotional Expression", "Total Dyadic Adjustment" of DAS and "Time Spent with Family", where Fertile Females have higher points than Infertile Females (see Table 89).

Table 89. MANOVA for Disclosure with family and friends and Dyadic adjustment

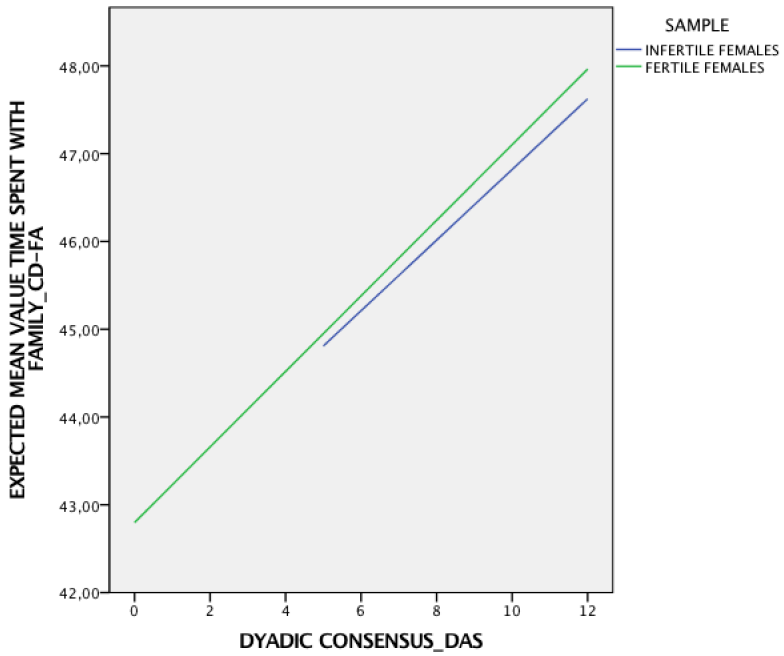
FEMALES	EMOTIONAL EXPRESSION DAS		COHESION DAS		CONSENSUS DAS		SATISFACTION DAS		TOTAL DAS	
CD-FA/CD-FR+DAS	B	p.	B	p.	B	p.	B	p.	B	p.
COMMUNICATION	2.02	<0.001	-0.34	0.39	0.39	0.03	0.10	0.81	0.19	0.08
FAMILY	-19.17	0.10	-20.85	0.08	13.44	0.49	-33.10	0.11	-18.62	0.41
GROUP	1.63	0.17	10.16	0.09	-0.29	0.43	10.00	0.13	0.15	0.47
INTERACTION										
TIME	0.04	0.87	0.06	0.67	0.09	0.15	0.16	0.32	0.05	0.19
SPENT_FAMILY	-17.14	<0.001	-9.14	0.04	19.55	0.01	-6.76	0.40	-25.32	<0.001
GROUP	10.67	<0.001	0.49	0.06	0.35	<0.001	0.19	0.45	0.22	<0.001
INTERACTION										
COMMUNICATION	10.55	<0.001	0.89	0.02	0.66	0.00	0.69	0.09	0.40	<0.001
FRIENDS	-90.02	0.45	110.38	0.32	3..49	0.09	-4.55	0.82	26.62	0.22
GROUP	0.30	0.80	-0.96	0.15	-0.70	<0.001	-0.03	0.96	-0.30	0.12
INTERACTION										
TIME	0.323	0.22	0.43	<0.001	0.17	<0.001	0.36	0.04	0.13	<0.001
SPENT_FRIENDS	-60.44	0.23	0.87	0.86	-15.95	0.05	5.78	0.51	-11.88	0.21
GROUP	0.78	0.14	0.02	0.94	0.32	<0.001	-0.14	0.61	0.11	0.18
INTERACTION										

Data analyze showed a different interaction between "Time Spent with Family" and "Dyadic Emotional Expression" (see Graphic 30), between "Time Spent with Family" and "Dyadic Consensus" (see Graphic 31), between "Time Spent with Family" and "Total Dyadic Adjustment" (see Graphic 32). These interactions were stronger for Infertile Females.

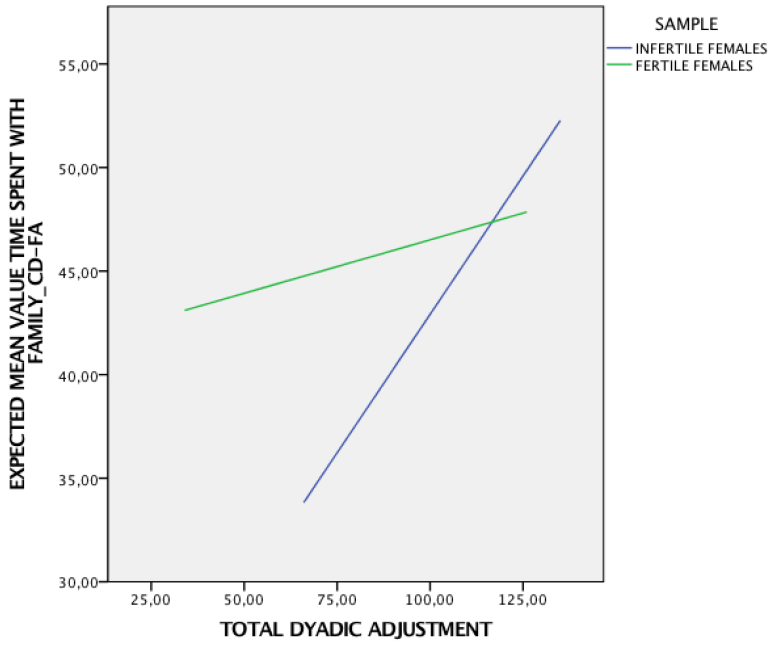
GRAPHIC 30. Interaction between "Time Spent with Family" of CD-FA and "Dyadic Emotional Expression" of DAS



GRAPHIC 31. Interaction between "Time Spent with Family" of CD-FA and "Dyadic Consensus" of DAS

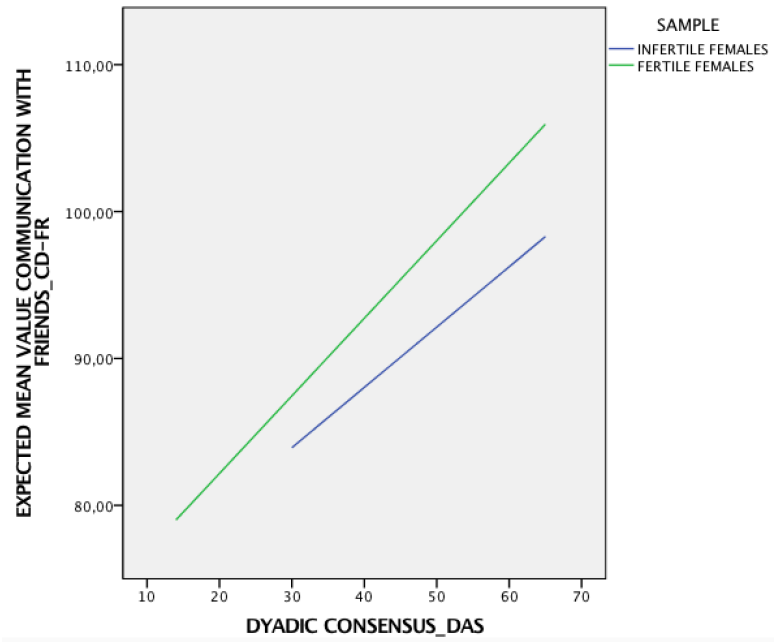


GRAPHIC 32. Interaction between "Time Spent with Family" of CD-FA and "Total Dyadic Adjustment" of DAS

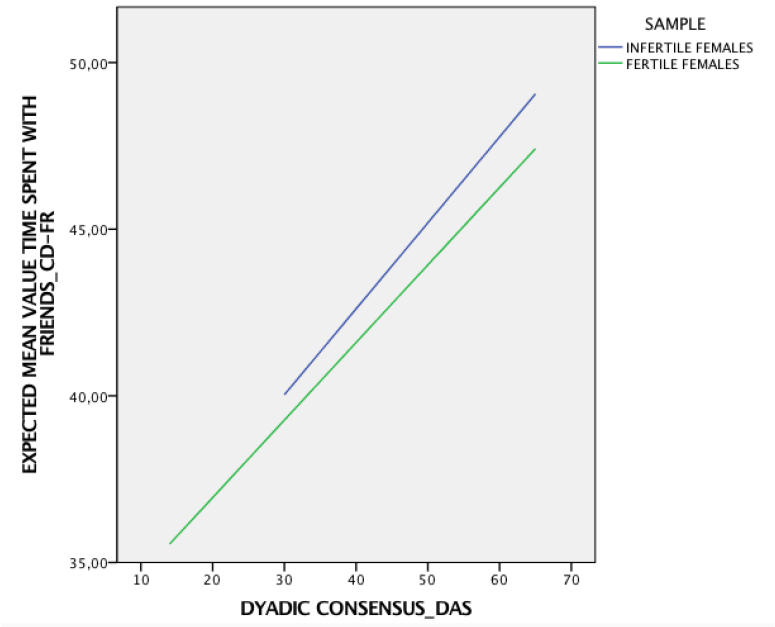


There was a different interaction between "Communication with Friends" and "Dyadic Consensus" (see Graphic 33), and between "Time Spent with Friends" and "Dyadic Consensus" (see Graphic 34). These interactions were stronger for Fertile Females.

GRAPHIC 33. Interaction between "Communication with Friends" of CD-FR and "Dyadic Consensus" of DAS



GRAPHIC 34. Interaction between "Time Spent with Friends" of CD-FR and "Dyadic Consensus" of DAS



Correlation between disclosure scales and dyadic adjustment scales - confronting infertile males vs fertile males

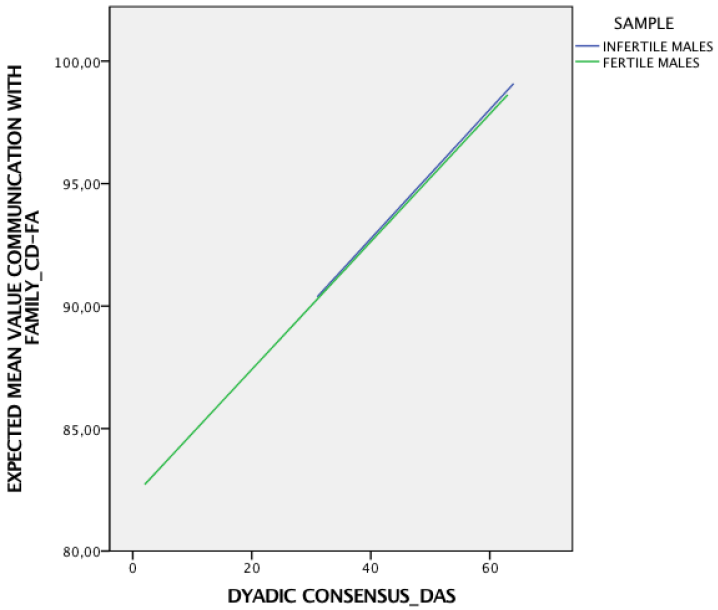
Results indicated that there is a positive correlation only between "Time Spent with Family" with "Dyadic Satisfaction" B=.338, p<.001 for males (see Table 90).

Table 90. MANOVA for Disclosure with family and friends and Dyadic adjustment

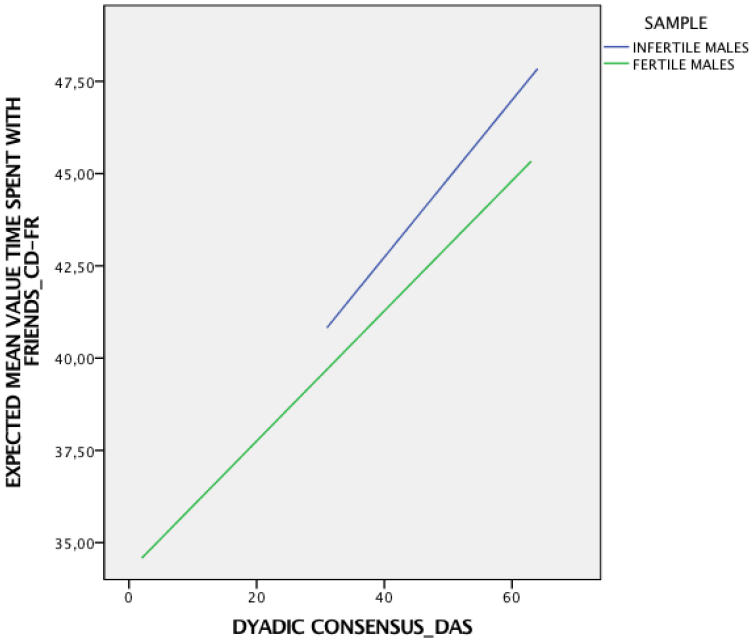
MALES	EMOTIONAL EXPRESSION DAS		COHESION DAS		CONSENSUS DAS		SATISFACTION DAS		TOTAL DAS	
CD-FA/CD-FR+DAS	B	p.	B	p.	B	p.	B	p.	B	p.
COMMUNICATION_ FAMILY	0.21	0.30	0.53	0.26	0.01	0.95	-0.25	0.57	0.03	0.23
GROUP	-23.85	0.09	3.99	0.73	-39.38	0.02	-56.06	0.01	-47.24	0.03
INTERACTION	20.28	0.10	-0.28	0.67	0.75	<0.001	1.79	0.01	0.42	0.03
TIME SPENT_FAMILY	0.26	0.32	0.07	0.68	0.10	0.19	0.34	<0.001	0.07	0.10
GROUP	-4.78	0.39	-2.45	0.58	-7.93	0.24	-4.61	0.58	-11.36	0.17
INTERACTION	0.64	0.24	0.25	0.32	0.19	0.14	0.21	0.42	0.12	0.11
COMMUNICATION_ FRIENDS	0.21	0.73	-0.06	0.88	0.06	0.70	-0.25	0.52	0.01	0.93
GROUP	-21.38	0.09	5.61	0.58	-37.21	0.02	-52.34	0.01	-35.45	0.06
INTERACTION	1.55	0.21	-0.63	0.28	0.61	<0.001	1.51	0.01	0.27	0.12
TIME SPENT_FRIENDS	0.21	0.43	0.18	0.33	0.08	0.29	0.14	0.42	0.06	0.21
GROUP	-7.82	0.16	0.06	0.99	-15.69	0.02	-11.15	0.19	-17.57	0.03
INTERACTION	0.91	0.10	0.08	0.75	0.33	<0.001	0.41	0.13	0.17	0.02

There is a different interaction between “Communication with Family” and “Dyadic Consensus” (see Graphic 35), and between “Time Spent with Friends” and “Dyadic Consensus” (see Graphic 36). These interactions were stronger for Infertile males.

GRAPHIC 35. Interaction between “Communication with Family” of CD-FA and “Dyadic Consensus” of DAS

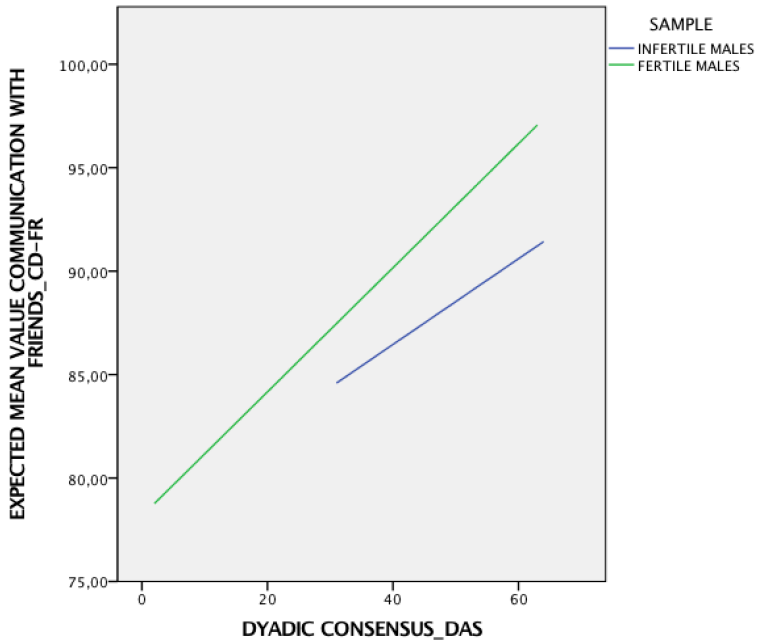


GRAPHIC 36. Interaction between "Time Spent with Friends" of CD-FA and "Dyadic Consensus" of DAS



Meanwhile the interaction between "Communication with Friends" and "Dyadic Consensus" was stronger for Fertile males (see Graphic 37).

GRAPHIC 37. Interaction between "Communication with Friends" of CD-FA and "Dyadic Consensus" of DAS



Correlation between disclosure scales and dyadic adjustment scales - confronting infertile females vs infertile males

The results indicated that, “Communication with Family” correlates positively with “Dyadic Satisfaction” B=1,536, p<.001 and “Total Dyadic Adjustment” *B*=.449, *p*<.001. “Time Spent with Family” and “Time Spent with Friends” correlate positively with “Dyadic Emotional Expression” *B*=.898, *p*<.001; *B*=1,123, *p*<.001, “Dyadic Consensus” *B*=.286, *p*<.001; *B*=.410, *p*<.001, “Dyadic Satisfaction” *B*=.549, *p*<.001; *B*=.550, *p*<.001 and “Total Dyadic Adjustment” *B*=.192, *p*<.001; *B*=.229, *p*<.001. “Communication with Friends” correlates positively with “Dyadic Satisfaction” *B*=1,262, *p*<.001 (see Table 91).

Table 91. MANOVA for Disclosure with family and friends and Dyadic adjustment

FEMALES MALES	EMOTIONAL EXPRESSION DAS		COHESION DAS		CONSENSUS DAS		SATISFACTION DAS		TOTAL DAS	
CD-FA/CD-FR+DAS	B	p.	B	p.	B	p.	B	p.	B	p.
COMMUNICATION_FAMILY	2.48	0.07	0.25	0.64	0.76	0.02	1.56	<0.001	0.45	<0.001
GENDER	-6.39	0.74	-5.14	0.74	38.72	0.15	17.30	0.53	16.87	0.58
INTERACTION	1.17	0.53	0.57	0.51	-0.65	0.19	-0.43	0.61	-0.12	0.67
TIME SPENT_FAMILY	0.90	<0.001	0.33	0.07	0.29	<0.001	0.55	<0.001	0.19	<0.001
GENDER	-7.73	0.22	-3.93	0.44	-8.86	0.30	6.06	0.51	-8.96	0.36
INTERACTION	0.80	0.19	0.23	0.42	0.16	0.32	-0.20	0.49	0.08	0.37
COMMUNICATION_FRIENDS	1.75	0.16	-0.69	0.15	0.67	0.02	1.26	<0.001	0.28	0.08
GENDER	4.82	0.78	-5.36	0.70	43.05	0.07	23.58	0.34	24.85	0.38
INTERACTION	0.09	0.96	0.62	0.42	-0.72	0.12	-0.60	0.44	-0.18	0.48
TIME SPENT_FRIENDS	1.12	<0.001	0.26	0.22	0.41	<0.001	0.55	<0.001	0.23	<0.001
GENDER	1.15	0.88	-2.49	0.68	-4.04	0.69	11.07	0.32	-0.90	0.94
INTERACTION	-0.01	0.99	0.19	0.58	0.08	0.67	-0.33	0.34	0.01	0.91

Correlation between disclosure scales and sexuality scales - confronting infertile females vs fertile females

The results indicated that, there is a negative correlation between “Communication with Family” *B*=-1.253, *p*<.001 and “Time Spent with Family” *B*=-.321, *p*<.001 and “Sexual Depression” of MSQ. There is a negative correlation between “Communication with Family” *B*=-1,311, *p*<.001 and “External Sexual Control” of MSQ. There is a negative correlation between “Communication with Family” *B*=-1,987, *p*<.001 and “Time Spent with Family” *B*=-.458, *p*<.001 and “Sexual Monitoring” of MSQ. Moreover, it results that, on average, there is a significative statistical difference between Infertile Females and Fertile Females on the correlation between “Time Spent with Friends” and “Sexual Depression” of MSQ, and between “Time Spent with Friends” and “External Sexual Control” of MSQ, where Infertile Females have higher points than Fertile Females. Finally, there is a significative statistical difference between Infertile Females and Fertile Females on the correlation between “Time Spent with Friends” and

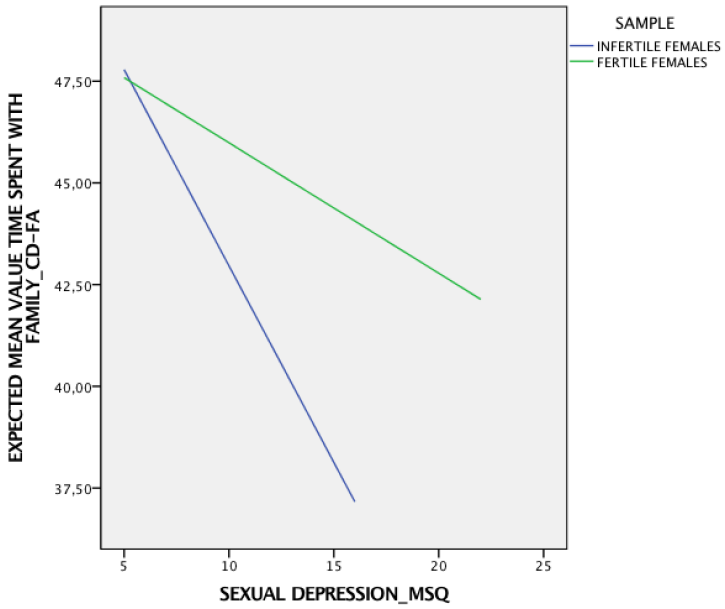
"Sexual Monitoring" of MSQ, where Infertile Females have higher points than Fertile Females (see Table 92).

Table 92. MANOVA for Disclosure with family and friends and Sexuallity dimensions

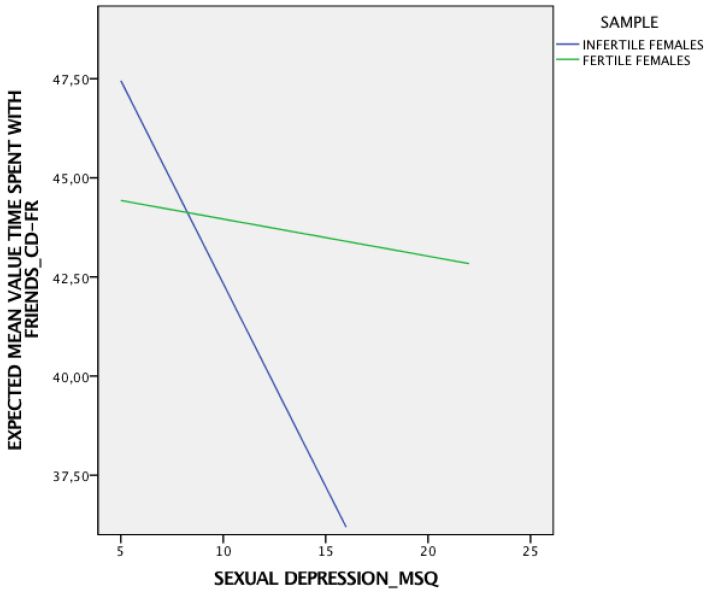
FEMALES	COMMUNICATION FAMILY		TIME SPENT WITH FAMILY		COMMUNICATION FRIENDS		TIME SPENT WITH FRIENDS	
CD-FA/CD-FR + MSQ	B	p.	B	p.	B	p.	B	p.
SEXUAL SELF-ESTEEM	0.30	0.40	-0.11	0.42	-0.00	0.99	-0.32	0.03
GROUP	4.53	0.67	0.40	0.92	-9.77	0.35	1.97	0.66
INTERACTION	-0.37	0.58	-0.05	0.85	0.33	0.61	0.01	0.98
SEXUAL PREOCCUPATION	0.02	0.77	-0.16	0.02	0.04	0.66	0.96	0.61
GROUP	-20.63	0.24	-2.07	0.20	1.47	0.29	1.89	0.91
INTERACTION	0.15	0.90	0.23	0.06	-0.16	0.32	-0.09	0.70
INTERNAL SEXUAL CONTROL	0.10	0.30	0.10	0.30	0.10	0.30	0.10	0.30
GROUP	-0.54	0.83	-0.54	0.83	-0.54	0.83	-0.54	0.83
INTERACTION	0.09	0.54	0.09	0.54	0.09	0.54	0.09	0.54
SEXUAL CONSCIUOSNESS	-0.12	0.42	-1.17	0.01	0.23	0.14	-0.29	0.27
GROUP	-1.32	0.48	-15.82	0.13	-1.63	0.73	3.20	0.35
INTERACTION	0.24	0.32	1.46	0.07	0.11	0.67	-0.36	0.40
SEXUAL MOTIVATION	0.18	0.11	0.23	0.29	-0.05	0.67	0.45	0.22
GROUP	1.06	0.73	2.60	0.64	-2.54	0.40	0.78	0.93
INTERACTION	-0.05	0.78	-0.10	0.76	0.18	0.31	0.05	0.92
SEXUAL ANXIETY	-0.44	0.11	0.33	0.14	0.17	0.17	-0.35	0.03
GROUP	5.89	0.06	5.59	0.34	4.20	0.19	-1.15	0.55
INTERACTION	-0.79	0.07	-0.28	0.43	-0.27	0.04	0.22	0.37
SEXUAL ASSERTIVENESS	0.04	0.43	0.05	0.67	0.09	0.65	0.05	0.64
GROUP	0.05	0.96	0.12	0.00	4.89	0.29	0.05	0.98
INTERACTION	-0.00	0.97	0.01	0.96	-0.27	0.36	0.03	0.83
SEXUAL DEPRESSION	-1.25	<0.001	-0.32	<0.001	0.69	0.06	-0.09	0.56
GROUP	-4.38	0.45	30.42	0.12	-8.84	0.13	7.68	<0.001
INTERACTION	0.37	0.64	-0.64	<0.001	0.59	0.46	-0.93	<0.001
EXTERNAL SEXUAL CONTROL	-1.31	<0.001	-0.16	0.37	-0.47	0.31	0.18	0.36
GROUP	-4.26	0.49	3.20	0.19	-4.96	0.43	9.26	<0.001
INTERACTION	0.47	0.51	-0.44	0.11	0.08	0.90	-0.92	<0.001
SEXUAL MONITORING	-1.99	<0.001	-0.46	<0.001	-0.52	0.35	0.40	0.10
GROUP	2.21	0.76	2.22	0.45	7.54	0.32	12.21	<0.001
INTERACTION	-0.57	0.61	-0.45	0.31	-1.93	0.09	-1.66	<0.001
FEAR OF SEX	0.27	0.14	0.18	0.33	-0.01	0.80	0.04	0.71
GROUP	-0.58	0.87	-0.52	0.88	1.99	0.70	-2.76	0.64
INTERACTION	-0.07	0.84	-0.04	0.85	-0.06	0.56	0.05	0.78
SEXUAL SATISFACTION	-0.21	0.25	0.34	0.07	0.17	0.10	0.02	0.68
GROUP	1.41	0.50	-41.89	0.37	1.59	0.60	-0.80	0.85
INTERACTION	-0.17	0.58	0.28	0.32	-0.07	0.66	-0.005	0.95

Data analyze showed a different interaction between "Time Spent with Family" and "Sexual Depression" (see Graphic 38), between "Time Spent with Friends" and "Sexual Depression" (see Graphic 39), between "Time Spent with Friends" and "External Sexual Control" (see Graphic 40), "Time Spent with Friends" and "Sexual Monitoring" (see Graphic 41). These interactions were stronger for Fertile females.

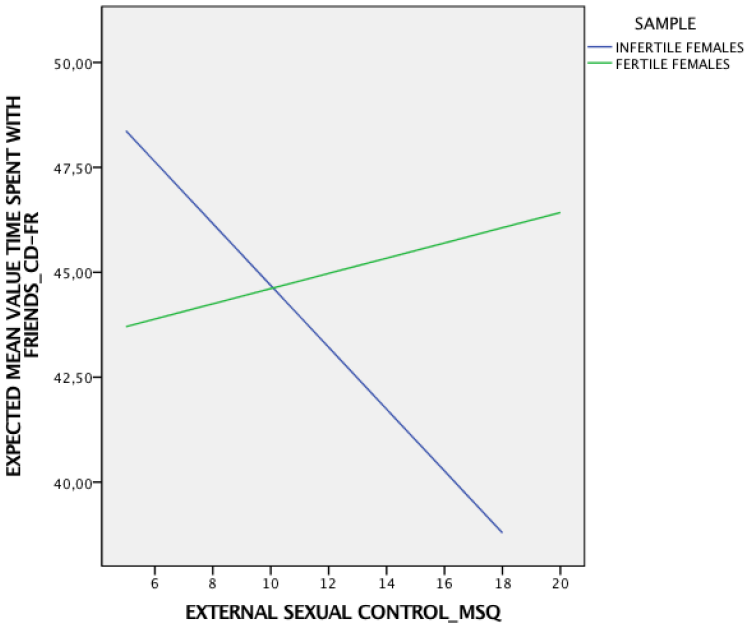
GRAPHIC 38. Interaction between "Time Spent with Family" of CD-FA and "Sexual Depression" of MSQ



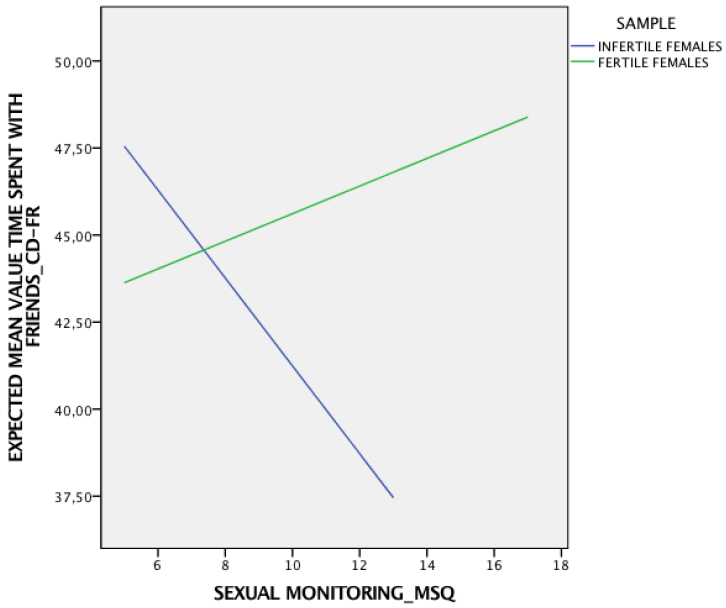
GRAPHIC 39. Interaction between "Time Spent with Friends" of CD-FR and "Sexual Depression" of MSQ



GRAPHIC 40. Interaction between "Time Spent with Friends" of CD-FR and "External Sexual Control" of MSQ



GRAPHIC 41. Interaction between "Time Spent with Friends" of CD-FR and "Sexual Monitoring" of MSQ



Correlation between disclosure scales and sexuality scales - confronting infertile males vs fertile males

Results indicated that, there is a negative correlation between "Communication with Family" *B*=-1.503, *p*<.001, "Communication with Friends"

B=-1.042, *p*<.001, “Time Spent with Friends” *B*=-,519, *p*<.001 and “Sexual Depression” of MSQ for Infertile Males and Fertile Males. There is a negative correlation between “Communication with Family” *B*=-1.659, *p*<.001 and “Sexual Monitoring”.

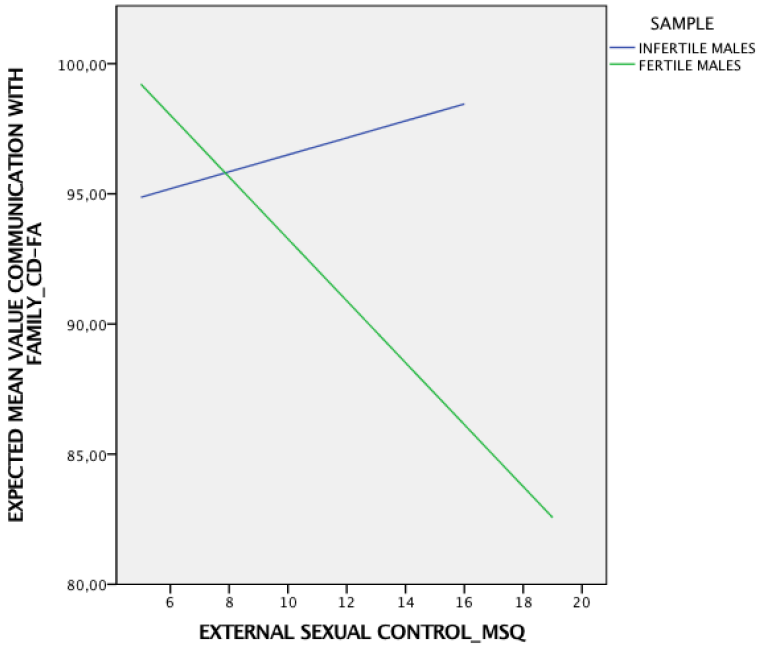
Moreover, it results that, on average, there is a significative statistical difference between Infertile Males and Fertile ones on the correlation between “Time Spent with Family”, between “External Sexual Control”, between “Time Spent with Family” and “Sexual Monitoring”, where Infertile Males showed higher points than Fertile Males (see Table 93).

Table 93. MANOVA for Disclosure with family and friends and Sexuallity dimensions

MALES	COMMUNICATION FAMILY		TIME SPENT WITH FAMILY		COMMUNICATION FRIENDS		TIME SPENT WITH FRIENDS	
CD-FA/CD-FR + MSQ	B	p.	B	p.	B	p.	B	p.
SEXUAL	-0.71	0.09	-0.14	0.37	-0.56	0.12	-0.06	0.71
SELF-ESTEEM	-3.78	0.72	-3.45	0.41	30.35	0.72	-2.44	0.56
GROUP	0.20	0.75	0.32	0.18	-0.54	0.33	0.24	0.34
INTERACTION								
SEXUAL	-0.49	0.40	-0.08	0.73	-0.11	0.83	0.04	0.86
PREOCCUPATION	-18.66	0.16	3.52	0.49	40.30	0.72	60.85	0.19
GROUP	1.45	0.17	0.13	0.75	-0.81	0.38	-0.43	0.29
INTERACTION								
INTERNAL SEXUAL	0.03	0.81	0.07	0.17	0.01	0.93	0.06	0.21
CONTROL	-47.24	0.03	-11.36	0.10	-35.45	0.06	-17.57	0.03
GROUP	0.42	0.03	0.12	0.11	0.27	0.19	0.17	0.02
INTERACTION								
SEXUAL	-0.30	0.12	-0.14	0.37	0.19	0.62	0.37	0.16
CONSCIUOSNESS	-18.74	0.48	-5.96	0.20	-13.67	0.20	-4.80	0.30
GROUP	1.06	0.12	0.46	0.08	0.46	0.45	0.06	0.70
INTERACTION								
SEXUAL	-0.31	0.35	-0.00	1.00	-0.01	0.96	0.05	0.70
MOTIVATION	-15.85	0.12	-2.92	0.45	-1.02	0.91	2.45	0.53
GROUP	0.92	0.12	0.30	0.18	-0.29	0.57	-0.05	0.81
INTERACTION								
SEXUAL ANXIETY	-0.84	0.04	-0.03	0.41	-0.29	0.43	-0.18	0.25
GROUP	-9.79	0.13	3.72	0.13	-10.72	0.06	1.94	0.44
INTERACTION	1.07	0.14	-0.23	0.41	0.60	0.36	-0.08	0.78
SEXUAL	-0.15	0.71	-0.05	0.72	-0.23	0.52	-0.02	0.88
ASSERTIVENESS	-12.14	0.29	-2.42	0.58	-10.87	0.28	-0.19	0.96
GROUP	0.67	0.30	0.25	0.31	0.29	0.61	0.10	0.70
INTERACTION								
SEXUAL	-1.50	<0.001	-0.28	0.14	-10.04	<0.001	-0.52	<0.001
DEPRESSION	-0.99	0.87	4.26	0.08	-9.43	0.09	0.64	0.79
GROUP	0.01	0.98	-0.34	0.28	0.50	0.50	0.11	0.74
INTERACTION								
EXTERNAL SEXUAL	-1.19	0.02	0.06	0.77	-10.05	0.02	-0.13	0.49
CONTROL	-12.95	0.05	5.57	<0.001	-7.69	0.19	4.54	0.08
GROUP	1.59	<0.001	-0.46	0.13	0.26	0.70	-0.38	0.21
INTERACTION								
SEXUAL	-1.66	<0.001	-0.10	0.66	-10.22	0.02	-0.23	0.33
MONITORING	0.06	0.99	5.93	<0.001	-10.79	0.08	3.53	0.19
GROUP	-0.04	0.97	-0.59	0.11	0.79	0.35	-0.29	0.43
INTERACTION								
FEAR	-0.66	0.24	-0.26	0.22	-0.48	0.33	-0.32	0.14
OF SEX	6.71	0.54	4.62	0.27	-7.27	0.45	2.95	0.49
GROUP	-0.69	0.50	-0.26	0.52	0.15	0.87	-0.14	0.73
INTERACTION								
SEXUAL	0.02	0.95	0.03	0.83	0.21	0.48	0.02	0.87
SATISFACTION	-8.93	0.41	-3.82	0.35	0.61	0.95	-4.80	0.25
GROUP	0.45	0.43	0.31	0.16	-0.35	0.49	0.34	0.13
INTERACTION								

Data analyze showed a different interaction between “Communication with Family” and “External Sexual Control” (see Graphic 42). This interaction was stronger for Infertile Males.

GRAPHIC 42. Interaction between "Communication with Family" of CD-FA and "External Sexual Control" of MSQ



Correlation between disclosure scales and sexuality scales - confronting infertile females vs infertile males

The results indicated that, there is a negative between "Time Spent with Family" and "Sexual Depression" *B*=-.629, *p*<.001. There is a negative between "Communication with Family" *B*=-1.696, *p*<.001, "Time Spent with Family" *B*=.691, *p*<.001 and "Sexual Monitoring" (see Table 94).

Table 94. MANOVA for Disclosure with family and friends and Sexuallity dimensions

FEMALES MALES	COMMUNICATION FAMILY		TIME SPENT WITH FAMILY		COMMUNICATION FRIENDS		TIME SPENT WITH FRIENDS	
CD-FA/CD-FR + MSQ	B	p.	B	p.	B	p.	B	p.
SEXUAL SELF-ESTEEM	-0.50	0.37	0.18	0.33	-1.10	0.03	0.18	0.42
GENDER	-2.55	0.86	5.76	0.25	-17.81	0.18	8.97	0.13
INTERACTION	0.44	0.62	-0.34	0.26	1.43	0.08	-0.50	0.16
SEXUAL PREOCCUPATION	0.96	0.34	-0.21	0.54	-0.92	0.31	-0.39	0.32
GENDER	25.03	0.18	40.86	0.44	-6.25	0.71	1.96	0.79
INTERACTION	-1.70	0.28	-0.45	0.40	0.96	0.50	-0.13	0.83
INTERNAL SEXUAL CONTROL	0.23	0.68	0.18	0.32	0.21	0.67	0.21	0.39
GENDER	14.93	0.26	1.34	0.76	-4.98	0.67	7.89	0.13
INTERACTION	-0.69	0.43	-0.07	0.80	0.75	0.33	-0.47	0.17
SEXUAL CONSCIUOSNESS	0.76	0.22	0.31	0.13	0.27	0.63	0.44	0.07
GENDER	16.93	0.30	4.91	0.37	3.28	0.82	12.92	0.04
INTERACTION	-0.71	0.46	-0.28	0.39	0.17	0.84	-0.72	0.06
SEXUAL MOTIVATION	0.61	0.27	0.30	0.11	-0.31	0.54	-0.00	0.98
GENDER	24.48	0.05	6.57	0.12	-2.11	0.85	5.40	0.28
INTERACTION	-10.30	0.11	-0.41	0.13	0.51	0.48	-0.31	0.32
SEXUAL ANXIETY	0.23	0.74	-0.26	0.26	0.30	0.63	-0.26	0.34
GENDER	12.66	0.16	-10.70	0.58	6.19	0.45	0.91	0.80
INTERACTION	-1.08	0.35	0.23	0.55	-0.03	0.98	-0.02	0.96
SEXUAL ASSERTIVENESS	0.52	0.37	0.20	0.32	0.07	0.90	0.07	0.75
GENDER	2.47	0.86	10.52	0.76	-2.96	0.82	30.52	0.54
INTERACTION	0.19	0.83	-0.07	0.81	0.55	0.48	-0.15	0.65
SEXUAL DEPRESSION	-1.49	0.06	-0.63	<0.001	-0.54	0.44	-0.41	0.17
GENDER	0.21	0.98	2.04	0.46	20.64	0.73	4.74	0.15
INTERACTION	0.61	0.61	-0.34	0.38	0.44	0.69	-0.61	0.18
EXTERNAL SEXUAL CONTROL	0.39	0.58	-0.40	0.09	-0.79	0.22	-0.52	0.06
GENDER	14.91	0.09	1.90	0.50	2.70	0.73	2.99	0.36
INTERACTION	-1.23	0.21	-0.19	0.55	0.40	0.65	-0.22	0.56
SEXUAL MONITORING	-1.70	<0.001	-0.69	<0.001	-0.43	0.58	-0.52	0.12
GENDER	9.47	0.35	1.19	0.72	18.21	0.05	5.35	0.18
INTERACTION	-0.86	0.56	-0.22	0.66	-2.02	0.14	-0.74	0.21
FEAR OF SEX	-1.35	0.17	-0.52	0.12	-0.33	0.71	-0.46	0.24
GENDER	-4.18	0.77	-2.13	0.66	9.60	0.46	-0.06	0.99
INTERACTION	0.86	0.52	0.22	0.63	-0.39	0.75	0.09	0.86
SEXUAL SATISFACTION	0.47	0.38	0.34	0.06	-0.15	0.76	0.36	0.08
GENDER	9.90	0.53	-2.83	0.58	-6.26	0.66	-1.64	0.79
INTERACTION	-0.28	0.73	0.15	0.58	0.63	0.39	0.12	0.69

Discussion

Disclosure with family and friends is an important factor that determine the request of social support from infertile subjects. According to this, we proposed to analyze the infertile subject's level of disclosure comparing with fertile subjects. Our findings didn't confirm our expectations as we didn't find significant differences between the infertile and fertile sample, which can lead us to think that levels of disclosure are the same between the samples. We found a general openness towards others only for females. Inside the infertile sample, it was found that infertile females communicate with friends more than infertile males, which confirm our expectations. Meanwhile in the fertile sample, fertile females communicate with family more than fertile males.

The second aim of this study was to explore the correlation of personal and situational factors to disclosure with family and friends. We found that, there is a correlation between duration of the relationship and time spend with friends for males. Time spent between diagnosis and the decision to contact AMR centers seems to influence males, who, for each month and more between diagnosis and decision to contact AMR centers, increase the communication with family. This result is in contrast with literature which reports low levels of communication with family for infertile subjects (Greene et al., 2006). We can only attribute this result to the characteristics of our sample and recommend further studies in order to clarify this result. When the couple decide to let family and friends know about the decision to start treatment, females communicates more than males. This result is in line with other researchers which found that females tend to search social support and talk about their problems (Ramazanzadeh et al., 2009; Drosdzol et al., 2008; El-Messidi et al., 2004; Lemmens et al., 2004; Fekkes et al., 2003; Fassino et al., 2002) more than males. Finally, we found that infertile subjects that didn't make previous treatments had higher levels of time spent with family and friends. We know that perceived social support is higher in couples that haven't made other treatments before (Agostini, 2010), so infertile subjects perceiving higher social support tends to disclosure more with others.

The third aim of the study was to analyze the correlation between dyadic adjustment and disclosure with family and friends. Comparing infertile females and infertile males, we found that several scales of dyadic adjustment were correlated to specific scales of disclosure with family and friends. These results confirmed that if the couple has a good dyadic adjustment they are more likely to disclose more with family and friends and in this way increase well-being. Comparing infertile females with fertile ones and infertile males with fertile ones, we confirmed the correlation with dyadic adjustment. Moreover, according to the comparison between infertile females and fertile females, we found that for several correlations between CD-FA and DAS, fertile females had higher points than infertile females, demonstrating that this correlation that can be positive or negative is stronger in fertile females.

The fourth aim of the study was to analyze the predictive role of sexuality on disclosure with family and friends. The comparison between infertile females and infertile males didn't find gender differences but we confirmed that sexuality and disclosure with family and friends are correlated. More specifically, the more the partners are satisfied with

their sexual life the more likely they are to disclosure with family and friends, more in terms of time spent with family and friends than on communication with them, confirming in this way their tendency not to talk about their problem with others. Comparing infertile females with fertile females, we could confirm the correlation between these variables too. For several correlations there were differences between infertile females and fertile females. In particular, infertile females presented higher points than fertile females. The comparison of infertile males with fertile ones, brought to the same conclusions as the comparison between infertile females with fertile ones.

In conclusion, we can say that disclosure with family and friends is an important factor that can lead to social support receive and research instrumentation for infertile subjects. The present study wanted, in the first place, to explore the actual degree of disclosure with family and friends by infertile subject. It resulted that there aren't differences between infertile sample and the fertile one, and that infertile females tend to disclose more than infertile males. In the second place, we wanted to explore the correlation of personal and situational factors, of dyadic adjustment and of sexuality with disclosure with family and friends. It resulted that all these factors like duration of the relationship, time spent between diagnosis and decision to contact AMR center, person who had the idea to contact AMR center, persons informed about infertile couple decision, previous treatments are correlated to disclosure in infertile subjects. According to the third and fourth aim of the study, we confirmed the correlation of dyadic adjustment and sexuality with disclosure.

Finally, according to the results, we can say that if we want infertile couple to receive more social support and to increase their social support request, we have to highlight the importance of disclosure with family and friends. A way to realize this is to focus on the personal and situational factors that characterize infertile couples and to two elements that compose relations, dyadic adjustment and sexuality.

SECTION II:

Decision making styles characterizing couples dealing with infertility

Introduction to the section

Decision making is an inseparable part of individuals and everyday moments, happy or sad ones. The present section is focusing on the decision making process, more specifically on the decision making styles that characterize infertile individuals. This section wants in first place to focus on the decision making styles that are typical of infertile and fertile individuals in order to understand the decision making style that characterize each of these samples and to understand if there are differences between them. In second place, this section wants to explore the possible correlations of two relationship characteristics as dyadic adjustment and sexuality with decision making style, giving attention to the differences between infertile females and infertile males, infertile females and fertile females and between infertile males and fertile males.

Chapter 4

“What are we going to do?”: decision making styles infertile couples can use to give a solution to their problem

Decision making process and styles

Making decisions is part of everyday life for all humans. We make decisions different times a day and sometimes without understanding it, in a completely spontaneous way. A decision is an answer to a situation characterized by several alternatives that can lead to different results (Hastie & Dawes, 2001). Decision making is defined as the entire sophisticated stages in which individuals determine alternative actions, evaluate them and choose which alternatives to apply (Deniz, 2011). In this way, decision making changes from judgment, which concerns only the evaluation of the results and the evaluation of the consequences, it is a step of the hole decision making process (Bonini, Del Missier, & Rumiati, 2008) and from problem solving, which concerns the behavior that individuals act when they face a problem that needs more insight to be solved (Galotti, 1989).

Decision making process has been an object of interest for different sciences that have tried to give an explanation to the process. At the beginning it was an object of interest of the normative approach. One the most representative contribution of this approach is the Theory of Expected Utility. According to this theory, the person that has to make a decision follows rational rules and the maximization of the expected utility is used as a choice criteria. A specific option is preferred only if its expected utility is higher than the expected utility of the other options (Bonini et al., 2008). This approach considered the individual as rational, that has all the information needed and is able to individuate the choices and the consequences of his choices (Tesio, 2004). On the other hand, Hebert Simon (1955), proposed the concept of limited rationality, according to which individuals don't have the complete information, and don't have unlimited resources and when making a decision they have to deal with ambient circumstances (Bonini et al., 2008). So, in their everyday life they use more simplified strategies that includes uncertainly about the result. A new descriptive approach, describes decision making process as not completely logical and rational but definitely influenced by circumstances and personal characteristics of the individual that has to make a decision (Tesio, 2004). According to this, it is accepted that decisional process isn't completely irrational. A decisional strategy is effective and rational in the measure in which it gives a fast and simply maximization of the expected utility, simplifying the task, reducing the cognitive charge and leading to satisfying results.

Decision making styles are situations which include the approach, the reaction and the action of the individual who is about to make a decision (Phillips, Pazienza, & Ferrin,

1984). They proposed that decision-making styles are learned habits and that the key differences among styles concern the amount of information considered during a decision process and the number of alternatives identified when reaching a decision. Moreover, they postulated that individuals have a primary and a secondary decision-making style. Scott and Bruce (1995, p.820), trying to integrate all earlier works on decision-making styles, defined decision-making style as "the learned habitual response pattern exhibited by an individual when confronted with a decision situation. It is not a personality trait, but a habit-based propensity to react in a certain way in a specific decision context".

It is a shared and accepted opinion that individuals use several decision making styles more frequent than others. These decision making styles aren't rigid and immutable but they change according to the situation and the type of decision individuals have to make (Maldonato, 2010; Scott et al., 1995). According to Johnson (1978), decision making styles are stable during the time but the behavior of the individual can change in functions of the situation. Scott and Bruce (1995), affirmed that when making decisions, especially very important ones, individuals use more than one decision making style.

There are different ways to differentiate decision making styles. Some researchers have proposed a kind of dualism in the way individuals elaborate information. According to this, different authors use different terminology: intuitive modality (Jung, 1964), automatic modality (Bargh, 1989) or heuristic modality (Tversky & Kahneman, 1983), analytic - rational modality, intentional - systemic modality (Bargh, 1989). The Cognitive Experimental Self Theory (Kirkpatrick & Epstein, 1992), postulates that individuals elaborate information and make decisions through two parallel but interactive systems: the rational analytic system, which acts on a conscious level and the intuitive system which corresponds to the heuristic modality of reasoning. McKenney and Keen (1974) have described four decision making styles, understood as habits or stable ways of thinking developed with experience. In order to organize visual and verbal information, *perceptive,* individuals use stable cognitive concepts and cognitive categories and try to make comparisons with their expectations; *receptive,* individuals are more concentrated on details than on actions, and try to gather information through direct observation, not comparison; *systemic,* individuals like to structure problems according to a method that maximize the probability to find a solution; *intuitive,* individuals proceed with attempts and errors. Harren (1979), elaborated three decision making styles: *rational decision making style*, is characterized by the knowledge that each decision influences the future decisions. The individual characterized by this decision making style, gathers

information and finishes the decision making process using logic; *intuitive decision making style*, is characterized by the lack of attentive information gathering which is very important when facing the result of the decision making process. The individual characterized by this decision making style, uses fantasy, gives importance to the sensation of the moment and to his emotions and often can't explain how he took the decision; *dependent decision making style*, is characterized by tendency to give importance to what the others think and expect from him. The individual characterized by this decision making style needs to have the consensus of the others. Their decisions aren't always right and don't lead to personal satisfaction.

Scott and Bruce (1995) based on earlier research they defined four decision styles in behavioral terms:

- *Rational decision making style,* is characterized by an attentive search for information, inventory of alternatives and logical evaluation of alternatives;
- *Intuitive decision making style,* is characterized by attention to details in the flow of information rather than systematic search for and processing of information and a tendency to rely on premonitions and feelings;
- *Dependent decision making style,* is characterized by a search for advice and guidance from others before making important decisions;
- *Avoidant decision making style,* is characterized by attempts to avoid decision-making whenever possible.

The rational decision making style has been considered by researchers as the best decision making style that individuals facing problems can use, because it is characterized by an accurate search of information, by a systematic consideration of the alternatives and by an accurate evaluation of the consequences (Scott et al., 1995; Harren, 1979).

Infertile couples have to make decisions too

Yes, infertile couples have to make decisions too. When the partners have decided to have a child and this doesn't happen, they have to decide if to accept the fact or contact a specialist in order to understand what is going on (Boivin et al., 2007). When the couples have finally contacted the specialist and have received the diagnosis of infertility, they face another difficult decision making. They have to decide if to go on with a treatment or not. If they decide to go on with a treatment, they have to decide which kind of treatment and in deciding this they have to evaluate the pros and cons of each choice (White et al., 2006). There are different factors that interfere with this

difficult decision: social factors (like pressure from the partner, family or community, stigma, social support), individual factors (couples are more likely to begin a AMR treatment if infertility has a negative impact on their life), predisposing conditions (like having a physician that couple trust can help them accept infertility and make a choice regarding AMR treatment), and other factors (financial conditions).

An important factor that interferes with the decisional making process of infertile couples is the uncertainly of the result of each choice they have. This condition makes impossible to anticipate future problematics in order to prepare facing them and contributes to maximize stress and anxiety (Grupe & Nitschke, 2013) and influences decision making process.

So, after receiving the infertility diagnosis, some couples decide not to go on with AMR treatments for several reasons that can be ethic or moral (Gameiro, Boivin, Peronace & Verhaak, 2012), or because of the fear of negative consequences on their health (Boivin et al., 2012). There are important gender differences according to the decision making. There is a propensity of females to make decisions about the condition of infertility. Females decide if to start or finish a treatment (Wischmann, Stammer, Scherg, Gerhard, & Verres, 2001) or if they need a counseling or psychotherapy (Wischmann, 2010). This behavior is due to the tendency of females to disclosure and express their emotions (Peterson et al., 2006) and due to the fact that they feel much more the desire to become mothers and because males knowing that all the treatments concerns females and not them, tend to avoid to force the partner to make treatments that she doesn't want (Daniluk, 2001).

It is not rare that after beginning treatments, couples decide to drop out of the AMR. It is estimated that 23-60% of the couples drop out after beginning AMR treatment (Van den Broeck, D'Hooghe, Enzlin, & Demyttenaere, 2010). There are different reasons related to the AMR drop out: some reason are related with the invasiveness of the treatments, frequent failures, low probabilities of success and psychological problems in the couple. Continuous failures have a major impact on the drop out from treatment of infertile couples (Akyuz & Sever, 2009; Van den Broeck et al., 2009). On the other hand, relationship problems have a major impact on the choice to start other treatments (Gameiro et al., 2012).

When the decision to drop out from treatments is taken, females experience a feeling of relief because treatment had made them quit social life and work life, and because after trying treatments they feel like they have made all the possible to have a child (Malin, Hemminiki, Räikkönen, Sihvo, & Perälä, 2001). However, the period after drop out from

treatment is one of the most difficult for the couples because they don't have the support of the medical staff and females often feel isolated, have low self-esteem and a lot of doubt about the decision they have made.

In this moment, couples have to take another important decision. In the cases treatment hasn't worked or the couple has decided to drop out or simply they have decided not to start one, they have to make a final decision on their future. They have to decide if to quit definitely the idea to become parents or opt for an adoption (Daniluk & Hurtig-Mitchel, 2003). The choice to adopt is very difficult and needs long reflections (Cudmore, 2015). According to Daniluk and Hurtig-Mitchel (2003), a couple is ready to adopt when they understand that a child would give a sense to their life. Most of the couples, in fact, choice adoption in order to gain control on their own life, control that long periods of treatment has taken away from them (Goldberg, Downing, & Richardson, 2009).

Variables considered in this chapter

Researchers have been focusing on the different decisions that infertile couples have to make and on the different moments that decisions have to be taken and certainly on the psychological impact that these decisions have on the infertile couple's life. What is still missing in the studies of decision making process in infertility, is the analyze of decision making styles that characterize infertile subject, dealing with, probably, the most important decision of their life.

According to this, the first aim of this study is to explore decision making styles of infertile individuals. The second aim of this study is to analyze the correlation of dyadic adjustment and sexuality to decision making styles, confronting infertile females and fertile females, infertile males and fertile males, infertile females and infertile males.

According to the literature considered, and to the aims proposed, we hypothesized that:

i. there are differences in mean scores on Decision Making Styles (GDMSI) between infertile sample and fertile sample. More specifically, we expect that confronting infertile females with fertile females and infertile males withs fertile males, infertile subjects will have higher scores in Rational decision making styles. And comparing infertile females and infertile males, infertile females will have higher scores in Rational decision making styles.
ii. there is a correlation between Decision Making Styles (GDMSI) and Dyadic Adjustment (DAS) for both infertile and fertile sample. More specifically, we

expect that higher levels of Rational decision making styles are correlated with higher levels of all the scale of Dyadic Adjustment (Dyadic Affective Expression, Dyadic Cohesion, Dyadic Consensus, Dyadic Satisfaction and Total DAS). Confronting infertile females with fertile females, infertile males with fertile males, we expect to find differences between the two samples. Also, confronting infertile females with infertile males we expect to find differences between females and males.

iii. there is a correlation between Decision Making Styles (GDMSI) and Sexuality (MSQ), for both infertile and fertile sample. More specifically, we expect that higher levels of Rational decision making styles are correlated with higher levels of “Sexual Esteem", “Internal Sexual Control”, “Sexual Consciousness”, “Sexual Motivation”, “Sexual Assertiveness” and “Sexual Satisfaction” (MSQ) and lower levels in “Sexual Preoccupation”, “Sexual Anxiety”, “Sexual Depression”, “External Sexual Control”, “Sexual Monitoring” and “Fear of Sex” (MSQ). Confronting infertile females with fertile females, infertile males with fertile males, we expect to find differences between the two samples. Also, confronting infertile females with infertile males we expect to find differences between females and males.

Materials

The questionnaires used in this chapter are:

General Decision Making Questionnaire Instrument (GDMSI, Scott and Bruce, 1995), is a self reported questionnaire used to asses five decision making styles: rational decision making style, intuitive decision making style, dependent decision making style, avoidant decision making style and spontaneous decision making style. The questionnaire shows good psychometric properties both for validity and reliability (Scot et al., 1995).

Multidimensional Sexuality Questionnaire (MSQ, Snell et al., 1993), see Chapter 1.

Dyadic Adjustment Scale (DAS, Spanier, 1976), see Chapter 1.

Data-analysis

We used IBM Statistical Program for Social Sciences 24 (SPSS), to analyze data. Correlations between GDMSI scales and DAS/MSQ scales were calculated using MANOVA, where GDMSI scales were the dependent variable. In case of the differences between infertile females and fertile females, infertile males and fertile males, fixed factor was the group. When infertile females and infertile males was confronted, fixed factor was the gender. Only mean values of GSMSI was calculated using linear mixed model, using software R (R Development Core Team, 2016). Comparisons between couples have been corrected by post-hoc (Adjusted p values reported - Bonferroni, single-step method).

Results

Description of decision making styles in infertile and fertile sample

There is a significative difference between infertile sample and fertile one on “Rational” decision making style (GDMSI). In particular, when “Rational” decision making style increases in fertile sample, it decreases in infertile sample with 1.05 units (see Table 95).

Table 95. Linear Mixed Models for Rational decision making style

RATIONAL DECISION MAKING STYLE GDMSI	B	df	T-test	p.
Fixed factors intercept	19.37	351.40	41.43	<.001
GroupControl	-1.05	350.10	-1.83	<.001
GenderMale	-1.01	171.00	-1.87	0.06
GroupControl:GenderMale	1.70	168.60	2.33	0.06

ANOVA showed that when the “Rational” decision making style increases in infertile males, it increases more in fertile males, demonstrating that there are different levels of “Rational” decision making between infertile males and fertile ones (see Table 96).

Table 96. ANOVA for Rational decision making style

RATIONAL DECISION MAKING STYLE GDMSI	B	Z value	p.
F.INF VS F. FER	-1.05	-1.83	0.18
M.INF VS M.FER	1.70	2.33	<.001
F.FER VS M.FER	0.61	1.39	0.40
F.INF VS M.INF	-1.09	-1.87	0.17

Linear Mixed Model showed that there is a gender difference on the “Dependent” decision making style. When “Dependent” decision making style increases in fertile female it decreases in fertile males (see Table 97 and Table 98).

Table 97. Linear Mixed Models for Dependent decision making style

DEPENDENT DECISION MAKING STYLE GDMSI	B	df	T-test	p.
Fixed factors intercept	15.74	351.90	28.17	<.001
GroupControl	0.82	350.70	1.19	0.23
GenderMale	-1.56	190.10	-2.25	<.001
GroupControl:GenderMale	-0.79	187.80	-0.92	0.36

Table 98. ANOVA for Dependent decision making style

DEPENDENT DECISION MAKING STYLE GDMSI	B	Z value	p.
F.INF VS F. FER	0.82	1.19	0.52
M.INF VS M.FER	-0.79	-0.92	0.71
F.FER VS M.FER	-2.36	-4.54	<.001
F.INF VS M.INF	-1.56	-2.25	0.07

Meanwhile, there are no significative differences between infertile sample and fertile one on “Avoidant”, “Intuitive” and “Spontaneous” decision making style (see Table 99, Table 100, Table 101, Table 102, Table 103 and Table 104).

Table 99. Linear Mixed Models for Avoidant decision making style

AVOIDANT DECISION MAKING STYLE GDMSI	B	df	T-test	p.
Fixed factors intercept	11.64	349.10	22.88	<.001
GroupControl	0.39	347.20	0.62	0.53
GenderMale	-0.45	188.00	-0.73	0.46
GroupControl:GenderMale	-0.19	185.80	-0.25	0.80

Table 100. ANOVA for Avoidant decision making style

AVOIDANT DECISION MAKING STYLE GDMSI	B	Z value	p.
F.INF VS F. FER	0.39	0.52	0.88
M.INF VS M.FER	-0.19	-0.25	0.99
F.FER VS M.FER	-0.64	-1.40	0.39
F.INF VS M.INF	-0.45	-0.73	0.82

Table 101. Linear Mixed Models for Intuitive decision making style

INTUITIVE DECISION MAKING STYLE GDMSI	B	df	T-test	p.
Fixed factors intercept	17.26	343.10	35.85	<.001
GroupControl	0.45	339.80	0.76	0.44
GenderMale	-0.57	182.30	-1.03	0.30
GroupControl:GenderMale	-0.06	180.30	-0.09	0.93

Table 102. ANOVA for Intuitive decision making style

INTUITIVE DECISION MAKING STYLE GDMSI	B	Z value	p.
F.INF VS F. FER	0.45	0.76	0.81
M.INF VS M.FER	-0.06	-0.09	1.00
F.FER VS M.FER	-0.63	-1.53	0.32
F.INF VS M.INF	-0.57	-1.03	0.64

Table 103. Linear Mixed Models for Spontaneous decision making style

SPONTANEOUS DECISION MAKING STYLE GDMSI	B	df	T-test	p.
Fixed factors intercept	11.77	352.80	23.06	<.001
GroupControl	-0.19	351.80	-0.30	0.76
GenderMale	-0.16	185.60	-0.25	0.80
GroupControl:GenderMale	0.15	183.30	0.18	0.85

Table 104. ANOVA for Spontaneous decision making style

SPONTANEOUS DECISION MAKING STYLE GDMSI	B	Z value	p.
F.INF VS F. FER	-0.19	-0.30	0.98
M.INF VS M.FER	0.15	0.18	0.99
F.FER VS M.FER	-0.01	-0.02	1.00
F.INF VS M.INF	-0.16	-0.25	0.99

Correlation between decision making styles and dyadic adjustment scales - confronting infertile females and fertile females

MANOVA reported a negative correlation between “Spontaneous Decision Making Style” and “Dyadic Consensus” B=-.107, p<.001 (see Table 105).

Table 105. MANOVA for Decision making style and Dyadic adjustment

FEMALES	RATIONAL D-M STYLE		INTUITIVE D-M STYLE		DEPENDENT D-M STYLE		AVOIDANT D-M STYLE		SPONTANEOUS D-M STYLE	
GDMSI+DAS	B	p.	B	p.	B	p.	B	p.	B	p.
EMOTIONAL EXPRESSION	0.14	0.36	0.16	0.31	0.34	0.08	-0.25	0.17	-0.28	0.12
GROUP	-0.33	0.91	-3.20	0.30	2.15	0.56	0.89	0.80	-0.70	0.84
INTERACTION	0.12	0.69	0.26	0.39	-0.34	0.36	-0.11	0.76	0.12	0.72
DYADIC COHESION	0.12	0.21	0.08	0.44	0.11	0.38	0.11	0.33	0.09	0.87
GROUP	-0.92	0.75	-3.48	0.23	3.71	0.30	6.64	0.05	-1.21	0.71
INTERACTION	0.10	0.53	0.17	0.31	-0.27	0.19	-0.41	0.04	0.08	0.67
DYADIC CONSENSUS	0.06	0.14	0.04	0.41	0.05	0.33	-0.09	0.08	-0.11	<0.001
GROUP	-4.87	0.24	-5.04	0.25	-1.20	0.82	-3.30	0.51	1.12	0.81
INTERACTION	0.11	0.17	0.09	0.29	0.00	0.97	0.06	0.55	-0.01	0.88
DYADIC SATISFACTION	0.05	0.61	-0.06	0.56	0.21	0.14	0.02	0.84	-0.16	0.15
GROUP	-2.59	0.59	-8.79	0.07	3.10	0.60	0.78	0.89	-2.45	0.65
INTERACTION	0.11	0.47	0.27	0.09	-0.13	0.48	-0.04	0.82	0.09	0.60
TOTAL DYADIC ADJUTMENT	0.04	0.12	0.02	0.46	0.05	0.12	-0.03	0.32	-0.06	0.05
GROUP	-6.11	0.23	-9.05	0.09	3.12	0.63	1.55	0.80	-1.08	0.85
INTERACTION	0.06	0.18	0.08	0.11	-0.04	0.51	-0.02	0.77	0.01	0.78

Correlation between decision making styles and dyadic adjustment scales - confronting infertile males and fertile males

There is no correlation between GDMSI and DAS for males of both samples (see Table 106).

Table 106. MANOVA for Decision making style and Dyadic adjustment

MALES	RATIONAL D-M STYLE		INTUITIVE D-M STYLE		DEPENDENT D-M STYLE		AVOIDANT D-M STYLE		SPONTANEOUS D-M STYLE	
GDMSI+DAS	B	p.	B	p.	B	p.	B	p.	B	p.
EMOTIONAL EXPRESSION	0.20	0.21	0.23	0.16	-0.14	0.46	-0.13	0.41	-0.18	0.28
GROUP	-4.86	0.13	-3.01	0.38	-0.95	0.80	0.74	0.82	0.62	0.86
INTERACTION	0.40	0.21	0.25	0.46	0.11	0.78	-0.08	0.80	-0.04	0.91
DYADIC COHESION	0.08	0.45	0.13	0.23	-0.18	0.14	-0.09	0.38	-0.09	0.45
GROUP	-3.90	0.14	-1.68	0.54	-1.07	0.72	10.48	0.56	-2.30	0.41
INTERACTION	0.19	0.21	0.07	0.63	0.07	0.68	-0.09	0.54	0.14	0.39
DYADIC CONSENSUS	0.02	0.64	0.07	0.16	-0.03	0.60	-0.02	0.57	-0.04	0.41
GROUP	-9.79	0.01	-2.18	0.60	0.77	0.87	3.09	0.44	10.84	0.67
INTERACTION	0.18	0.02	0.04	0.65	-0.01	0.87	-0.06	0.41	-0.03	0.68
DYADIC SATISFACTION	0.05	0.63	0.03	0.78	-0.11	0.37	-0.02	0.84	-0.06	0.60
GROUP	-8.67	0.08	0.18	0.97	1.61	0.78	11.81	0.01	6.23	0.24
INTERACTION	0.26	0.10	-0.01	0.94	-0.05	0.78	-0.37	0.01	-0.20	0.24
TOTAL DYADIC ADJUTMENT	0.02	0.40	0.04	0.14	-0.03	0.28	-0.02	0.44	-0.03	0.31
GROUP	-12.59	0.01	-2.95	0.57	0.76	0.89	70.22	0.14	1.63	0.76
INTERACTION	0.11	0.01	0.02	0.62	-0.01	0.91	-0.07	0.13	-0.01	0.78

Correlation between decision making styles and dyadic adjustment scales - confronting infertile females and infertile males

There is a positive correlation between “Rational Decision Making Style” and “Dyadic Cohesion” B=.264, p=<.032, “Dyadic Consensus” B=.196, p<.001, “Dyadic Satisfaction” B=.309, p<.001 and “Total Dyadic Adjustment” B=.130, p<.001. There is a

negative correlation between “Avoidant Decision Making Style” and “Dyadic Satisfaction” *B*=-.406, *p*<.001 and “Total Dyadic Adjustment” *B*=-.087, *p*<.001 (see Table 107).

Table 107. MANOVA for Decision making style and Dyadic adjustment

FEMALES MALES	RATIONAL D-M STYLE		INTUITIVE D-M STYLE		DEPENDENT D-M STYLE		AVOIDANT D-M STYLE		SPONTANEOUS D-M STYLE	
GDMSI+DAS	B	p.	B	p.	B	p.	B	p.	B	p.
EMOTIONAL EXPRESSION	0.60	0.01	0.48	0.10	-0.03	0.93	-0.21	0.50	-0.22	0.48
	4.50	0.32	1.14	0.78	1.21	0.81	0.20	0.65	-0.49	0.91
GENDER INTERACTION	-0.34	0.44	-0.06	0.88	0.03	0.95	-0.15	0.72	0.06	0.88
DYADIC COHESION	0.26	<0.001	0.21	0.06	-0.11	0.41	-0.18	0.12	0.05	0.66
	1.72	0.62	-0.24	0.94	2.37	0.54	2.45	0.46	-0.60	0.86
GENDER INTERACTION	-0.04	0.84	0.04	0.81	-0.05	0.82	-0.11	0.54	0.04	0.82
DYADIC CONSENSUS	0.20	<0.001	0.07	0.16	-0.03	0.60	-0.02	0.57	-0.04	0.99
	2.20	0.69	-2.18	0.60	0.77	0.87	3.09	0.44	1.84	0.67
GENDER INTERACTION	-0.02	0.81	0.04	0.65	-0.01	0.87	-0.06	0.41	-0.03	0.68
DYADIC SATISFACTION	0.31	<0.001	0.03	0.78	-0.11	0.37	-0.41	<0.001	-0.06	0.51
	5.46	0.37	0.18	0.97	10.61	0.78	-11.68	0.04	6.23	0.24
GENDER INTERACTION	-0.14	0.46	-0.01	0.94	-0.05	0.78	0.39	0.03	-0.20	0.24
TOTAL DYADIC ADJUTMENT	0.13	<0.001	0.05	0.14	-0.03	0.28	-0.09	<0.001	-0.13	0.32
	4.09	0.53	1.95	0.57	0.76	0.89	-3.80	0.56	1.93	0.76
GENDER INTERACTION	-0.03	0.62	0.02	0.62	-0.01	0.91	0.04	0.50	-0.91	0.89

Correlation between decision making styles and sexuality scales - confronting infertile females and fertile females

There is a positive correlation between “Avoidant Decision Making Style” *B*=.769, *p*<.001, “Spontaneous Decision Making Style” *B*=.510, *p*<.001 and “Sexual Preoccupation”, between “Avoidant Decision Making Style” *B*=.284, *p*<.001, “Dependent Decision Making Style” *B*=.315, *p*<.001, “Spontaneous Decision Making Style” *B*=.173, *p*<.001 and “Sexual Motivation”, between “Avoidant Decision Making Style” *B*=.490, *p*<.001, “Spontaneous Decision Making Style” *B*=.302, *p*<.001 and “Sexual Anxiety”, between “Avoidant Decision Making Style” *B*=.071, *p*<.001, “Spontaneous Decision Making Style” *B*=.027, *p*<.001 and “External Sexual Control”. Furthermore, it resulted that, in mean, there is a difference in the correlation between “Intuitive Decision Making Style” and “Fear of Sex”, for Infertile Females and Fertile Females, where Infertile Females have higher points that Fertile Females (see Table 108).

Table 108. MANOVA for Decision making style and Sexuality dimensions

FEMALES	RATIONAL D-M STYLE		INTUITIVE D-M STYLE		DEPENDENT D-M STYLE		AVOIDANT D-M STYLE		SPONTANEOUS D-M STYLE	
GDMSI + MSQ	B	p.	B	p.	B	p.	B	p.	B	p.
SEXUAL ESTEEM	0.07	0.43	0.24	0.01	0.14	0.22	0.15	0.17	0.17	0.09
GROUP	2.61	0.31	-0.82	0.75	0.92	0.77	0.76	0.80	-0.49	0.86
INTEACTION	-0.10	0.51	0.01	0.95	-0.12	0.54	-0.08	0.65	0.03	0.86
SEXUAL PREOCCUPATION	-0.16	0.37	0.26	0.15	0.31	0.16	0.77	<0.001	0.51	<0.001
GROUP	3.41	0.28	2.91	0.37	4.26	0.28	5.56	0.13	-0.86	0.80
INTERACTION	-0.21	0.45	-0.30	0.30	-0.46	0.18	-0.55	0.08	0.08	0.79
INTERNAL SEXUAL CONTROL	0.27	0.14	0.12	0.33	-0.01	0.80	0.04	0.71	0.01	0.65
GROUP	-0.58	0.87	-0.52	0.88	10.99	0.70	-2.76	0.64	0.55	0.93
INTERACTION	-0.07	0.84	-0.04	0.85	-0.06	0.56	0.05	0.78	-0.02	0.80
SEXUAL CONSCIUOSNESS	0.03	0.72	0.09	0.11	-0.04	0.07	-0.01	0.84	-0.01	0.51
GROUP	1.12	0.50	3.37	0.03	1.90	0.41	3.03	0.26	4.22	0.14
INTERACTION	-0.08	0.62	-0.18	0.05	-0.03	0.52	-0.09	0.31	-0.03	0.18
SEXUAL MOTIVATION	0.01	0.92	0.18	0.02	0.31	<0.001	0.28	<0.001	0.17	<0.001
GROUP	0.76	0.71	2.18	0.28	2.95	0.22	2.55	0.28	-1.54	0.48
INTERACTION	0.02	0.88	-0.17	0.21	-0.25	0.12	-0.19	0.22	0.14	0.34
SEXUAL ANXIETY	-0.03	0.74	-0.00	0.96	0.15	0.20	0.49	<0.001	0.30	<0.001
GROUP	0.14	0.93	0.71	0.67	-0.94	0.64	2.57	0.16	1.54	0.39
INTERACTION	0.12	0.56	-0.15	0.46	0.05	0.85	-0.30	0.19	-0.12	0.63
SEXUAL ASSERTIVENESS	0.28	0.09	0.15	0.14	0.00	0.95	0.06	0.56	0.02	0.39
GROUP	-4.94	0.11	-3.42	0.25	-0.19	0.97	5.95	0.25	-2.25	0.69
INTERACTION	0.56	0.07	0.24	0.15	0.02	0.78	-0.16	0.34	0.03	0.57
SEXUAL DEPRESSION	0.56	0.04	0.05	0.63	0.09	0.13	0.19	0.12	0.06	0.08
GROUP	0.52	0.89	0.57	0.85	3.51	0.47	6.38	0.23	5.29	0.37
INTERACTION	-0.13	0.73	-0.08	0.64	-0.08	0.37	-0.23	0.17	-0.05	0.30
EXTERNAL SEXUAL CONTROL	0.28	0.40	0.05	0.69	0.03	0.66	0.07	<0.001	0.03	<0.001
GROUP	-0.10	0.81	-2.45	0.50	3.48	0.55	-2.79	0.66	1.09	0.88
INTERACTION	-0.08	0.86	0.03	0.88	-0.10	0.35	0.03	0.89	-0.03	0.67
SEXUAL MONITORING	0.17	0.00	0.20	0.01	0.23	0.14	0.02	0.78	0.62	0.02
GROUP	0.54	0.64	0.28	0.90	-1.63	0.73	-2.63	0.24	-3.44	0.66
INTERACTION	0.01	0.87	0.02	0.84	0.11	0.67	0.15	0.20	0.30	0.48
FEAR OF SEX	0.01	0.97	0.34	0.03	0.13	0.49	0.14	0.44	0.10	0.57
GROUP	40.69	0.06	6.21	<0.001	-1.96	0.53	-3.05	0.30	0.13	0.96
INTERACTION	-0.36	0.13	-0.63	0.01	0.11	0.71	0.26	0.35	0.01	0.96
SEXUAL SATISFACTION	-0.11	0.14	-0.15	0.26	-0.44	0.11	0.03	0.83	-0.66	0.14
GROUP	10.88	0.02	4.62	0.00	5.89	0.06	1.78	0.23	14.16	0.01
INTERACTION	-0.15	0.20	-0.55	0.01	-0.79	0.07	-0.24	0.26	-1.73	0.02

Correlation between decision making styles and sexuality scales - confronting infertile males and fertile males

MANOVA showed a positive correlation between “Spontaneous Decision Making Style” *B*=.295, *p*<.001, “Intuitive Decision Making Style” *B*=.423, *p*<.001 and “Sexual Esteem”, between “Spontaneous Decision Making Style” *B*=.242, *p*<.001, “Intuitive Decision Making Style” *B*=.433, *p*<.001 and “Internal Sexual Control”, between “Intuitive Decision Making Style” *B*=.369, *p*<.001 and “Sexual Consciousness”, between “Intuitive Decision Making Style” *B*=.316, *p*<.001 and “Sexual Motivations”, between “Avoidant Decision Making Style” *B*=.366, *p*<.001 and “Dependent Decision Making Style” *B*=.252, *p*<.001 and “Sexual Anxiety”, between “Avoidant Decision Making Style” *B*=.416, *p*<.001 and “Spontaneous Decision Making Style” *B*=.455, *p*<.

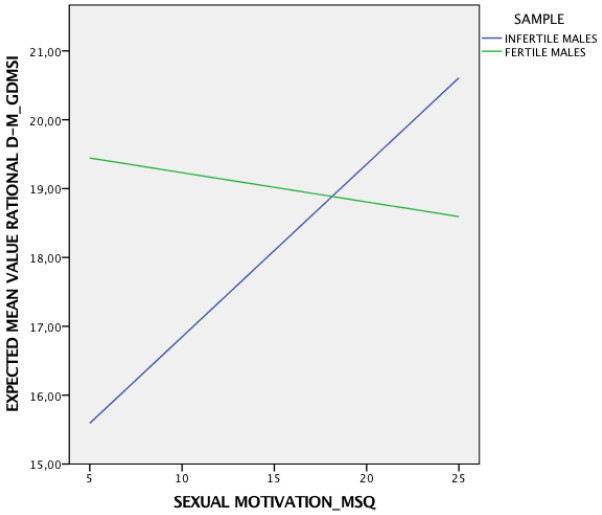
001 and “Sexual Depression”, between “Avoidant Decision Making Style” *B*=.281, *p*<.001 and “Spontaneous Decision Making Style” *B*=.258, *p*<.001 and “External Sexual Control”. Furthermore, there is a negative correlation between “Rational Decision Making Style” *B*=-.509, *p*<.001 with “Sexual Monitoring”. It correlates positively with “Spontaneous Decision Making Style” *B*=.532, *p*<.001. There is a positive correlation between “Intuitive Decision Making Style” *B*=.268, *p*<.001 and “Sexual Satisfaction”. Moreover, it results that, on average, there is a significative statistical difference between Infertile Males and Fertile Males on the correlation between “Rational Decision Making Style” and “Sexual Esteem”, where Fertile Males showed higher points, and between “Rational Decision Making Style” and “Sexual Satisfaction”, where Fertile Males have higher points for both correlations (see Table 109).

Table 109. MANOVA for Decision making style and Sexuality dimensions

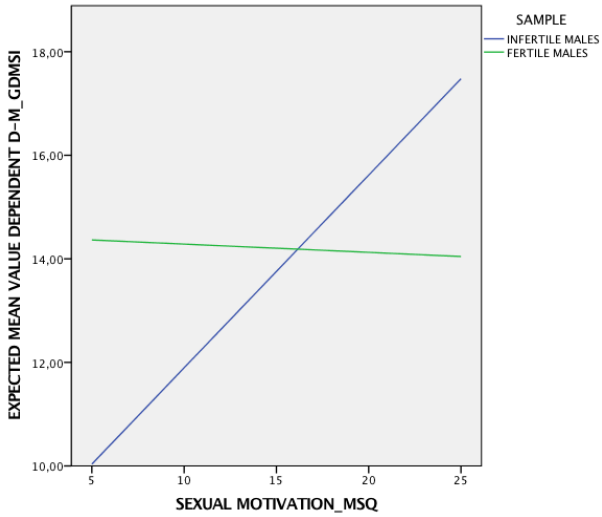
MALES	RATIONAL D-M STYLE		INTUITIVE D-M STYLE		DEPENDENT D-M STYLE		AVOIDANT D-M STYLE		SPONTANEOUS D-M STYLE	
GDMSI + MSQ	B	p.	B	p.	B	p.	B	p.	B	p.
SEXUAL ESTEEM	-0.02	0.89	0.42	<0.001	-0.12	0.25	0.03	0.73	0.29	<0.001
GROUP	-7.07	<0.001	1.41	0.56	-4.04	0.15	-0.56	0.81	1.66	0.51
INTEACTION	0.39	<0.001	-0.11	0.44	0.24	0.15	0.02	0.88	-0.10	0.49
SEXUAL PREOCCUPATION	-0.09	0.52	0.32	0.02	0.05	0.72	0.27	0.04	0.31	0.08
GROUP	-7.12	0.02	0.49	0.88	-5.32	0.12	1.09	0.71	2.70	0.40
INTERACTION	0.52	0.03	-0.06	0.80	0.42	0.12	-0.10	0.66	-0.21	0.34
INTERNAL SEXUAL CONTROL	0.00	0.96	0.43	<0.001	-0.18	0.06	-0.04	0.62	0.24	<0.001
GROUP	-2.52	0.23	3.89	0.06	-4.42	0.07	-2.92	0.16	3.17	0.15
INTERACTION	0.13	0.32	-0.25	0.06	0.28	0.07	0.18	0.17	-0.19	0.17
SEXUAL CONSCIUOSNESS	-0.03	0.73	0.39	<0.001	-0.11	0.30	-0.10	0.32	0.20	0.05
GROUP	-5.59	0.04	0.57	0.83	-4.64	0.13	-2.67	0.31	2.22	0.43
INTERACTION	0.30	0.05	-0.03	0.83	0.27	0.13	0.14	0.35	-0.12	0.45
SEXUAL MOTIVATION	-0.04	0.57	0.32	<0.001	-0.02	0.85	-0.02	0.74	0.14	0.09
GROUP	-5.32	0.02	0.59	0.79	-6.27	0.01	-0.92	0.67	1.81	0.44
INTERACTION	0.29	<0.001	-0.02	0.87	0.39	<0.001	0.04	0.74	-0.10	0.48
SEXUAL ANXIETY	-0.19	0.04	0.12	0.24	0.25	<0.001	0.37	<0.001	0.32	0.00
GROUP	-1.27	0.38	10.63	0.29	-0.17	0.92	1.42	0.30	2.80	0.06
INTERACTION	0.07	0.69	-0.24	0.18	0.04	0.81	-0.17	0.29	-0.32	0.06
SEXUAL ASSERTIVENESS	0.01	0.89	0.25	0.01	-0.05	0.63	-0.04	0.68	0.09	0.37
GROUP	-0.05	0.98	5.90	0.03	1.97	0.51	1.56	0.54	3.21	0.24
INTERACTION	-0.03	0.84	-0.36	0.02	-0.12	0.48	-0.10	0.47	-0.18	0.24
SEXUAL DEPRESSION	-0.22	0.05	0.03	0.82	0.14	0.30	0.42	<0.001	0.45	<0.001
GROUP	1.43	0.31	2.17	0.16	1.11	0.50	1.77	0.20	2.93	0.05
INTERACTION	-0.30	0.11	-0.36	0.07	-0.17	0.45	-0.27	0.14	-0.41	0.04
EXTERNAL SEXUAL CONTROL	-0.17	0.13	0.10	0.39	0.07	0.58	0.28	<0.001	0.26	<0.001
GROUP	-0.11	0.94	1.06	0.51	-1.05	0.55	1.01	0.49	-0.52	0.74
INTERACTION	-0.06	0.75	-0.18	0.36	0.13	0.55	-0.16	0.37	0.07	0.73
SEXUAL MONITORING	-0.51	<0.001	0.07	0.64	0.06	0.72	0.20	0.15	0.53	<0.001
GROUP	-1.23	0.38	2.55	0.12	0.61	0.73	1.05	0.50	2.67	0.10
INTERACTION	0.12	0.57	-0.43	0.06	-0.10	0.69	-0.19	0.37	-0.41	0.07
FEAR OF SEX	-0.19	0.15	0.01	0.91	0.08	0.59	0.07	0.59	0.08	0.58
GROUP	-0.45	0.85	2.75	0.29	5.10	0.07	0.47	0.85	10.39	0.59
INTERACTION	-0.01	0.97	-0.30	0.23	-0.50	0.06	-0.07	0.77	-0.13	0.59
SEXUAL SATISFACTION	0.01	0.37	0.27	<0.001	-0.13	0.15	-0.16	0.03	0.06	0.47
GROUP	-6.32	<0.001	-1.72	0.47	-4.93	0.07	-4.16	0.07	-0.82	0.74
INTERACTION	0.31	0.01	0.06	0.63	0.27	0.06	0.22	0.07	0.04	0.75

Data analyze showed a different interaction between “Rational Decision Making Style” and “Sexual Motivation” (see Graphic 43), and between “Dependent Decision Making Style” and “Sexual Motivation” (see Graphic 43) for Infertile Males and Fertile Males. These interactions were stronger for Infertile males.

GRAPHIC 43. Interaction between “Rational Decision Making Style” of GDMSI and “Sexual Motivation” of MSQ



GRAPHIC 44. Interaction between “Dependent Decision Making Style” of GDMSI and “Sexual Motivation” of MSQ



Correlation between decision making styles and sexuality scales - confronting infertile females and infertile males

There is a positive relationship between “Intuitive Decision Making Style” *B*=.314, *p*<. 001 and “Sexual Esteem”, between “Dependent Decision Making Style” *B*=.372, *p*<.

001, “Intuitive Decision Making Style” *B*=.294, *p*<.001 and “Sexual Motivation”. There is a negative correlation between “Rational Decision Making Style” *B*=-.517, *p*<.001, “Intuitive Decision Making Style” *B*=-.337, *p*<.001 and “Sexual Depression”. There is a positive correlation between “Spontaneous Decision Making Style” *B*=.324, *p*<.001 and “External Sexual Control”, between “Rational Decision Making Style” *B*=.374, *p*<.001, “Intuitive Decision Making Style” *B*=.329, *p*<.001 and “Sexual Satisfaction”.

Furthermore, it results that, on average, there is a significative statistical difference between Infertile Females and Infertile Males on the correlation between “Dependent Decision Making Style” and “Sexual Preoccupation”, and between “Dependent Decision Making Style”, “Intuitive Decision Making Style” and “Sexual Motivation”, where Infertile Females have higher points than Infertile Males (see Table 110).

Table 110. MANOVA for Decision making style and Sexuality dimensions

FEMALES MALES	RATIONAL D-M STYLE		INTUITIVE D-M STYLE		DEPENDENT D-M STYLE		AVOIDANT D-M STYLE		SPONTANEOUS D-M STYLE	
GDMSI + MSQ	B	p.	B	p.	B	p.	B	p.	B	p.
SEXUAL ESTEEM	0.37	0.00	0.31	<0.001	0.12	0.39	0.05	0.66	0.19	0.10
GENDER	7.71	0.02	1.76	0.54	3.29	0.36	0.34	0.91	0.18	0.95
INTEACTION	-0.40	0.04	-0.06	0.72	-0.10	0.63	0.01	0.96	0.01	0.96
SEXUAL PREOCCUPATION	0.44	0.05	0.25	0.22	0.48	0.05	0.17	0.44	0.10	0.63
GENDER	10.62	0.01	4.16	0.26	9.23	<0.001	-0.19	0.96	-5.20	0.17
INTERACTION	-0.80	0.02	-0.29	0.34	-0.63	0.08	0.07	0.82	0.49	0.12
INTERNAL SEXUAL CONTROL	0.14	0.26	0.18	0.09	0.10	0.45	0.14	0.23	0.05	0.66
GENDER	2.66	0.34	3.92	0.12	5.24	0.08	3.29	0.22	-1.42	0.59
INTERACTION	-0.11	0.56	-0.23	0.17	-0.25	0.21	-0.19	0.28	0.17	0.51
SEXUAL CONSCIUOSNESS	0.26	0.05	0.34	0.00	0.15	0.30	0.04	0.73	0.09	0.50
GENDER	3.43	0.33	4.46	0.15	3.36	0.38	-2.61	0.44	-1.83	0.58
INTERACTION	-0.14	0.51	-0.23	0.22	-0.10	0.65	0.19	0.33	0.13	0.51
SEXUAL MOTIVATION	0.25	0.04	0.29	<0.001	0.37	<0.001	0.02	0.88	0.04	0.72
GENDER	4.65	0.09	5.00	<0.001	6.59	<0.001	-0.55	0.83	-3.51	0.17
INTERACTION	-0.22	0.20	-0.28	0.08	-0.31	0.10	0.07	0.66	0.27	0.10
SEXUAL ANXIETY	-0.13	0.42	-0.12	0.41	0.29	0.08	0.20	0.18	0.01	0.97
GENDER	-0.56	0.79	0.76	0.68	2.47	0.26	0.70	0.72	-1.11	0.57
INTERACTION	0.21	0.42	-0.04	0.86	-0.09	0.74	-0.01	0.96	0.19	0.44
SEXUAL ASSERTIVENESS	-0.02	0.90	-0.10	0.38	-0.17	0.24	-0.14	0.27	-0.10	0.44
GENDER	-0.47	0.89	-4.05	0.17	-0.84	0.81	-0.14	0.96	-4.89	0.12
INTERACTION	0.09	0.63	0.28	0.11	0.14	0.50	0.03	0.88	0.31	0.09
SEXUAL DEPRESSION	-0.52	<0.001	-0.34	<0.001	-0.03	0.88	0.14	0.40	0.05	0.78
GENDER	-0.21	0.91	-0.19	0.91	10.93	0.36	0.34	0.85	-0.42	0.82
INTERACTION	0.15	0.55	0.09	0.70	-0.06	0.85	0.03	0.91	0.105	0.69
EXTERNAL SEXUAL CONTROL	-0.23	0.16	-0.07	0.62	0.20	0.27	0.12	0.44	0.32	<0.001
GENDER	0.39	0.84	0.45	0.80	2.89	0.17	-1.17	0.52	0.37	0.84
INTERACTION	0.09	0.69	0.02	0.94	-0.17	0.49	0.20	0.36	-0.03	0.88
SEXUAL MONITORING	-0.39	0.05	-0.37	0.04	-0.05	0.83	0.00	0.99	0.12	0.52
GENDER	0.29	0.90	-0.17	0.93	0.31	0.90	0.05	0.98	0.98	0.66
INTERACTION	0.09	0.79	0.09	0.77	0.20	0.59	0.06	0.85	-0.11	0.73
FEAR OF SEX	-0.19	0.38	-0.28	0.16	-0.42	0.08	0.00	0.99	-0.06	0.79
GENDER	2.63	0.41	0.57	0.84	-5.27	0.12	-3.66	0.23	-10.52	0.62
INTERACTION	-0.16	0.59	-0.00	0.98	-0.66	0.04	0.40	0.16	0.17	0.56
SEXUAL SATISFACTION	0.37	<0.001	0.33	<0.001	0.14	0.25	0.06	0.57	0.10	0.36
GENDER	3.404	0.29	2.65	0.36	2.97	0.41	2.51	0.44	10.85	0.57
INTERACTION	-0.14	0.39	-0.12	0.40	-0.08	0.61	-0.11	0.51	-0.09	0.59

Discussion

Researchers have affirmed that the best decision making style to use when the duty or the situation is complicated and subjects have to make difficult and important decisions, is the rational one. Ideally, individuals should balance between rational and intuitive decision-making. Infertile subjects have to make important decisions that will influence their present and future. Analyzing their decision making styles and the factors that might predict them, we can help these couples not only by furnishing them with all the information and all the instruments they need so the best solution can be found and the best results can be reached but also we can valorize and improve those factors that can help infertile subjects to use more adoptive decision making styles.

The first aim of the study was to explore the decision making styles of infertile couples. We found that fertile males used more rational decision making styles than infertile males and that fertile female's used more dependent decision making style than fertile males.

The second aim was to explore if dyadic adjustment was correlated to specific decision making styles. Results showed that, comparing infertile females with infertile males, higher levels of dyadic adjustment were correlated with higher levels of rational decision making style and with lower avoidant decision making style. Data didn't show a difference between females and males inside the infertile sample.

Comparing infertile females with fertile females, results confirmed that dyadic adjustments correlate negatively with spontaneous decision making styles characterized by the tendency to decide as fast as possible. These results showed that a good dyadic adjustment can correlate with decision making styles that include the use of logic and a higher preparation before deciding for information search and option valuation and it predict less the use of decision making styles that are more based on the desire to make a decision as fast as possible without considering consequences than on logic. There was no difference between infertile females and fertile females, which means that dyadic adjustment correlated with decision making styles for both infertile and fertile females. We didn't find any correlation between DAS and GDMSI when comparing infertile males with fertile males.

The third aim wanted to explore if another important element of the relationship quality, like sexuality correlates with decision making style. Comparing infertile females with infertile males we found that positive sexuality dimensions like sexual esteem, sexual motivation, and sexual satisfaction were positively correlated to rational, dependent and intuitive decision making style. Meanwhile negative sexuality dimensions like external sexual control, sexual depression are negatively correlated with rational, dependent and intuitive decisional making styles and positively correlated with spontaneous decision making style. These results confirmed our expectations, sexuality is correlated to several decision making styles. In fact, it resulted that positive sexuality dimensions are correlated to rational decision making style, like we predicted meanwhile negative sexuality dimension didn't predict it. But it resulted that positive sexuality were correlated not only to rational decision making style but also to the intuitive one characterized by a global evaluation of the problem and trust in personal sensations and emotions, and dependent decision making style characterized by the tendency to ask others before deciding. We expected a positive result only between positive sexuality dimensions and rational decision making style but it seems that they are correlated also to the intuitive and dependent decision making style, which aren't as adequate as the rational one is but however are more adequate decision making styles like spontaneous and avoidant one. In the intuitive and dependent decision making style is included a certain information research and interest on the consequences even though not like on the rational decision making style. Meanwhile the spontaneous and avoidant decision making style there is a complete absence of information research and interest on the consequences of their decisions. According to these last two ones, in fact, they resulted positively correlated with negative sexuality dimensions, just as we expected. There were differences between females and males according to some correlations between GDMSI and MSQ, where females present higher points than males. This means that the correlation of MSQ to GDMSI is higher for females than males in infertile sample.

Comparing infertile females and fertile females, our findings confirmed that several sexuality dimensions were correlated to specific decision making styles. It was reconfirmed that positive sexuality dimensions were correlated to more adequate decision making styles and negative sexuality dimension were correlated to less adequate decision making styles. The only exclusion is for sexual motivation which resulted positively correlated with avoiding and spontaneous decision making style. We

can only attribute this result to a characteristic of our sample and suggest further research.

The confrontation of infertile males with fertile males reconfirmed our expectations and previous findings. Positive sexuality dimensions like internal sexual control, sexual esteem, sexual consciousness, sexual motivation, sexual satisfaction were correlated to more adequate decision making styles that negative sexuality dimensions like sexual anxiety, external sexual control, sexual depression, sexual monitoring, which were correlated to less adequate decision making styles. Like in the comparison between infertile females and fertile females, in this comparison we found unexpected positive correlations like the one between sexual esteem and spontaneous decision making style and the one between sexual anxiety and dependent one. Furthermore, we found that for specific correlations of sexuality and decision making styles, the correlation was higher for fertile males than for infertile males.

In conclusion, according to the results found, we can say that although there is a rational decision making style that characterizes both samples, it's higher in fertile ones. Specific relationship elements like dyadic adjustment and sexuality were correlated to decision making styles. More specifically, higher dyadic adjustment and positive sexuality dimensions were correlated to rational decision making style, together with some other more adequate ones, like intuitive and depended decision making style.

SECTION III:

“What can help us now?”: the protective role of attachment styles in facing infertility

Introduction to the section

We have presented previously some aspects of individual and couple life that are influenced by the experience of infertility. We discussed about dyadic adjustment, sexuality, disclosure with family and friends, trying to understand how these areas are affected after the diagnosis of infertility and which is the decision making style that characterizes the infertile subject, as an important element that leads to the solution of the problem, whatever it might be. We discussed about factors that can be correlated to specific expressions of these dimensions.

Now, in this section, we are going to focus on the protective role of attachment. In this section we are presenting a literature review on the connections between attachment and dyadic adjustment, sexuality, disclosure and decision making, in order to understand the protective role of attachment toward these dimensions.

Chapter 5

Attachment prospective in relationship dynamics, disclosure and decision making

An attachment perspective on relationship quality

Dynamics, problematics and satisfaction of couples' relationships have become a very interesting field of research since romantic relationship represents an important pillar of human life. Several studies have attempted to identify factors that contribute to the quality of these relationships. One of these factors is the attachment system (Mikulincer, Florian, Cowan, & Cowan, 2002). Attachment system is an important structure that is presumed to influence partner selection and the individual's evaluation of romantic relationships. Different attachment styles are correlated with different behaviors, perception and evolution of the relationship (Mikulincer et al., 2013; Curran, 2005). The first studies on the correlation between attachment and relationship quality, have been focusing on the link between attachment styles and trust, commitment, satisfaction and interdependence. According to this, secure attached individuals are more likely to have a positive perception of the relationship, even after several years of relation. Their relationships are characterized by high levels of trust, commitment, satisfaction and interdependency which can lead to higher levels of adaptive function of the couple (Santona et al., 2007). These individuals are more motivated to support the partner in moments of difficulty and collaborate to solve the problem. Meanwhile, individuals with higher levels of anxious and avoidant attachment are more likely to perceive a lower relationship quality. Due to preoccupations and defense systems characterized by hyper-activation or inactivation of the attachment system, these individuals tend to have a lower perception of the partner, maladaptive management of crisis and problems of everyday life and lower perception of satisfaction in the relationship.

Another set of studies have focused on the attachment measurements that predict quality of marital relationships, confirming the link between secure attachment and marital quality (Banse, 2004; Feeney, 2002; Meyers & Landsberger, 2002). Individuals with secure attachment report higher levels of marital satisfaction, tend to share feelings with the partner, meanwhile, individuals with insecure attachment tend to feel and behave in the opposite way. Studies show that people with secure attachment have higher levels of intimacy in relationships (Bartholomew & Horowitz, 1991), favorable expectations in relation to their partner, better levels of marital quality (Collins et al., 1990), long-term and stable relationships (Hazan et al., 1987), and are optimistic about marriage in comparison to those with insecure attachment (Meyers et al., 2002).

In evaluating the implications of attachment styles on the relationship quality, it is important to consider the role of several factors that mediate the relationship between these dimensions (Cassidy & Shaver, 2016). The first factor is communication. Communication determines the maintenance of attachment relationships, conflict solutions and emotional expression. According to this, secure attached individuals are more likely to use integrative problem solving strategies, inviting the partner to express his/her opinion. Their conflict solutions reflect their concern for supporting their own interests and for improving their relationship. For insecure individuals, the partner's opinion is not considered and is more likely to oblige partners to do as they like or wish. Their communication is oriented to passively allowing the situation to deteriorate and harming the relationship.

Another factor influencing the correlation between attachment and relationship quality is caregiving. Secure attachment is linked to responsive caregiving, where the partners fulfill the function of "safe haven" and which is correlated to high levels of relationship satisfaction. Avoidant individuals tend to inhibit proximity with the partner. This behavior is motivated by feeling of shame in the face of the supportive behaviors of the partners (Gosnell & Gable, 2013). Meanwhile, those with anxious attachment tend to show compulsive caregiving motivated by the fear of being abandoned. Both these insecure attachments can lead to lower relationship satisfaction (Cassidy, Lichtenstein-Phelps, Sibrava, Thomas, & Borkovec, 2009).

In addition to "safe haven", partners offer also the function of "secure base", which is very important in the relationship functioning. Individuals with a secure attachment act as a "secure base" for their partners through being present when partners need them, respect and encourage exploration, hobbies, projects, friendships. They offer support when requested without expecting nothing in return. Meanwhile, individuals with insecure attachment aren't able to act as a "secure base" for their partners. Most of the time they don't understand or don't care about the partner's needs, aren't interested in what the partner does or which his/her hobbies are. Often they can become obstacles in the path of development and self-realization, not encouraging the support request of the partner and by not offering it. This behavior influences negatively on the personal well-being of the partner which in return influences negatively the couple's satisfaction.

Linking attachment and sexuality: effects of adult attachment on sexuality

Attachment theory has been interested in couple's relationship, and has considered all the elements part of the relationship, including sexuality. Even though sex and the other behavioral system components of romantic love, such as attachment and caregiving, are functionally independent, they still influence each other, provide opportunities for each other, spill over into each other, and contribute jointly to relationship formation, development, and quality. However they have some differences. If on one hand, the attachment system has the objective to create a relationship where each partner sees each other as a secure base, on the other hand, the sexual system has the objective to guarantee proximity, intimate sexual relationship and procreation. Studies on the relationship between attachment and sexuality have been focused on the correlation between attachment styles and sexuality, highlighting differences in interaction and sexual behaviors. Individuals with secure attachment are attentive to actual signals of sexual arousal and attraction from the other partner. They are able to perceive the partner's interests, and therefore are able to engage in satisfying sexual relations. A secure individual's comfort with closeness, self-disclosure, and interdependence creates a positive foundation for sexual engagement. Secure individuals' positive models of others may make it easier to view a sexual partner as caring and well-intentioned which allows a secure individual to enjoy intimate sex. Moreover, a secure individual's positive models of self-support feelings of being desired and esteemed during sexual activities, help to maintain a sense of confidence in the ability to gratify one's own and a partner's sexual needs. These positive mental representations allow secure adults to lower their defenses and be less preoccupied with sexual performance (Shaver, Mikulincer, & Shemesh-Iron, 2009).

The study of the relationship between attachment and sexuality has been interested in particular in the avoidant and the anxious attachment styles. Avoidant individuals' discomfort with closeness and negative models of others may interfere with psychological intimacy and interpersonal sensitivity in sexual situations. In addition, avoidant individuals engage in sex without any consideration of establishing a long-term relationship, or with the conviction that they do not want to be burdened by a long-term relationship (Birnbaum, 2007; Brassard et al., 2007; Birnbaum et al., 2006; Gentzler et al., 2004). Moreover, avoidant individuals' frequent reliance on distancing as a strategy of emotion regulation and their problems with exploration and cognitive openness make them especially likely to dismiss sexual needs or to inhibit sexual desire rather than explore what a sexual partner wants or needs and talk openly about interpersonal problems that arise during sexual relations (Davis et al., 2006). In addition, because

avoidant strategies are associated with extreme self-reliance and, personal control, avoidant individuals may use sex to maximize control over a partner, to gain social prestige, or to enhance self-esteem, all without much regard for the partner's feelings (Birnie et al., 2009; Cooper et al., 1998). In fact, avoidant people's sexual behavior may be focused only on their own needs, without any interest on a partner's sexual wishes. Anxious attachment is associated with a complex, ambivalent approach to sexuality. Sex is an obvious route to closeness and intimacy, so, individuals with anxious attachment can hold a positive attitude toward sex and use it to fulfill unmet needs for security and love (Davis et al., 2004). However, while focusing on their own wishes for protection and security, they may have trouble attending accurately to a partner's sexual wishes and preferences. Moreover, anxious individuals' negative models of self, worries about rejection and disapproval, and regulatory difficulties may make it difficult for them to relax during sexual relations. For them, sexual arousal may be accompanied by worries and doubts about their sexual attractiveness, the extent to which they are loved and valued, their ability to gratify a partner, and a partner's lack of sensitive responsiveness to their sexual needs. They may still have personal sexual problems and interpersonal difficulties with sexual partners. Perhaps the most dangerous kinds of sexual difficulties for anxious individuals can be traced to their general methods of regulating interpersonal relations (Mikulincer et al., 2006; Hazan et al., 1994; Feeney et al., 1993). Their intense desire for closeness can result in intrusive sexual behavior and lead them to engage in unsafe sex. In addition, their worried, dependent position in a relationship can create problems in communication about sex, difficulties with sexual assertiveness, and an increased vulnerability to sexual coercion. They may agree to arrangements and activities they do not like in order to avoid partner disapproval. Even though some characteristics of anxious attachment has been individuated, differences between females and males can't be overtaken. Females characterized by high levels of anxious attachment are often included in early sexual relations, are more inclined to cheating and change continuously partners (Impett et al., 2002; Hazan et al., 1994). Anxious attached males, report lower levels frequency in sexual relations, experience lower levels of negative emotions related to sexual relations (Mikulincer et al., 2006).

In conclusion, we can say that, both attachment anxiety and avoidance are associated to fewer positive and more negative feelings during sex (Birnbaum, 2007; Birnbaum, Mikulincer, Reis, & Gillath, 2006; Tracy, Shaver, Albino, & Cooper, 2003), higher levels of sexual anxiety (Davis, Shaver, & Vernon, 2004), lower levels of sexual arousal, intimacy, and pleasure (Birnbaum, 2007; Hazan et al., 1994), and less positive

appraisals of one's own sexual qualities (Cyranowski & Andersen, 1998). However, whereas avoidant people tend to dismiss the importance of sex and fail to express feelings of love and affection for their partners during sex (Birnbaum, 2007; Birnbaum et al., 2006; Tracy et al., 2003; Brennan, Clark, & Shaver, 1998; Hazan et al., 1994), anxious individuals express a strong desire for their partner's emotional involvement during sex (Birnbaum et al., 2006). Avoidance seems to be associated with a negative conception of sex, whereas attachment anxiety is associated with an ambivalent approach to sex, in which aversive feelings coexist with sexual excitement and strong wishes for sex and love.

Attachment as a moderator of disclosure

Experiencing stressful experiences leads individuals to search comfort, assistance and support in close others. A large body of research indicates that social support when received or when individuals feel confident that they will receive it, has benefits for physical and psychological health. Links between social support and personal and relational well-being are now well documented (Ronen, Hamama, Rosenbaum, & Mishely-Yarlap, 2014; Casale et al., 2012; Decker, 2007; Collins & Feeney, 2000). As we previously presented, a way to enhance the social support requested and received is to disclosure with social network. Patterns of disclosure have been linked to attachment styles, especially the one concerning communication. Secure attachment is linked to a higher ability and capacity to express feelings and emotions and to a higher ability to communicate these feelings to other persons (Caldwell & Shaver, 2012). Individuals with a secure attachment have higher communication competences which permit them to communicate with others with more facility (Cassidy et al., 2016). The opposite behavior has been found in individuals with insecure attachment. Analyzing disclosure in couple relationship, a negative correlation between disclosure and insecure attachment was found. There was also a lower disclosure of positive and negative emotions in insecure partners. Empirically, research has provided evidence that people with high attachment avoidance disclose less to their partners (Collins et al., 1990), disclose fewer intimate topics or personal disappointment topics, and view disclosure to others as aversive. Individuals with insecure attachment who receive low social support, tend to disclose fewer and are themselves less supportive than secure individuals (Collins et al., 2000). We didn't find studies on the other aspect of disclosure, time spent with family and friends and adult attachment.

Attachment and decision making

Attachment can be considered as one of the most important factors that give shape to thoughts and behaviors of individuals involved in important decisions (Deniz, 2011). Although it is natural to think about the connections between attachment and decision making, few researchers have focused on the study of the relationship between these two. Deniz (2011) found that there is a correlation between attachment and decision making. In particular, he reported that attachment can predict decision making styles and self-esteem about the ability to make decisions. More specifically, secure attachment style predicted a good self-esteem and vigilant decision making style, which corresponds to the rational decision making style of Scott and Bruce (1995). It was negatively correlated with the hyper vigilant decision making style which corresponds to the intuitive decision making style, with the procrastination decision making style which corresponds to the avoidant decision making style and with the buck-passing decision making style which corresponds to the dependent decision making style. Insecure attachment was correlated with the hyper vigilant decision making style.

We didn't find other studies on the correlation between attachment and decision making styles, but there are numerous other studies that can let us highlight indirectly the relationship between attachment and decision making styles. According to this, we found that anxiety is an emotion that influences decision making hindering it. It is associated to the activation of amygdala and to a reduced prefrontal activity, from these depend decision making styles (Coutlee & Huettel, 2011) and the insecure attachment style, specifically, is related with a higher vulnerability by anxiety.

Another connection between attachment style and decision making style can be found through self-esteem. Decision making style is a cognitive process which is influenced by the self-esteem of the individual that has to make a decision and secure attachment is characterized by high self-esteem (Cassidy, 1988).

It has been found a connection between attachment to parents and peers and fear of commitment, which is a fear to make decisions because of fear of negative consequences (Wolfe & Betz, 2011). The lack of fear of commitment is positively correlated to secure attachment and negatively with preoccupied attachment style. Studies have underlined the importance of emotions in all the stages of decision making. The way individuals percept emotions influence decision making and it

depends on the quality of the relationship during childhood, on the first experiences of attachment of individuals (Mikulincer & Shaver, 2003).

This review highlighted the lack of studies on the correlation between attachment and decision making which can permit the generalization of the results and in particular there is a complete lack of studies on this correlation in the condition of infertility.

Variables considered in this chapter

Attachment theory has become a pillar in the study of human relationship. Year after year it has gain space between other theories till becoming one of the most important in the study of relationship dimensions, especially those concerning couple's relationships and elements that characterize it. The aim of this study is to explore the protective role of attachment on dyadic adjustment, sexuality, disclosure with family and friends and decision making process.

According to the literature considered, and to the aims proposed, we hypothesized that:

i. there are differences in mean scores on Attachment style (ECR-R) between infertile sample and fertile sample. More specifically, we expect that confronting infertile females with fertile females and infertile males with fertile males, infertile subjects will have higher scores on "Anxious" and "Avoidant" attachment styles. And comparing infertile females and infertile males, infertile females will have higher scores in "Anxious" and "Avoidant" attachment styles

ii. there is a correlation between Attachment Styles (ECR-R) and Dyadic Adjustment (DAS) for both infertile and fertile sample. More specifically, we expect that lower levels of "Avoidant Attachment Style" and "Anxious Attachment Style" are correlated with higher levels of all the scale of Dyadic Adjustment (Dyadic Affective Expression, Dyadic Cohesion, Dyadic Consensus, Dyadic Satisfaction, Total DAS).

iii. there is a correlation between Attachment Styles (ECR-R) and Sexuality dimensions (MSQ) for both infertile and fertile sample. More specifically, we expect that higher levels of "Avoidant Attachment Style" and "Anxious Attachment Style" are correlated with lower levels of "Sexual Esteem", "Internal Sexual Control", "Sexual Consciousness", "Sexual Motivation", "Sexual Assertiveness" and "Sexual Satisfaction" (MSQ). We expect that higher levels of "Anxious Attachment Style" are correlated with higher levels of "Sexual Preoccupation", "Sexual Anxiety", "Sexual Depression", "External Sexual

Control", "Sexual Monitoring" and "Fear of Sex" (MSQ). Finally, higher levels of "Avoidant Attachment Style" are correlated with lower levels in "Sexual Motivation" and higher levels of "Internal Sexual Control".

iv. there is a correlation between Attachment Styles (ECR-R) and Disclosure with family and friends (CD-FA/CD-FR) for both infertile and fertile sample. More specifically, we expect that lower levels of "Avoidant Attachment Style" and "Anxious Attachment Style" are correlated with higher levels of Disclosure ("Communication with Family","Time Spent with Family", "Communication with Friends", "Time Spent with Friends").

v. there is a correlation between Attachment Styles (ECR-R) and Decision making styles (GDMSI) for both infertile and fertile sample. More specifically, we expect that lower levels of "Avoidant Attachment Style" and "Anxious Attachment Style" are correlated with higher use of "Rational Decision Making Style".

Materials

The questionnaires used for these analyzes are:

Experiences in Close Relationship-Revised (ECR-R, Fraley et al., 2000), is a self reported questionnaire used to asses adult attachment in couple's relationship. It is composed by 36 items organized in two scales of 18 items each. The two scales evaluates Avoidant and Anxious attachment styles.

Dyadic Adjustment Scale (DAS, Spanier, 1976), see Chapter 1.

Multidimensional Sexuality Questionnaire (MSQ, Snell et al., 1993), see Chapter 1.

Couples Disclosure - Family (CD-FAMILY), see Chapter 3.

C*ouples Disclosure - Friends* (CD-FRIENDS), see Chapter 3.

General Decision Making Questionnaire Instrument (GDMSI, Scott and Bruce, 1995), see Chapter 4.

Data-analysis

We used IBM Statistical Program for Social Sciences 24 (SPSS), to analyze data. Correlations between ECR-R scales and DAS, MSQ, CD-FA, CD-FR, GDMSI scales were calculated using MANOVA, where ECRR scales were the dependent variable. In case of the differences between infertile females and fertile females, infertile males and fertile males, fixed factor was the group. When infertile females and infertile males was confronted, fixed factor was the gender. Mean values of ECR-R was calculated using linear mixed model, using software R (R Development Core Team, 2016). Comparisons between couples have been corrected by post-hoc (Adjusted p values reported - Bonferroni, single-step method).

Results

Description of adult attachment styles in infertile and fertile sample

Linear Mixed Model found a significative mean score difference between males and females on “Anxious Attachment Style” (ECR-R) (see Table 111).

Table 111. Linear Mixed Models for Anxious attachment style

ANXIOUS ATTACHMENT STYLE ECR-R	B	df	T-test	p.
Fixed factors intercept	61.30	354.40	61.24	<.001
GroupControl	-0.37	353.60	-0.30	0.76
GenderMale	-2.92	175.00	-2.26	<.001
GroupControl:GenderMale	1.70	171.50	1.06	0.29

ANOVA showed that when “Anxious attachment style”, increase in infertile females, it decreases in infertile males (see Table 112).

Table 112. ANOVA for Anxious attachment style

ANXIOUS ATTACHMENT STYLE ECR-R	B	Z value	p.
F.INF VS F. FER	-0.37	-0.30	0.98
M.INF VS M.FER	1.70	1.06	0.61
F.FER VS M.FER	-1.21	-1.27	0.47
F.INF VS M.INF	-2.92	-2.26	<.001

Meanwhile, there is no significative difference between infertile and fertile sample on “Avoidant attachment style” (see Table 113 and Table 114).

Table 113. Linear Mixed Models for Avoidant attachment style

AVOIDANT ATTACHMENT STYLE ECR-R	B	df	T-test	p.
Fixed factors intercept	86.80	346.20	71.56	<.001
GroupControl	-1.03	343.20	-0.69	0.49
GenderMale	-0.21	172.30	-0.14	0.89
GroupControl:GenderMale	0.30	168.90	0.17	0.87

Table 114. ANOVA for Avoidant attachment style

AVOIDANT ATTACHMENT STYLE ECR-R	B	Z value	p.
F.INF VS F. FER	-1.03	-0.69	0.85
M.INF VS M.FER	0.30	0.17	0.99
F.FER VS M.FER	0.09	0.09	1.00
F.INF VS M.INF	-0.21	-0.14	0.99

Correlation between adult attachment styles and dyadic adjustment scales - confronting infertile females and fertile females

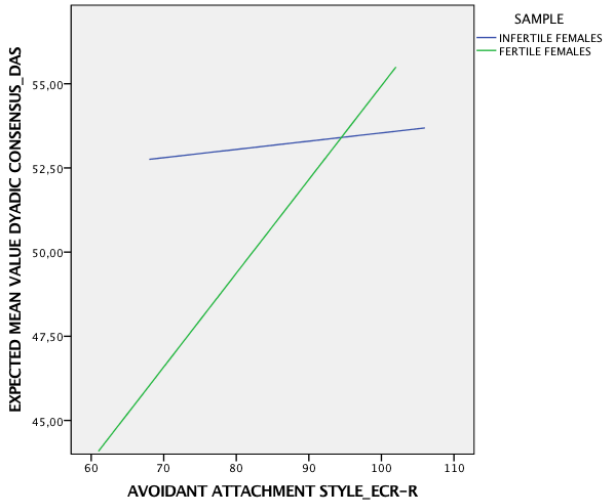
There is a positive correlation between “Avoidant” attachment style with “Dyadic Emotional Expression” *B*=.078, *p*<.001, “Dyadic Consensus” *B*=.278, *p*<.001, “Total Dyadic Adjustment” *B*=.518, *p*<.001. Moreover, it results that, on average, there is a significative statistical difference between Infertile Females and Fertile Females on the correlation between “Avoidant” attachment style with “Dyadic Consensus”, “Dyadic Satisfaction”, “Total Dyadic Adjustment”, where Infertile Females have higher points than Fertile Females (see Table 115).

Table 115. MANOVA for Attachment style and Dyadic adjustment

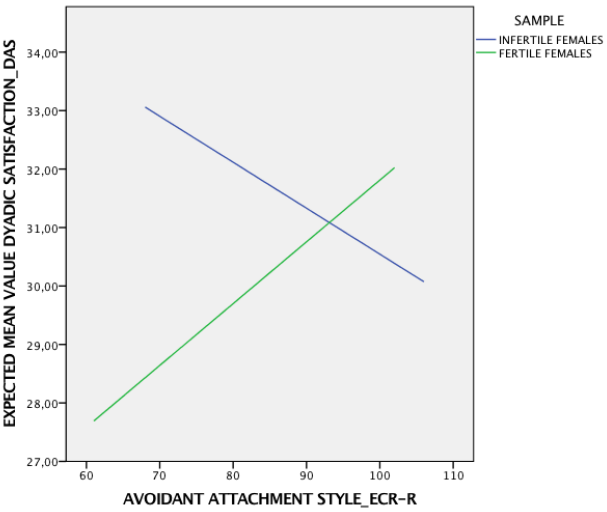
FEMALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R+DAS	B	p.	B	p.
DYADIC EMOTIONAL EXPRESSION	-0.01	0.83	0.08	<0.001
GROUP	3.14	0.22	2.58	0.38
INTERACTION	-0.03	0.43	-0.02	0.61
DYADIC COHESION	0.04	0.41	0.05	0.13
GROUP	5.64	0.19	1.00.	0.56
INTERACTION	-0.07	0.31	-0.02	0.74
DYADIC CONSENSUS	-0.07	0.57	0.28	<0.001
GROUP	-0.76	0.93	24.00	<0.001
INTERACTION	0.05	0.75	-0.25	<0.001
DYADIC SATISFACTION	0.02	0.66	0.11	0.04
GROUP	10.40	0.75	17.16	<0.001
INTERACTION	-0.01	0.97	-0.18	<0.001
TOTAL DYADIC ADJUTMENT	-0.05	0.98	0.52	<0.001
GROUP	9.41	0.55	46.72	<0.001
INTERACTION	-0.06	0.82	-0.48	<0.001

The data analyze showed a different interaction between “Avoidant” attachment style and “Dyadic Consensus” (see Graphic 45), between “Avoidant” attachment style and “Dyadic Satisfaction” (see Graphic 46), between “Avoidant” attachment style and “Total Dyadic Adjustment” (see Graphic 47). These interactions were stronger for Fertile females.

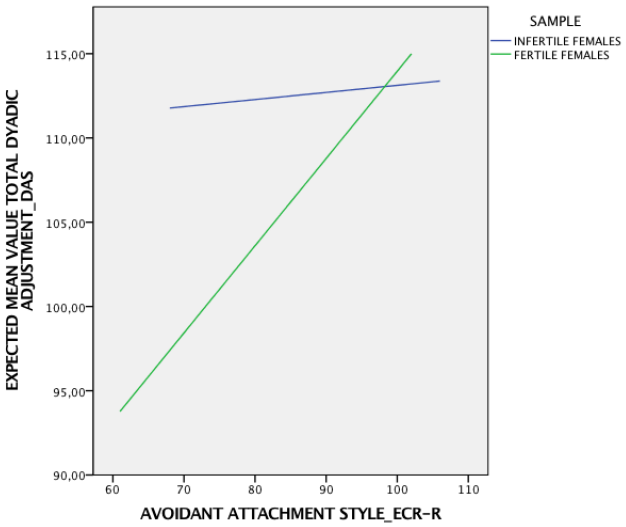
GRAPHIC 45. Interaction between “Avoidant”attachment style of ECR-R and “Dyadic Consensus” of DAS



GRAPHIC 46. Interaction between “Avoidant”attachment style of ECR-R and “Dyadic Satisfaction” of DAS



GRAPHIC 47. Interaction between "Avoidant"attachment style of ECR-R and "Total Dyadic Adjustment" of DAS



Correlation between adult attachment styles and dyadic adjustment scales - confronting infertile males and fertile males

The results indicated that, there is a positive correlation between "Avoidant" attachment style with "Dyadic Emotional Expression" *B*=.518, *p*<.001, "Dyadic Consensus" *B*=.246, *p*<.001, "Total Dyadic Adjustment" *B*=.246, *p*<.001 (see Table 116).

Table 116. MANOVA for Attachment style and Dyadic adjustment

MALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R+DAS	B	p.	B	p.
DYADIC EMOTIONAL EXPRESSION	-0.01	0.55	0.08	<0.001
GROUP	0.15	0.95	4.66	0.06
INTERACTION	0.01	0.74	-0.04	0.13
DYADIC COHESION	-0.06	0.18	0.07	0.06
GROUP	-5.21	0.21	5.90	0.22
INTERACTION	0.10	0.14	-0.06	0.30
DYADIC CONSENSUS	-0.05	0.59	0.25	<0.001
GROUP	-2.85	0.74	11.85	0.23
INTERACTION	0.06	0.70	-0.13	0.24
DYADIC SATISFACTION	-0.01	0.81	0.04	0.25
GROUP	-0.58	0.88	-0.78	0.87
INTERACTION	0.01	0.86	0.01	0.85
TOTAL DYADIC ADJUTMENT	-0.14	0.38	0.44	<0.001
GROUP	-8.49	0.56	21.63	0.18
INTERACTION	0.18	0.45	-0.23	0.23

Correlation between adult attachment styles and dyadic adjustment scales - confronting infertile females and infertile males

There is no significative correlation between attachment styles and dyadic adjustment, comparing infertile females with infertile males (see Table 117).

Table 117. MANOVA for Attachment style and Dyadic adjustment

FEMALES vs MALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R+DAS	B	p.	B	p.
DYADIC EMOTIONAL EXPRESSION	-0.02	0.93	0.04	0.05
GENDER	2.24	0.26	-2.16	0.40
INTERACTION	-0.04	0.26	0.02	0.41
DYADIC COHESION	0.04	0.46	0.01	0.77
GENDER	4.24	0.36	-1.81	0.77
INTERACTION	-0.07	0.37	0.02	0.75
DYADIC CONSENSUS	0.04	0.97	0.11	0.17
GENDER	2.27	0.79	8.66	0.43
INTERACTION	-0.02	0.88	-0.09	0.48
DYADIC SATISFACTION	0.01	0.98	0.05	0.25
GENDER	-0.71	0.88	11.76	0.05
INTERACTION	0.02	0.79	-0.13	0.06
TOTAL DYADIC ADJUTMENT	0.04	0.80	0.21	0.13
GENDER	8.04	0.58	16.45	0.39
INTERACTION	-0.11	0.66	-0.17	0.44

Correlation between adult attachment styles and sexuality scales - confronting infertile females and fertile females

The results indicated that, there is no significative correlation between attachment styles and sexuality dimensions, comparing infertile females with fertile ones (see Table 118).

Table 118. MANOVA for Attachment styles and Sexuality dimensions

FEMALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R + MSQ	B	p.	B	p.
SEXUAL SELF-ESTEEM	0.12	0.95	0.09	0.61
GROUP	-0.55	0.86	4.87	0.27
INTERACTION	0.04	0.81	-0.97	0.45
SEXUAL PREOCCUPATION	0.09	0.33	-0.04	0.07
GROUP	4.37	0.63	1.90	0.41
INTERACTION	0.18	0.15	-0.03	0.52
INTERNAL SEXUAL CONTROL	-0.31	0.06	-0.12	0.73
GROUP	20.37	0.65	-1.77	0.51
INTERACTION	-0.06	0.73	0.29	0.11
SEXUAL CONSCIUOSNESS	0.11	0.45	0.41	0.50
GROUP	-4.34	0.13	-0.32	0.95
INTERACTION	0.32	0.27	-0.01	0.44
SEXUAL MOTIVATION	0.47	0.72	-0.57	0.55
GROUP	20.45	0.41	3.56	0.28
INTERACTION	0.24	0.41	0.31	0.45
SEXUAL ANXIETY	-0.16	0.88	-0.33	0.23
GROUP	7.19	0.06	3.13	0.03
INTERACTION	0.21	0.13	0.27	0.15
SEXUAL ASSERTIVENESS	0.16	0.18	0.13	0.26
GROUP	10.06	0.75	4.46	0.44
INTERACTION	-0.12	0.54	-0.17	0.35
SEXUAL DEPRESSION	-0.13	0.54	0.36	0.67
GROUP	5.43	0.62	6.85	0.14
INTERACTION	0.04	0.66	-0.27	0.26
EXTERNAL SEXUAL CONTROL	0.12	0.33	0.05	0.44
GROUP	-0.53	0.88	-2.96	1.00
INTERACTION	-0.04	0.85	0.05	0.78
SEXUAL MONITORING	0.03	0.12	0.11	0.46
GROUP	1.12	0.11	7.33	0.13
INTERACTION	-0.01	0.62	0.32	0.27
FEAR OF SEX	-0.01	0.80	0.01	0.65
GROUP	1.99	0.70	0.55	0.92
INTERACTION	-0.06	0.56	-0.01	0.72
SEXUAL SATISFACTION	0.01	0.62	0.84	0.78
GROUP	-0.73	0.22	1.39	0.88
INTERACTION	-0.02	0.95	-0.08	0.61

Correlation between adult attachment styles and sexuality scales - confronting infertile males and fertile males

The results indicated that, there is a negative correlation between “Avoidant” attachment style and “Sexual Preoccupation” B=-.071, p<.001, “Sexual Anxiety” B=-.150, p<.001, “Sexual Depression” B=-.093, p<.001, “External Sexual Control” B=-.090, p<.001, “Sexual Monitoring” B=-.081, p<.001 (see Table 119).

Table 119. MANOVA for Attachment styles and Sexuality dimensions

MALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R + MSQ	B	p.	B	p.
SEXUAL	0.03	0.57	-0.02	0.60
SELF-ESTEEM	-3.65	0.40	-5.98	0.25
GROUP	0.07	0.37	0.07	0.23
INTERACTION				
SEXUAL	0.04	0.19	-0.07	<0.001
PREOCCUPATION	-1.92	0.49	-4.78	0.14
GROUP	0.03	0.49	0.05	0.15
INTERACTION				
INTERNAL SEXUAL	-0.02	0.72	-0.04	0.33
CONTROL	-4.41	0.36	-13.02	0.02
GROUP	0.05	0.50	0.14	0.03
INTERACTION				
SEXUAL	-0.01	0.94	-0.02	0.52
CONSCIUOSNESS	-5.91	0.16	-5.80	0.24
GROUP	0.08	0.23	0.06	0.32
INTERACTION				
SEXUAL	0.01	0.81	-0.08	0.06
MOTIVATION	-7.23	0.15	-6.63	0.26
GROUP	0.10	0.25	0.06	0.39
INTERACTION				
SEXUAL	0.13	0.04	-0.15	<0.001
ANXIETY	5.27	0.18	-9.58	0.03
GROUP	-0.10	0.13	0.10	0.05
INTERACTION				
SEXUAL	-0.02	0.61	0.01	0.97
ASSERTIVENESS	3.26	0.46	-2.22	0.67
GROUP	-0.06	0.41	0.02	0.70
INTERACTION				
SEXUAL	0.09	0.01	-0.09	<0.001
DEPRESSION	6.88	0.04	-4.77	0.22
GROUP	-0.12	0.03	0.05	0.23
INTERACTION				
EXTERNAL SEXUAL	0.02	0.55	-0.09	<0.001
CONTROL	-3.67	0.29	-0.36	0.93
GROUP	0.07	0.26	0.01	0.89
INTERACTION				
SEXUAL	0.05	0.13	-0.08	<0.001
MONITORING	2.82	0.33	-4.13	0.21
GROUP	-0.04	0.36	0.05	0.20
INTERACTION				
FEAR	0.07	0.02	0.00	0.99
OF SEX	4.03	0.16	0.94	0.78
GROUP	-0.06	0.19	-0.01	0.83
INTERACTION				
SEXUAL	-0.02	0.78	0.03	0.57
SATISFACTION	-5.29	0.31	-3.81	0.53
GROUP	0.11	0.22	0.05	0.42
INTERACTION				

Correlation between adult attachment styles and sexuality scales - confronting infertile females and infertile males

There is no significative correlation between attachment styles and sexuality dimensions, comparing infertile females and infertile males (see Table 120).

Table 120. MANOVA for Attachment styles and Sexuality dimensions

FEMALES vs MALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R + MSQ	B	p.	B	p.
SEXUAL	0.09	0.09	0.05	0.26
SELF-ESTEEM	9.18	0.04	1.32	0.83
GENDER	-0.16	0.03	-0.02	0.74
INTERACTION				
SEXUAL	0.07	0.02	-0.02	0.53
PREOCCUPATION	4.65	0.07	-2.74	0.44
GENDER	-0.10	0.02	0.02	0.66
INTERACTION				
INTERNAL SEXUAL	0.03	0.55	0.09	0.04
CONTROL	9.41	0.05	1.42	0.82
GENDER	-0.16	0.04	-0.02	0.76
INTERACTION				
SEXUAL	0.08	0.12	0.03	0.45
CONSCIUOSNESS	8.28	0.05	-3.15	0.58
GENDER	-0.15	0.03	0.03	0.69
INTERACTION				
SEXUAL	0.11	0.07	-0.03	0.59
MOTIVATION	6.25	0.21	-3.53	0.59
GENDER	-0.14	0.09	0.02	0.82
INTERACTION				
SEXUAL	0.03	0.56	-0.05	0.16
ANXIETY	-0.49	0.89	2.88	0.53
GENDER	-0.01	0.91	-0.04	0.42
INTERACTION				
SEXUAL	-0.09	0.13	0.02	0.59
ASSERTIVENESS	-3.49	0.45	-6.27	0.31
GENDER	-0.09	0.13	0.06	0.39
INTERACTION				
SEXUAL	-0.03	0.48	-0.04	0.21
DEPRESSION	-4.28	0.20	2.71	0.53
GENDER	0.06	0.26	-0.04	0.45
INTERACTION				
EXTERNAL SEXUAL	0.09	0.06	-0.08	0.03
CONTROL	2.41	0.54	-2.30	0.66
GENDER	-0.04	0.54	0.03	0.61
INTERACTION				
SEXUAL	0.01	0.92	-0.03	0.23
MONITORING	0.41	0.88	0.50	0.89
GENDER	-0.01	0.74	-0.01	0.78
INTERACTION				
FEAR	0.01	0.79	-0.01	0.77
OF SEX	-3.87	0.19	3.22	0.42
GENDER	0.06	0.22	-0.04	0.39
INTERACTION				
SEXUAL	0.09	0.15	0.08	0.11
SATISFACTION	10.24	0.05	0.83	0.90
GENDER	-0.15	0.07	0.02	0.98
INTERACTION				

Correlation between adult attachment styles and disclosure scales - confronting infertile females and fertile females

The results indicated that, there is a positive correlation between “Avoidant” attachment style and “Communication with Friends” B=.291, p<.001, “Time Spent with Friends” B=.178, p<.001 (see Table 121).

Table 121. MANOVA for Attachment styles and Disclosure with family and friends

FEMALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R+CD-FA/CD-FR	B	p.	B	p.
COMMUNICATION	-0.02	0.93	0.06	0.69
WITH FAMILY	0.315	0.99	-38.98	0.09
GROUP	-0.02	0.94	0.44	0.09
INTERACTION	-0.05	0.58	0.01	0.82
TIME SPENT	6.67	0.34	-13.20	0.14
WITH FAMILY	-0.12	0.30	0.15	0.15
GROUP	-0.11	0.59	0.29	<0.001
INTERACTION	1.39	0.94	-22.28	0.31
COMMUNICATION	-0.09	0.74	0.20	0.42
WITH FRIENDS	-0.07	0.42	0.19	<0.001
GROUP	8.01	0.30	2.92	0.76
INTERACTION	-0.10	0.42	-0.01	0.89
TIME SPENT				
WITH FRIENDS				
GROUP				
INTERACTION				

Correlation between adult attachment styles and disclosure scales - confronting infertile males and fertile males

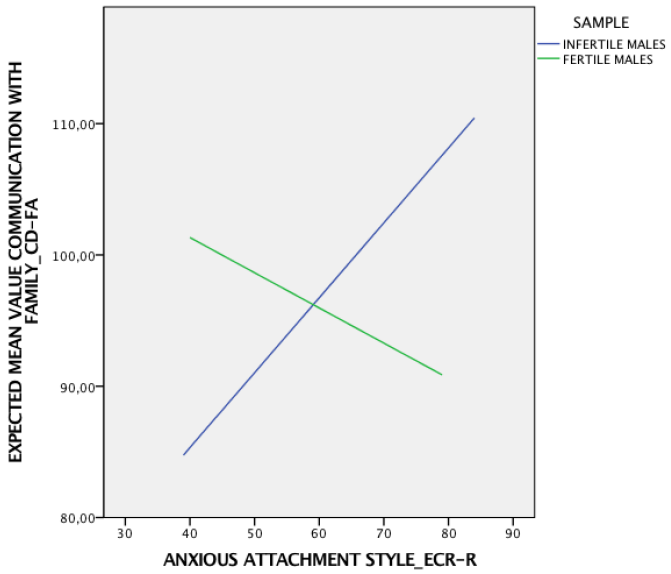
There is, on average, a significative statistical difference between Infertile Males and Fertile ones on the correlations between "Anxiety" attachment style and "Communication with Family" B=-49.173, p<.001, where Fertile Males have higher points than Infertile Males (see Table 122).

Table 122. MANOVA for Attachment styles and Disclosure with family and friends

MALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R+CD-FA/CD-FR	B	p.	B	p.
COMMUNICATION	-0.27	0.18	0.31	0.06
WITH FAMILY	-49.17	<0.001	50.65	0.02
GROUP	0.83	<0.001	-0.59	0.02
INTERACTION	-0.01	0.99	0.06	0.30
TIME SPENT	-3.81	0.59	7.33	0.38
WITH FAMILY	0.10	0.40	-0.06	0.52
GROUP	-0.11	0.54	0.23	0.10
INTERACTION	-0.15	0.99	5.24	0.78
COMMUNICATION	-0.10	0.72	-0.13	0.56
WITH FRIENDS	-0.11	0.18	0.13	0.05
GROUP	-8.44	0.24	4.38	0.60
INTERACTION	0.17	0.16	-0.03	0.73
TIME SPENT				
WITH FRIENDS				
GROUP				
INTERACTION				

Moreover, there is a different interaction between "Anxious" attachment style and "Communication with Family" for Infertile Males and Fertile Males, where the interaction is stronger for Infertile males (see Graphic 48).

GRAPHIC 48. Interaction between "Anxious" attachment styles of ECR-R and "Communication with Family" of CD-FA



Correlation between adult attachment styles and disclosure scales - confronting infertile females and infertile males

There is no significative correlation between attachment styles and disclosure with family and friends (see Table 123).

Table 123. MANOVA for Attachment styles and Disclosure with family and friends

FEMALES vs MALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R+CD-FA/CD-FR	B	p.	B	p.
COMMUNICATION WITH FAMILY	0.56	0.03	-0.28	0.19
GENDER	39.82	0.07	-63.17	0.03
INTERACTION	-0.60	0.09	0.78	0.02
TIME SPENT WITH FAMILY	0.10	0.27	0.02	0.97
GENDER	15.81	0.03	-13.49	0.19
INTERACTION	-0.26	0.03	0.16	0.18
COMMUNICATION WITH FRIENDS	-0.21	0.38	0.11	0.58
GENDER	6.34	0.74	-27.98	0.29
INTERACTION	-0.01	1.00	0.39	0.20
TIME SPENT WITH FRIENDS	0.06	0.54	0.09	0.28
GENDER	15.45	0.07	-5.16	0.66
INTERACTION	-0.24	0.09	0.07	0.60

Correlation between adult attachment styles and decision making scales - confronting infertile females and fertile females

There is no significative correlation between attachment styles and disclosure with family and friends (see Table 124).

Table 124. MANOVA for Attachment styles and Decision making styles

FEMALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R+GDMSI	B	p.	B	p.
RATIONAL	-0.05	0.34	-0.01	0.78
D-M STYLE	-6.85	0.12	3.96	0.47
GROUP	0.13	0.07	-0.03	0.59
INTERACTION	0.01	0.79	-0.05	0.18
INTUITIVE	-2.07	0.64	2.42	0.66
D-M STYLE	0.03	0.70	-0.03	0.62
GROUP	0.09	0.16	0.04	0.36
INTERACTION	4.04	0.46	8.06	0.23
DEPENDENT	-0.08	0.36	-0.10	0.18
D-M STYLE	0.10	0.11	-0.06	0.17
GROUP	-1.83	0.72	4.01	0.53
INTERACTION	0.02	0.79	-0.05	0.49
AVOIDANT	0.07	0.23	-0.06	0.15
D-M STYLE	-1.22	0.80	2.20	0.72
GROUP	0.02	0.77	-0.02	0.75
INTERACTION				
SPONTANEOUS				
D-M STYLE				
GROUP				
INTERACTION				

Correlation between adult attachment styles and disclosure scales - confronting infertile males and fertile males

The results indicated that, there is a positive correlation between “Anxious” attachment style and “Avoidant Decision Making Style” B=.096, p<.001, “Dependent Decision Making Style” B=.116, p<.001.

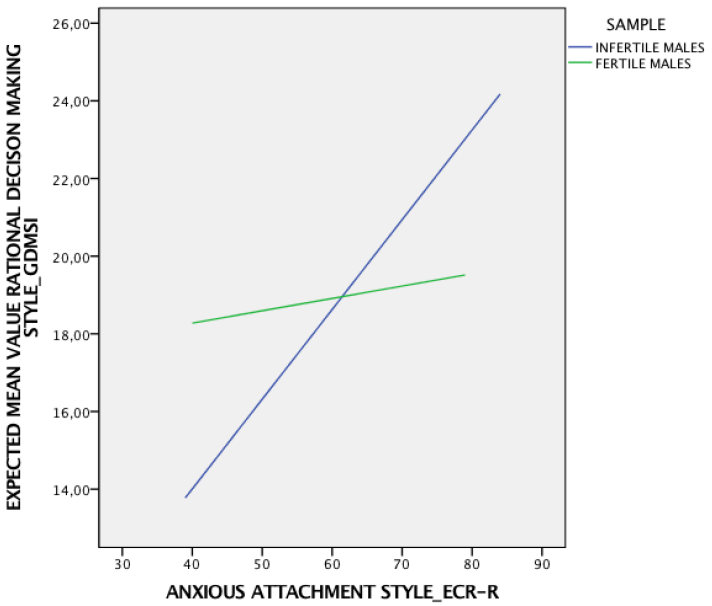
Furthermore, it results that, on average, there is a significative statistical difference between Infertile Males and Fertile Males on the correlation between “Anxious” attachment style and “Rational Decision Making Style”, “Intuitive Decision Making Style”, between “Avoidant” attachment style and “Rational Decision Making Style”, where Infertile Males have higher points than Fertile males, and between “Avoidant Decision Making Style”, “Spontaneous Decision Making Style”, where Fertile Males have higher points than Infertile Males (see Table 125).

Table 125. MANOVA for Attachment styles and Decision making styles

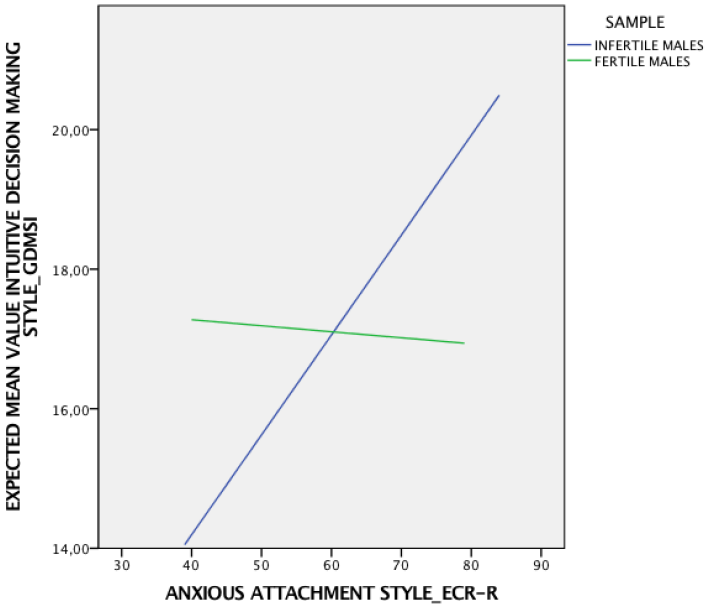
MALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R+GDMSI	B	p.	B	p.
RATIONAL	0.03	0.47	0.11	0.01
D-M STYLE	-12.24	<0.001	12.13	<0.001
GROUP	0.20	<0.001	-0.15	<0.001
INTERACTION				
INTUITIVE	-0.01	0.86	-0.01	0.72
D-M STYLE	-9.15	<0.001	0.24	0.96
GROUP	0.15	<0.001	-0.01	0.92
INTERACTION				
DEPENDENT	0.12	<0.001	0.02	0.71
D-M STYLE	-2.82	0.55	-1.93	0.73
GROUP	0.05	0.52	0.02	0.73
INTERACTION				
AVOIDANT	0.10	<0.001	-0.07	0.04
D-M STYLE	1.28	0.75	-11.59	<0.001
GROUP	-0.02	0.73	0.13	<0.001
INTERACTION				
SPONTANEOUS	0.06	0.24	-0.12	0.02
D-M STYLE	8.10	0.01	-11.57	<0.001
GROUP	-0.03	0.67	0.14	<0.001
INTERACTION				

Data analyze showed a different interaction between “Anxious” attachment style and “Rational Decision Making Style” (see Graphic 49), between “Anxious” attachment style and “Intuitive Decision Making Style”(see Graphic 50), between “Avoidant” attachment style and “Rational Decision Making Style” (see Graphic 51), between “Avoidant” attachment style and “Avoidant Decision Making Style” (see Graphic 52), between “Avoidant” attachment style and “Spontaneous Decision Making Style” (see Graphic 53). These interactions were stronger for Infertile males.

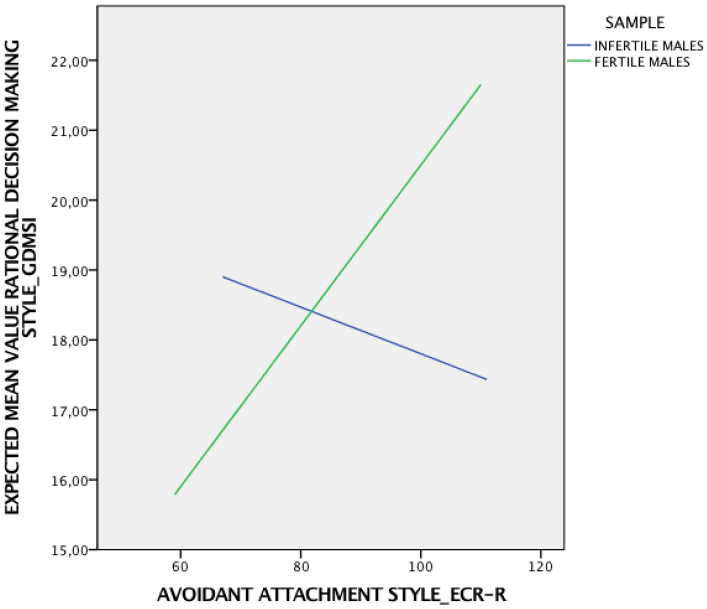
GRAPHIC 49. Interaction between “Anxious” attachment style of ECR-R and “Rational Decision Making Style” of GDMSI



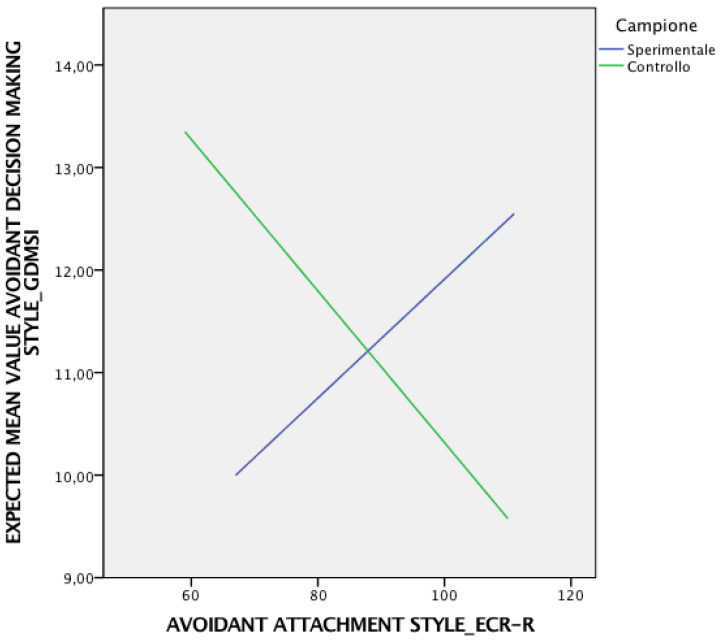
GRAPHIC 50. Interaction between "Anxious" attachment style of ECR-R and "Intuitive Decision Making Style" of GDMSI



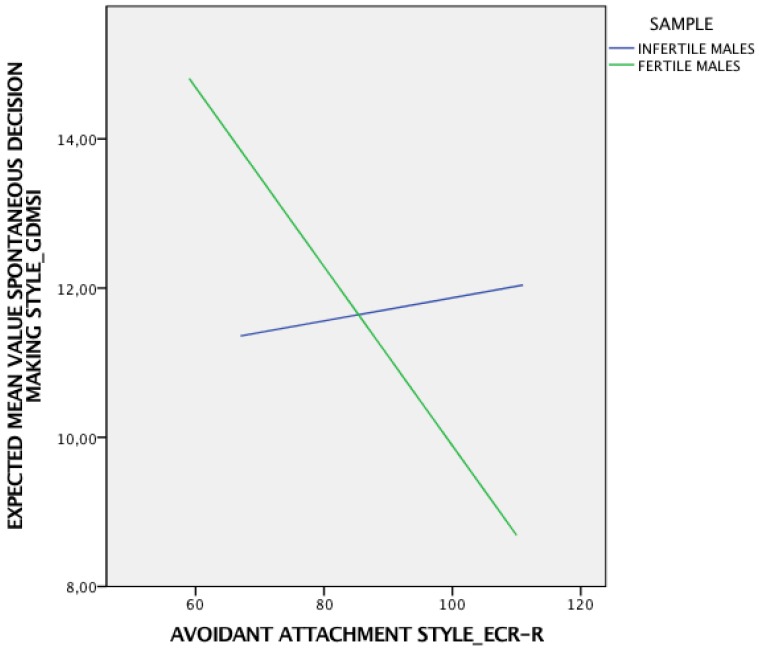
GRAPHIC 51. Interaction between "Avoidant" attachment style of ECR-R and "Rational Decision Making Style" of GDMSI



GRAPHIC 52. Interaction between "Avoidant" attachment style of ECR-R and "Avoidant Decision Making Style" of GDMSI



GRAPHIC 53. Interaction between "Avoidant" attachment style of ECR-R and "Spontaneous Decision Making Style" of GDMSI



Correlation between adult attachment styles and disclosure scales - confronting infertile females and infertile males

There is a positive correlation between "Anxious" attachment style and "Rational Decision Making Styles" *B*=.231, *p*<.001, "Dependent Decision Making Styles" *B*=.167, *p*<.001, "Intuitive Decision Making Styles" *B*=.143, *p*<.001 (see Table 126).

Table 126. MANOVA for Attachment styles and Decision making styles

FEMALES vs MALES	ANXIOUS ATTACHMENT STYLE		AVOIDANT ATTACHMENT STYLE	
ECR-R+GDMSI	B	p.	B	p.
RATIONAL	0.23	<0.001	-0.03	0.49
D-M STYLE	9.82	0.04	2.08	0.75
GENDER	-0.15	0.05	-0.01	0.88
INTERACTION				
INTUITIVE	0.14	<0.001	-0.02	0.65
D-M STYLE	6.26	0.16	5.94	0.32
GENDER	-0.10	0.17	-0.06	0.36
INTERACTION				
DEPENDENT	0.17	<0.001	0.04	0.47
D-M STYLE	10.52	0.05	10.08	0.16
GENDER	-0.15	0.08	-0.10	0.23
INTERACTION				
AVOIDANT	0.07	0.21	0.06	0.21
D-M STYLE	-2.69	0.57	15.17	0.02
GENDER	0.05	0.54	-0.17	0.02
INTERACTION				
SPONTANEOUS	0.03	0.65	0.02	0.74
D-M STYLE	-4.08	0.39	8.73	0.17
GENDER	0.07	0.39	-0.10	0.17
INTERACTION				

Discussion

Based on Bowlby's (1979) statement that attachment system is active "from the cradle to the grave", we proposed to explore the protective role of attachment on dyadic adjustment, sexuality, disclosure and decision making process.

The first aim of the study was to explore attachment styles of our subjects in order to explore the attachment styles that characterize our sample and study if there is a difference between infertile subjects and fertile ones, and between females and males. We found that anxious attachment style characterizes the infertile sample and it is higher in infertile females than infertile males. Meanwhile, we didn't find differences for avoidant decision making style in either of the samples.

The second aim of the study was to explore the correlation of attachment styles, more specifically of avoidant and anxious attachment style to dyadic adjustment. Results showed that, comparing infertile females with fertile females and infertile males with fertile ones, there was a positive correlation between "Avoidant" attachment style and dyadic adjustment. This result is in net contrast with our expectations and literature findings. As a metter of fact, literature has largely documented the negative correlation between "Avoidant" attachment style and relationship quality (Collins et al., 2000; Mikulincer et al., 2002; Shaker et al., 2010; Pepping et al., 2012). It is difficult to think that these individuals characterized by lack of trust in others, distrust in being involved

in long-lasting relationships, not interested in partner's opinions or emotions can have a good dyadic adjustment in a relationship. We can only attribute this result to a characteristic of our sample and recommend future research in order to explore better the phenomenon. Furthermore, we found several interactions between "Avoidant" attachment style and "Dyadic Consensus", "Dyadic Satisfaction", "Total Dyadic Adjustment". These interactions were stronger for infertile females. These results confirm that there is a correlation between attachment styles and dyadic adjustment for both infertile and fertile females.

The third aim of the study was to explore the correlation between attachment style and sexuality, in order to understand if attachment can be correlated to sexuality. Comparing infertile males with fertile males, we found that "Avoidant" attachment style was negatively correlated with "Sexual preoccupation", "Sexual anxiety", "Sexual depression", "External sexual control", "Sexual monitoring". This result confirmed our expectations and literature findings. It is characteristic of avoidant individuals to have low levels of sexual preoccupation, depression, monitoring and external sexual control. We didn't find any correlation between variables comparing infertile females with infertile males and infertile females with fertile females.

The fourth aim of the study was to explore the correlation between attachment styles and disclosure with family and friends. Comparing infertile females with fertile females, we found that avoidant attachment style is correlated with higher communication and time spent with friends. This result is in contrast with our expectations and literature findings. We can only suppose that this result may be attributed to a characteristic of our sample. However, further researches are needed to clarify this result.
Comparing infertile males with fertile males, we found that anxious fertile males communicate more with family than anxious infertile males. We know that anxious attachment style is characterized by a major tendency to disclose than the avoidant attachment style, and we know too, that males tend to disclose less in situation of stress, mostly infertile males, this due to their problematic related to infertility. So, we can suppose that in a condition of infertility, anxious males tend to disclosure less with family compared with fertile males, who although in difficult situation due to the birth of their first child, do not consider their disclosure as an element that can put them in a situation of vulnerability towards negative behaviors and thoughts of social network.

We found also, several interactions between “Anxious” attachment style and communication with family. This interaction was stronger for fertile males. These results confirmed that there is a correlation between attachment styles and disclosure for both infertile and fertile males.

The last aim was to explore the correlation between attachment styles and decision making styles. Comparing infertile females with infertile males, we found that “Anxious” attachment style is positively correlated with rational, dependent and intuitive decision making style for both females and males. This result confirmed in part our expectations. We expected anxious attached individuals to use decision making styles like the dependent and intuitive one, but we didn’t expect to find a positive correlation between anxious attachment style and rational decision making style. This result is in contrast with literature findings, too (Deniz, 2011). We can only attribute this result to the characteristics of our sample.
Comparing infertile males with fertile males, we found that anxious attachment style is positively correlated with dependent and avoidant decision making styles. This result confirmed previous results and our expectations. “Anxious” attachment style can be correlated with dependent decision making style but also with the avoidant one. Due to their fear to lose love and partner these individuals tend to postpone decision making fearing its consequences. Moreover, we found that for the specific correlation between attachment and decision making style, fertile males had higher points than infertile.

In conclusion, the aim of this study was to explore the way attachment styles act as protectors of relationship dynamics, disclosure with social network and decision making styles. In facing infertility or any other problem that causes stress and has negative implications on individual and couple dynamics, it is important to find some points of strength that characterize individuals, that are part of individuals, like attachment is, and that can help them facing problems and difficulties. We found that avoidant attachment style is correlated positively with dyadic adjustment in infertile and fertile females and males; is correlated negatively with negative aspects of sexuality in infertile and fertile males; is correlated positively with disclosure with friends in infertile and fertile females and anxious attachment style is differently correlated with disclosure with family in infertile and fertile males and positively correlated with rational and non-rational decision making styles in infertile females and males and infertile and fertile males.

According to these findings we can suggest that avoidant and anxious attachment styles can have a protective role on dyadic adjustment, sexuality, disclosure with family and friends and decision making styles, especially when facing problematic situations.

SECTION IV:

Couple’s matching

Introduction to the section

In this last section, we wanted to move beyond the individual as a unique unit of analyze and consider the dyadic effect. In particular, researchers on attachment have demonstrated great interest in considering the dyadic effect of attachment. They are considering three kinds of dyadic effect: “partner effects”—the measure to which each partner’s attachment style affects the other partner’s on relationship dynamics, “couple type effects”—the measure to which particular pairings of secure and insecure styles affect relationship dynamics, and “interactive effects”—the measure to which the effects of each partner’s attachment style on relationship dynamics are altered by the other partner’s attachment style. Although these studies are still few in number, they have revealed the complex ways in which both partners’ attachment systems influence the quality of a couple dynamics and each other. Studies on the dyadic effects of attachment gave us the right motivation to use this new approach in order to analyze if and how being part of a secure, well adjusted, sexually satisfied, disclosed couple; or an insecure, not adjusted, sexually unsatisfied couple and mixed couple, effects dyadic adjustment, sexuality, disclosure with family and friends and finally, decision making styles in infertility, of each partner.

Chapter 6

A dyadic perspective on the adjustment, sexuality, disclosure with family and friends and decision making style

From the “prototype hypothesis” to the “dyadic nature of the relationship hypothesis”?

Attachment is the tendency of humans to create emotional bonds with other important individuals during the whole life circle, based on a model created in the first interactions with the mother (Bowlby, 1988, 1980, 1977, 1969). According to this prospective which is known as prototype hypothesis, representations of the first experiences with important caregiving figures during childhood can influence relationships in the future (Santona et al., 2007). Individuals create representations of their past experiences of secure base and generalize their MOI, which become central in the relationship, starting from the partner choice to the relationship satisfaction (Santona et al., 2007). These MOI remain stable during the whole life circle due to the tendency of individuals to select people and contexts that correspond to their expectations.

A relationship is a dyadic construct and in a relationship, each partner brings his own attachment styles and personal history (Strauss et al., 2012). So, the attachment theory has considered the fact that even though there is a degree of continuity in the MOI, attachment styles can be changed due to life circumstances, personal changes due to psychotherapy, interpersonal relationships that lead to a modification of MOI of both partners (Santona et al., 2007). Among all these events that can lead to a revision and reprocessing of MOI, the one related to couple relationship are the ones that cause major changes during adulthood (Santona et al., 2007). Several longitudinal studies have highlighted that meanwhile the prototype hypothesis is effective only in several situations that remain stable during the life circle, the hypothesis of discontinuity is adoptable to situations that change over time. But this change can happen in the positive way as in the negative way, which means that if an insecure subject is involved in a relationship with a secure subject, the last one can lead the insecure partner to modify the MOI and obtain a secure attachment. But the possibility that the inverse change happens is possible too (Santona et al., 2007).

Fisher and Crandell (2001), used to talk about “complex attachment” in order to explain the fact that the couples’ attachment can't be explained only by the representation of the relationship with the caregivers during childhood but it is defined by the actual dynamics of the couple relationship itself. They used this term in order to explain the bidirectional relationship between partners’ attachment, where partners not only influence each other but accept each other’s differences. Each one of the partners have the capacity to become an attachment figure for the other. An attachment figure that is able to give support to the needs of the other partner and tolerate negative feelings and behaviors that this can bring.

These changes in the attachment theory has brought on some changes in the study of the correlation between attachment and other aspects of relationship dynamics. These changes include the transformation of the unit of analysis from the one focused on the individual to the one focused on the couple.

This new line of studies have considered three kinds of dyadic effects: partner effect, where each partner's attachment style affects relationship perception; couple type effect, where specific pairings of secure, insecure or mixed attachment styles affect relationship perception; interactive effect, where each partner attachment style affect the other partner attachment style. The consideration of the partner effect in different studies has highlighted the fact that living with an emotionally detached partner or with a controlling and distressed partner can negatively influence the relationship satisfaction. These effects have been studied and it has been found that partners of insecurely attached couples report lower satisfaction with the relationship (Shaver et al., 2005; Feeney et al., 2003; Schmitt , 2002; Gallo & Smith, 2001). These results have been confirmed by longitudinal studies, which reported that husbands with an anxious and avoidant attachment and wives with an avoidant attachment style report less relationship satisfaction after six months of relationship which predicted a subsequent decrease after three years of marriage. Moreover, decrease in husband's satisfaction predicted subsequent increase in wives' attachment anxiety.

Few studies that have examined couple-type effects on relationship satisfaction, have found inconsistent findings. Dickstein, Seifer, Andre, and Schiller (2001), Berman and Sperling (1994), and Senchak and Leonard (1992), found that secure couples, which are composed by both securely attached partners, reported greater satisfaction than mixed couples, composed by a secure and an insecure partner and even more satisfied than insecure couples, composed by two insecure partners. No difference was found between mixed and insecure couples, which confirms that attachment insecurity in one partner has negative effects on couple satisfaction. However, studies of Wampler, Shi, Nelson, and Kimball (2003), found no significant difference between couple's types.

Literature on couple relationships report extensive evidences that interactional processes from both partners' behavior predict relationship adjustment. Couples in which an anxious person is paired with an avoidant, the anxious partner's needs and demands, frustrate the avoidant partner's preference for distance, and the avoidant partner's tendency to create distance frustrates the anxious partner's intense desire for closeness. As a result, both partners are dissatisfied with the relationship. Attachment studies also, reveal the destructive effect of pairing two anxious partners. One partner's anxiety exacerbates the

other partner's anxiety, and the combination erodes marital satisfaction (Gallo et al., 2001) and amplifies negative responses to a partner's distancing (Feeney, 2003).

Attachment styles matching inside the couple

Fisher and Crandell (2001), have distinguish the following matchings of attachment styles:

- *Secure-secure attachment matching.* This matching is composed by two secure attached partners. This attachment matching is considered as the best matching (Clulow, 2009). Both partners have the ability to become dependent on each other and on the same moment to be the object of dependency for the partner due to the maturation of the sense of reciprocity. Also, they are able to express their needs of proximity and support and the other partner is able to satisfy these needs. The need for closeness and contact can be openly expressed. Both partners are aware of the other's experience and can be empathic, understanding their partner's feelings and thoughts.
- *Insecure-insecure attachment matching.* This matching can be composed by:
  - *Dismissed - dismissed attachment matching*. This matching is composed by two dismissive attached partners. It is characterized by low anxiety and high avoidance, manifested as discomfort with intimacy and closeness in relationships. Such individuals have a positive model of the self as worthy of love but have a negative evaluation of others as dependent. If both partners continue to think that they do not depend on the other and the other do not depend on them, then the relationship can continue without open conflict until an event disrupts the status quo.
  - *Preoccupied - preoccupied attachment matching*. This matching is composed by two preoccupied attached partners. These couples are characterized by the conviction that the other partner can't satisfy their needs. Both partners demand that their needs have to be met by the other partner, and this can cause a high level of disagreement and conflict in the couple.
  - *Preoccupied - dismissing attachment matching.* This matching is composed by one preoccupied partner and one dismissing partner. These couples are characterized by feelings of abandon by the

preoccupied partner and feelings of worry by needs of support and dependence by the other partner. This kind of relationship can be long-lasting but at the same time dysfunctional. This relationship is composed by a partner who really wants intimacy and a partner who feels overwhelmed.

- *Secure-insecure attachment matching.* This matching is composed by a secure attached partner and by an insecure attached partner. This matching can become a corrective experience for the insecure attached partner, due to the ability of the secure attached partner to be the object of dependance and be dependent to the partner. One of the interesting findings of adult attachment systems is that if a secure partner is paired with either an anxious or avoidant partner, the overall relationship tend to function very much like a relationship between two secure partners.

Variables considered in this chapter

The present study proposes an exploration of if and how being part of a specific couple, characterized by specific factors can influence the dyadic adjustment, sexuality, disclosure with social network and decision making process of each one of the partners. The final aim is to understand if being part of a specific couple can be a risk factor, a condition that influence negatively on each partner's adjustment, sexuality, disclosure and decision making process, which can lead to maladjustment with problematics and difficulties, in giving and finding a solution to their condition or if being part of a specific couple can become an element of force that can help partners deal with their problematics, whatever they might be.

According to the literature considered, and to the aims proposed, we hypothesized that:

i. Being part of a couple with positive dimensions of sexuality (composed by two partners with high levels of sexual self esteem, sexual motivation, sexual assertiveness, sexual consciousness, internal sexual control and sexual satisfaction), rather than being a part of a couple with negative dimensions of sexuality (composed by two partners with high levels of sexual preoccupation, sexual anxiety, sexual depression, external sexual control, sexual monitoring and fear of sex) or a couple with mixed dimensions of sexuality (composed by one parter with positive dimension of sexuality and one partner with negative dimensions of sexuality) can influence dyadic adjustment dimensions of each

partner. We expect, this influence to be more positive for both partners who are part of couples with positive dimensions of sexuality and anyway more negative for couples composed by both partners part of couples with negative dimensions of sexuality.

ii. Being part of a couple composed by both positively adjusted partners, rather than being part of a couple of both negatively adjusted partners or mixed couples composed by a positively adjusted partner and a negatively adjusted partner, can influence sexuality dimensions in each partner. In particular, we expect the influence to be more positive couples composed by both positively adjusted partners, and anyway more negative for couples composed by both negatively adjusted partners.

iii. Being part of a couple composed by both positively adjusted partners, by partners with positive dimensions of sexuality can influence each partner disclosure with family and friends. More particularly, we expect this influence to be more positive for positively adjusted partners, partners with positive dimensions of sexuality, and anyway more negative for couples composed by both negatively adjusted partners, and partners with negative dimensions of sexuality.

iv. Being part of a couple composed by both positively adjusted partners, by positive dimensions of sexuality can influence each partner use of rational decision making style. Specifically, we expect that for both positively adjusted couples, and partners with positive dimensions of sexuality will be more likely to use the rational decision making style rather than other couple's combination.

v. Being part of a couple composed by both secure partners, rather than being part of both insecure partners or part of a couple composed by one secure partner and one insecure partner, can influence dyadic adjustment dimensions, sexuality dimensions, disclosure dimensions and decision making styles in each partner. More particularly, we expect the influence to be more positive for secure couples, and mixed couples than for insecure couples.

Materials

The questionnaires used for these analyzes are:

Dyadic Adjustment Scale (DAS, Spanier, 1976), see Chapter 1.

Multidimensional Sexuality Questionnaire (MSQ, Snell et al., 1993), see Chapter 1.

Couples Disclosure - Family (CD-FAMILY)*,* see Chapter 3.

C*ouples Disclosure - Friends* (CD-FRIENDS), see Chapter 3.

General Decision Making Questionnaire Instrument (GDMSI, Scott and Bruce, 1995), see Chapter 4.

Experiences in Close Relationship-Revised (ECR-R, Fraley et al., 2000), see Chapter 5.

Data-analysis

We used IBM Statistical Program for Social Sciences 24 (SPSS), to analyze data. Before starting analyzes, we have selected only the couples with both partners and eliminated “single partners”. So the sample for these analyses is composed by 162 couples thus 39 “single partners” was eliminated because single as their partner was disquestionnaire ed because a GSI higher than 1. We have reorganized the dataset in order to make the analyzes from a dyadic perspective. Partner’s answers were codified in an unique variable that considered both answers. The final variable was composed by 3 values that in case of dyadic adjustment considered: couples with a positive dyadic adjustment, where both partners had positive dyadic adjustment; couples with a negative dyadic adjustment, where both partners had negative dyadic adjustment and mixed couples, where one partner had positive dyadic adjustment and one partner had negative dyadic adjustment. The same technique was used for MSQ, CD-FA, CD-FR, GDMSI and ECR-R.

In order to verify or not our hypothesis, we selected first only the infertile sample, and compared the mean scores of each couple composition according to the variable considered for females and males partners. The we executed a ONE WAY ANOVA with Post Hoc Test (HSD Turkey), selecting as dependent variables and fixed factors, the variables of our interest, in base of the hypothesis, first on the female partner and after on the male partner, in order to understand if there were differences between partners. Then we selected only the fertile sample and execute the same analyses.

Results

Correlations between dyadic adjustment and sexuality in infertile and fertile couples

Infertile females, part of couples with positive dimensions of sexuality (two partners with high levels of sexual esteem, sexual motivation, sexual assertiveness, sexual consciousness, internal sexual control and sexual satisfaction) have higher mean points in the scale of “Dyadic Emotional Expression”, “Dyadic Satisfaction” and “Total Dyadic Adjustment” (see Table 127 and Table 128).

Table 127. Mean scores and sd for Dyadic adjustment and Sexuality dimensions for Infertile females

FEMALES	POSITIVE SEXUALLY COUPLE		NEGATIVE SEXUALLY COUPLE		MIXED SEXUALLY COUPLE	
DAS+MSQ	M	sd	M	sd	M	sd
DYADIC EMOTIONAL EXPRESSION	19.39	1.15	17.36	1.08	18.50	1.20
DYADIC COHESION	34.12	3.50	33.89	2.66	45.09	3.01
DYADIC CONSENSUS	82.35	6.52	79.01	4.20	54.19	3.95
DYADIC SATISFACTION	62.48	4.05	50.34	4.00	58.11	3.79
TOTAL DYADIC ADJUSTMENT	198.14	12.09	170.6	10.71	175.89	11.00

Table 128. ONE WAY ANOVA for Dyadic adjustment and Sexuality dimensions for Infertile females

FEMALES	POSITIVE SEXUALLY COUPLE		NEGATIVE SEXUALLY COUPLE		MIXED SEXUALLY COUPLE	
DAS+MSQ	F	p.	F	p.	F	p.
DYADIC EMOTIONAL EXPRESSION	1.61	<.001	0.34	0.11	1.41	0.15
DYADIC COHESION	0.97	0.56	1.20	0.66	0.77	0.70
DYADIC CONSENSUS	0.89	0.08	1.41	0.39	1.42	0.39
DYADIC SATISFACTION	1.40	<.001	0.82	0.24	1.07	0.35
TOTAL DYADIC ADJUSTMENT	1.31	<.001	0.77	0.15	1.05	0.23

There are no significative mean differences between sexuality dimensions and dyadic adjustment for Infertile males (see Table 129 and Table 130).

Table 129. Mean scores and sd for Dyadic adjustment and Sexuality dimensions for Infertile males

MALES	DYADIC EMOTIONAL EXPRESSION		DYADIC COHESION		DYADIC CONSENSUS		DYADIC SATISFACTION		TOTAL DYADIC ADJUSTMENT	
DAS+MSQ	M	sd	M	sd	M	sd	M	sd	M	sd
POSITIVE COUPLE SEXUALITY	15.37	0.97	29.01	2.59	79.30	5.89	58.31	4.05	171.98	11.57
NEGATIVE COUPLE SEXUALITY	14.55	0.88	30.71	2.60	69.84	4.11	47.34	4.00	163.44	1.00
MIXED COUPLE SEXUALITY	15.50	0.98	42.74	2.87	48.19	3.01	58.11	3.79	164.54	11.00

Table 130. ONE WAY ANOVA for Dyadic adjustment and Sexuality dimensions for Infertile males

MALES	POSITIVE SEXUALLY COUPLE		NEGATIVE SEXUALLY COUPLE		MIXED SEXUALLY COUPLE	
DAS+MSQ	F	p.	F	p.	F	p.
DYADIC EMOTIONAL EXPRESSION	0.89	0.06	1.15	0.39	1.55	0.10
DYADIC COHESION	1.46	0.07	1.08	1.54	0.92	0.38
DYADIC CONSENSUS	1.85	0.20	0.61	0.09	0.68	0.41
DYADIC SATISFACTION	1.19	0.72	0.67	0.11	1.34	0.68
TOTAL DYADIC ADJUSTMENT	1.92	0.07	1.23	0.98	1.54	0.78

Fertile females, part of couples with positive dimensions of sexuality have higher mean points in the scale of “Total Dyadic Adjustment” (see Table 131 and Table 132).

Table 131. Mean scores and sd for Dyadic adjustment and Sexuality dimensions for Fertile females

FEMALES	POSITIVE SEXUALLY COUPLE		NEGATIVE SEXUALLY COUPLE		MIXED SEXUALLY COUPLE	
DAS+MSQ	M	sd	M	sd	M	sd
DYADIC EMOTIONAL EXPRESSION	20.07	1.51	18.10	1.09	18.83	1.10
DYADIC COHESION	34.12	3.50	33.89	2.66	45.09	3.00
DYADIC CONSENSUS	82.35	6.52	79.01	4.20	54.19	3.95
DYADIC SATISFACTION	62.48	4.05	50.34	4.00	58.11	3.79
TOTAL DYADIC ADJUSTMENT	198.14	11.09	170.6	10.71	175.89	11.00

Table 132. ONE WAY ANOVA for Dyadic adjustment and Sexuality dimensions for Fertile females

FEMALES	POSITIVE SEXUALLY COUPLE		NEGATIVE SEXUALLY COUPLE		MIXED SEXUALLY COUPLE	
DAS+MSQ	F	p.	F	p.	F	p.
DYADIC EMOTIONAL EXPRESSION	1.61	0.01	0.34	0.11	1.41	0.15
DYADIC COHESION	0.97	0.56	1.20	0.66	0.77	0.70
DYADIC CONSENSUS	0.89	0.08	1.41	0.39	1.42	0.39
DYADIC SATISFACTION	1.40	0.04	0.82	0.24	1.07	0.35
TOTAL DYADIC ADJUSTMENT	1.31	<.001	0.77	0.15	1.05	0.23

Also, Fertile males, who are part of couples with positive dimensions of sexuality have higher mean points in the scale of “Total Dyadic Adjustment” (see Table 133 and Table 134).

Table 133. Mean scores and sd for Dyadic adjustment and Sexuality dimensions for Fertile males

MALES	DYADIC EMOTIONAL EXPRESSION		DYADIC COHESION		DYADIC CONSENSUS		DYADIC SATISFACTION		TOTAL DYADIC ADJUSTMENT	
DAS+MSQ	M	sd	M	sd	M	sd	M	sd	M	sd
POSITIVE COUPLE SEXUALITY	16.37	0.97	26.34	2.31	80.00	5.90	61.89	4.32	193.60	11.34
NEGATIVE COUPLE SEXUALITY	14.55	0.88	27.03	2.43	71.09	4.12	51.01	4.10	163.67	10.09
MIXED COUPLE SEXUALITY	15.50	0.98	39.40	2.90	58.69	3.28	59.11	3.80	172.70	11.89

Table 134. ONE WAY ANOVA for Dyadic adjustment and Sexuality dimensions for Fertile males

MALES	POSITIVE SEXUALLY COUPLE		NEGATIVE SEXUALLY COUPLE		MIXED SEXUALLY COUPLE	
DAS+MSQ	F	p.	F	p.	F	p.
DYADIC EMOTIONAL EXPRESSION	1.02	0.67	1.15	0.15	1.97	1.02
DYADIC COHESION	0.68	0.79	1.37	0.51	1.25	0.47
DYADIC CONSENSUS	1.05	0.65	1.70	0.31	1.09	1.03
DYADIC SATISFACTION	1.00	0.93	0.94	0.88	1.10	0.13
TOTAL DYADIC ADJUSTMENT	3.69	<.001	1.18	0.43	1.63	1.17

Correlations between sexuality dimensions and dyadic adjustment in infertile and fertile couples

Infertile females, part of couples with a negative adjustment have higher mean points in the scale of “Sexual Preoccupation”, “Sexual Anxiety”, “Sexual Depression”. Those, part of couples with a positive adjustment have higher mean points on “Sexual Esteem”, “Sexual Satisfaction”, followed by mixed couples on “Sexual Satisfaction” (see Table 135 and Table 136).

Table 135. Mean scores and sd for Sexuality dimensions and Dyadic adjustment for Infertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
MSQ+DAS	M	sd	M	sd	M	sd
SEXUAL ESTEEM	18.71	1.88	14.09	1.13	16.78	1.61
SEXUAL PREOCCUPATION	8.90	1.02	9.21	2.00	10.18	2.12
INTERNAL SEXUAL CONTROL	11.30	1.50	14.09	2.32	11.91	2.30
SEXUAL CONSCIUOSNESS	16.70	1.38	16.00	3.41	16.30	3.00
SEXUAL MOTIVATION	19.83	1.37	10.06	2.07	12.00	2.72
SEXUAL ANXIETY	10.11	1.28	11.27	3.12	09.76	1.20
SEXUAL ASSERTIVENESS	13.63	1.50	10.60	2.00	15.80	3.06
SEXUAL DEPRESSION	10.00	1.81	13.09	2.50	10.85	1.90
EXTERNAL SEXUAL CONTROL	15.50	1.83	19.11	3.21	16.15	1.90
SEXUAL MONITORING	17.40	1.78	10.70	2.31	14.20	1.53
FEAR OF SEX	13.05	1.64	15.50	3.00	11.46	1.31
SEXUAL SATISFACTION	11.99	3.02	13.50	3.00	10.98	3.00

Table 136. ONE WAY ANOVA for Sexuality dimensions and Dyadic adjustment for Infertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
MSQ+DAS	F	p.	F	p.	F	p.
SEXUAL ESTEEM	1.15	<.001	0.92	0.11	1.30	0.07
SEXUAL PREOCCUPATION	0.29	0.08	0.54	<.001	0.20	1.00
INTERNAL SEXUAL CONTROL	0.42	0.13	1.15	0.09	1.12	0.20
SEXUAL CONSCIUOSNESS	1.02	0.93	1.26	0.42	1.04	0.97
SEXUAL MOTIVATION	0.64	0.40	1.03	0.56	1.05	0.51
SEXUAL ANXIETY	1.14	0.65	1.46	<.001	1.34	0.70
SEXUAL ASSERTIVENESS	0.46	0.37	1.02	0.65	1.44	0.08
SEXUAL DEPRESSION	0.16	0.40	1.07	<.001	0.81	0.65
EXTERNAL SEXUAL CONTROL	0.35	0.33	2.05	0.19	1.07	0.91
SEXUAL MONITORING	0.94	0.11	1.07	0.26	1.14	0.57
FEAR OF SEX	1.09	0.71	1.03	0.69	1.27	0.67
SEXUAL SATISFACTION	0.15	<.001	0.11	0.00	0.27	<.001

Infertile males, part of couples with a negative adjustment have higher mean points in the scale of “Sexual Preoccupation”, “Sexual Anxiety”, “Sexual Depression”, “External Sexual Control”, “Sexual Monitoring”. Those, part of positively adjusted couples, have higher mean points in the scale of “Sexual Esteem”, “Sexual Motivation”, “Sexual Satisfaction”. Meanwhile, infertile males part of mixed couples, have higher mean scores in “Sexual Consciousness”, “Sexual Satisfaction” (see Table 137 and Table 138).

Table 137. Mean scores and sd for Sexuality dimensions and Dyadic adjustment for Infertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
MSQ+DAS	M	sd	M	sd	M	sd
SEXUAL ESTEEM	16.01	1.39	14.08	1.36	15.03	1.37
SEXUAL PREOCCUPATION	12.60	1.23	14.70	1.58	12.10	1.21
INTERNAL SEXUAL CONTROL	14.30	1.46	10.70	1.36	15.60	1.40
SEXUAL CONSCIUOSNESS	16.30	1.39	16.90	1.33	17.20	1.40
SEXUAL MOTIVATION	15.67	1.39	14.80	1.43	13.90	1.29
SEXUAL ANXIETY	7.97	1.36	15.10	1.79	12.01	1.20
SEXUAL ASSERTIVENESS	17.00	1.37	7.80	1.24	8.36	1.04
SEXUAL DEPRESSION	6.32	1.24	10.40	1.23	7.19	1.00
EXTERNAL SEXUAL CONTROL	11.20	1.24	19.90	1.61	13.45	1.41
SEXUAL MONITORING	18.10	1.43	20.88	2.04	12.91	1.38
FEAR OF SEX	16.07	1.33	15.50	1.79	12.33	2.31
SEXUAL SATISFACTION	15.55	1.40	09.09	1.20	10.98	3.00

Table 138. ONE WAY ANOVA for Sexuality dimensions and Dyadic adjustment for Infertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
MSQ+DAS	F	p.	F	p.	F	p.
SEXUAL ESTEEM	1.06	<.001	1.15	0.71	1.10	0.27
SEXUAL PREOCCUPATION	1.62	0.22	1.19	<.001	1.42	0.38
INTERNAL SEXUAL CONTROL	1.03	0.53	1.33	0.43	1.36	0.90
SEXUAL CONSCIOuSNESS	1.04	1.11	1.40	0.56	1.62	<.001
SEXUAL MOTIVATION	0.82	<.001	1.09	0.83	1.85	0.44
SEXUAL ANXIETY	1.00	0.94	1.60	<.001	1.53	0.42
SEXUAL ASSERTIVENESS	1.80	0.48	1.10	0.26	1.66	0.28
SEXUAL DEPRESSION	0.90	1.01	1.72	<.001	1.66	0.08
EXTERNAL SEXUAL CONTROL	1.22	0.34	1.11	<.001	1.15	0.07
SEXUAL MONITORING	1.19	0.20	1.03	<.001	1.47	0.47
FEAR OF SEX	0.76	1.03	1.56	0.56	1.10	0.75
SEXUAL SATISFACTION	1.13	<.001	1.13	0.56	0.27	<.001

Fertile females, part of negatively adjusted coupes have higher mean scores in “Sexual Preoccupation”, “Sexual Anxiety”, “Sexual Depression”. Fertile females, part of positively adjusted couples have higher mean scores in “Internal Sexual Control”, “Sexual Assertiveness”, “Sexual Satisfaction” (see Table 139 and Table 140).

Meanwhile, fertile males, part of positively adjusted couples have higher mean scores in “Sexual satisfaction” (see Table 141 and Table 142).

Table 139. Mean scores and sd for Sexuality dimensions and Dyadic adjustment for Fertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
MSQ+DAS	M	sd	M	sd	M	sd
SEXUAL ESTEEM	21.19	2.97	13.05	1.45	16.00	1.39
SEXUAL PREOCCUPATION	12.75	1.35	15.70	1.37	12.60	1.23
INTERNAL SEXUAL CONTROL	15.90	1.22	14.20	1.19	12.00	1.15
SEXUAL CONSCIUOSNESS	18.00	1.80	16.00	3.41	16.30	3.00
SEXUAL MOTIVATION	15.50	1.39	10.06	2.07	12.00	2.72
SEXUAL ANXIETY	15.40	1.28	16.50	1.38	09.76	1.20
SEXUAL ASSERTIVENESS	16.00	1.33	10.70	1.22	15.80	1.40
SEXUAL DEPRESSION	10.03	1.19	14.80	1.36	10.85	1.90
EXTERNAL SEXUAL CONTROL	15.50	1.83	19.11	3.21	16.00	1.37
SEXUAL MONITORING	17.40	1.78	10.70	2.31	15.10	1.38
FEAR OF SEX	13.05	1.64	15.50	3.00	12.05	1.31
SEXUAL SATISFACTION	15.00	1.75	12.60	1.23	10.90	1.53

Table 140. ONE WAY ANOVA for Sexuality dimensions and Dyadic adjustment for Fertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
MSQ+DAS	F	p.	F	p.	F	p.
SEXUAL ESTEEM	1.04	0.10	1.04	0.45	3.91	0.47
SEXUAL PREOCCUPATION	1.44	0.75	2.82	<.001	1.19	0.30
INTERNAL SEXUAL CONTROL	1.05	<.001	1.18	0.04	1.11	0.33
SEXUAL CONSCIUOSNESS	1.03	0.33	3.18	0.45	1.11	0.97
SEXUAL MOTIVATION	1.45	0.61	1.14	0.18	1.05	0.76
SEXUAL ANXIETY	1.05	0.40	1.01	<.001	3.10	0.35
SEXUAL ASSERTIVENESS	1.28	<.001	1.95	0.33	3.41	0.98
SEXUAL DEPRESSION	1.40	0.59	1.31	<.001	1.37	0.28
EXTERNAL SEXUAL CONTROL	1.72	0.60	1.09	0.58	2.21	0.16
SEXUAL MONITORING	1.06	0.51	1.99	0.18	1.55	0.35
FEAR OF SEX	1.27	0.22	1.18	0.51	1.07	0.12
SEXUAL SATISFACTION	1.19	<.001	1.15	0.15	1.78	0.47

Table 141. Mean scores and sd for Sexuality dimensions and Dyadic adjustment for Fertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
MSQ+DAS	M	sd	M	sd	M	sd
SEXUAL ESTEEM	18.76	1.80	8.10	0.87	15.50	1.83
SEXUAL PREOCCUPATION	17.98	1.46	16.65	1.39	15.10	1.78
INTERNAL SEXUAL CONTROL	15.57	1.17	13.16	0.97	11.89	0.95
SEXUAL CONSCIUOSNESS	15.99	1.74	18.56	1.91	9.94	0.95
SEXUAL MOTIVATION	16.16	0.95	17.60	1.87	10.81	0.93
SEXUAL ANXIETY	15.47	1.74	14.88	1.69	16.71	2.24
SEXUAL ASSERTIVENESS	4.45	0.91	12.56	0.98	12.37	2.00
SEXUAL DEPRESSION	12.44	0.97	13.23	0.65	14.89	2.31
EXTERNAL SEXUAL CONTROL	13.47	1.76	13.78	1.89	10.30	1.51
SEXUAL MONITORING	10.60	1.53	13.61	1.80	11.25	1.62
FEAR OF SEX	10.57	1.52	10.89	1.55	11.90	1.78
SEXUAL SATISFACTION	20.08	2.01	18.12	1.97	15.60	2.01

Table 142. ONE WAY ANOVA for Sexuality dimensions and Dyadic adjustment for Fertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
MSQ+DAS	F	p.	F	p.	F	p.
SEXUAL ESTEEM	2.07	0.12	1.07	0.12	1.24	0.27
SEXUAL PREOCCUPATION	-1.78	0.47	2.23	0.18	2.02	0.57
INTERNAL SEXUAL CONTROL	1.12	0.17	2.94	0.26	3.01	0.89
SEXUAL CONSCIOuSNESS	1.86	1.25	2.55	0.08	1.05	0.09
SEXUAL MOTIVATION	2.02	0.88	2.01	0.88	3.02	0.67
SEXUAL ANXIETY	1.23	0.63	5.60	0.33	1.54	0.21
SEXUAL ASSERTIVENESS	2.30	0.78	3.02	0.96	2.75	0.33
SEXUAL DEPRESSION	2.22	0.17	2.06	0.51	1.10	0.53
EXTERNAL SEXUAL CONTROL	1.70	1.02	5.52	0.91	2.10	0.60
SEXUAL MONITORING	1.17	1.03	1.74	0.20	1.90	1.01
FEAR OF SEX	1.23	0.18	6.74	0.90	2.01	0.94
SEXUAL SATISFACTION	3.95	<.001	5.17	0.30	2.10	0.62

Correlations between disclosure with family and friends and dyadic adjustment in infertile and fertile couples

Infertile females, part of couples with a positive adjustment have higher mean points in the scale of “Communication with friends”, “Time spent with friends” (see Table 143 and Table 144).

Table 143. Mean scores and sd for Disclosure dimensions and Dyadic adjustment for Infertile female

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
CD-FA/FR+DAS	M	sd	M	sd	M	sd
COMMUNICATION WITH FAMILY	10.00	1.74	30.01	5.09	10.70	1.68
TIME SPENT WITH FAMILY	17.11	4.25	15.10	2.90	15.01	2.80
COMMUNICATION WITH FRIENDS	20.04	5.68	10.03	1.80	10.50	2.01
TIME SPENT WITH FRIENDS	15.50	2.05	13.01	1.98	11.50	1.40

Table 144. ONE WAY ANOVA for Disclosure dimensions and Dyadic adjustment for Infertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
CD-FA/FR+DAS	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	2.07	0.91	1.15	0.21	2.90	1.01
TIME SPENT WITH FAMILY	3.24	0.27	1.75	1.03	2.01	0.94
COMMUNICATION WITH FRIENDS	1.02	<.001	1.10	0.53	1.10	1.06
TIME SPENT WITH FRIENDS	3.05	<.001	1.10	0.49	3.05	0.63

Infertile males, part of couples positively adjusted have higher mean scores in “Time spent with friends” (see Table 145 and Table 146).

Table 145. Mean scores and sd for Disclosure dimensions and Dyadic adjustment for Infertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
CD-FA/FR+DAS	M	sd	M	sd	M	sd
COMMUNICATION WITH FAMILY	10.70	2.31	14.09	2.32	11.80	1.89
TIME SPENT WITH FAMILY	15.50	3.00	16.00	3.41	15.00	2.81
COMMUNICATION WITH FRIENDS	16.00	3.41	19.11	3.21	10.55	1.90
TIME SPENT WITH FRIENDS	15.50	2.05	10.70	2.31	12.00	1.54

Table 146. ONE WAY ANOVA for Disclosure dimensions and Dyadic adjustment for Infertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
CD-FA/FR+DAS	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	1.10	0.06	1.10	0.68	2.05	0.67
TIME SPENT WITH FAMILY	3.05	0.63	1.52	0.44	4.41	0.11
COMMUNICATION WITH FRIENDS	1.03	0.74	2.17	0.58	1.29	0.10
TIME SPENT WITH FRIENDS	3.70	<.001	1.77	0.26	2.42	0.34

Fertile females, part of couples with a positive adjustment have higher mean points in all the scales of disclosure (see Table 147 and Table 148).

Table 147. Mean scores and sd for Disclosure dimensions and Dyadic adjustment for Fertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
CD-FA/FR+DAS	M	sd	M	sd	M	sd
COMMUNICATION WITH FAMILY	30.23	4.47	28.90	4.11	29.30	4.00
TIME SPENT WITH FAMILY	15.55	2.50	10.25	2.11	15.05	2.10
COMMUNICATION WITH FRIENDS	32.80	4.01	13.80	3.48	17.20	3.69
TIME SPENT WITH FRIENDS	14.75	2.58	10.99	2.58	13.11	2.26

Table 148. ONE WAY ANOVA for Disclosure dimensions and Dyadic adjustment for Fertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
CD-FA/FR+DAS	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	2.10	<.001	1.22	0.23	4.05	0.67
TIME SPENT WITH FAMILY	2.05	<.001	3.10	0.68	5.41	0.59
COMMUNICATION WITH FRIENDS	1.03	<.001	2.54	0.44	2.43	0.34
TIME SPENT WITH FRIENDS	3.10	<.001	3.17	0.95	2.06	0.13

Fertile males, part of positively adjusted couples have higher mean points in the scale of “Communication with family”, “Time spent with family”, and “Time spent with friends” (see Table 149 and Table 150).

Table 149. Mean scores and sd for Disclosure dimensions and Dyadic adjustment for Fertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
CD-FA/FR+DAS	M	sd	M	sd	M	sd
COMMUNICATION WITH FAMILY	35.00	4.60	31.90	4.05	33.10	4.11
TIME SPENT WITH FAMILY	23.80	3.29	17.22	3.12	22.60	3.46
COMMUNICATION WITH FRIENDS	32.89	3.19	33.50	3.22	38.90	4.32
TIME SPENT WITH FRIENDS	25.55	4.00	10.32	2.92	12.90	2.41

Table 150. ONE WAY ANOVA for Disclosure dimensions and Dyadic adjustment for Fertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
CD-FA/FR+DAS	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	3.01	<.001	2.19	0.29	3.60	1.03
TIME SPENT WITH FAMILY	4.87	<.001	3.11	0.21	2.67	1.44
COMMUNICATION WITH FRIENDS	3.19	0.42	3.34	0.10	3.37	0.52
TIME SPENT WITH FRIENDS	3.05	<.001	2.59	0.31	2.33	0.26

Correlations between disclosure and sexuality dimensions in infertile and fertile couples

There are no significative mean scores differences between disclosure with social network and sexuality dimensions in Infertile females (see Table 151 and Table 152), in Infertile males (see Table 153 and Table 154), in Fertile females (see Table 155 and Table 156) and in Fertile males (see Table 157 and Table 158).

Table 151. Mean scores and sd for Disclosure dimensions and Sexuality dimensions for Infertile females

FEMALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
CD-FA/FR+MSQ	M	sd	M	sd	M	sd
COMMUNICATION WITH FAMILY	17.55	4.94	28.34	6.32	26.62	7.78
TIME SPENT WITH FAMILY	16.16	3.89	13.95	3.11	13.60	2.97
COMMUNICATION WITH FRIENDS	24.30	7.48	13.60	3.00	23.62	6.98
TIME SPENT WITH FRIENDS	14.88	3.59	24.97	7.84	13.44	3.00
COMMUNICATION WITH FAMILY	17.99	5.04	18.96	5.11	22.10	6.92

Table 152. ONE WAY ANOVA for Disclosure dimensions and Sexuality dimensions for Infertile females

FEMALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
CD-FA/FR+MSQ	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	4.32	0.39	3.61	0.23	3.83	0.07
TIME SPENT WITH FAMILY	4.45	1.97	3.78	0.60	3.86	1.09
COMMUNICATION WITH FRIENDS	3.63	1.00	3.75	0.31	2.99	1.01
TIME SPENT WITH FRIENDS	3.69	0.98	3.02	0.11	4.00	0.22
COMMUNICATION WITH FAMILY	2.85	0.84	4.51	0.33	3.08	0.93

Table 153. Mean scores and sd for Disclosure dimensions and Sexuality dimensions for Infertile males

MALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
CD-FA/FR+MSQ	M	sd	M	sd	M	sd
COMMUNICATION WITH FAMILY	15.99	2.74	18.56	2.91	9.94	0.95
TIME SPENT WITH FAMILY	16.16	0.95	17.60	1.87	10.81	0.93
COMMUNICATION WITH FRIENDS	15.47	2.74	14.88	1.69	16.71	2.24
TIME SPENT WITH FRIENDS	24.45	4.91	12.56	0.98	12.37	2.00
COMMUNICATION WITH FAMILY	12.44	1.97	13.23	1.65	14.89	2.31

Table 154. ONE WAY ANOVA for Disclosure dimensions and Sexuality dimensions for Infertile males

MALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
CD-FA/FR+MSQ	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	2.87	0.16	2.22	0.13	2.57	0.78
TIME SPENT WITH FAMILY	2.89	0.35	2.83	0.58	3.74	0.87
COMMUNICATION WITH FRIENDS	3.86	0.17	3.91	0.99	2.98	0.40
TIME SPENT WITH FRIENDS	3.79	0.32	3.02	0.48	4.40	0.30
COMMUNICATION WITH FAMILY	3.79	0.32	4.00	0.25	3.58	0.26

Table 155. Mean scores and sd for Disclosure dimensions and Sexuality dimensions for Fertile females

FEMALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
CD-FA/FR+MSQ	M	sd	M	sd	M	sd
COMMUNICATION WITH FAMILY	19.37	3.97	29.00	4.28	17.30	3.58
TIME SPENT WITH FAMILY	16.70	2.88	16.00	2.41	16.30	2.30
COMMUNICATION WITH FRIENDS	11.30	1.51	14.00	2.32	11.91	2.00
TIME SPENT WITH FRIENDS	17.40	3.78	10.70	2.31	14.20	1.53
COMMUNICATION WITH FAMILY	15.40	2.58	13.70	2.11	14.00	1.50

Table 156. ONE WAY ANOVA for Disclosure dimensions and Sexuality dimensions for Fertile females

FEMALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
CD-FA/FR+MSQ	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	2.57	0.78	3.58	0.27	3.59	0.27
TIME SPENT WITH FAMILY	2.74	0.87	3.14	0.51	2.68	0.08
COMMUNICATION WITH FRIENDS	2.98	0.11	3.20	0.64	2.78	0.60
TIME SPENT WITH FRIENDS	3.00	0.44	3.15	0.56	3.02	0.33
COMMUNICATION WITH FAMILY	3.40	0.91	3.30	0.20	3.54	0.35

Table 157. Mean scores and sd for Disclosure dimensions and Sexuality dimensions for Fertile males

MALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
CD-FA/FR+MSQ	M	sd	M	sd	M	sd
COMMUNICATION WITH FAMILY	14.50	2.46	10.50	1.86	15.60	2.80
TIME SPENT WITH FAMILY	18.00	3.90	16.00	3.41	16.54	3.50
COMMUNICATION WITH FRIENDS	15.50	2.89	10.86	2.00	12.00	2.72
TIME SPENT WITH FRIENDS	17.40	3.78	10.00	1.31	15.10	1.38
COMMUNICATION WITH FAMILY	21.10	4.97	15.05	2.44	16.00	3.11

Table 158. ONE WAY ANOVA for Disclosure dimensions and Sexuality dimensions for Fertile males

MALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
CD-FA/FR+MSQ	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	2.87	0.16	3.58	0.55	4.54	0.60
TIME SPENT WITH FAMILY	2.98	0.33	3.57	0.09	4.09	0.68
COMMUNICATION WITH FRIENDS	3.11	0.17	3.38	0.91	3.93	0.85
TIME SPENT WITH FRIENDS	3.79	0.34	4.33	0.38	2.43	0.58
COMMUNICATION WITH FAMILY	4.58	0.54	4.32	0.78	3.58	0.28

Correlations between decision making styles and dyadic adjustment in infertile and fertile couples

Infertile females, part of negatively adjusted couples have higher mean scores on “Avoidant” decision making style (see Table 159 and Table 160).

Table 159. Mean scores and sd for Decision making styles and Dyadic adjustment for Infertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
GDMSI+DAS	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	12.50	3.68	19.50	3.96	10.33	3.20
INTUITIVE DECISION MAKING STYLE	24.04	4.02	17.70	3.74	15.75	3.56
DEPENDENT DECISION MAKING STYLE	13.40	3.57	15.80	4.49	15.50	4.03
AVOIDANT DECISION MAKING STYLE	11.64	4.37	18.00	5.11	17.38	3.53
SPONTANEOUS DECISION MAKING STYLE	11.93	4.55	10.83	3.27	11.12	4.28

Table 160. ANOVA for Decision making styles and Dyadic adjustment for Infertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
GDMSI+DAS	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	3.05	0.23	1.06	0.52	3.77	0.27
INTUITIVE DECISION MAKING STYLE	5.76	0.14	2.14	0.39	3.41	0.15
DEPENDENT DECISION MAKING STYLE	2.07	0.35	2.82	0.24	1.39	0.21
AVOIDANT DECISION MAKING STYLE	2.04	0.39	2.31	<.001	2.06	0.13
SPONTANEOUS DECISION MAKING STYLE	2.41	0.76	1.07	0.70	2.06	0.94

Infertile males, part of positively adjusted couples have higher mean scores in the “Rational” decision making style (see Table 161 and Table 162).

Table 161. Mean scores and sd for Decision making styles and Dyadic adjustment for Infertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
GDMSI+DAS	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	15.93	4.74	12.81	4.66	14.14	4.91
INTUITIVE DECISION MAKING STYLE	15.98	4.48	13.58	4.88	14.11	4.91
DEPENDENT DECISION MAKING STYLE	18.51	4.70	13.40	4.88	18.73	4.82
AVOIDANT DECISION MAKING STYLE	22.14	4.80	13.24	4.16	15.15	4.11
SPONTANEOUS DECISION MAKING STYLE	10.96	3.60	14.11	4.92	11.38	3.64

Table 162. ANOVA for Decision making styles and Dyadic adjustment for Infertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
GDMSI+DAS	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	3.02	<.001	4.07	0.38	1.56	1.02
INTUITIVE DECISION MAKING STYLE	2.05	0.98	4.13	0.41	2.39	0.15
DEPENDENT DECISION MAKING STYLE	2.04	0.53	3.98	0.14	3.02	0.67
AVOIDANT DECISION MAKING STYLE	3.00	0.95	4.11	0.66	2.61	0.79
SPONTANEOUS DECISION MAKING STYLE	2.07	0.11	3.09	0.62	3.04	0.65

There are no significative mean differences between GDMSI and DAS for Fertile females (see Table 163 and Table 164), and Fertile males (see Table 165 and Table 166).

Table 163. Mean scores and sd for Decision making styles and Dyadic adjustment for Fertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
GDMSI+DAS	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	20.31	3.35	17.36	2.85	16.50	2.89
INTUITIVE DECISION MAKING STYLE	17.04	3.04	21.10	3.68	10.31	1.76
DEPENDENT DECISION MAKING STYLE	16.07	2.99	10.30	1.75	19.01	3.29
AVOIDANT DECISION MAKING STYLE	13.18	2.68	15.54	2.94	16.60	2.95
SPONTANEOUS DECISION MAKING STYLE	18.33	3.11	16.70	2.98	10.79	1.95

Table 164. ANOVA for Decision making styles and Dyadic adjustment for Fertile females

FEMALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
GDMSI+DAS	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	2.16	0.38	2.13	0.55	2.09	0.85
INTUITIVE DECISION MAKING STYLE	-8.35	0.60	1.51	0.56	3.60	0.83
DEPENDENT DECISION MAKING STYLE	2.32	0.32	3.07	0.71	4.01	0.73
AVOIDANT DECISION MAKING STYLE	9.54	0.60	2.48	0.11	7.79	0.22
SPONTANEOUS DECISION MAKING STYLE	4.09	0.68	4.25	0.69	-3.19	0.55

Table 165. Mean scores and sd for Decision making styles and Dyadic adjustment for Fertile males

MALES	POSITIVE DAS COUPLES		NEGATIVE DAS COUPLES		MIXED DAS COUPLES	
GDMSI+DAS	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	19.20	4.46	12.60	2.30	14.83	3.69
INTUITIVE DECISION MAKING STYLE	16.70	3.64	13.54	3.00	10.75	1.58
DEPENDENT DECISION MAKING STYLE	10.70	3.14	14.22	3.96	15.00	4.44
AVOIDANT DECISION MAKING STYLE	18.40	3.92	13.44	2.99	16.93	4.92
SPONTANEOUS DECISION MAKING STYLE	15.50	3.78	16.30	3.64	14.81	3.58

Table 166. ANOVA for Decision making styles and Dyadic adjustment for Fertile males

MALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
GDMSI+DAS	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	3.08	0.14	-3.03	0.83	5.87	0.20
INTUITIVE DECISION MAKING STYLE	5.87	0.20	1.97	0.86	4.11	0.15
DEPENDENT DECISION MAKING STYLE	3.11	0.15	-3.00	0.99	4.04	0.30
AVOIDANT DECISION MAKING STYLE	2.91	0.59	2.79	0.08	2.91	0.59
SPONTANEOUS DECISION MAKING STYLE	-2.03	0.70	-3.23	0.10	4.03	0.68

Correlations between decision making styles and sexuality dimensions in infertile and fertile couples

Infertile females, part of couples with mixed dimensions of sexuality have higher points in the scale of “Intuitive” decision making style (see Table 167 and Table 168).

Table 167. Mean scores and sd for Decision making styles and Sexuality dimensions for Infertile females

FEMALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
GDMSI+MSQ	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	15.93	4.74	12.81	4.66	14.14	4.91
INTUITIVE DECISION MAKING STYLE	12.98	3.48	13.58	4.88	14.11	4.91
DEPENDENT DECISION MAKING STYLE	18.51	4.70	13.40	4.88	18.73	4.82
AVOIDANT DECISION MAKING STYLE	22.14	4.79	13.24	4.16	15.15	4.11
SPONTANEOUS DECISION MAKING STYLE	10.96	3.59	14.11	4.92	11.38	3.64

Table 168. ANOVA for Decision making styles and Sexuality dimensions for Infertile females

FEMALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
GDMSI+MSQ	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	15.13	3.34	17.33	4.14	18.78	4.20
INTUITIVE DECISION MAKING STYLE	12.16	3.00	8.36	1.37	11.78	<.001
DEPENDENT DECISION MAKING STYLE	15.38	3.58	15.66	3.78	12.44	3.09
AVOIDANT DECISION MAKING STYLE	17.12	3.93	12.99	3.21	13.23	3.86
SPONTANEOUS DECISION MAKING STYLE	16.80	4.02	11.11	2.48	12.46	3.12

There are no significative mean differences between GDMSI and MSQ in Infertile males (see Table 169 and Table 170).

Table 169. Mean scores and sd for Decision making styles and Sexuality dimensions for Infertile males

MALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
GDMSI+MSQ	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	15.57	3.17	13.16	1.97	11.89	1.55
INTUITIVE DECISION MAKING STYLE	15.99	3.74	18.56	4.91	19.94	5.55
DEPENDENT DECISION MAKING STYLE	16.16	3.95	17.60	7.87	10.81	0.93
AVOIDANT DECISION MAKING STYLE	15.47	2.74	14.88	2.69	16.71	4.24
SPONTANEOUS DECISION MAKING STYLE	14.50	2.91	12.56	1.98	12.37	2.00

Table 170. ANOVA for Decision making styles and Sexuality dimensions for Infertile males

MALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
GDMSI+MSQ	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	2.91	0.83	3.59	0.39	4.00	0.38
INTUITIVE DECISION MAKING STYLE	2.94	0.28	4.21	0.30	3.20	0.28
DEPENDENT DECISION MAKING STYLE	3.91	0.82	3.49	0.44	3.67	0.28
AVOIDANT DECISION MAKING STYLE	4.20	0.73	4.21	0.38	4.29	1.00
SPONTANEOUS DECISION MAKING STYLE	3.19	0.27	3.30	0.28	4.00	0.29

Fertile females, part of couples with positive dimensions of sexuality have higher mean scores in “Rational” and “Intuitive” decision making style. Meanwhile, Fertile females, part of couples with negative dimensions of sexuality have higher mean scores in “Avoidant” and “Spontaneous” decision making style (see Table 171 and Table 172).
Fertile males, part of couples with negative dimensions of sexuality have higher mean scores in “Avoidant” and “Spontaneous” decision making styles (see Table 173 and Table 174).

Table 171. Mean scores and sd for Decision making styles and Sexuality dimensions for Fertile females

FEMALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
GDMSI+MSQ	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	21.00	5.89	16.80	3.31	15.50	2.31
INTUITIVE DECISION MAKING STYLE	18.10	3.29	15.50	2.31	16.00	2.45
DEPENDENT DECISION MAKING STYLE	15.40	2.29	10.90	1.89	18.10	3.29
AVOIDANT DECISION MAKING STYLE	10.13	1.49	19.50	4.29	17.50	4.19
SPONTANEOUS DECISION MAKING STYLE	15.98	2.58	20.10	5.03	18.00	3.20

Table 172. ANOVA for Decision making styles and Sexuality dimensions for Fertile females

FEMALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
GDMSI+MSQ	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	2.60	<.001	2.09	0.18	3.54	0.29
INTUITIVE DECISION MAKING STYLE	3.18	<.001	3.29	0.29	4.55	0.26
DEPENDENT DECISION MAKING STYLE	3.19	0.28	3.49	0.93	4.28	0.37
AVOIDANT DECISION MAKING STYLE	5.00	0.38	4.21	<.001	3.91	0.32
SPONTANEOUS DECISION MAKING STYLE	4.29	0.28	5.21	<.001	4.20	0.11

Table 173. Mean scores and sd for Decision making styles and Sexuality dimensions for Fertile males

MALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
GDMSI+MSQ	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	16.10	3.50	10.10	1.55	17.22	3.82
INTUITIVE DECISION MAKING STYLE	15.00	3.00	17.45	4.01	15.99	2.74
DEPENDENT DECISION MAKING STYLE	18.50	4.32	12.10	1.95	16.16	3.65
AVOIDANT DECISION MAKING STYLE	12.50	2.50	15.25	3.54	14.40	3.22
SPONTANEOUS DECISION MAKING STYLE	10.80	1.94	13.80	3.11	12.44	2.97

Table 174. ANOVA for Decision making styles and Sexuality dimensions for Fertile males

MALES	POSITIVE MSQ COUPLES		NEGATIVE MSQ COUPLES		MIXED MSQ COUPLES	
GDMSI+MSQ	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	3.03	0.40	4.01	0.99	3.20	0.48
INTUITIVE DECISION MAKING STYLE	3.46	0.93	3.68	0.21	3.85	0.23
DEPENDENT DECISION MAKING STYLE	4.43	0.06	4.32	0.33	4.28	0.29
AVOIDANT DECISION MAKING STYLE	3.20	0.74	2.47	<.001	3.28	0.25
SPONTANEOUS DECISION MAKING STYLE	4.38	0.41	3.35	<.001	4.25	0.71

Correlations between adult attachment styles and dyadic adjustment dimensions in infertile and fertile couples

Infertile females, part of “Secure” attached couples (composed by two secure partners) have higher mean scores in all the scales of Dyadic adjustment (see Table 175 and Table 176).

Infertile males, part of “Secure” attached couples (composed by two secure partners) have higher mean scores in “Total dyadic adjustment” scale (see Table 177 and Table 178).

Meanwhile, Fertile females, part of “Secure” attached couples (composed by two secure partners) have higher mean scores in all the scales of DAS (see Table 179 and Table 180).

Finally, Fertile males, part of “Secure” attached couples (composed by two secure partners) have higher mean scores in “Dyadic emotional expression”, “Dyadic consensus”, and “Dyadic satisfaction” (see Table 181 and Table 182).

Table 175. Mean scores and sd for Attachement styles and Dyadic Adjustment for Infertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEARFUL	
ECR-R +DAS	M	sd.	M	sd	M	sd	M	sd	M	sd.	M	sd.	M	sd	M	sd	M	sd	M	sd
DYADIC EMOTIONAL EXPRESSION	13.28	3.77	15.64	5.26	12.00	5.20	12.00	5.20	11.67	0.58	15.80	5.72	1.00	0.00	13.95	4.95	1.00	0.00	1.00	0.00
DYADIC COHESION	15.07	5.81	5.43	3.10	12.00	3.45	12.00	3.45	11.67	0.58	11.67	0.58	1.00	0.00	14.55	4.68	1.00	0.00	1.00	0.00
DYADIC CONSENSUS	17.62	7.22	13.57	3.71	12.30	3.87	12.30	3.87	1.00	0.00	12.30	3.87	1.00	0.00	16.00	5.61	1.00	0.00	1.00	0.00
DYADIC SATISFACTION	15.80	6.14	11.50	0.76	13.07	3.85	11.00	0.58	11.00	0.58	15.33	5.77	1.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00
TOTAL DYADIC ADJUSTMENT	15.60	5.86	11.36	4.01	11.36	4.01	15.33	5.77	1.00	0.00	1.00	0.00	13.02	3.90	1.00	0.00	1.00	0.00	1.00	0.00

Table 176. ONE WAY ANOVA for Attachement styles and Dyadic Adjustment for Infertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +DAS	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
DYADIC EMOTIONAL EXPRESSION	2.01	<.001	2.47	0.15	1.43	1.00	1.05	0.37	1.37	0.55	2.33	0.36	4.09	0.89	1.08	0.66	3.89	0.45	3.00	0.11
DYADIC COHESION	0.74	<.001	2.05	0.10	2.55	0.27	1.91	0.06	1.42	0.44	0.80	0.47	4.09	0.73	5.92	0.73	2.61	0.65	1.26	0.32
DYADIC CONSENSUS	1.64	<.001	1.93	0.73	1.12	0.91	1.22	0.14	1.55	0.79	2.33	0.73	1.86	0.48	5.08	0.12	2.70	0.47	2.15	0.74
DYADIC SATISFACTION	2.47	<.001	1.99	0.91	1.99	1.11	1.39	0.19	1.32	0.15	2.24	0.84	1.80	0.48	5.55	0.11	2.18	0.32	1.06	1.00
TOTAL DYADIC ADJUSTMENT	2.35	<.001	1.83	0.12	2.17	0.38	1.89	1.09	1.80	0.46	4.48	0.10	2.24	0.37	5.30	0.54	3.01	0.36	5.08	1.02

Table 177. Mean scores and sd for Attachement styles and Dyadic Adjustment for Infertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +DAS	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
DYADIC EMOTIONAL EXPRESSION	13.11	3.11	12.50	2.90	15.36	2.49	11.96	1.45	12.00	0.45	14.67	1.04	11.07	0.29	11.33	0.58	10.47	0.12	10.47	0.12
DYADIC COHESION	13.11	3.41	14.50	5.41	12.43	2.12	11.11	0.29	11.10	0.39	15.50	1.58	11.06	0.28	13.59	0.54	11.33	0.58	11.33	0.58
DYADIC CONSENSUS	13.00	3.21	12.70	3.10	11.33	0.58	11.11	0.51	15.82	1.10	15.45	1.37	15.00	0.87	11.33	0.58	10.47	0.82	11.33	0.58
DYADIC SATISFACTION	13.00	3.21	14.00	5.11	11.33	0.58	11.08	0.28	15.25	1.67	11.15	0.39	11.33	0.58	10.71	0.27	13.21	0.46	11.33	0.58
TOTAL DYADIC ADJUSTMENT	14.50	5.41	11.53	0.82	11.80	0.84	11.43	0.53	10.47	0.12	11.14	0.53	11.11	0.29	12.00	0.45	13.59	0.54	11.08	0.28

Table 178. ONE WAY ANOVA for Attachement styles and Dyadic Adjustment for Infertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +DAS	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
DYADIC EMOTIONAL EXPRESSION	2.06	0.78	1.50	0.71	2.72	0.71	2.45	0.75	6.31	0.37	1.06	0.77	1.45	0.32	1.06	0.28	2.06	0.75	2.15	0.32
DYADIC COHESION	1.56	0.32	1.50	0.33	1.50	0.33	1.51	0.38	1.69	0.47	1.56	0.34	1.78	0.51	6.05	0.28	1.47	0.35	1.64	0.81
DYADIC CONSENSUS	2.12	0.48	2.04	0.43	2.04	0.53	1.84	0.59	7.65	0.36	2.12	0.48	2.31	0.60	2.58	0.78	1.80	0.54	1.50	0.11
DYADIC SATISFACTION	2.39	0.63	2.23	0.58	2.23	0.26	2.23	0.55	1.95	0.28	2.39	0.63	2.48	0.82	1.51	0.33	2.28	0.58	2.45	0.24
TOTAL DYADIC ADJUSTMENT	2.72	<.001	7.02	0.94	1.54	1.00	1.46	0.11	2.15	0.57	1.84	0.65	2.93	0.37	2.05	0.45	1.26	0.47	2.46	0.12

Table 179. Mean scores and sd for Attachement styles and Dyadic Adjustment for Fertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +DAS	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
DYADIC EMOTIONAL EXPRESSION	16.03	1.20	15.43	1.82	13.54	1.30	12.25	0.51	11.35	1.27	11.42	0.67	12.19	1.63	12.50	1.32	12.80	3.25	12.50	1.32
DYADIC COHESION	15.53	1.08	12.50	1.32	13.54	1.29	11.21	0.54	11.50	0.83	12.19	1.63	12.80	3.25	14.00	1.73	11.15	0.49	11.66	1.52
DYADIC CONSENSUS	14.33	1.15	12.50	1.32	14.50	1.32	11.21	0.58	11.73	1.36	12.50	1.32	12.03	1.68	11.30	0.67	12.19	1.63	11.04	0.11
DYADIC SATISFACTION	15.20	1.48	14.50	1.37	13.90	1.95	12.50	0.35	11.60	1.34	11.58	1.07	12.36	2.26	12.58	1.94	12.50	1.32	11.32	0.82
TOTAL DYADIC ADJUSTMENT	15.56	1.12	14.72	1.87	11.32	0.46	11.35	1.27	11.58	1.07	11.42	0.67	13.00	1.49	11.46	1.12	11.35	1.27	10.00	0.55

Table 180. ONE WAY ANOVA for Attachement styles and Dyadic Adjustment for Fertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEAFUL & FEARFUL	
ECR-R +DAS	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
DYADIC EMOTIONAL EXPRESSION	1.06	<.001	1.04	0.16	1.05	0.14	2.84	0.64	1.33	0.70	4.04	0.12	2.89	0.66	3.37	0.11	4.00	0.99	2.31	0.13
DYADIC COHESION	5.14	<.001	5.23	0.91	5.18	0.91	1.41	0.51	3.13	0.31	3.07	0.16	1.41	0.52	2.17	0.47	4.05	0.81	2.15	0.49
DYADIC CONSENSUS	1.70	<.001	1.75	0.40	1.72	0.42	1.37	0.15	3.10	0.26	2.57	0.91	4.06	0.14	3.24	0.30	3.16	0.47	3.03	0.88
DYADIC SATISFACTION	3.06	<.001	3.10	0.40	3.08	0.47	2.10	0.18	2.95	0.68	1.33	0.67	4.08	0.17	3.13	0.60	3.43	0.32	1.12	0.58
TOTAL DYADIC ADJUSTMENT	4.96	<.001	1.12	0.14	1.30	0.53	2.57	0.73	1.41	0.55	3.10	0.09	2.57	0.81	2.16	0.49	3.30	0.14	3.22	0.31

Table 181. Mean scores and sd for Attachement styles and Dyadic Adjustment for Fertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +DAS	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
DYADIC EMOTIONAL EXPRESSION	14.61	5.52	12.44	2.05	14.00	1.15	13.98	3.65	11.55	1.16	11.92	0.50	14.00	1.15	11.80	1.79	11.33	0.58	14.00	1.15
DYADIC COHESION	14.41	5.89	12.90	2.65	15.25	0.35	14.82	1.32	15.30	1.72	16.34	1.01	15.38	1.28	15.30	1.72	14.00	1.15	15.30	1.72
DYADIC CONSENSUS	13.83	3.33	12.03	1.73	11.43	0.65	11.19	0.38	12.17	2.02	11.31	0.76	10.62	0.71	12.70	0.65	12.30	0.69	12.23	0.68
DYADIC SATISFACTION	14.90	1.24	14.46	1.94	12.25	0.97	14.00	1.15	11.43	1.23	11.80	0.90	14.00	1.15	10.51	0.76	11.55	1.16	14.00	1.15
TOTAL DYADIC ADJUSTMENT	14.51	1.86	15.31	0.63	16.32	0.93	17.11	0.98	16.25	1.77	16.43	1.23	15.30	1.72	14.00	1.15	14.00	1.15	15.30	1.72

Table 182. ONE WAY ANOVA for Attachement styles and Dyadic Adjustment for Fertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +DAS	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
DYADIC EMOTIONAL EXPRESSION	4.01	<.001	3.14	0.53	3.15	0.47	3.02	0.92	3.24	0.28	2.21	0.34	3.03	0.90	2.11	0.63	1.20	0.33	2.07	0.73
DYADIC COHESION	1.69	0.54	3.10	0.46	3.36	0.79	3.13	0.55	3.14	0.55	3.43	0.41	4.00	1.00	2.46	0.20	4.11	0.60	2.10	0.62
DYADIC CONSENSUS	3.12	<.001	4.09	0.14	2.27	0.20	2.06	0.79	4.00	0.99	1.44	0.31	3.05	0.83	4.01	0.95	2.20	0.33	3.13	0.55
DYADIC SATISFACTION	2.16	<.001	3.03	0.41	2.85	0.11	2.19	0.39	4.20	0.37	2.02	0.94	4.06	0.79	2.16	0.44	1.31	1.03	2.33	0.15
TOTAL DYADIC ADJUSTMENT	3.01	0.97	3.14	0.53	1.99	0.06	4.02	0.92	2.39	0.08	2.29	0.20	2.09	0.67	3.10	0.63	4.31	0.13	1.35	0.12

Correlations between adult attachment styles and sexuality dimensions in infertile and fertile couples

Infertile females, part of “Secure” attached couples have higher mean points in “Sexual esteem”, “Sexual motivation”, and “Sexual satisfaction”. Infertile females, part of “Insecure” attached couples (composed by two preoccupied partners) have higher mean points in “Sexual preoccupation”, and “Sexual anxiety”. Meanwhile, infertile females part of “Mixed” couples (one secure partner and one preoccupied partner) have higher mean points in “Sexual motivation”, and “Internal sexual control” (see Table 183 and Table 184).

Infertile males, part of “Secure” attached couples have higher mean points in “Sexual esteem”, “Sexual assertiveness”, and “Sexual satisfaction”. Infertile males, part of “Insecure” attached couples (one preoccupied and one dismissed partner) have higher mean scores in “Sexual depression”, “External sexual control”, and “Sexual motivation”. Meanwhile, infertile males, part of “Mixed” couples (one secure and one dismissed partner) have higher mean scores in “Sexual preoccupation” (see Table 185 and Table 186).

Fertile females, part of “Secure” attached couples have higher mean points in “Sexual satisfaction”. Those, part of “Mixed” couples (one secure and one preoccupied partners) have higher mean scores in “Sexual anxiety”, and “Sexual satisfaction” (see Table 187 and Table 188).

Furthermore, fertile males part of “Secure” attached couples have higher mean points in “Sexual motivation”, and “Sexual satisfaction”. Fertile males, part of “Mixed” couples (one secure and one dismissed partners) have higher mean points in “Internal sexual control” (see Table 189 and Table 190).

Table 183. Mean scores and sd for Attachement styles and Sexuality dimensions for Infertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +MSQ	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
SEXUAL ESTEEM	10.47	1.52	8.90	2.20	8.00	3.50	9.22	1.64	8.48	3.16	6.54	3.28	7.83	3.41	9.56	3.90	8.26	3.55	2.35	1.01
SEXUAL PREOCCUPATION	5.54	0.99	7.35	1.14	6.13	2.44	2.83	1.04	10.33	2.89	4.88	1.44	1.07	0.27	3.20	3.03	3.04	2.30	3.93	1.81
INTERNAL SEXUAL CONTROL	10.50	1.65	16.75	5.02	14.55	2.05	5.67	0.58	6.54	3.28	4.50	1.73	1.17	0.29	2.23	2.24	2.31	2.78	1.50	0.87
SEXUAL CONSCIUOSNESS	11.83	7.05	11.33	2.66	6.54	3.28	13.58	1.44	13.89	2.66	5.67	0.58	1.40	0.55	2.82	1.85	2.83	1.04	2.23	2.24
SEXUAL MOTIVATION	10.08	2.27	10.83	3.14	6.54	3.28	4.12	0.87	5.67	0.58	4.70	1.56	3.30	2.70	3.83	1.04	1.73	1.83	3.82	2.06
SEXUAL ANXIETY	14.75	3.17	4.33	1.15	3.91	0.93	3.35	1.31	17.45	5.57	4.50	1.73	5.67	0.58	2.60	1.67	2.82	1.85	1.33	0.58
SEXUAL ASSERTIVENESS	3.45	1.12	2.78	1.39	5.67	0.58	3.67	1.66	3.15	1.67	5.67	0.58	3.77	1.89	3.04	1.76	2.75	1.93	1.51	1.63
SEXUAL DEPRESSION	2.85	1.14	3.05	1.00	3.45	1.18	3.07	1.15	6.54	3.28	4.57	1.67	1.33	1.33	1.25	0.54	2.81	1.92	3.00	1.80
EXTERNAL SEXUAL CONTROL	5.67	0.58	4.08	0.67	3.36	1.18	2.58	2.11	6.54	3.28	5.14	1.15	1.03	0.13	2.88	1.04	2.23	2.24	1.74	1.83
SEXUAL MONITORING	4.67	0.58	3.22	1.03	5.67	0.58	2.66	1.57	4.11	1.04	4.57	1.67	1.20	0.45	4.61	2.85	3.30	2.70	2.75	1.77
FEAR OF SEX	4.33	1.15	2.72	0.78	2.88	1.04	3.00	1.50	3.85	0.89	1.74	1.83	1.20	0.82	4.04	1.79	5.67	0.58	4.00	2.85
SEXUAL SATISFACTION	11.33	1.63	2.40	0.76	3.44	1.13	5.67	0.58	6.54	3.28	2.23	2.24	1.07	0.27	5.08	2.03	3.77	1.89	4.67	2.02

Table 184. ONE WAY ANOVA for Attachement styles and Sexuality dimensions for Infertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +MSQ	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
SEXUAL ESTEEM	4.01	<.001	2.38	0.58	4.21	0.30	3.02	0.92	2.06	0.79	3.36	0.13	2.09	0.21	5.54	1.00	2.21	0.34	2.66	1.00
SEXUAL PREOCCUPATION	4.02	0.91	3.37	0.06	2.36	0.09	3.13	0.55	2.58	<.001	2.09	0.70	3.40	0.07	2.35	0.11	3.43	0.41	3.35	0.11
INTERNAL SEXUAL CONTROL	4.22	0.28	4.01	<.001	4.32	0.35	2.06	0.79	1.58	0.50	2.34	0.13	4.02	0.92	2.21	0.93	1.44	0.31	2.66	0.21
SEXUAL CONSCIUOSNESS	3.39	0.50	2.39	0.47	3.15	0.47	2.19	0.39	3.24	0.28	1.55	0.90	3.03	0.90	3.37	0.09	2.02	0.94	2.19	0.42
SEXUAL MOTIVATION	3.05	<.001	1.10	<.001	3.36	0.79	4.02	0.92	3.14	0.55	2.16	0.50	4.00	1.00	2.10	0.93	2.29	0.20	2.26	0.25
SEXUAL ANXIETY	2.17	0.40	2.25	0.21	2.27	0.20	3.02	0.92	4.00	<.001	2.25	0.28	3.05	0.83	2.11	0.63	2.21	0.34	2.58	0.14
SEXUAL ASSERTIVENESS	3.12	0.56	4.45	0.22	2.85	0.11	3.37	0.09	4.20	0.37	5.45	0.41	4.06	0.79	2.46	0.20	2.21	0.34	1.60	0.22
SEXUAL DEPRESSION	2.20	0.34	3.33	0.11	1.99	0.06	5.35	0.11	2.39	0.08	2.59	0.44	2.09	0.67	4.01	0.95	3.37	0.09	2.60	0.11
EXTERNAL SEXUAL CONTROL	6.08	0.71	4.04	0.86	3.15	0.47	2.16	0.47	3.24	0.28	2.40	0.06	3.03	0.40	2.16	0.45	2.10	0.93	2.49	0.13
SEXUAL MONITORING	4.01	0.96	1.10	0.66	2.02	0.92	2.61	0.30	2.23	0.36	2.10	0.93	3.28	0.21	3.10	0.63	3.35	0.89	5.51	0.98
FEAR OF SEX	2.21	0.29	2.24	0.25	5.51	0.11	1.44	0.41	2.21	0.93	3.38	0.92	1.33	0.56	2.11	0.63	1.18	0.22	3.31	0.22
SEXUAL SATISFACTION	3.29	<.001	1.12	0.41	2.14	0.40	4.44	0.83	2.10	0.67	3.21	0.35	2.28	0.21	2.11	0.63	2.21	0.93	2.13	0.90

Table 185. Mean scores and sd for Attachement styles and Sexuality dimensions for Infertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +MSQ	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
SEXUAL ESTEEM	16.50	3.45	12.00	3.45	14.50	1.32	13.81	1.00	13.55	0.98	3.46	0.32	11.67	0.58	12.00	3.45	3.64	2.17	1.60	1.34
SEXUAL PREOCCUPATION	10.12	2.59	11.76	2.69	12.50	1.32	13.54	1.29	11.21	0.54	11.50	0.83	12.19	1.63	10.39	0.67	1.67	0.29	1.57	1.45
INTERNAL SEXUAL CONTROL	19.67	4.31	4.67	0.63	14.50	1.32	11.21	2.58	4.75	0.62	4.32	1.01	3.55	1.24	13.00	1.65	2.99	1.77	1.36	1.09
SEXUAL CONSCIUOSNESS	17.23	2.74	12.00	3.45	13.90	1.95	12.50	0.35	10.12	2.59	12.00	3.45	12.19	1.63	12.50	1.32	1.67	1.21	1.36	1.09
SEXUAL MOTIVATION	3.09	0.83	11.67	0.58	12.50	1.32	14.50	1.32	11.21	0.58	12.73	1.42	12.50	1.32	12.50	1.32	1.23	0.76	1.71	1.64
SEXUAL ANXIETY	18.91	2.41	12.00	3.45	14.50	1.37	13.90	1.95	12.50	0.35	11.60	1.34	11.58	1.07	14.50	1.37	2.03	1.36	1.26	1.19
SEXUAL ASSERTIVENESS	15.00	3.20	12.00	3.45	12.00	3.45	11.67	0.58	11.67	0.58	12.00	3.45	4.32	0.01	12.50	1.32	6.40	1.28	2.75	1.73
SEXUAL DEPRESSION	16.91	3.86	14.31	2.69	12.50	1.32	14.50	1.32	11.21	0.58	11.73	1.36	12.50	1.32	12.50	1.32	8.12	1.35	2.33	1.44
EXTERNAL SEXUAL CONTROL	10.32	2.39	11.76	2.69	11.50	1.37	13.90	1.95	12.50	0.35	14.60	1.89	11.58	1.07	14.50	1.37	6.17	1.20	2.70	1.92
SEXUAL MONITORING	10.50	1.22	12.00	3.45	12.50	1.32	13.54	1.29	11.21	0.54	11.50	0.83	12.50	1.32	6.62	1.27	7.93	1.33	1.03	0.13
FEAR OF SEX	18.27	4.43	12.00	3.45	11.67	0.58	3.48	0.89	3.22	0.34	3.67	0.58	14.50	1.32	11.21	0.58	6.73	1.22	1.04	0.18
SEXUAL SATISFACTION	10.55	3.50	8.12	1.35	1.95	0.23	2.86	0.45	4.56	0.55	4.333	0.51	2.50	0.93	3.55	1.24	6.81	1.27	2.57	1.25

Table 186. ONE WAY ANOVA for Attachement styles and Sexuality dimensions for Infertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +MSQ	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
SEXUAL ESTEEM	4.02	<.001	2.06	0.14	3.07	0.26	2.94	0.44	2.80	0.06	2.15	0.41	3.28	0.28	3.08	0.87	1.58	0.28	3.41	0.63
SEXUAL PREOCCUPATION	2.13	0.81	2.11	0.80	3.01	<.001	2.11	0.16	2.15	0.65	1.65	0.51	3.02	0.85	2.09	0.53	1.39	0.37	2.20	0.36
INTERNAL SEXUAL CONTROL	3.09	0.69	2.27	0.22	2.14	0.68	2.01	0.90	3.03	0.55	2.17	0.81	2.14	0.10	2.45	0.07	4.93	0.37	3.40	1.00
SEXUAL CONSCIUOSNESS	2.05	0.84	3.25	0.47	3.06	0.48	3.13	0.55	3.06	0.14	2.90	0.28	2.71	0.11	2.45	0.15	5.27	0.18	3.27	0.30
SEXUAL MOTIVATION	4.02	0.13	2.16	0.70	2.08	0.36	2.06	0.79	2.23	0.32	2.20	<.001	2.25	0.46	2.28	1.00	2.00	0.97	2.22	0.26
SEXUAL ANXIETY	2.18	0.21	2.12	0.15	3.15	0.47	2.19	0.39	3.24	0.28	2.10	0.13	3.03	0.90	2.00	0.16	3.58	0.78	3.10	0.28
SEXUAL ASSERTIVENESS	3.04	<.001	2.28	0.11	3.36	0.79	4.02	0.92	3.14	0.55	2.11	0.73	4.00	1.00	4.71	0.27	5.27	0.22	1.95	0.78
SEXUAL DEPRESSION	4.06	0.81	3.27	0.30	2.27	0.20	3.02	0.92	4.00	0.99	2.95	0.30	3.05	0.83	2.11	0.63	2.34	0.12	2.28	0.83
EXTERNAL SEXUAL CONTROL	3.05	0.41	2.39	0.78	2.85	0.11	2.05	0.40	4.20	0.37	3.06	<.001	4.06	0.79	2.46	0.20	1.26	0.14	1.41	1.03
SEXUAL MONITORING	2.16	0.23	4.03	0.87	1.99	0.06	2.09	0.09	2.39	0.08	2.30	0.42	2.09	0.67	4.01	0.95	3.03	0.46	2.27	0.52
FEAR OF SEX	4.07	0.74	2.07	0.31	3.15	0.47	2.13	0.08	3.24	0.28	2.09	0.45	3.03	0.90	2.16	0.44	2.14	0.50	2.02	0.99
SEXUAL SATISFACTION	1.08	<.001	2.13	0.09	2.32	0.16	1.33	0.94	1.19	0.43	2.07	0.22	2.05	0.47	2.34	1.00	5.06	0.74	2.18	0.34

Table 187. Mean scores and sd for Attachement styles and Sexuality dimensions for Fertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +MSQ	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
SEXUAL ESTEEM	14.01	0.87	14.75	0.45	14.83	0.40	14.33	0.58	14.71	0.95	15.00	1.21	14.54	0.79	11.25	1.54	10.75	0.96	13.00	1.00
SEXUAL PREOCCUPATION	14.08	0.51	14.50	0.37	14.34	0.79	11.50	0.83	14.78	0.67	14.89	0.33	11.16	1.39	11.70	1.35	11.58	1.07	11.67	1.22
INTERNAL SEXUAL CONTROL	13.80	1.01	14.22	1.06	13.89	0.93	14.44	0.73	14.50	1.32	14.55	1.11	13.54	1.29	12.67	1.73	11.90	1.37	12.45	1.36
SEXUAL CONSCIUOSNESS	13.78	1.48	13.00	2.65	12.50	1.32	13.46	1.05	11.21	0.54	14.75	0.91	12.19	1.63	12.67	1.73	11.50	0.83	12.08	1.32
SEXUAL MOTIVATION	14.00	0.82	14.11	0.78	12.50	1.32	14.38	0.83	11.21	0.58	11.73	1.36	12.50	1.32	12.50	1.32	10.36	0.84	10.25	0.62
SEXUAL ANXIETY	12.67	2.31	15.55	2.50	14.50	1.37	14.85	0.41	12.50	0.35	11.60	1.34	10.80	1.27	10.00	1.50	10.00	1.50	10.00	1.50
SEXUAL ASSERTIVENESS	13.55	1.13	14.20	0.83	12.50	1.32	13.54	1.29	11.21	0.54	10.66	1.10	12.19	1.63	12.50	1.32	10.77	1.01	10.76	0.83
SEXUAL DEPRESSION	12.52	1.50	13.65	1.66	14.09	1.79	14.50	1.32	11.21	0.58	11.73	1.36	12.50	1.32	12.50	1.32	10.76	0.83	13.90	1.95
EXTERNAL SEXUAL CONTROL	13.24	0.93	14.16	0.80	14.50	1.37	10.00	1.50	12.50	0.35	11.60	1.34	10.76	0.83	14.50	1.37	13.75	1.42	13.58	1.09
SEXUAL MONITORING	13.71	1.10	13.11	1.61	12.50	1.32	14.00	0.82	11.21	0.54	11.50	0.83	12.19	1.63	12.50	1.32	13.89	0.78	10.76	0.83
FEAR OF SEX	14.30	0.87	12.50	1.32	13.90	1.18	13.30	1.30	13.08	1.61	13.78	1.11	10.00	1.50	14.04	0.91	12.50	1.32	13.54	1.00
SEXUAL SATISFACTION	15.48	2.11	14.50	1.37	13.22	1.56	13.54	1.29	13.67	1.53	11.58	1.07	13.44	1.59	10.00	1.50	10.00	1.50	10.00	1.50

Table 188. ONE WAY ANOVA for Attachement styles and Sexuality dimensions for Fertile female

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +MSQ	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
SEXUAL ESTEEM	3.09	0.83	2.68	0.92	2.47	0.62	1.23	0.24	2.70	0.37	3.09	0.36	2.08	1.00	4.77	0.25	2.79	0.11	2.02	0.22
SEXUAL PREOCCUPATION	2.01	0.93	3.28	0.27	2.64	0.52	4.00	0.34	3.01	0.11	1.23	0.36	2.52	0.08	2.30	0.42	3.09	0.71	2.72	0.13
INTERNAL SEXUAL CONTROL	3.25	0.27	1.19	0.42	2.23	0.65	3.13	0.55	3.46	0.41	2.31	0.11	3.01	0.12	3.41	0.28	2.06	0.79	2.69	0.32
SEXUAL CONSCIUOSNESS	2.04	0.25	3.08	0.27	2.49	0.27	5.01	0.26	3.10	0.35	2.10	0.25	1.08	0.24	2.45	0.23	2.14	0.80	3.03	0.09
SEXUAL MOTIVATION	2.05	0.32	2.00	0.21	3.15	0.47	1.09	0.26	3.24	0.28	3.03	0.11	3.03	0.90	1.40	0.16	3.05	0.83	2.06	0.89
SEXUAL ANXIETY	3.36	0.79	4.02	<.001	2.05	0.55	3.35	0.19	3.14	0.55	2.34	1.00	4.00	1.00	2.06	0.43	2.46	0.66	2.05	0.11
SEXUAL ASSERTIVENESS	2.06	0.67	3.02	0.65	2.27	0.20	2.77	0.26	4.00	0.99	2.67	0.11	1.12	0.80	2.11	0.63	5.00	0.12	2.28	0.11
SEXUAL DEPRESSION	3.25	0.07	2.85	0.11	2.09	0.11	3.16	0.09	4.20	0.37	2.31	0.66	4.06	0.80	4.10	0.23	8.30	0.23	2.46	0.20
EXTERNAL SEXUAL CONTROL	2.02	0.73	5.50	0.73	1.99	0.06	1.83	0.25	2.39	0.08	2.55	0.24	2.06	0.43	4.01	0.95	2.48	0.11	2.30	0.21
SEXUAL MONITORING	4.02	0.92	3.43	0.47	3.15	0.47	2.20	0.46	3.24	0.28	2.06	0.47	3.03	0.90	2.16	0.44	1.06	0.28	5.04	0.38
FEAR OF SEX	3.06	0.47	2.02	0.37	3.30	0.29	1.09	0.89	1.72	0.34	2.09	0.67	2.58	0.34	3.10	0.63	2.06	0.38	2.16	0.10
SEXUAL SATISFACTION	2.21	<.001	3.38	<.001	2.00	0.98	3.02	0.92	2.01	0.39	1.10	0.28	2.30	0.74	3.02	1.00	3.02	0.87	2.19	0.39

Table 189. Mean scores and sd for Attachement styles and Sexuality dimensions for Fertile male

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +MSQ	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
SEXUAL ESTEEM	12.07	1.59	13.92	2.25	13.42	2.04	15.44	1.94	11.61	1.18	14.23	2.20	12.43	1.95	11.25	0.87	13.90	0.63	12.22	1.64
SEXUAL PREOCCUPATION	13.17	2.40	12.47	1.91	2.09	1.62	12.43	1.75	12.50	1.32	13.54	1.29	11.21	0.54	11.50	0.83	12.19	1.63	12.00	1.73
INTERNAL SEXUAL CONTROL	12.24	1.76	11.86	1.62	14.31	2.01	12.50	1.32	14.10	1.32	11.21	0.58	11.73	1.36	12.50	1.32	11.22	0.44	12.85	1.65
SEXUAL CONSCIUOSNESS	12.55	1.81	13.00	2.66	12.09	1.44	13.75	1.94	13.17	2.44	12.42	1.95	11.11	0.41	11.39	0.63	13.00	1.68	11.60	1.24
SEXUAL MOTIVATION	14.67	2.07	11.54	1.34	12.50	1.32	13.54	1.29	11.78	1.46	11.50	0.83	12.19	1.63	12.22	1.64	11.22	0.49	12.14	1.65
SEXUAL ANXIETY	13.75	2.50	13.25	2.22	13.33	2.29	14.85	1.75	13.11	2.42	12.34	1.44	12.22	1.30	11.22	0.49	11.60	1.24	12.34	1.44
SEXUAL ASSERTIVENESS	12.00	1.73	14.67	2.45	14.50	1.37	13.90	1.95	14.25	1.26	11.60	1.34	11.58	1.07	13.67	3.05	11.67	1.00	12.95	2.01
SEXUAL DEPRESSION	11.95	1.69	12.09	1.81	16.00	1.44	12.82	2.07	16.33	1.15	13.30	1.95	13.46	1.81	12.00	1.51	11.21	0.53	12.07	1.51
EXTERNAL SEXUAL CONTROL	12.65	2.08	13.60	2.19	12.50	1.32	14.50	1.32	15.33	1.66	11.73	1.36	12.50	1.32	12.00	1.22	11.75	1.50	11.25	0.50
SEXUAL MONITORING	12.00	1.51	11.44	0.73	14.50	1.37	13.90	1.95	12.50	0.35	11.60	1.34	11.58	1.07	14.50	1.37	13.00	1.92	13.30	2.27
FEAR OF SEX	13.46	1.76	11.90	1.50	13.90	2.64	14.25	1.26	11.90	1.18	12.58	1.89	14.20	1.96	14.85	1.72	13.19	2.09	11.57	1.44
SEXUAL SATISFACTION	14.86	1.62	12.58	1.88	11.83	1.19	12.43	1.92	13.70	2.23	12.00	0.87	11.25	0.50	13.00	3.46	11.44	0.53	13.24	2.36

Table 190. ONE WAY ANOVA for Attachement styles and Sexuality dimensions for Fertile male

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +MSQ	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
SEXUAL ESTEEM	2.96	0.33	2.44	0.37	1.30	0.29	1.39	0.89	2.47	0.46	3.09	0.67	2.59	0.34	3.10	0.63	2.06	0.38	2.58	0.11
SEXUAL PREOCCUPATION	5.01	1.10	2.08	0.91	2.16	0.91	2.18	0.12	3.10	0.22	4.46	0.71	2.88	0.12	1.40	0.11	2.96	0.32	2.01	0.88
INTERNAL SEXUAL CONTROL	2.21	0.11	3.38	0.11	2.00	<.001	3.02	0.92	2.01	0.39	1.10	0.28	2.30	0.74	3.02	1.00	3.02	0.87	2.19	0.39
SEXUAL CONSCIUOSNESS	3.08	0.46	2.96	0.34	2.67	0.44	3.13	0.55	2.75	0.12	2.78	0.20	3.13	0.27	2.06	0.39	4.05	0.74	1.73	0.20
SEXUAL MOTIVATION	3.08	<.001	1.95	0.20	1.19	0.26	2.06	0.79	1.16	0.11	2.25	0.60	1.77	0.21	2.04	0.74	2.09	0.22	4.04	0.76
SEXUAL ANXIETY	2.63	0.20	2.23	0.10	3.15	0.47	2.19	0.39	3.24	0.28	2.60	0.58	3.03	0.90	2.01	0.92	3.09	0.19	2.21	0.11
SEXUAL ASSERTIVENESS	1.15	0.90	1.13	1.00	3.36	0.79	4.02	0.92	3.14	0.55	2.97	0.20	4.00	1.00	2.21	0.10	4.22	0.90	4.23	0.50
SEXUAL DEPRESSION	3.02	0.89	2.97	0.44	2.27	0.20	3.02	0.92	4.00	0.99	1.10	0.49	3.05	0.83	2.11	0.63	2.24	0.77	1.53	0.21
EXTERNAL SEXUAL CONTROL	4.10	0.10	2.05	0.51	2.85	0.11	1.12	0.13	4.20	0.37	1.53	0.41	4.06	0.79	2.46	0.20	2.12	0.13	3.21	0.12
SEXUAL MONITORING	4.29	0.06	3.13	0.24	1.99	0.06	4.20	0.35	2.39	0.08	2.75	0.50	2.09	0.67	4.01	0.95	3.01	0.97	2.08	0.52
FEAR OF SEX	4.04	0.51	3.11	0.97	2.08	0.08	2.86	0.11	0.11	0.30	1.12	0.21	2.56	0.40	2.83	0.07	2.24	0.11	1.23	1.32
SEXUAL SATISFACTIO	3.01	<.001	1.11	0.19	1.12	0.11	2.36	0.11	2.31	0.05	3.04	0.78	1.01	0.30	2.56	0.91	1.01	0.83	4.01	0.46

Correlations between adult attachment styles and disclosure with social network dimensions in infertile and fertile couples

Infertile females, part of “Secure” attached couples have higher mean scores in “Communication and time spent with friends”. Those, part of “Insecure” attached couples, composed by two preoccupied partners, have higher mean points in “Communication with family and friends” and those, part of couples composed by one preoccupied and one dismissed partner, have higher mean points in “Time spent with friends”. Furthermore, infertile females, part of “Mixed” couples, composed by one secure and one preoccupied partner, have higher mean points in “Communication and time spent with friends”. Meanwhile, those, part of “Mixed” couples composed by one secure and one dismissed partner, have higher mean points in “Communication and time spent with family” (see Table 191 and Table 192).

Infertile males, part of “Secure” attached couples have higher mean scores in “Time spent with friends”. Those, part of “Insecure” attached couples (two preoccupied partners) have higher mean scores in “Time spent with family and friends”. Infertile males, part of “Mixed” couples, composed by one secure and one preoccupied partner, have higher mean scores in “Communication and time spent with friends”, furthermore, those couples composed by one secure and one dismissed partner, have higher mean points in “Time spent with family and friends” (see Table 193 and Table 194).

Fertile females, part of “Secure” attached couples have higher mean points in all the scales of CD-FA,FR. Those, part of “Insecure” attached couples, composed by two preoccupied partners, have higher mean scores in “Time spent with family”. Meanwhile, those part of “Insecure” couples, composed by one preoccupied and one dismissed partner, have higher mean scores in “Time spent with friends”. Fertile females, part of “Mixed” attached couples, composed by one secure and one preoccupied partner, have higher mean scores in “Communication with family and friends”, and those part of “Mixed” couples, composed by one secure and one dismissed partner, have higher mean scores in all the scales of CD-FA and CD-FR (see Table 195 and Table 196).

Fertile males part of “Secure” attached couples (two secure partners) have higher mean points in “Time spent with family and friends”. Fertile males, part of “Insecure” attached couples (two preoccupied partners) have higher mean points in “Communication and time spent with family”. Fertile males, part of “Mixed” couples, composed by one secure and one preoccupied partner, have higher mean scores in “Communication and time

spent with family". Those, part of "Mixed" couples, composed by one secure and one dismissed partner, have higher mean scores in all the scales of CD-FA and CD-FR (see Table 197 and Table 198).

Table 191. Mean scores and sd for Attachement styles and Disclosure dimensions for Infertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +CD-FA/CD-FR	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	ds.
COMMUNICATION WITH FAMILY	13.05	1.50	13.33	0.58	14.43	0.69	13.67	0.87	13.75	1.48	13.00	1.41	13.24	2.36	13.88	0.78	12.00	0.87	12.19	1.79
TIME SPENT WITH FAMILY	12.77	1.64	13.62	1.20	14.33	1.15	13.76	1.22	13.08	2.02	14.25	0.50	13.00	1.41	14.25	0.86	14.31	0.73	11.25	0.50
COMMUNICATION WITH FRIENDS	14.00	0.50	14.78	0.44	13.99	0.94	13.97	1.01	13.55	1.23	3.98	1.13	12.80	1.51	13.88	0.78	13.00	1.41	13.99	0.94
TIME SPENT WITH FRIENDS	13.62	1.20	14.24	1.18	12.23	1.42	12.92	1.44	13.55	1.23	14.11	1.36	12.77	1.36	13.20	1.54	13.44	1.67	12.19	1.79

Table 192. ONE WAY ANOVA for Attachement styles and Disclosure dimensions for Infertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +CD-FA/CD-FR	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	3.09	0.17	4.00	0.95	2.04	<.001	2.08	0.14	2.57	0.50	3.02	0.49	4.03	0.62	2.06	0.30	3.01	0.74	2.91	0.11
TIME SPENT WITH FAMILY	2.10	0.71	1.14	0.31	2.12	<.001	2.18	0.12	1.40	0.90	3.03	0.31	4.02	0.69	2.03	0.49	2.09	0.43	3.18	0.21
COMMUNICATION WITH FRIENDS	2.05	<.001	4.05	<.001	3.02	0.14	2.10	0.25	1.08	0.24	2.45	0.23	2.14	0.80	3.03	0.09	3.02	0.61	4.30	0.32
TIME SPENT WITH FRIENDS	4.01	<.001	2.08	<.001	3.02	0.70	3.30	0.12	4.03	0.11	3.00	<.001	2.18	0.30	1.09	0.43	4.05	0.40	4.00	0.23

Table 193. Mean scores and sd for Attachement styles and Disclosure dimensions for Infertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +CD-FA/CD-FR	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
COMMUNICATION WITH FAMILY	14.02	1.01	4.26	0.78	14.33	0.65	13.67	1.22	14.22	0.67	13.44	1.67	14.10	1.02	14.17	0.94	14.43	0.69	13.20	1.54
TIME SPENT WITH FAMILY	13.24	2.36	12.19	1.79	13.98	1.13	13.20	1.54	14.43	0.69	13.44	1.67	13.62	1.20	13.97	0.96	13.62	0.65	14.02	0.79
COMMUNICATION WITH FRIENDS	14.08	2.02	14.33	0.63	14.31	0.73	14.25	0.87	13.88	0.78	13.00	1.41	13.23	1.42	13.00	0.86	13.99	0.94	13.62	1.20
TIME SPENT WITH FRIENDS	14.75	0.50	14.10	1.02	13.88	1.00	12.92	1.44	14.67	0.58	12.77	1.36	13.20	1.54	13.44	1.67	12.80	1.51	13.00	1.41

Table 194. ONE WAY ANOVA for Attachement styles and Disclosure dimensions for Infertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +CD-FA/CD-FR	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	2.83	0.69	2.45	0.90	2.78	0.65	2.07	0.16	2.07	0.22	2.37	0.22	2.46	0.33	2.09	0.23	1.03	0.17	5.30	0.73
TIME SPENT WITH FAMILY	1.43	0.57	1.35	0.68	1.30	<.001	2.66	0.74	2.78	<.001	2.80	0.67	3.41	1.00	4.00	0.25	1.79	0.38	1.02	0.15
COMMUNICATION WITH FRIENDS	1.14	0.11	2.11	<.001	4.05	0.12	1.04	0.67	1.30	0.64	1.36	0.61	4.50	0.45	3.03	0.82	3.21	0.41	5.25	0.74
TIME SPENT WITH FRIENDS	2.12	<.001	4.11	<.001	2.66	<.001	4.08	0.23	4.26	<.001	1.18	0.69	3.42	0.71	2.18	0.44	1.13	0.13	1.75	0.42

Table 195. Mean scores and sd for Attachement styles and Disclosure dimensions for Fertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +CD-FA/CD-FR	M	ds.	M	ds.	M	ds.	M	ds.	M	ds.	M	ds.	M	ds.	M	ds.	M	ds.	M	ds.
COMMUNICATION WITH FAMILY	13.26	2.11	13.14	2.33	11.83	1.27	12.61	2.15	11.33	0.58	13.89	2.31	12.11	1.05	13.15	1.95	12.47	1.86	12.50	1.97
TIME SPENT WITH FAMILY	13.85	1.77	13.00	2.64	12.06	1.71	12.33	1.41	14.00	2.37	14.96	2.07	13.26	2.05	12.67	1.73	12.07	1.72	13.22	2.33
COMMUNICATION WITH FRIENDS	14.00	2.37	14.15	2.21	12.50	1.32	12.25	1.50	11.21	0.54	15.00	2.13	12.19	1.63	12.75	2.06	11.50	0.83	13.67	2.89
TIME SPENT WITH FRIENDS	13.67	2.89	12.22	1.48	13.15	1.46	12.70	1.95	12.66	1.99	13.15	1.95	11.83	1.27	12.08	1.32	12.67	1.73	12.06	1.71

Table 196. ONE WAY ANOVA for Attachement styles and Disclosure dimensions for Fertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +CD-FA/CD-FR	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	2.37	<.001	2.18	<.001	5.44	0.61	1.62	0.68	1.74	0.10	2.97	<.001	1.15	0.30	3.17	0.22	1.16	0.22	2.68	0.21
TIME SPENT WITH FAMILY	1.69	<.001	3.26	0.86	1.05	0.43	3.09	0.34	5.18	<.001	3.09	<.001	1.69	0.75	1.54	0.32	1.19	0.08	2.99	0.11
COMMUNICATION WITH FRIENDS	1.31	<.001	1.09	<.001	3.23	1.00	4.09	0.22	1.68	0.11	1.15	<.001	5.32	0.12	5.50	0.33	1.54	0.07	2.13	0.70
TIME SPENT WITH FRIENDS	2.18	<.001	1.71	0.33	2.04	0.11	4.11	0.31	2.05	0.20	1.80	<.001	2.98	0.12	3.27	0.08	3.24	0.41	5.24	0.21

Table 197. Mean scores and sd for Attachement styles and Disclosure dimensions for Fertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +CD-FA/CD-FR	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
COMMUNICATION WITH FAMILY	14.61	2.06	15.46	1.98	15.53	1.97	14.38	1.82	14.96	2.07	12.33	2.35	12.70	1.95	13.85	1.77	13.07	0.12	14.00	0.82
TIME SPENT WITH FAMILY	15.75	2.26	15.43	1.87	15.10	2.12	11.65	1.51	14.61	2.29	13.22	2.33	12.66	1.99	12.11	1.05	11.65	1.51	12.19	1.66
COMMUNICATION WITH FRIENDS	2.33	2.35	12.07	1.55	15.87	1.75	14.00	0.82	14.33	2.31	12.07	1.72	13.16	1.46	12.50	1.97	13.89	2.31	12.07	1.55
TIME SPENT WITH FRIENDS	15.19	2.06	13.89	2.03	16.33	1.15	12.33	2.35	12.49	2.01	13.67	2.89	13.14	2.33	12.22	1.48	13.22	2.33	14.00	0.82

Table 198. ONE WAY ANOVA for Attachement styles and Disclosure dimensions for Fertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +CD-FA/CD-FR	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
COMMUNICATION WITH FAMILY	1.53	0.14	3.28	<.001	1.64	<.001	2.19	0.51	5.13	<.001	2.01	0.27	5.02	0.47	1.75	0.11	5.34	0.44	1.66	0.27
TIME SPENT WITH FAMILY	1.06	<.001	3.95	<.001	3.53	<.001	4.24	0.22	2.97	<.001	2.75	0.33	2.31	0.37	2.83	0.38	5.11	0.37	3.17	0.12
COMMUNICATION WITH FRIENDS	2.82	1.00	3.88	0.22	1.55	<.001	4.55	0.32	2.61	0.11	1.89	0.26	1.83	0.26	2.15	0.27	3.58	0.37	4.27	0.36
TIME SPENT WITH FRIENDS	4.13	<.001	3.24	0.57	1.92	<.001	4.29	0.44	1.66	0.46	2.49	0.11	5.34	0.46	3.17	0.39	5.27	0.11	4.29	0.27

Correlations between adult attachment styles and decision making styles in infertile and fertile couples

According to the correlation between attachment styles and decision making styles, infertile females, part of “Secure” attached couples have higher mean scores in “Rational” decision making style. Infertile female, part of “Insecure” attached couples (one preoccupied and one dismissed partner) have higher mean scores in “Avoidant” and “Spontaneous” decision making style. Furthermore, infertile females, part of “Mixed” couples (one secure and one preoccupied partner) have higher mean scores in “Rational” decision making style (see Table199 and Table 200).

On the other side, infertile males, part of “Secure” attached couples have higher mean scores in “Rational” decision making style. Infertile males, part of “Insecure” attached couples, composed by two preoccupied partners, have higher mean scores in “Avoidant” decision making style. Meanwhile, infertile males, part of couples composed by one preoccupied and one dismissed partner, have higher mean points in “Avoidant” and “Spontaneous” decision making style. Finally, those, part of “Mixed” couples (one secure and one preoccupied partner) have higher mean points in “Rational”, “Dependent” decisional making styles (see Table 201 and Table 202).

Fertile females part of “Secure” attached couples have higher mean points in “Rational”, “Intuitive” decision making styles. Fertile females, part of “Mixed” couples (one secure and one preoccupied) have higher mean points in “Dependent” decision making style (see Table 203 and Table 204).

Finally, fertile males, part of “Secure” attached couples (two secure partners) have higher mean points in “Rational”, “Intuitive” decision making styles. Fertile males, part of “Mixed” couples (one secure and one preoccupied) have higher mean points in “Dependent”, “Intuitive” decision making style (see Table 205 and Table 206).

Table 199. Mean scores and sd for Attachement styles and Decision making styles for Infertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +GDMSI	M	sd.	M	sd.	M	sd.	M	sd.	M	sd.	M	sd.	M	sd.	M	sd.	M	sd.	M	sd.
RATIONAL DECISION MAKING STYLE	14.44	2.40	14.55	2.01	11.77	1.29	12.50	2.02	12.19	1.86	13.44	2.13	12.75	1.26	13.00	1.73	13.49	2.175	12.65	2.01
INTUITIVE DECISION MAKING STYLE	11.55	1.25	12.58	1.88	12.28	1.82	13.89	2.57	12.25	1.50	13.67	2.52	11.81	1.43	13.35	2.41	12.36	1.966	14.05	2.58
DEPENDENT DECISION MAKING STYLE	13.90	2.12	13.72	2.35	15.60	1.90	14.64	2.25	16.22	1.09	13.72	2.35	13.75	2.50	13.67	0.58	14.78	1.563	14.34	2.32
AVOIDANT DECISION MAKING STYLE	12.48	1.63	14.37	2.24	13.40	2.04	14.15	1.82	13.10	1.81	14.46	2.18	13.17	2.21	12.50	1.86	12.16	1.826	13.61	2.02
SPONTANEOUS DECISION MAKING STYLE	12.70	1.95	12.86	2.22	11.78	1.30	11.33	0.58	13.00	2.24	14.25	2.24	11.33	0.89	13.72	2.35	11|81	1.435	13.00	2.24

Table 200. ONE WAY ANOVA for Attachement styles and Decision making styles for Infertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEARFUL	
ECR-R +GDMSI	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	2.57	<.001	3.27	<.001	1.91	0.46	3.27	0.63	2.99	0.44	1.16	0.89	3.27	0.49	1.18	0.67	2.02	0.09	3.57	0.07
INTUITIVE DECISION MAKING STYLE	4.84	0.47	2.16	0.48	2.47	0.67	1.19	0.36	4.15	0.67	1.12	0.57	5.34	0.31	5.12	0.11	1.75	0.07	2.99	0.46
DEPENDENT DECISION MAKING STYLE	3.27	0.58	2.00	0.57	4.59	0.68	5.50	0.57	1.12	0.57	1.69	0.22	6.17	0.41	3.03	0.10	5.62	0.11	2.11	0.57
AVOIDANT DECISION MAKING STYLE	4.28	0.37	3.99	0.56	1.03	1.00	1.54	0.55	3.56	0.63	5.32	<.001	1.09	0.32	2.69	0.22	3.65	0.11	3.26	0.50
SPONTANEOUS DECISION MAKING STYLE	3.29	0.83	2.48	0.46	2.47	0.22	3.13	0.67	2.99	0.58	3.17	<.001	1.75	0.12	2.49	0.18	3.26	0.09	1.01	0.50

Table 201. Mean scores and sd for Attachement styles and Decision making styles for Infertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +GDMSI	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	15.55	2.13	14.99	2.19	14.99	2.19	13.33	2.52	14.92	1.04	11.67	1.34	13.26	2.33	11.39	0.88	13.41	1.93	13.67	2.34
INTUITIVE DECISION MAKING STYLE	15.25	1.42	12.67	2.00	14.04	2.48	13.24	1.92	14.21	2.25	14.77	2.11	15.54	1.81	15.30	0.19	12.76	1.83	15.44	1.94
DEPENDENT DECISION MAKING STYLE	15.17	2.03	15.28	2.12	13.40	2.08	12.00	1.55	12.36	1.98	12.58	1.97	14.58	2.12	14.54	2.40	13.33	2.34	15.00	1.41
AVOIDANT DECISION MAKING STYLE	14.00	2.59	14.70	2.13	14.55	1.64	15.32	1.96	15.55	1.94	15.75	1.50	12.39	1.71	13.50	1.73	13.45	1.82	14.85	1.99
SPONTANEOUS DECISION MAKING STYLE	4.500	1.73	13.23	1.92	14.00	2.00	11.75	1.11	12.50	1.45	15.44	1.94	13.02	1.71	13.00	1.73	12.00	1.32	14.09	2.02

Table 202. ONE WAY ANOVA for Attachement styles and Decision making styles for Infertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +GDMSI	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	2.92	<.001	2.40	<.001	2.31	0.34	1.94	0.11	2.02	0.32	2.13	0.66	2.77	0.11	4.34	0.46	5.71	0.43	6.28	0.46
INTUITIVE DECISION MAKING STYLE	3.57	0.22	1.50	0.33	1.50	0.33	1.51	0.38	1.69	0.47	1.56	0.34	1.78	0.51	6.05	0.28	2.50	1.00	3.15	0.33
DEPENDENT DECISION MAKING STYLE	5.61	0.11	2.04	<.001	2.04	0.53	1.84	0.60	7.65	0.36	2.12	0.48	2.31	0.60	2.58	0.78	2.40	0.89	6.01	0.24
AVOIDANT DECISION MAKING STYLE	3.30	0.13	2.23	0.58	2.23	0.26	2.23	0.55	1.96	<.001	2.39	<.001	2.48	0.82	1.51	0.33	3.89	0.52	4.60	0.90
SPONTANEOUS DECISION MAKING STYLE	3.16	0.26	4.20	0.35	1.99	0.10	3.61	0.55	3.33	0.09	4.22	<.001	4.10	0.12	4.54	0.43	5.30	0.34	2.08	0.11

Table 203. Mean scores and sd for Attachement styles and Decision making styles for Fertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +GDMSI	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	13.35	2.25	11.75	1.50	11.68	1.49	11.67	1.15	11.15	0.44	11.08	0.29	11.68	1.19	12.44	1.74	13.15	2.23	11.72	1.43
INTUITIVE DECISION MAKING STYLE	13.38	1.94	12.00	1.00	13.00	2.59	13.33	2.52	12.17	1.74	13.09	2.38	13.35	1.95	13.31	2.17	11.91	1.63	11.68	1.43
DEPENDENT DECISION MAKING STYLE	11.45	1.32	13.05	2.38	12.44	1.88	11.08	0.29	12.50	1.93	12.24	1.89	13.00	1.41	12.61	2.11	12.51	2.02	12.63	2.12
AVOIDANT DECISION MAKING STYLE	12.34	1.75	13.35	2.25	13.78	2.49	14.74	2.46	14.33	2.60	14.73	2.31	15.78	1.99	13.86	2.45	15.30	1.66	15.31	1.84
SPONTANEOUS DECISION MAKING STYLE	12.89	1.76	12.12	1.81	13.67	2.34	15.05	2.16	13.69	2.01	15.00	1.96	13.44	2.01	15.11	2.31	13.78	2.49	13.33	2.52

Table 204. ONE WAY ANOVA for Attachement styles and Decision making styles for Fertile females

FEMALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +GDMSI	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	1.12	<.001	1.19	0.45	1.77	0.36	1.00	0.47	1.86	0.48	5.27	0.57	1.54	0.99	3.84	0.11	5.54	0.46	2.70	0.47
INTUITIVE DECISION MAKING STYLE	1.74	<.001	2.05	0.10	2.55	0.27	1.91	0.06	2.56	0.71	0.80	0.47	4.09	0.73	2.54	0.11	2.61	0.65	1.42	0.44
DEPENDENT DECISION MAKING STYLE	3.14	0.12	1.93	<.001	5.27	1.00	1.22	0.14	1.15	0.08	2.33	0.73	4.91	0.12	5.08	0.12	4.20	0.30	1.55	0.79
AVOIDANT DECISION MAKING STYLE	4.26	0.09	1.99	0.91	1.99	1.11	1.39	0.19	2.58	0.88	2.24	0.84	1.80	0.48	5.55	0.11	2.18	0.32	1.32	0.15
SPONTANEOS DECISION MAKING STYLE	5.92	0.73	3.22	0.07	1.13	0.35	1.26	0.07	2.46	0.09	2.56	0.11	4.28	0.32	1.04	0.48	2.45	0.12	3.14	0.37

Table 205. Mean scores and sd for Attachement styles and Decision making styles for Fertile males

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +GDMSI	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd	M	sd
RATIONAL DECISION MAKING STYLE	13.64	1.41	13.34	1.09	13.22	1.56	13.00	0.82	12.90	1.58	13.45	1.19	12.92	1.32	13.42	1.36	13.55	1.13	11.67	2.08
INTUITIVE DECISION MAKING STYLE	13.92	1.16	13.89	0.93	12.52	1.63	13.44	1.51	11.33	2.31	11.20	1.14	11.08	1.50	11.54	0.98	11.67	1.41	11.25	0.50
DEPENDENT DECISION MAKING STYLE	13.67	1.53	14.07	0.79	11.89	1.61	11.62	1.16	12.23	1.16	11.53	1.34	10.22	0.81	10.25	0.45	10.22	0.97	10.78	0.97
AVOIDANT DECISION MAKING STYLE	10.33	0.58	10.86	1.39	13.91	1.16	14.07	0.79	14.67	0.71	14.75	0.50	10.85	1.31	10.61	0.77	10.40	0.89	14.49	1.18
SPONTANEOUS DECISION MAKING STYLE	14.11	0.93	10.62	0.77	10.86	1.39	10.40	0.89	12.92	0.95	13.24	0.81	12.95	1.14	12.67	1.15	13.33	1.22	13.51	0.71

Table 206. ONE WAY ANOVA for Attachement styles and Decision making styles for Fertile females

MALES	SICURE & SICURE		SICURE & PREOCCUPIED		SECURE & DISMISSED		SECURE & FEARFUL		PREOCCUPIED & PREOCCUPIED		PREOCCUPIED & DISMISSED		PREOCCUPIED & FEARFUL		DISMISSED & DISMISSED		DISMISSED & FEARFUL		FEARFUL & FEAFFUL	
ECR-R +GDMSI	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.	F	p.
RATIONAL DECISION MAKING STYLE	2.36	<.001	6.88	0.91	4.50	1.32	2.17	2.02	2.45	0.11	1.73	1.36	5.47	0.22	2.36	0.12	4.05	0.22	2.03	1.68
INTUITIVE DECISION MAKING STYLE	2.35	<.001	2.50	<.001	1.16	0.32	1.21	0.58	2.97	0.81	2.50	1.32	3.47	0.81	1.30	0.67	5.94	1.00	2.97	0.11
DEPENDENT DECISION MAKING STYLE	3.17	0.48	4.50	<.001	4.03	0.91	2.50	0.35	5.03	0.12	1.58	1.07	2.95	0.34	2.58	1.94	1.22	0.99	2.50	1.32
AVOIDANT DECISION MAKING STYLE	3.18	0.61	3.49	0.12	1.32	0.46	1.47	0.50	4.33	0.11	1.42	0.67	4.29	0.47	4.28	0.57	1.35	1.27	5.20	0.11
SPONTANEOUS DECISION MAKING STYLE	2.19	1.63	1.42	0.34	3.90	1.95	2.53	0.33	2.73	1.00	1.05	0.12	3.00	1.40	5.01	1.22	2.85	2.20	1.60	1.34

Discussion

The moment each person starts interacting with another person a process of mutual influence begins. Each partner brings in the relationship his personal history and characteristics and learns to accept and assimilate the other partner's own history and characteristics. From this moment and on, every experience, every situation becomes a dyadic experience and situation shared between partners which influence the way each one of them react and behave. Infertility is a shared experience between both partners. In the present chapter, we wanted to explore if and how being part of a particular couple, with specific characteristics, can influence each partner's adjustment, sexuality, disclosure with social network and decision making process.

The first aim was to explore if and how being part of a couple with positive dimensions of sexuality, which is a couple composed by two partners who feel sexually satisfied, being part of a couple with negative dimensions of sexuality, which is a couple composed by two partners who feel sexually not satisfied, or being part of a couple with mixed sexuality dimensions, which is a couple composed by one sexually satisfied partner and one not satisfied partner, influences each partner's dyadic adjustment. We expected partners, part of couples with positive dimensions of sexuality, to have higher dyadic adjustment and the opposite for the partners of couples with negative dimensions of sexuality. Our findings suggest that infertile females of negative dimensions of sexuality couples have lower points in the scales of "Dyadic emotional express", "Dyadic satisfaction", and "Total dyadic adjustment". This result confirmed our expectations and showed that being part of a couple with negative dimensions of sexuality can influence negatively dyadic adjustment in infertile females.

The second aim of the study was to explore if and how being part of a couple positively adjusted, that is a couple composed by two partners who feel positively adjusted within the relationship; a negatively adjusted couple, that is a couple composed by two partners who feel negatively adjusted within the relationship or a mixed adjusted couple, that is a couple composed by one positively adjusted and one negatively adjusted partner, influences each partner's sexuality. We expected partners of positively adjusted couples to have higher sexuality satisfaction and the opposite for the partners of negatively adjusted couples. We found that infertile females of negatively adjusted couples have higher levels of negative aspects of sexuality like, "Sexual preoccupation",

“Sexual anxiety”, “Sexual depression”. Meanwhile, infertile females of positively adjusted couples have higher levels of positive aspects of sexuality like, “Sexual esteem” and “Sexual satisfaction”. Infertile males of negatively adjusted couples showed higher levels of negative aspects of sexuality like, “Sexual preoccupation”, “Sexual anxiety”, “Sexual depression”, “External sexual control” and “Sexual monitoring”. Meanwhile, infertile males of positively adjusted couples showed higher levels of positive aspects of sexuality like, “Sexual esteem, “Sexual motivation” and “Sexual satisfaction”. Infertile males of mixed adjusted couples, showed a higher level of positive sexuality aspects like, “Sexual consciousness”, and “Sexual satisfaction”. Fertile females of negatively adjusted couples presented higher levels of negative aspects of sexuality like infertile females. Fertile females of positively adjusted couples have higher levels of positive aspects of sexuality like, “Internal sexual control”, “Sexual assertiveness” and “Sexual satisfaction”. Finally, fertile males of positively adjusted couples showed higher levels of “Sexual satisfaction”. These results confirmed our expectations showing that being part of a well-adjusted couple can influence positive sexuality dimensions in infertile and fertile females and males as being part of mixed adjusted couples. Meanwhile, being part of a negative adjusted couple influences negative sexuality aspects in infertile and fertile females and males.

The third aim of the study was to explore if and how being part of a couple with a positive dyadic adjustment, a negatively adjusted couple, or a mixed adjusted couple, influences differently each partner’s disclosure with social network. We expected partners of positive adjusted couples to have higher levels of disclosure with social network and the opposite for the partners of negatively adjusted couples. We found in particular that infertile females and males of positively adjusted couples have higher levels of “Time spent with friends”. Meanwhile, fertile females of couples with a positive dyadic adjustment showed higher points in disclosure with family and friends. Finally, fertile males of couples with a positive dyadic adjustment showed higher points in “Communication with family”, “Time spent with family” and “Time spent with friends”. The results confirmed that being part of a positively adjusted couple influences positively each partner’s disclosure with social network.

The fourth aim of the study was to explore if and how being part of a positively adjusted couple, a negatively adjusted couple, or a mixed adjusted couple, influences differently each partner’s decision making style. We expected partners of positively adjusted

couples to have higher levels of rational decision making style and the opposite for negatively adjusted couples. We found that infertile females of negatively adjusted couples showed high levels of “Avoidant” decision making style. Meanwhile, infertile males of positively adjusted couples showed high levels of “Rational” decision making style. The correlation was significant only for the infertile sample. The results confirmed our expectations, affirming that being part of a positive adjusted couple influences rational decision making style, in this case only for infertile males while a negative adjusted couple influences a different decision making style that is not the rational one but a less adaptive one, like the avoidant one.

We were also interested to explore if and how being part of a couple with positive dimensions of sexuality; negative dimensions of sexuality, or a mixed dimensions of sexuality, influences differently each partner’s decision making style. The results showed that infertile females part of couples with mixed sexuality dimensions had higher levels of “Intuitive” decision making style. Fertile females, part of couples with positive dimensions of sexuality had higher levels of “Rational” and “Intuitive” decision making style. Meanwhile, fertile females of couples with negative sexuality dimensions have higher levels of “Avoidant” and “Spontaneous” decision making style. Finally, fertile males, part of couples with negative sexuality dimensions have higher levels of “Avoidant” and “Spontaneous” decision making style. These results confirmed that being part of a couple with positive sexuality dimensions influences positively adaptive decision making styles for infertile and fertile females and males.

The fifth aim of the study was to explore if and how being part of a secure attached couple, that is a couple composed by two secure attached partners; an insecure attached couple, that is a couple composed by two insecure attached partners (that can be different combinations between preoccupied, dismissed, fearful attachment styles) or a mixed attached couple, that is a couple composed by a securely attached partner and a preoccupied, dismissed or fearfully attached partner, influences differently dyadic adjustment, sexuality, disclosure with social network and decision making process of each partner.

We expected partners of secure couples to have higher levels of dyadic adjustment and the opposite for insecure attached couples. The results showed that secure attached couples had partners with high levels of dyadic adjustment for infertile and fertile females in all the scales of DAS, for infertile males in “Total dyadic adjustment” scale, and in fertile males in “Dyadic emotional expression”, “Dyadic consensus”, “Dyadic

satisfaction". These results confirmed our expectations and the protective role of attachment.

We expected partners of securely attached couples to have higher levels of positive dimensions of sexuality and the opposite for insecurely attached couples. Results confirmed that partners of securely attached couples had higher levels of positive sexuality, where infertile females had higher levels of "Sexual esteem", "Sexual motivation", "Sexual satisfaction", infertile males in "Sexual esteem", "Sexual assertiveness", "Sexual satisfaction", fertile females in "Sexual satisfaction", and fertile males in "Sexual motivation", "Sexual satisfaction". On the other hand, partners of insecurely attached couples had higher levels of negative dimensions of sexuality. Infertile females of "Preoccupied and preoccupied" couples, had high levels "Sexual preoccupation", "Sexual anxiety". Infertile males of "Preoccupied and dismissed" couples, had high levels of "Sexual depression", "Sexual motivation", "External sexual control". Meanwhile, according to the mixed attached couples, it resulted, in particular, that infertile females, part of "Secure and preoccupied" couples had higher levels of "Sexual motivation", "Internal sexual control". Fertile females of the same type of couple had high levels of "Sexual anxiety", "Sexual satisfaction". Infertile males of "Secure and Dismissed" couples had higher levels of "Sexual preoccupation", meanwhile fertile males of the same type of couple showed high levels of "Sexual preoccupation", "Sexual anxiety". Finally, the results confirmed our expectations and showed that, partners of secure attached coupes had higher levels of positive aspects of sexuality meanwhile the opposite situation was found for partners of insecurely attached couples. Regarding mixed attached couples, the results confirmed literature underlying the general opinion that the secure partner can influence positively the insecure partner, but highlighted that the influence between secure and insecure partners can be inverse, too (Santona et al., 2007).

We expected partners of secure attached couples to have higher levels of disclosure with family and friends and the opposite for insecurely attached couples. Results confirmed that secure attached couples had higher levels of positive sexuality for both partners, where infertile females had higher levels of communication and time spent with friends, infertile males in time spent with friends, fertile females with communication and time spend with family and friends and fertile males with time spent with family and friends. The results of insure couples' partners didn't confirm our expectations. We found that infertile females of "Preoccupied and preoccupied" couples had higher levels of communication with family and friends. Infertile males of the same

type of couple had higher levels of time spent with family and friends. Fertile females had higher levels of time spent with friends; meanwhile, fertile males had higher levels of communication and time spent with family. Infertile females of “Preoccupied and dismissed” couples had higher levels of time spent with friends and fertile females with friends and family. Finally, we found that partners of mixed attached couples had higher levels of disclosure. In particular, infertile females and males of “Secure and Preoccupied” attached couples, had higher levels of communication and time spent with friends, fertile females of the same type of couples had higher levels of communication with family and friends and fertile males had high levels of communication and time spent with family. Infertile females of ”Secure and dismissed” couples had high levels of communication time spent with family, infertile males of the same type of couple had high levels of time spent with family and friends and fertile females and males had high levels of communication and time spent with family and friends. These results confirmed in part our expectations. We expected partners of securely attached couples to have better disclosure with social network but we didn’t expect the same result for partners of insecure attached couples. We can attribute these results to a characteristic of our sample and suggest further research.

Finally, we expected partners of securely attached couples to have higher levels of rational decision making style. We confirmed that secure attached couples had higher levels of rational decision making for both partners of infertile and fertile sample. Infertile males of “Preoccupied and preoccupied” partners had higher levels of avoidant decision making style. Infertile females and males of “Preoccupied and dismissed” partners had higher levels of avoidant and spontaneous decision making style. Finally, infertile females of “Secure and preoccupied” attached couples had higher levels of rational decision making style, meanwhile infertile males of the same couple attachment type had higher levels of rational and dependent decision making style, and fertile females had higher levels of dependent decision making style and fertile males had high levels of dependent and intuitive decision making style. These results confirmed our expectations.

In conclusion, the aim of this chapter was to explore if and how being a partner of a couple with particular characteristics can be a protective factor for partners who are facing a problem, that in this case has to do with infertility and with the arrival of the first child. Our findings confirmed our expectations, partners part of well-adjusted couples are sexually satisfied, partners of sexually satisfied couples are well adjusted, partners

of well-adjusted and sexually satisfied couples are disclosed with social network, partners of well adjusted, sexually satisfied and disclosed couples use adaptive decision making styles. Finally, we explored these dimensions through adult attachment and found that partners of securely attached couples have higher levels of adjustment, sexual satisfaction, disclosure and adaptive decision making style. The opposite was found in insecure attached couples. Meanwhile, in mixed couples results were contrasting.

Conclusions and Future directions

Conclusion and future directions

The present research starts from the idea that infertility is a dyadic experience that influences both partners, independently from who is the bearer of the problematic. Having in mind this idea, we propose an alternative prospective on viewing and studying infertility, the dyadic prospective, which focuses on considering the couple as a unique unit of measurement. Through this prospective we want to individuate the best couple configurations that can help partners cope better with infertility and all the implications that it brings on. We started by exploring three main aspects through the entire infertility process: the relationship quality, mainly the dyadic adjustment and sexuality, disclosure with social network, mainly communication and time spent with family and friends and the decision making process, especially the decision making style as a fundamental element in giving a solution to the problem of infertility. We investigated the influence that infertility has on dyadic adjustment, sexuality and disclosure and explored the decision making styles that characterize infertile subjects. We highlighted some elements that can predict different states of dyadic adjustment, sexuality, disclosure and decision making styles. So the first part of the study was dedicated to the impact of infertility in different aspects of relationship. Then, we continued our study by examining the protective role of adult attachment styles. We used attachment theory as a theoretical framework for this thesis as we consider it as one of the most important theories that can explain human relationships. We considered attachment as a protective factor in our infertile couples as it is a construction that accompanies humans “from cradle to grave” (Bowlby, 1976). The third part was dedicated to the dyadic perspective on the study of infertility, aimed to the individuation of the couples’ configurations that can cope better with infertility or other life problems. Our sample was composed by infertile and fertile females and males.

This thesis is articulated in four sections. The first section is composed by three chapters, each one of which focuses on a different aspect of couples’ life that is influenced by infertility. In this section we focus on each partner in order to investigate the impact of infertility on females and males comparing them with fertile females and males.

More specifically, in Chapter 1, we focused on the dyadic adjustment. We presented a review of the literature, mostly international one, on dyadic adjustment in infertile and in fertile subjects. After this, we individuated some personal and situational characteristics

of both infertile and fertile samples. Summarizing, our infertile females and males have a mean age that varies from 36-40 years old, most of them have a High school diploma, and have technical and executive professions. Most of them are married, with a relationship duration from 1-5 years and live together in a nuclear family. Their type of infertility is mostly primary, meanwhile the factor of infertility varies form female, male and couple factor, even though many of them declare they do not know. At the moment they filled out the questionnaire, 1-5 years had passed from the moment they decided to have a child, and more than 1 year since they decided to contact a specialized AMR structure. The decision to contact AMR structure was taken by both partners, and family was informed about the decision. Most of them are undergoing ICSI and IVF treatment and for most of them it isn't the first one. Meanwhile, our fertile sample, is composed by fertile females and males, of mean age 34-40 years old. Most of them have a High school diploma, and executive office professions. Most of them are married, with a relationship duration from 1-5 years and live together in a nuclear family. Before pregnancy, less than 1years was past since they decided to have a child, and everyone was informed about this decision and now their children have less than 1 year. The second step was to evaluate dyadic adjustment in our sample, comparing infertile females with fertile males, infertile females with fertile females and infertile males with fertile males. We found that dyadic adjustment is a dimension of couples' relationship that is negatively influenced by infertility, confirming in this way our expectations. The third step was to explore if personal and situational factors that characterize each partner were correlated with dyadic adjustment in each partner. We expected personal and situational factors to be correlated to dyadic adjustment and our expectations were confirmed. Civil status, education title, duration of the relationship, persons who have been informed about the decision to contact AMR centers, and previous treatments were corrected to specific dyadic adjustment scales in infertile females and males. The last step in this chapter was to explore the correlation of sexuality to dyadic adjustment. We expected positive sexuality dimension to be correlated to positive dyadic adjustment. Comparing infertile females with infertile males we didn't find differences between them but correlations between positive sexuality dimensions and dyadic adjustment were positive, confirming our expectations. This result was confirmed again when we confronted infertile females with fertile ones and infertile males with fertile ones.

Chapter 2 focused on sexuality and its influence on infertile females and males. We started this chapter by reviewing mostly international literature in order to understand if

infertility and the birth of the first child signs the decay of sexual pleasure. Then we explored sexual dimensions in our sample, making the same confrontations as in the first chapter. We expected sexuality to be negatively influenced by infertility, and so it resulted. Then we analyzed the correlation of personal and situational factors to sexuality in infertile females and males and it resulted that age, civil status, education title, relationship duration, infertility duration, person who had the idea to contact AMR center, persons informed about the decision to contact AMR centers, type of treatment were correlated to different sexuality dimensions in infertile subjects. The next step was to explore the correlation of dyadic adjustment to sexuality. We expected positive dyadic adjustment to correlate with positive sexuality dimensions and the opposite for the negative dyadic adjustment. We compared infertile females and males and found that positive dyadic adjustment was correlated to positive aspects of sexuality, for females and males. This result confirmed our expectations. It was reconfirmed when we compared infertile females with fertile females and infertile males with fertile males.

In Chapter 3, we focused on an important factor that defines social support, disclosure, and more specifically, communication and time spent with family and friends. We started this chapter by reviewing literature on the effects of social support on the partners dealing with a problematic situation and then we reviewed literature on the reasons why infertile partners do not disclosure with social network. The study started describing a questionnaire we made ad hoc and then we described levels of disclosure in our sample. A general openness resulted significant only for the infertile and fertile sample, confirming in this way the generally accepted idea that females do communicate and spend time with others more than males when facing a problem. Analyzes on the correlations of personal and situational factors found that factors like duration of the relationship, time spent between diagnosis and decision to contact AMR center, person who had the idea to contact AMR center, persons informed about the infertile couple's decision to start a treatment, previous treatments were correlated to disclosure with social network. The correlation of dyadic adjustment and sexuality to disclosure with social network was analyzed, making the same comparisons between infertile sample and the fertile one as in the previous chapters. We expected positive dyadic adjustment, positive sexuality dimensions to be positively correlated to disclosure with family and friends. It was confirmed that if the couples have a good dyadic adjustment they are more likely to disclose more with family and friends. Comparing infertile females with fertile ones, and infertile males with fertile ones, we reconfirmed the predictive role of dyadic adjustment. According to sexuality the

comparison between infertile females and infertile males confirmed that sexuality was correlated to disclosure with family and friends. More the partners were satisfied with their sexual life more they were likely to disclosure with family and friends.

The second section focused on an element that is very important in the condition of infertility, the decision making process. First, a literature review was proposed on decision making process and styles and mainly, focusing on infertility, we presented the actual state of researches in this field. We wanted to explore the decision making styles characterizing infertile subjects. As the rational decision making style is considered the most adaptive decision making style, especially when facing a problem and decisions on this problem have to be taken in order to solve them, it resulted that it was used more by fertile males than infertile ones, meanwhile for females we didn't reach significant results. Then we analyzed the correlation of dyadic adjustment and sexuality to decision making styles. We expected positive dyadic adjustment to correlate with rational decision making style. Data analyzes showed that a good dyadic adjustment correlated to more adaptive decisions making styles like the rational and intuitive one in both infertile and fertile sample. It was confirmed that sexuality correlated to decision making styles. More specifically, positive dimensions of sexuality correlated to adaptive decision making styles.

The third section was dedicated to the protective role of adult attachment on dyadic adjustment, sexuality, disclosure and decisions making styles in both infertile and fertile sample. We started by presenting a literature review on attachment perspective on the variables considered. Focusing on our sample, we found a prevalence of anxious attachment style in infertile females. We started by examining the relationship between attachment styles and dyadic adjustment, expecting to find a negative correlation between avoidant and anxious attachment styles and positive dyadic adjustment, but it wasn't like that. Infertile and fertile females and males with an avoidant attachment style resulted to have higher dyadic adjustment. This result wasn't only in contrast with our expectations but also with literature findings. We could only attribute this result to the characteristics of our sample and suggest further researches.

Then, we examined the correlation between attachment styles and sexuality, expecting again to find a negative correlation between avoidant and anxious attachment styles and positive dimensions of sexuality. Results confirmed our expectations, infertile and fertile males with an avoidant attachment style had lower levels of sexual

preoccupations, anxiety, depression, monitoring and fear that their relationship might be controlled by others, which is in line with the characteristics of an avoidant individual. As to disclosure, we expected disclosure to be negatively with avoidant attachment style and the anxious attachment style. Comparing infertile and fertile females, results didn't confirm our expectations, as avoidant females resulted to have higher levels of communication and time spent with friends. This result was in contrast with our expectations and literature findings. When comparing infertile males with fertile ones, anxious fertile males resulted to have higher levels of communication with family. The final part of this section was focused on the protective role of attachment on decision makings styles. We expected negative correlation between attachment styles and rational decision making styles. Our expectations were in part confirmed. Infertile females and males with an anxious attachment style had rational, dependent and intuitive decision making styles. We expected to find a positive correlation between anxious attachment style and a less adaptive decision making style as the dependent one is, but we didn't expect this positive correlation with adaptive decision making styles as the rational and the intuitive one is. Meanwhile, comparing infertile and fertile males we confirmed our expectations, where anxiously attached males had used avoidant and dependent decision makings styles.

The fourth and final section of this thesis was dedicated to the dyadic perspective in the study of infertility. In this section we considered the couple as a unique unit of measurement. The aim of this section wasn't only to propose a more completed way to study infertility and dynamics that characterize the couple, but also to explore if and how being part of a particular couple, with specific characteristics, can influence each partner's adjustment, sexuality, disclosure with social network and decision making process.

We started this section presenting what the dyadic prospective is and some studies that have used it. Then we first proposed to explore if and how being part of a couple with positive dimensions of sexuality, or a couple with negative dimensions of sexuality or mixed dimensions of sexuality could influence each partner's dyadic adjustment. We expected partners of couples with positive dimensions of sexuality to have higher dyadic adjustment. Results confirmed our hypothesis. Than we considered if and how being part of an adjusted, not adjusted and mixed couple influences each partner's sexual satisfaction. We expected partners of well adjusted couples to have higher positive dimensions of sexuality. Results confirmed our expectations showing that for

infertile and fertile females and males, being part of an adjusted couple leaded to positive aspects of sexuality, like sexual esteem, satisfaction. The next step was to explore if and how being part of an adjusted and sexually satisfied couple, not adjusted and not satisfied couple and mixed couple could influence each partner disclosure. We expected that being part of a positive adjusted and sexually satisfied couple could lead partners to disclose more. Results confirmed our expectations. Than we explored if and how being part of an adjusted and sexually satisfied couple, not adjusted and not satisfied couple and mixed couple could influence each partner's decision making style. We expected partners of adjusted and sexually satisfied couples to have higher levels of rational decision makings style. Results confirmed our expectations. The last part of this section was reserved to the evaluation of if and how being part of a secure, insecure and mixed attached couple influences dyadic adjustment, sexuality, disclosure and decision making process of each partner. We expected partners of securely attached couples to be adjusted, sexually satisfied, disclosed and to use rational decision making styles and the opposite for partners of insecurely attached couples. Results on dyadic adjustment, showed that infertile and fertile females and males part of secure attached couples showed higher levels of dyadic adjustment.

Results on sexuality, showed that partners of securely attached couples had higher levels of positive sexuality dimensions, the opposite result was for partners of insecurely attached couples. Meanwhile, partners of mixed couples showed in most of the cases higher points in positive sexuality dimensions. Results of mixed couples confirmed literature underlying the general opinion that the secure partner can influence positively the insecure partner, but highlighted that the influence between secure and insecure partners can be inverse, too (Santona et al., 2007).

We made the same hypothesis for disclosure. It resulted that levels of disclosure with the social network were higher for all the three couple configurations. In particular, results regarding insecure attached couples on disclosure didn't match our expectations.

Finally, we explored if and how being part of a secure, insecure and mixed attached couple influences partners' decision making styles. Results confirmed our expectations. Infertile and fertile females and males of secure attached couples had higher levels in rational decision making style, meanwhile the opposite was found for the insecure couples' attachment style. Results confirmed our expectations. According to all these finding we can conclude that positively adjusted, sexually satisfied, disclosed and

secure couples, are the best couple configurations that can help partners cope better when facing infertility or any other problem.

Taken together all the results of this study show the complexity, importance and quantity of the research on infertility. Our findings suggest that infertility is a situation that puts partners in difficulty according to adjustment, sexuality and disclosure. Every partner brings with him/herself the key to understand and predict him/her reaction to infertility. We saw how personal, situational factors and other characteristics of couples' relationship can predict reactions to infertility. However, attachment styles played a protective role in infertility for both partners, helping them to increase adjustment, sexual satisfaction, disclosure and use of adaptive decision makings styles. Finally, the dyadic approach in the study of infertility permitted us to individuate the most adequate couple configuration that can help partners cope better with infertility and other problematic situations.

Aspects of relevance in studying infertility are huge but in proposing future directions we will concentrate only in some of them that considering our work and the results we obtained, seems significant and interesting to us.

A primary future direction that we can propose is to continue studying infertility and couple dynamics using the dyadic prospective, as we consider it a very valuable prospective that consider each partner and the couple and gives the possibility to evaluate not only parters effects but also couples type effects and interactive effects.

A second future direction that we can propose is to enlarge the prospective of the moderators of infertility, considering not only adult attachment style but also the representations of the relationships with caregivers during childhood, in order to study the intergenerational transmission of specific attachment patterns in infertile couples and the influences that these can have on the experience of infertility.

This last year was characterized by important changes in the law on medically assisted reproduction in Italy. According to these changes, we think it would be interesting to evaluate the differences that these changes have brought in the perception of infertility by infertile couples.

Finally, another future direction that we can propose, and that we think would be interesting is the use of a longitudinal perspective, monitoring the whole infertility experience always considering the couple as a unique unit of measurement. Few researchers have done this so far.

Interventions

The psychological impact and the private and relational distress that infertility cause must be carefully considered by healthcare professionals and counsellors. The benefits of counseling when dealing with infertility are well documented (Peterson et al., 2012), principally due to the fact that it considers all the aspects related to infertility and AMR treatments. The purpose of counseling is to activate the internal resources of a person or a couple in order to make easier to cope with difficulties. The aim of counseling in infertility isn't to solve the problem of infertility, it is the aim of physicians, but to give to the individuals the right instruments to maintain a functional attitude toward themselves, toward the partner and infertility. International guidelines highlight the importance of beginning counseling before starting any AMR treatment.

According to this, we propose to counsellors some elements and characteristics of each partner that they can focus on, in order to predict reactions to infertility and its treatments. It's all about factors that each individual brings with him in counseling, that characterize him as a person, his situation, and the relationship where he's in. We are talking about personal and situational factors that counsellors can use to predict individuals' reaction to infertility, as age, civil status, duration of relationship and other factors that characterize their condition of infertility as time spent between diagnosis and decision to contact AMR centers, person who decided to contact AMR centers, previous treatments. All these factors can predict different states of adjustment, sexuality and disclosure on infertile females and males. Moreover, elements of relationship as adjustment and sexuality can predict reactions to infertility.

We propose a construct like adult attachment that each individual take with himself since childhood, that is a moderator in experiencing infertility and that is worth to focus on, moreover, because as we saw even an insecure attachment can become a moderator in the experience of infertility for individuals who are facing it and are being influenced negatively.

Moreover, the dyadic perspective gave us the opportunity to uncover patterns of couples at risk for poor adjustment, sexuality and disclosure. We saw that each partner influences the other, and this can be used to enhance the positive influence of the better adjusted, more sexually satisfied and disclosed or secure attached partner on the other less adjusted, less sexually satisfied, less disclosed or insecurely attached partner.

The same is with decision making styles. We proposed some factors that can predict different decision makings styles. Knowing that the most adaptive decision making style is the rational and the intuitive one, factors that influence the rational decision making style can be used in order to enhance its use in infertile partners that have to make a decision that will influence their present and future.

In conclusion, as the purpose of counseling is to find elements of strength inside the individuals, we highlight the potential inside each individual, and the possibility of each partner to influence positively each other in order to cope as better as possible with the difficulties on the pathway of infertility.

Limitations

Our study presents some limitations that should be acknowledged. The first limit of our research is the lack of use of more sophisticated analysis methods that could allow us to consider the fact that the sample is composed of couples even if the analyses focuses on the differences between subjects.

A second limitation is that it does not examine a homogeneous set of participants but rather a heterogeneous group of infertile couples at different stages of medical diagnostics and treatment. Moreover, the sample was recruited only in north Italy which makes difficult to validate the findings in infertile couples of south Italy. Furthermore, due to the differences between Italian law on AMR and other countries, it's difficult to generalize the validity of our findings outside Italy.

A third limitation is the self-report nature of the measures used and the lack of a direct contact with participants when fulfilling the questionnaires that might compromise the veracity and accuracy of the answers.

Finally, a more accurate and extended literature review should have been presented in order to have a wider vision of the phenomenon of infertility and all its implications.

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