The effectiveness of compassion-focused therapy on the infertile women depression

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Abstract

Introduction: The complex condition of infertility includes the wide range of mental responses. Depression is considered as the psychological problems that have been estimated in high rate in the infertile women. The present research has been done in order to evaluate the effectiveness of compassion-focused therapy on the infertile women depression reduction in Sanandaj city.

Samples and methods: the present research method is the semi-experimental and it is the measuring type and posttest with the control group. So sampling was done from the referred women to the infertility center of Sanandaj, according to the primary information in their medical profile and due to the research subject sensitivity, 18 individuals from women who had the criterions for the studying were selected voluntarily and they were divided in to two testing group (9 individuals) and control group (9 individuals). The depression questionnaire of Back and the compassion short form were used to gather information. In the next level only the testing group was treated during 8 sections each of them took about 120 minutes which prolonged for 2 months of compassion-focused therapy.

Findings: the result of variation analysis with the continuous measurements in the control and testing groups showed that the treatment by concentration on compassion has been effective on the infertile women meaningfully and P<0.01 was obtained and also it led to depression level meaningfulness at p<0.01.

Conclusion: based on the results of this study compassion-focused therapy is the effective method for the depression reduction, also the compassion increasing for the infertile women.

Keywords: depression, self-compassion, infertility.
Introduction

Infertility is the living phenomenon that is mental and social and it means that in the mental, physiological, and environmental and relation between people, they are in correspondences together and it could threat the people mental health (Rojoie, 1997, Kazemi, 2007, Norbala et al, 2008). the infertility expansion in the youth at the infertility age has been reported about 15% (Zung and Roth, 1993). Today all around the world from every 6 spouses, one on them has faced infertility at the production age (cooper and glazer, 1994). The infertile women are those women that have decided to have a child for one year but they could not have a child without they use the prevention tools and they are distinguished as the infertile by the expert doctor (Norbala and Ramezan zadeh in 2008 mentioned by Norbala, Borjali and Norbala in 2013).

The infertility importance in under development countries is obvious, especially in our Iranian culture that the family is most included because the reason of infertility in the societies leads insecurity, other people blaming and family system rapture and a kind of social shame (Fooladi, et al, 2006 and Nilforooshan, 2006). Some of the researchers have shown that one of the most problematic outcomes of infertility is loss of control on the whole life and actually the family infertility forms the core that is defined as the annoying condition especially for women (Cousineau, Domar, 2007).

The infertility complex conditions include the wide range of mental responses. During the childhood and youth the social massages about the importance of being parents especially for the women is emphasized and to be a mother has been in the center as the identity, so through the sense of losing identity, mostly they experience the sense of defeat, failure and incompetency (Deka and Sarem, 2010).

Also women feel more responsibility about the infertility infertility and husbands assume their wives responsible for infertility. Again the women are criticized, so the pain of women in dealing with infertility is more intensive and deeper than men (Sadock , Kaplan, 2007, Mazaheri et al, 2001). so infertility could be considered as the crisis in the life and the challenge of identity and a chronic illness and a kind of agitation and pain for spouses (Dimaon et al, 1999).

Infertility is one of the bitter experiences in the life that could result depression (Domar, broom, Séibel and freeman, 1992). Depression is the fourth factor among the main factors in the global illnesses that lonely it has the greatest portion of the nonfatal illness to itself (Hayman, Chisholm, 2006, Lopez, Mathers and Ezzati, 2006) regardless of high emersion of depression and infertility in women at the production age, the research and magazines about depression and infertility are not adequate. Also infertility in most people does not make disorder in psychological view, regardless of these witnesses, the depression disorder is increasing and also the signs of depression are frequent, (Williams, marsh and Rasgon, 2007).

Some of the studies have shown the relation between the depression and long run treatments (Williams ET all, 2007). On the other hand the relation between the depression and the weak results of infertility treatment are proved (Burns, 2007, Ardentli, et al, 1999, Smeenk, et al, 2005 and Koryntova, Sibrtova, 2001) showed that there is meaningful relation between the adrenalin hormone and depression, the women who are in the IVF cycle, they faced with the variation in the adrenaline hormones during laying. In the depression emersion studying about the infertile women, the results reported about women two times more than men (Domar and broom, 1992).

Also Gazz et all (2003) evaluated the mental symptoms in infertile women and in this study the results showed that the depression and anxiety range is higher in infertile women compared to the control group and by increase of age and extend on infertility, the depression
intensity, anxiety and confidence reduction is increased. Depression and anxiety have
meaningful relation with infertility and they are defined as the general outcome for infertility,
the high emersion of mental disorders in women who are under the medical treatments was
reported about the infertile women. The psychological realization of depression in women at
the present time is 308 for women and 102 for men (Volgostom et al, 2008).
Different studies have been done in order to discover the relation between the infertility and
Infertility and psychological factors have mutual effects on each other, that mean the
psychological factors make mental outcomes in making infertility and the infertility itself
could cause mental results (Noury, Akhundy, Behjati, Ardekany, 2001).
In miller studying in 1997, depression was accompanied with the disorder at the LH secretion
adjustment and as the result it led to disorder in the laying cycle and as the result the
production process.
On the other hand the infertility could be effected by the psychological factors and many of
researches declares the pressure and moral condition effect as the predicting factor for the
production assisting techniques. Many of studies support this theory that the mental pressure
leads to reduction of productivity rate in spouses who refer for infertility treatment (Boivin,
www.ivf.com, 2007). reed in 2001 believed that the anxiety and depression could lead to
treatment cycle repetition (Domar, 1993).
Also infertility is considered as factors which lead to husbandry challenges, divorce and
reduction of confidence and infertile person isolation; also these scales lead to anxiety and
depression in these people, Cousineau and Domar in 207. Based on the (Nourbala et al
studies in 2002 and Wan Den Aker, 2005), the infertility cause depression and anxiety in high
rate for people and it leads to anger and impulsive behaviors, incompetence and anxiety,
agitation, futility and haplessness during treatment and it will lead to long run medical
treatment and sometime unsuccessful curing and isolation feeling and negative believes about
the self which make defected cycle in the individual emotional disorders and secondary signs
(signs in the individual relation and lack of satisfaction about husbandry and sexual attraction
reduction) that possibly reduce the treatment.
Infertility and its treatment cause stressful conditions that the results could be observed in the
personal pain and social outcomes (Cousineau and Domar, 2007 ). Also in other studies made
by (Moller A, Fallstrom, 1991, Smith, 2006 and Causineau and Domar, 2007) they reported
that there are witnesses that such pains might affect the medical treatment, for example
tolerating the mental and physical pain leads to the medical treatment drop and different
emotional outcomes have been shown in these studies.
Because most of medical aspects and technical issues are concentrated on the infertility
problem, some of the mental, emotional and social aspects like the mental tension and lack of
control are not put in to consideration so much, (Cousineau and Domar, 2007). Because the
tension due to infertility could damage the husbandry relation and it causes the sexual
satisfaction and effect the mental health and life quality (Ebi et all, 1992). So the use of
compassion-focused therapy in this research is the proper view for the negative emotional
reduction and increase of infertile people mental health improvement that has the high
conformity with Iranian culture.
Compassion means experiencing and being affected from others pain as the individual
experience the difficulties and make them more tolerable. Also this concept means to be kind
with others and to have none-judgment feeling about them, also knowing this matter about
the individuals' life problems and experiences is a part of typical experiences in human life (Neff, 2003).
Neff in 2033 has defined compassion as the three criterions structure that includes: self-kindness in contrast to the self-judgment (the personal realization instead of judgment or criticize about own and a kind of support about the incompetency and paucities and human common communications in turn of isolation, confession about such issue that all human have defect and make mistake and mindfulness in turn to over identification, the balance awareness about the present time experiences which leads to the painful aspects of an experience that is neither ignored nor it involves the mind frequently. Today the combination of these three criterions is the individual specification that has compassion about the self. The formation of this treating model has root in the negative excitement improvement (Gilbert, 2009).

The results of Neff (2003) studying showed that compassion is the predictive factor for the mental health. For example compassion has negative relation with the criticism, depression, anxiety, blaming and idealism and it has positive relation with the social relation, satisfaction about life and gratitude about the self. The Neff and Wang studies results declare that patients who suffer from moral disorders, the compassion are accompanied with the mental health. (Vendam, Shepard, Forsif and Arlion in 2011) evaluated the effect of compassion on the mental damaging signs intensiveness and they realized that the compassion is the predictive factor for the mental health especially for depression (Norbala et al in 2013). Also did a research to evaluate the compassion-focused therapy effect on the depression. Based on the results the compassion treatment is the effective treatment on the depression and anxiety of depressed people, some clinical studies have approved the effectiveness of this treatment model on the depression and anxiety reduction (Neff and Jermer idea in 2013). compassion is one of the important criterion for welfare and compassion is the capability by which people could take the skills for welfare and happiness, people through compassion will solve discrepancies by considering the need of themselves and others (Yarnel and Neff in 2013). because kindness is not limited to the intelligent emotions about requirements, other painful emotions could not be ignored, rather the individuals with kindness and human common sense are closed to them, so the negative emotions are changed to the positive senses.
The basic principal in the compassion-focused therapy points out to this issue that the thoughts and factors and images and soothing behaviors in external section should be internalized and hence the human mind is soothed by facing with these internalities compared to external factors (Gilbert, 2005).

Material and methods:
The research society in this research includes all infertile women in Sanandaj city that after completing questionnaire of depression received the equal score or higher than 20 and they had the input criterions for the research, the medical realization of infertility, to be a wife and to be inhabitant in Sanandaj and having the third grade of guidance school, approval about depression based on the depression questionnaire and lack of contamination with other medical disordered and performing assisting productivity procedures as IVF and IUI and drug avoidance in treatment or mental treatment methods to solve mental problems and having two years of experience in infertility and the age between 20 to 40 years old, so 18 women voluntarily entered to the study but in the next phase accidentally they were divided in to testing and control group, then both control-9 and control-9 group were tested according to compassion, the treatment sessions were designed based on the compassion program about the mindfulness (Neff, 2003, Gilbert, 2007).
First session: providing an introduction to realize the compassion and second section: self-identification exercise and the method of performing exercises, third session kindness training and fourth session: evaluation of member treating with own, criticism and kindness, fifth session: that is kindness about self? Specifications and skills, sixth section: dealing with challenges and relation between individuals, seventh session: emotions and feelings management, eighth session: life acceptance and life positive aspect acknowledging. Then during the sessions those factors which cause fear about kindness, will be realized. The interfering group with 8 sessions of 2 hours is held once every week by the compassion focused therapy but the control group did not receive it, after the treating protocols again responded to the depression questionnaire and the gathering tools includes the depression questionnaire and compassion about the self. This article includes the M.S thesis in which other several questionnaires are used.

**BDI, back depression questionnaire**
This is the most applicable tools for the mental disorder measurement, Beck, Ward, Mendelson, Mock, & Erbaugh in 1961 introduced the main version of questionnaire. This questionnaire was reviewed in 1971, (Marnat in 2003). This questionnaire included 21 groups of depression factors and 15 questions were about the mental factors and 6 questions were about the physical signs and every group shaped 4 to 5 items, the back test for people who are more than 13 years old and they have the education of at least 6 classes. In this scale the score of 0 to 9 show the normality of slight depression and 16 to 23 the middle depression and the score more than 24 show the intensive depression, Keraker et al in 1988 in a research reported the Cronbach's alpha at 0.90 and back et introduced the internal homology coefficient between the 0.73 to 0.93 with the average of 0.86, (declared by Marnat, 2003), the total validity coefficient of this questionnaire is obtained in Iranian sample equal to 0.91 (Dobson KS, Mohammadkhani, 2007).

**Self-Compassion questionnaire (SCSSF)**
The compassion scale that was scored for the first time by Neff includes 12 items and its responses are attributed in the 5 likert scale from approximately never to 5 as approximately forever, this scale measures three bipolar criterions of in the form of six scales each of them for 2 items as the self- kindness, self-judgment (reverse), the mind presence and increasing homogeneity (reverse) and human common features and isolations (reverse). The convergent validity studies made by (Kerkepatic and rood, 2007), the dissociation validity and internal similarities and retest in stability were presented for this scale (Neff, 2003). In Iranian studies also the internal similarities for this scale has been evaluated with the Cronbach's alpha scale at 0.84 (Ghorbani, Watson, & Norballa, 2012).

**Findings:**
**Descriptive findings:**
In this study, 18 infertile women were participated and based on the T test from the age, education and marriage duration and the infertile continuity, no difference was observed between the testing and control group.
As it is observed in table1, the average and deviation of the demographic variables has been calculated based on the group.
Table 1. Demographic characteristics of participants to the separate Group

<table>
<thead>
<tr>
<th>Variable</th>
<th>group</th>
<th>Number</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of participants</td>
<td>Experiment</td>
<td>9</td>
<td>31.67</td>
<td>3.08</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>9</td>
<td>30.33</td>
<td>6.24</td>
</tr>
<tr>
<td>For marriage</td>
<td>Experiment</td>
<td>9</td>
<td>7.88</td>
<td>3.26</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>9</td>
<td>8.11</td>
<td>3.92</td>
</tr>
<tr>
<td>For Infertility</td>
<td>Experiment</td>
<td>9</td>
<td>4.77</td>
<td>1.78</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>9</td>
<td>6.05</td>
<td>3.97</td>
</tr>
<tr>
<td>education</td>
<td>Experiment</td>
<td>9</td>
<td>11.55</td>
<td>1.59</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>9</td>
<td>12.88</td>
<td>1.76</td>
</tr>
</tbody>
</table>

In table 2 the descriptive findings related to the depression and compassion variable to own in infertile women (average, criterion deviation and test result of Kolmogorov – Smirnoff (KS) was presented to evaluate the observation distributions in both groups.

Table 2. Variable descriptive findings related to depression and self-pity infertile women

<table>
<thead>
<tr>
<th>Time measurements Variable</th>
<th>group</th>
<th>Number</th>
<th>Mean</th>
<th>S. d</th>
<th>K-S test</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Exam Depression</td>
<td>Experiment</td>
<td>9</td>
<td>8.60</td>
<td>8.60</td>
<td>0.814</td>
<td>0.521</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>9</td>
<td>6.62</td>
<td>6.62</td>
<td>0.802</td>
<td>0.541</td>
</tr>
<tr>
<td>After Depression</td>
<td>Experiment</td>
<td>9</td>
<td>1.59</td>
<td>1.59</td>
<td>0.730</td>
<td>0.661</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>9</td>
<td>7.51</td>
<td>7.51</td>
<td>0.962</td>
<td>0.313</td>
</tr>
<tr>
<td>Pre-test Self-Compassion</td>
<td>Experiment</td>
<td>9</td>
<td>3.94</td>
<td>3.94</td>
<td>0.714</td>
<td>0.480</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>9</td>
<td>5.99</td>
<td>5.99</td>
<td>0.602</td>
<td>0.523</td>
</tr>
<tr>
<td>Self-Compassion test</td>
<td>Experiment</td>
<td>9</td>
<td>2.34</td>
<td>2.34</td>
<td>0.710</td>
<td>0.472</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>9</td>
<td>23.89</td>
<td>5.53</td>
<td>0.561</td>
<td>0.632</td>
</tr>
</tbody>
</table>

The result of table 2 for the Kolmogorov- Smirnoff shows that the depression variable scores distribution and compassion to self in infertile women at the pretest and posttest phases in both groups is normal and it is observed that in the testing group, the depression average in the pretest compared to the posttest has had the tangible reduction. Also it is observed that in the testing group the self-compassion average in infertile women in the posttest phase has had the considerable increased compared to the pretest phase. Generally the results related to the intended variables of depression and self-compassion showed that the compassion-focused therapy has had effect on the depression reduction and also increase of self-compassion in infertile women, because the factor between the control and interfering groups had the meaningful correspondences in the internal factor with two levels of before interference and after interference, corvette also existed.

In the next step in order to evaluate the pretest averages variation to the posttest, the repeated variation analysis was used that the results is presented in table 3.

The deductive findings
The results of repeated measurement variation analysis for the internal factor that means time (with two level of before interference and after interference) with the intermediate factor that
means the categorization with two levels of testing group and control group for the depression and self-compassion are presented.

Table 3: the frequent measurement variation analysis results for the internal factor that means the time (with two levels of before interference and after interference) with the intermediate factor that means the categorization with two level of testing group and controlling group are presented for the depression dependent variable.

Table (3) repeated measures analysis of variance of the dependent variable is the time factor between the groups for depression

<table>
<thead>
<tr>
<th>Variable</th>
<th>Source changes</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
<th>Eta coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time*Group</td>
<td>1</td>
<td>1002.778</td>
<td>41.328</td>
<td>0.000</td>
<td>0.72</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>16</td>
<td>24.264</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time*Group</td>
<td>1</td>
<td>1469.444</td>
<td>115.565</td>
<td>0.000</td>
<td>0.88</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>16</td>
<td>12.715</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 results showed that the couple comparison for two levels of time for the before interference and after interference separately was performed for the interference and control group. the interfering group had meaningful differences in all couple comparison, p<0.001 that means the depression reduction and increase of self-compassion was meaningful in posttest before the interference.

In the next step, in order to evaluate the variation accurately, the depression and self-compassion variable is illustrated in two groups of testing and control in the pretest and posttest in the graph 1-2.

The chart (1): variable changes of depression in both control and experimental groups
The chart (2): Self-Compassion process variable in both control and experimental groups

Discussion
According to this matter in our society at Iran, most of families are involved in infertility and therefore it causes the insecurity and all surroundings blaming and family rapture, also women consider more responsibility about infertility and their husbands also regards their wives as the reason of infertility. Again these are women who are criticized, so the pain of women is more deeper than men for infertility. Also because women have more compassion compared to men, as the results they suffer from depression and anxiety. Depression and anxiety have meaningful relation with infertility that could affect the medical treatment results and it causes the repetition, so the compassion-focused therapy on compassion specially designed for the negative emotions targeting and could provide the benefit in the mental health of infertile women and prepares the field for productivity in them. The present studies have been done by the purpose of self-compassion concentration treatment effectiveness evaluation on the infertile women depression reduction. As the present study has proved the depression score for the testing group in the comparison with the control group has had considerable reduction after the participation in self-compassion compassion-focused therapy sections. Until now several clinical studies have approved the effectiveness of this treatment model on the shame signs reduction and self-criticism and depression (Gilbert, 2006).

The results of this study is similar to other researches made by (Neff in 2003, 2009, Gilbert in 2005, 2009, Peraker in 2006, Norbala, Qhorbani, Watson and Chen in 2012, Neff, Kerkepatrik word in 2007, Neff and Jermer in 2013 and Gilbert in 2005, Leary et al in 2007) who showed that the increase of compassion is the predictive of depression. According to the above results and previous studies we can approve the effectiveness of treatment concentrated on the compassion in depression reduction again. The self-compassion is similar to damper toward the negative effects and people with high compassion when they are faced with defeats and calamities, do not judge about themselves harshly and they accept the negative events easily and their reaction and self-evaluations is
more accurate and it is based on their actual performance because the self-judgment in these people neither declines to self-criticism nor to the self-defending protuberance. Also the self-compassion has relation with three conditions of facing with negative real events, remembering past negative events and imaginary negative events imagination and it led to facilitation of people capabilities in dealing with negative emotions. Individuals who have the high compassion, they have higher interest for acceptance of role and their responsibility in negative events and they can connect the negative events with whatever they are but these events are reviewed less and as the result in facing with their mistakes, they experience negative emotions fewer (Leary et al, 2007). The research results showed that the compassion increase the emotional resistance as people who have high level of this feature, they have lower intensity to review of such thoughts (Neff et al, 2007).
So people who have higher compassion, will experience fewer negative senses in experiencing unpleasant events specially in events that are due to social evaluations and by regarding such issue that human might make mistake they ignore negative thoughts, (human common criterions) (Neff, 2009).
Other criterions which have constructive role on the compassion compassion-focused therapy effectiveness on the depression and anxiety is consciousness and the compassion in many direction could a kind of strategy to deal with emotion because the intelligent awareness of emotions and do not avoiding painful senses and realization of human common senses is required, actually people in this type of treatment first realize their emotional experience by the use of consciousness and then they find compassion view about the negative senses (bent Gulman, 2001).
Infertility is one of the bitter experience in the life that could be the reason of depression causing factor (Domar, Seibel and freeman, 1992), when an individual feels that he could not face with the life challenges and be silent toward the emotional events he suffer from sham and fear and therefore he observe everything dark and he finds negative thinking about everything and this problem is more in infertile women due to special physical condition, park and Vichner research in 1994 about the mental problems in infertile women showed that most of them experience the self-criticism and mostly they are angry, anxious, and they do not have control over their personal life and there is no distinction between their emotions and ambitions (iron, 1996, gilbert, 2009) mentioned that the depression experience and anxiety can damage the people capability in compassion and actually for some of people the reason will be the mental disorders as the depression and anxiety, so it is not easy that other people are involved in compassionate condition and this process is difficult for them (Papagurgiew and well in 2003).
Pauli and Mackferson in 2010 confirmed that depressed people regard kindness to themselves and others impossible and they frequently blame themselves, the recent study evaluated this issue and researchers found that the fear of compassionate in depressed people is more frequent and also it was clarified that the dependency experience is very difficult and it is related to other process as the difficulty tolerance and motivation about attention to others and empathy (Gilbert in 2007).
In many people who are involved with psychological disorders, the threat system and protection of town has changed to hyperactivity and as the result these people suffer from higher level of stress, on the other hand the satisfaction system and security in these people has the lower degree of growth because they don’t have the opportunity for upheaval in this system and the treatment based on compassionate for these people performs as the physiotherapy of mind, that means by motivation of soothing system the field is provided for upheaval and by this variation, tolerance toward depression and anxiety is increased. The
-purpose if compassion-focused therapy on the mental pathology reduction and augmentation of people welfare by assisting them in learning compassionate skills in emotional difficulties and different reaction conditions (Gilbert, 2006), Neff studies showed that those individuals who have more compassion for themselves, are depressed fewer and in other word the compassion is an important factor to reduce anxiety and depression

Also Neff studies in 2003 showed that those who have more compassion compared to those people who do not have it, do suppress their unconscious senses and thoughts fewer and they have emotional intelligence that in the time of problem, they keep their emotional stability and they have this ability to accept the difficult conditions and do not insist toward it and they do not remove negative senses annoyingly and instead of substituting positive emotions with negative emotions, they could accept the negative senses and manipulate them to provide positive senses in themselves. In other word the compassion is exhibited when the positive senses are experienced beside negative senses.

Also Neff researches in 2003 showed that the human internal working models are not inscribed on stone and we can change them because the taking and giving capability is the inborn talent and it is possible to adjust independencies from the beginning.

At the beginning of treating sessions in this research the infertile women declared that it is not possible to train compassionate in ourselves or it is not possible to be kind to ourselves but during other sessions by the use of compassion criterions and its skills that they mentioned: (I am aware that the condition is accordant to my desire and I have difficult condition or instead of feeling anger, I am aware that I am blamed. But I have this capability to make changes toward difficult conditions), so they could observe different situations and for every event, they use at the time presence and by application of these skills in daily lives and routine activities as leaning and substituting behaviors they could reduce negative emotions and expand adaptive relations with surrounding people and realization and acceptance of defects and themselves failures in facing life problems although as the beginning they regarded compassion difficult for themselves. Generally the recent research declares the important application of compassion in mental health and the importance of dealing with negative events to increase mental health is identified. Also compassion makes positive force in the individual and in higher level of this variable; the depression possibility in this individual is lower.

According to the recent research results in this treatment method, it is advised that in future researches, the following process are used to be sure of long term effects assurance. So the more completed results about the stability rate of variations due to this treatment model are provided for the researchers. Also the applicable training periods was held by the purpose of infertile women information increasing about the infertility psychology and increase of adaptation skills at the time of family tension emergence. Other issue is informing women and pregnancy experts about the psychological disorders in infertile women in order to improve the symptoms and referring them to psychologist is essential. As limitations in present research could be pointed out to the gender that all participants were female so in extension to men there should be more carefulness, also due to voluntary sampling in this research, we should try to remove limitations by the frequent researches and confirming the results. Other problem is the lack of following sessions and research sectional identity due to time limitation that avoids achieving the causality result.

**Conclusion:**
The compassion compassion-focused therapy leads to increase of self-compassion in infertile women and consequently it leads to depression improvement in infertile women and
according to effectiveness of this treatment it is advised that the psychological treatment application necessity is taken into consideration in infertility treatment and realization centers.

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