

A Qualitative Inquiry into the Mediating Role of Religion and Spirituality in Adjusting Marital Relationships of Infertile Women

Robab Latifnejad Roudsari (Ph.D)^{1*}, Helen T Allan (Ph.D)², Pam A Smith (Ph.D)³

¹ Associate Professor, Research Center for Patient Safety, Department of Midwifery, School of Nursing & Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran

² Professor, Department of Health Sciences, University of York, York, YO10 5DD, UK

³ Professor, School of Health & Social Care, Faculty of Health & Medical Sciences, University of Surrey, Guildford, UK

ARTICLE INFO

Article type:
Original article

Article History:
Received: 30-Jul-2013
Accepted: 31-Aug-2013

Key words:
Feminist grounded theory
Infertility
Perception
Religion
Spirituality

ABSTRACT

Background & aim: Despite growing body of literature regarding marital adjustment of infertile women, to our knowledge, there is no study to address the role of religious and spiritual beliefs in adjusting marital relationships in infertile women. Considering the significance of marital cohesiveness and commitment in the long and stressful journey of infertile women, this study was designed to explore how marital relationships are experienced by infertile women who affiliated to different religious faiths.

Methods: A group of 30 infertile women affiliated to different denominations of Christianity (Protestantism, Catholicism, Orthodoxies) and Islam (Shiite and Sunni) were interviewed. The design was a grounded theory study including semi structured in-depth interviews. Data were collected in one Iranian and two UK fertility clinics through theoretical sampling and analyzed using Strauss and Corbin's mode of grounded theory.

Results: Religious infertile women using a religious/spiritual meaning-making framework tried adjust their marital relationships through going the following phases: being optimistic and positive, having supportive relationships, being grateful and appreciated for their marital life, offering spiritual sympathy and adopting religious role models. These strategies aided infertile women to be more understanding, sympathetic and gentle towards maintaining the family cohesion.

Conclusion: I argue that awareness of health professionals of the potential ways in which religion and spirituality assist infertile women to deal with their marital issues could be important. This knowledge will help them to support emotional wholeness and integrity of infertile women, offering religious and spiritual coping strategies which can help adjusting their marital relationships.

► Please cite this paper as:

Latifnejad Roudsari R, Allan HT, Smith PA. A Qualitative Inquiry into the Mediating Role of Religion and Spirituality in Adjusting Marital Relationships of Infertile Women. *Journal of Midwifery and Reproductive Health*. 2013; 1(1):33-41.

Introduction

Infertility is a complex life crisis and multifaceted problem that can be accompanied by huge personal, marital (1,2) social (3,4,5) emotional (6,7), cultural (8,9) and medical consequences. In addition to negative emotional and social implications of infertility, infertility presents as an ongoing developmental crisis for couples' relationships. It could be associated with specific dilemmas including disrupted sexual life, and overall increased marital tension

(1). Infertility can affect the sexual relationships of the couples. Many infertile couples complain that their sexual relationship is dominated by "scheduled" or "monitored" sex.

Many women feel that infertility poses a serious threat to their relationships and are deeply concerned about this (10). Hart (2002) states that the partner who owns the causal factor of infertility fears of being rejected by the fertile spouse; especially this fear is intensified

* Corresponding author: Robab Latifnejad Roudsari, Department of Midwifery, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran. Tel: +98 511 8598016; E-mail: LatifnejadR@mums.ac.ir; rlatifnejad@yahoo.com

when they are confronted with a treatment failure (1). Dyre *et al.* (2000) and Sundby (1996) have emphasised that infertility can be a source of marital instability and expressed as abandonment and divorce which is more an urban phenomenon (11, 12). It can be seen as polygamy which is mostly popular in rural areas. Papreen *et al.* (2000:38) cites Lutfun (1997) who reported childlessness as a significant risk factor for divorce in rural populations of Bangladesh (13). It seems that not all women perceive infertility as a threat to their relationship. Some infertile women find their husband supportive, understanding and a friend who expresses his concern and sympathy. They understand infertility as a means of closeness and love (11, 12).

Despite growing body of literature regarding marital adjustment of infertile women (14-20), there are little studies in relation to impact of religion and spirituality on marital adjustment. All religions have a deep investment in the type of marriage and the ways in which it can be ordered to maximize the security and prosperity of the individuals, families and society. They view with concern any interruptions into the marital relationship (21). The findings of studies which were published in the past decade on religion and family life, overall, imply that higher general religiousness helps to form (e.g., marital unions) and maintain (e.g., lowers divorce risk) traditional family bonds. But scarce research exists on specific positive or negative roles that religion may play in families, especially in nontraditional or distressed families (22). Mahoney *et al.* (1999) found greater global marital adjustment; more perceived benefits from marriage, less marital conflict, more verbal collaboration, and less use of verbal aggression and stalemate to discuss disagreements for both wives and husbands in religious couples (23). Roth (1998) reported that spiritual well-being scores correlated highly with marital adjustment scores at most marital stages, which provides some support for the hypothesis that spirituality is an important factor in perception of marital happiness (24). Lucero (2013) showed that negative religious and spiritual coping predicted greater depression and anxiety, and less marital commitment for first-time parents (25). Yeganeh and Sheikhmahmoodi (2013) found that internal

religious orientation can predict the psychological well-being and marital adjustment meaningfully (26).

But, as far as we know, there is no study to address the role of religious and spiritual beliefs in adjusting marital relationships in infertile women. Considering the significance of marital cohesiveness and commitment in the long and stressful journey of infertile women, this study was designed to explore the experiences related to infertility in a marital relationship context and to illuminate how marital relationships are experienced by infertile women who affiliated to different religious faiths. It is an inductive research in order to achieve better understanding of marital relationships of infertile women from diverse denominations of two monotheistic religious faiths including Islam and Christianity.

Materials and Methods

This study has been designed using grounded theory methodology which is a widely used approach in women's health research (27, 28). It allows for complex analyses of complex questions regarding social determinants which influence the social processes of managing women's health issues (28, 29)

The settings of the study were one Iranian and two fertility clinic in Iran and the UK. Selecting these clinics were for the reason that they were referral centres from multi-faith society of the UK and religious community of Iran and could provide a maximum variation of religious orientations in the recruited participants.

Participants were thirty infertile women affiliated to different denominations of Islam (six Shiites and six Sunnis) and Christianity (ten Protestant, six Catholic, and two Orthodoxies) whose primary or secondary infertility were diagnosed by Gynecologist. Participants should understand verbal explanations or written information given in English adequately. Women with a newly positive pregnancy test or with an adopted child who did not struggle with fertility problem were excluded from the study.

In this grounded theory study sample size was determined by methodology and was subject to the fullness of the understanding of the concept under study, i.e. data saturation.

Also, purposeful followed by theoretical sampling was used as sampling strategy. Theoretical sampling is 'the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges, interactively and dynamically' (30). To achieve maximum variation participants' from different age, social class, ethnic backgrounds and religious affiliations were included in the study.

All women volunteered to take part in the study in response to the researcher's invitation. For this reason, the researcher introduced herself to the women who were waiting for their appointment in the waiting area of clinic and explained about the purpose and scope of the Study. They were given the patient information sheet and enough time to study and ask their questions from the researcher. Participants were interviewed after arrangement of an appointment, if they agreed to participate in the study.

To collect data semi-structured in-depth face-to-face interviews were conducted in fertility clinics using an interview guide and at a time and date suitable for the participants. All interviews were conducted by the first author, a Muslim midwife researcher, who was trained at University of Surrey, UK for this purpose and supervised by experienced qualitative researchers, i.e. the second and third authors. Semi-structured interview was chosen because of its compatibility with the methodology to allow women describe their experiences in their own language. Participants were asked to describe how their religious and spiritual beliefs may affect their strategies to manage their marital relationship. In order to ensure that the phenomenon investigated precisely, it was attempted that the interview to be guided by the participants instead of being directed by the researcher. Each interview took between 45 and 60 minutes and was audio taped and transcribed fully for data analysis.

The processes of data collection and analysis took place simultaneously, as in grounded theory the incoming information from participants determines the information should be sought subsequently. Using constant comparative method of grounded theory, data

were coded, categorised and hypothesis about the relationship among concepts was generated using Strauss and Corbin's mode of grounded theory (31). In the process of coding, at the first stage, open coding was carried out in which data were broken down to discrete incidents, ideas, events, actions and interactions and then, were labeled by a name that represented their meaning (31). Open coding was followed by axial coding in which coding was carried out around the axis of a category to add its depth and structure. Selective coding was the next process in which integrating the categories, identifying the core category, coding for process and refining the theoretical scheme were accomplished. Writing memos and developing diagrams were done to move away and gain analytical distance from raw data to abstract thinking in different stages of the analytical process (31).

Components of rigour proposed by Guba and Lincoln (credibility, transferability and confirmability) were used to maintain the trustworthiness of findings. Prolonged engagement of researcher in data collection and analysis, peer debriefing, member check, thick description and triangulation were used to enhance the rigour of the study.

The study was approved by the Research Ethics Committees of University of Surrey and also Mashhad University of Medical Sciences. Participants were assured that their anonymity and confidentiality would be maintained and just an ID number would be used as their identifier.

Also, they were reassured that collected data will be stored in a password protected computer and any direct quotations from interviews will be published anonymously. All participants signed an informed consent form before taking part in the interviews and could withdraw from the study at any time without prejudice to their right of receiving appropriate health care.

Results

Most of the participants handled their marital relationships satisfactorily and presented their contentment and happiness. The majority of participants pointed out that infertility had a positive impact on their relationships which resulted couples to be

closer to each other, as they interpreted it as a joint life project that they have to go through it cooperatively. They thought that children sometimes are hindrance for couples to know each other. Infertile women presented a variety of reasons for marital satisfaction included their husband maturity, liberal approach of husband's family which allowed them not to consider having children as a big issue, caring about each other's happiness, loving relationships, husband's positive personality and not viewing infertility as a matter of life or death, husband's reassuring and supporting approach, his openness and willing to discuss and accompany his wife, not making the wife pressurize to do everything to have a child and being in touch with her feminine side. They believed that their husbands' religiosity in most of the cases was the reason for their intimate and closed relationship. Overall, religious infertile women believing in God's will and His predetermined destiny, as well as establishing a divine relationship endeavored to show spiritual surrendering and go through the following phases in order to adjust their marital relationships: 1) Being optimistic and positive 2) Having supportive relationships 3) Being grateful and appreciated 4) Offering spiritual sympathy and 5) Adopting religious role models (Figure 1).

In all these stages they had "reliance on God" in order to strengthen family cohesiveness.

Being optimistic and positive

Religious/ spiritual women reappraising infertility as predetermined God's plan accepted it peacefully:

Husbands' positive and optimistic approach arisen from their religiosity was another reason for relationship adjustment within the religious participants. One of the participants referred to his husband's calmness and optimism: "He is always been very calm and very helpful actually. She believed that the cause of his calmness is his religious beliefs: "When I ask how he is dealing with, he just trusts God" (AH/ 32 Y. / Christian: Church of England/ White British).

Husband's belief in predetermined time for happening everything in life including being blessed by having children were another reason that husbands were convinced with infertility: "He says Insha'Allah (hopefully), whenever God

wants God will give us the child, whenever the time is right, God will give us". No matter what we do and how many fertility clinics we go to. He is much stronger than I am" (HA/ 26 Y. / Sunni Muslim/ Asian British).

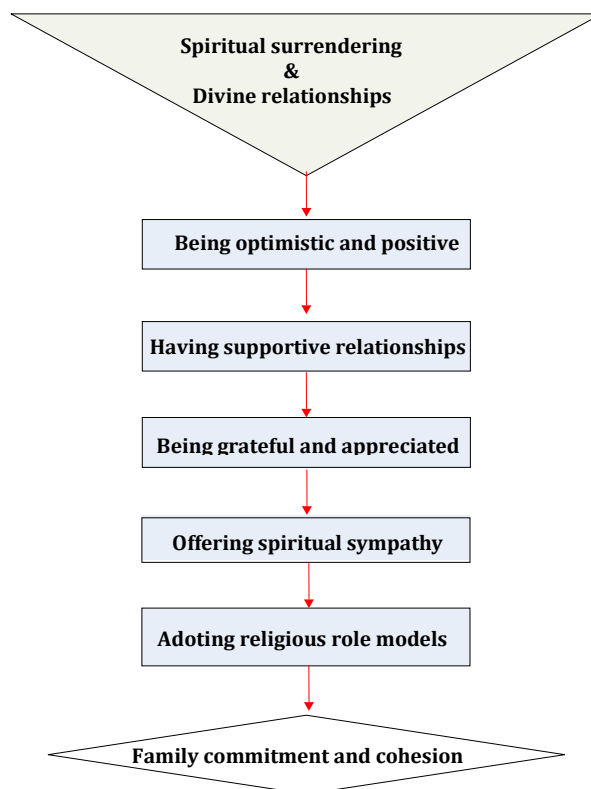


Figure 1. The process of adjusting marital relationships in infertile women

Having supportive relationships

Religious husbands, having a supportive, understanding and reassuring approach, handled their wives' infertility sympathetically: "He has been so reassuring that if it's not meant to be, that's fine. So I'm very lucky on that side. I have this support" (Christian, Catholic).

Establishment of a relationship with God and praying also helped infertile women to adjust their marital relationships: "If we were very humble towards God He would know the problem and what we're going through and whenever the time is right He'll give the child. I do prayer a lot. I do special prayer as much as I can and so is my husband. So in that way we are so closed and we back each other in every way" (Muslim, Sunni).

Being grateful and appreciated

Peaceful acceptance of infertility allowed infertile women to have a wise and sensible approach with life and control it smoothly. They were convinced that they will want child only when it is compatible with God's will: *"When he (her husband) heard that we wouldn't have child; we just said this is what God wants, so this is right and we were very peaceful about it. It never caused a problem, to be honest: "If it is right we want to have child" (CF/ 60 Y. / Christian/ Baptist).*

These participants elaborated the way that they were dealt with the situation: *"We adjusted our lives to thinking that we don't have children, let's do the other things" (CF/ 60 Y. / Christian: Baptist/ White British).*

They referred to their marital life as a happy life granted by God to them and pointed out that it is madness if they do not appreciate it: *"God has given us a very good marital life, so why we destroy it by our own hands? We have a comfortable life. We came to an end that we can't be away of each other even a day" (ND/ 32 Y. / Shiite Muslim/ Asian).*

Offering spiritual sympathy

Offering spiritual sympathy and compassion by husbands and reassuring the wives through directing her attention toward God was the other reason for happy marital relationships: *"When I do get upset and think negatively my husband tries to make me calm and says don't s just in God's hand, so don't worry about that. That makes me feel better" (HA/ 26 Y. / Sunni Muslim/ Asian British).*

Another Muslim participant commented that her husband support gives her more confidence and makes her stronger in her main concern i.e. infertility: *"I've got my husband to support me. He says whenever the time is right God will give us the child hopefully. No matter what we do and how many fertility clinics we go to or how many doctors we've get to be seen. So obviously I've got such strong background support on my main concern. So I feel much stronger in that way" (SR/ 33 Y. / Sunni Muslim/ Asian British).*

Adopting religious role models

The findings of this study also revealed that religious husbands tried to make their wives

calm through giving religious advice and highlighting difficulties that religious leaders like prophets faced and still had patience and have been thankful of God: *"I think the best counseling I've been given is my husband, because he's been very strong believer and always been there for me. As a religious person, he talks me a lot about how previously Islam has been and hardship been with prophet" (HA/ 26 Y. / Sunni Muslim/ Asian British).*

Family commitment and cohesion

Religious infertile couples accepted infertility peacefully and as predetermined God's plan.

They tried through establishing a divine relationship to understand each other through being optimistic and supportive. They have been grateful for God-made decision, as they believed that "He knows the best really". Also, they tried using religious role models to encourage each other to be patient. Overall, their religious beliefs aided them to be more understanding, sympathetic and gentle to each other and have a family cohesion.

However, it is worth mentioning that a few of the religious participants indicated that despite having a loving relationship they had concern about their marital life being threatened after passage of time. Although they tried to overcome this emotional distress by prayer: *"always when I do my prayer I ask God please help us not to split up just for a baby, because we have a very happy marital life" (SQ/ 24 Y. / Shiite Muslim/ Asian).*

One participant also complained of the traditional way of relationships which is associated with a male-dominance approach at home. She said the reflections of this approach were that her husband never talked about divorce, because he was responsible for infertility: *"My husband is very masculine, so he's never ever discussed about divorce (MK/ 40 Y. / Shiite Muslim/ Asian).* But she believed that according to her religion in which divorce is not recommended, she is not going to divorce from her husband just for having a child: *"He is very masculine. We're just living together, but I don't like to divorce and marry to somebody else, because of my religious teachings. In our religion there is not good view for that, because you have*

to be patient I personally didn't like to marry again just for a baby" (MK/ 40 Y. / Shiite Muslim/ Asian). It seems to me that this kind of treating women in traditional societies is more related to cultural constructions instead of religious beliefs; because as I know, all religions encourage compassion, benevolence and humanity particularly in approaching women.

Discussion

Religious infertile women using a religious/spiritual meaning-making framework tried to perceive their marital life as something granted by God which could be accepted peacefully. They tried through establishing a divine relationship and praying to adjust their marital relationships. The majority of participants pointed out that infertility had a positive impact on their relationships which resulted couples to be closer to each other. They endeavored to show spiritual surrendering and go through the following phases in order to adjust their marital relationships: 1) Being optimistic and positive 2) Having supportive relationships 3) Being grateful and appreciated 4) Offering spiritual sympathy and 5) Adopting religious role models. Marsh & Dallos (2000) also reported that religion promotes marital fidelity in different ways including sanctifying marriage by giving it a sacred and spiritual character, fortifying marital commitment, strengthening couples' moral value and improving spouses' relationship with God (32).

The findings of this study showed that infertile women getting help from their religious beliefs accepted infertility peacefully, as predetermined God's plan. Dollahite and Lambert (2007) in a grounded theory study investigating the impact of religion on marital fidelity in Muslims, Christians, and Jewish, likewise, pointed out that several couples reported that the hand of God was what brought them together and they consider it as divine blessing. They also conceptualized that religious involvement helped several couples better control their anger and resolve their issues in a calm and peaceful manner (33).

The findings of the current study also suggested that participants' relationships were considerably affected by husbands/ partners' religious beliefs and practices. Religious

husbands, having a positive mentality and optimistic view, handled their wives' infertility differently. They also tried to support their wives through giving hope and reassurance, so achieved closer relationships.

These findings may show the impact of religion on couples' patience and endurance. Marsh & Dallos (2000), in their grounded theory study about effect of religious beliefs and practices on catholic couples' management of anger and conflict, found that religious practices can increase "space", both intrapersonally and interpersonally (32).

Infertile women emphasized that their husbands' religious beliefs aided them to be more understanding, sympathetic and gentle with respect to their wives' feminine side which resulted in less vulnerability and establishing a supportive relationship. Indeed, religion motivated these couples for self-improvement and encouraged them to cultivate their interpersonal faithful relationship. Mahoney *et al.* (2001), in their meta-analysis of the religion and family literature over the past two decades, reported that there is a positive relationship between religiosity and marital commitment, marital satisfaction and functioning, marital stability and lower rate of domestic violence (34). Dollahite and Lambert (2007) in their study similarly reported that couples' religious involvement helped them to enhance their "interpersonal virtue". Interpersonal virtue means desirable character traits which are conducive to a healthy and well relationship like having unconditional love, humility and unselfishness, which are enormously beneficial to the marital relationship (33).

In addition, religious infertile women commented that their husbands tried using religious advice and demonstrating religious role models, encourage their wives to be patient and follow the treatment, regardless of the outcome. Dollahite and Lambert (2007) likewise, mentioned that many of the couples discussed about a spiritual role model such as Jesus Christ or Mohammad (peace be upon him), who personified virtues that they tried to follow (33).

It is aforementioned that in the field of infertility many studies in relation to marital adjustment have been conducted (14-20). But

they have not addressed the role of religious and spiritual beliefs in adjusting marital relationships. The impact of religious involvement on marital fidelity, management of anger and conflict, enhancement of interpersonal virtue, marital commitment, marital satisfaction and marital stability have been already reported by Dollahite and Lambert (2007), Latifnejad Roudsari 2009, Mahoney *et al.* (2001), and Marsh & Dallos (2000) (33,35,34,32). But this study provides a new insight into infertility literature on marital adjustment. Thus far, to our knowledge, no study has addressed the role of religious/ spiritual beliefs in adjusting marital relationships of infertile women. Nevertheless, the limitation of this study should be in mind. The participants were dominantly Muslim and Christian married believers. Also they were recruited from outpatient clinics who were seeking infertility treatments. So it seems that more research is needed to help clarify the issues in nonbelievers as well as infertile women who do not seeking treatment. In addition, the first author's religious beliefs as a Muslim believer may influence the nature of data collection and analysis, which should be considered.

Conclusion

In conclusion, we argue that awareness of health professionals of the potential ways in which religion and spirituality assist infertile women to deal with their marital issues could be important. This knowledge will help them to support emotional wholeness and integrity of infertile women, offering religious and spiritual coping strategies which can help adjusting their marital relationships.

Acknowledgements

The authors offer their sincere gratitude to the Ministry of Health and Medical Education and also Mashhad University of Medical Sciences, Islamic Republic of Iran, for their financial support. Our special thanks go to the School of Health and Social Care, University of Surrey, Guildford, UK for their continuous support in this research project. The authors also appreciate all infertile women who warmly shared their experiences with the research team.

Conflict of Interest

The authors declare no conflicts of interest.

References

1. Hart VA. Infertility and the role of psychotherapy. *Issues in Mental Health Nursing* 2002; 23(1):31-41.
2. Imeson M, McMurray A. Couples' experiences of infertility: a phenomenological study. *Journal of Advanced Nursing* 1996; 24(5):1014-1022.
3. Gonzalez LO. Infertility as a transformational process: a framework for Psychotherapeutic support of infertile women. *Issues in Mental Health Nursing* 2000; 21(6):619-633.
4. Greil AL. Infertility and Psychological distress: a critical review of the literature. *Social Science and Medicine* 1997; 45(11):1679-1704.
5. Matthews R, Matthews M. Infertility and involuntary childlessness: the transition to nonparenthood. *Journal of Marriage & Family* 1986; 48(3):641-649.
6. Bernstein J, Brill M, Levin S, Seibel M. Coping with infertility: a new nursing perspective. *NAACOG's Clinical Issues* 1992; 3(2):335-342.
7. Merari D, Chetrit A, Modan B. Emotional reactions and attitudes prior to in vitro fertilization: an inter-spouse study. *Psychology & Health* 2002; 17(5):629-640.
8. Bhatti LI, Fikree FF, Khan A. The quest of infertile women in squatter settlements of Karachi, Pakistan: a qualitative study. *Social Science and Medicine* 1999; 49(5):637-649.
9. Whiteford LM & Gonzalez. Stigma: the hidden burden of infertility. *Social Science and Medicine* 1995; 40(1):27-36.
10. Dyer SJ, Abrahams NA, Hoffman MH, van der Spuy ZM. 'Men leave me as I can not have children': women's experiences with involuntary childlessness. *Human Reproduction* 2002; 17(6):1663-1668.
11. Dyer SJ, Abrahams NA, Hoffman MH, van der Spuy ZM. Infertility in South Africa: women's reproductive health knowledge and treatment-seeking behaviour for involuntary childlessness. *Human Reproduction* 2002; 17(6):1657-1662.
12. Sundby J. Infertility in the Gambia: traditional and modern health care. *Patient Education & Counselling* 1997; 31(1):29-37.
13. Papreen N, Sharma A, Sabin K, Begum L, Ahsan SK, Baqui AH. Living with infertility: experiences

- among urban slum populations in Bangladesh. *Reproductive Health Matters* 2000; 8(15):33-44.
14. Holter H, Anderheim L, Bergh C, Moller A. First IVF treatment: short-term impact on psychological well-being and marital relationship. *Human Reproduction* 2006; 21(12):3295-3302.
 15. Latifnejad Roudsari R, Karami Dehkordi A, Esmaili H, Mousavifar N., Agha Mohamadian Sherbaf H. The relationship between body image and marital adjustment in infertile women. *Iranian Journal of Obstetrics, Gynecology and Infertility* 2011; 14(6):9-19
 16. Leiblum SR, Aviv A, Hamer R. Life after infertility treatment: a long-term investigation of marital and sexual function. *Human Reproduction* 1998; 13(12):3569-3574.
 17. Peterson BD, Newton CR & Rosen KH. Examining congruence between partner's perceived infertility-related stress and its relationships to marital adjustment and depression in infertile couples. *Family Process* 2003; 42(1):59-70.
 18. Repokari L, Punamaki RL, Unkila-Kallio L, Vilska S, Poikkeus P, Sinkkonen J, et al. Infertility treatment and marital relationships: 1-year prospective study among successfully treated ART couples and their controls. *Human Reproduction* 2007; 22(5):1481-1491.
 19. Sydsjo G, Ekholm K, Wadsby M, Kjellberg S, Sydsjo A. Relationships in couples after failed IVF treatment: a prospective follow-up study *Human Reproduction* 2005; 20(7):1952-1957.
 20. Verhaak CM, Smeenk MJ, Eugster A, van Minnen A, Kremer AM, Kraaimaat FW. Stress and marital satisfaction among women before and after their first cycle of in vitro fertilization and intracytoplasmic injection. *Fertility and Sterility* 2001; 76(3):525-531.
 21. Dutney, A. Religion. Infertility and assisted reproductive technology. *Best Practice and Research Clinical Obstetrics and Gynecology* 2007; 21(1):169-180.
 22. Mahoney A. Religion in families 1999 to 2009: A relational spirituality Framework; *Journal of Marriage and Family* 2010; 72(4):805-827.
 23. Mahoney A, Pargament KI, Jewell T, Swank AB, Scott E, Emery E, Rye M. Marriage and the spiritual realm: The role of proximal and distal religious constructs in marital functioning. *Journal of Family Psychology* 1999; 13(3):321-338.
 24. Roth PD. Spiritual well-being and marital adjustment. *Journal of Psychology & Theology* 1988; 16(2):153-158.
 25. Lucero S M, Pargament KI, Mahoney A, DeMaris A. Links between religious and spiritual coping and adjustment among fathers and mothers during first pregnancy. *Journal of Reproductive and Infant Psychology* 2013; 31(3):309-322.
 26. Yeganeh T, Shaikhmahmoodi H. Role of religious orientation in predicting marital adjustment and psychological well-being. *Sociology Mind* 2013; 3(2):131-136.
 27. Benoliel JQ. Expanding knowledge about women through grounded theory: Introduction to the collection. *Health Care Women International* 2001; 22(1-2):7-9.
 28. Wuest J, Merritt-Gray M, Berman H, Ford-Gilboe M. Illuminating social determinants of women's health using grounded theory. *Health Care for Women International* 2002; 23(8):794-808.
 29. Keddy B, Sims SL, Noerager P. Grounded theory as feminist research methodology. *Journal of Advanced Nursing* 1996; 23(3):448-453.
 30. Glaser BG, Strauss AL. *The discovery of grounded theory: strategies for qualitative research*. New York: Aldine de Gruyter; 1967.
 31. Strauss AL, Corbin J. *Basics of qualitative research, techniques and procedures for developing grounded theory*. 2nd ed. California: SAGE publisher; 1998.
 32. Marsh R, Dallos R. Religious beliefs and practices and Catholic couples' management of anger and conflict. *Clinical Psychology and Psychotherapy* 2000; 7(1):22-36.
 33. Dollahite DC, Lambert NM. Forsaking all others: how religious involvement promotes marital fidelity in Christian, Jewish, and Muslim couples. *Review of Religious Research* 2007; 48(3):290-307.
 34. Latifnejad Roudsari R, Allan HT, Smith PA. Navigating the spiritual journey of infertility: Muslim and Christian infertile women's experiences. In: Evans, MT, Walker ED. *Religion and psychology*. New York: Nova Science Publishers; 2009.
 35. Mahoney A, Pargament KI, Tarakeshvar N & Swank AB. Religion in the home in the 1980s and 90s: a meta-analytic review and conceptual analyses of links between religion, marriage and

parenting. *Journal of Family Psychology* 2001;

15(4):559-596.