



# Resilience and social support promote posttraumatic growth of women with infertility: The mediating role of positive coping



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## ABSTRACT

According to previous research, clinical experience with individuals facing infertility has demonstrated that positive psychological changes can arise from the struggle involved (Paul et al., 2010), which is called posttraumatic growth (PTG). However, little knowledge has been gained about the relationships between PTG and its facilitating factors. The present study examined whether resilience and social support could predict PTG in women with infertility. The role of positive coping as a potential mediator was also assessed. Using a cross-sectional design, all members of a convenience sample of 182 women with infertility completed self-report measures of PTG, resilience, perceived social support, positive coping and background information. It was found that resilience, social support and positive coping positively correlated with PTG, which explained 34.0% of the total variance. The results suggested that positive coping partially mediated the impact of resilience on PTG while it totally mediated the relationship between social support and PTG. These findings demonstrated that, in clinical settings, improving positive coping in women with infertility may be helpful for the attainment of PTG.

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## 1. Introduction

Infertility is defined as the failure to achieve a successful pregnancy after 12 or more months of regular unprotected intercourse (ASRM, 2008). The World Health Organization estimates that 8–12% of couples around the world experience difficulty in conceiving a child (World Health Organization, 1991). In recent years, infertility has been on the rise in China. According to the 'China Infertility Investigation Report' in 2009, 12.5–15% of couples had difficulty in having a child. Moreover, this ratio showed an upward trend (China Population Association, 2009). Women are consistently found to be in greater distress than their male spouses when confronted with the crisis of infertility (Beaurepaire et al., 1994; Pottinger et al., 2006). Regardless of which one of the couple carries the reproductive impairment, it is most often the women who undergo the bulk of invasive procedures, are responsible for daily monitoring of their menstrual cycles and experience disruption in their schedules to accommodate rigid treatment regimens (Cousineau et al., 2006). The diagnosis of infertility, the time spent, the emotional toll of the treatment preparation and the medical interventions involved are extremely invasive (Bradow, 2012). It is usually unanticipated and may be unexplained, and the condition

lasts for an indeterminate period of time (Forrest and Gilbert, 1992), which may challenge one's concept of health, wholeness and physical integrity (Paul et al., 2010). Therefore, it is beyond dispute that infertility is quite traumatic. Many researchers believe that it is one of the most stressful events in patients' lives (Domar et al., 1993; Herrmann et al., 2011). A considerable number of studies have consistently reported that infertility associates with psychological distress and losses of hope, esteem and social roles by repeatedly attempting to have a baby but failing to achieve it (Anderheim et al., 2005; Herrmann et al., 2011).

Nevertheless, increasing evidence indicates that positive changes following a trauma may be more common than maladaptive responses in the general population (Tedeschi and Calhoun, 2004). The term posttraumatic growth (PTG) has been introduced recently and is described as the experiences of growth arising from the struggle with these highly stressful life events (Tedeschi et al., 1998). Over the past 15 years, PTG has been documented extensively following a wide variety of highly stressful events. Clinical experience with couples facing infertility has also indicated that the struggle with infertility may offer an opportunity for positive changes. In a large-scale study on 2250 individuals dealing with challenged fertility, two-thirds of the participants strongly agreed or somewhat agreed that the infertility had brought the partners closer together and/or had strengthened the couples' relationship (Schmidt et al., 2005). Paul et al. investigated PTG among 108 women and 13 men with infertility. It was found that participants had moderate degrees of PTG as a result of perceived severe

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stressors, and there were positive associations between satisfaction with social support and two PTG factors ('relating to others' and 'spiritual growth').

A general model proposed by Tedeschi and Calhoun has identified that individual characteristics, social support and cognitive processing are important variables closely associated with positive changes (Tedeschi and Calhoun, 2004). Among these variables, social support is a common predictor included in many PTG studies. Several studies have reported that those with infertility often feel isolated and alienated and have difficulty in accessing social support (Hinton et al., 2010; Berger et al., 2013). According to Chinese culture, however, people have believed for a long time that a child is an indispensable part of a family, and also that it carries on the family line. Furthermore, interpersonal relationships have unusual significance for Chinese people (Chang and Holt, 1991). Therefore, when infertility occurs, the whole family becomes involved and will use social resources to deal with the related problems. The importance of social support in helping women to deal with infertility treatment has also been highlighted (Martins et al., 2011). Social support from families, friends and significant others should be critical to help individuals with infertility through the stress of infertility. A study has suggested that professional social support can considerably reduce one's feeling of abandonment, strengthen coping skills and modify views and habits towards treatment (Cwiek et al., 2009). Especially, warm and intimate relationships are an integral part for the attainment of PTG (Tedeschi and Calhoun, 2004). These lines of evidence indicate that perceived social support is an important predictor of PTG for Chinese women with infertility. However, no studies to date have examined how perceived social support influences individuals' PTG in the Chinese context. In light of this, a recent study was conducted to examine the contribution of perceived social support to positive changes.

Resilience has been defined as the ability to or bounce back from extremely unfavourable circumstances (Carver, 1998; Tusaie and Dyer, 2004). It is also viewed as a personality trait that protects well-being during stressful conditions (Scali et al., 2012). As a protective factor against infertility-specific distress and impaired quality of life, resilience is associated with high scores on quality of life but with low scores on infertility problems for infertile men and women (Herrmann et al., 2011). Moreover, resilience is positively associated with growth (Bensimon, 2012). A study on 40 women from nine fertility clinics throughout the USA revealed that higher-resilient individuals were more likely to engage in active coping skills (Sexton et al., 2010).

Although PTG is not conceptualised as an adjustment to a traumatic event but rather as a response to a traumatic event, there appears to be a theoretical relationship between these two constructs, and this relationship may be mediated by coping (Schmidt et al., 2012). It was found that the use of active coping strategies, such as self-care behaviours, may limit the likelihood of disease acquisition and lead individuals to be more likely to adhere to health-care recommendations (Fife et al., 2008; Pence et al., 2008). Empirical research also revealed that personal strength and new possibility of PTG were strongly correlated with resilience, which can be regarded as an outcome of coping success (Nishi et al., 2010). Büyükaşık-Colak et al. (2012) reported that high-resilient individuals were more likely to use problem-focussed coping strategies that, in turn, led to the development of PTG. In addition, social support may be a precursor of personal growth by influencing coping behaviours (Schaefer and Moos, 1998). When individuals perceived greater levels of social support, they could demonstrate better adjustment to traumatic events and gain more positive changes (Seidm Mahmoodi et al., 2011). These findings suggested that positive coping may play a critical role in the links between resilience, social support and PTG. However, to

the best of our knowledge, no published studies have yet examined this theoretical relationship between social support, resilience and PTG following a diagnosis of infertility. It is important to explore the mediating role of positive coping in the associations of PTG and its facilitating factors.

To sum up, the aims of our study are twofold. First, this study will describe the associations between resilience, social support, positive coping and PTG. Second, we intend to identify the possible mediating role of positive coping in the effects of resilience and social support on PTG. Based on empirical and theoretical evidence, we hypothesised that: (1) PTG should be positively correlated with resilience, social support and positive coping; (2) resilience, social support and positive coping are all important predictors of PTG; and (3) positive coping will mediate the impacts of resilience and social support on PTG.

## 2. Methods

### 2.1. Participants and procedures

Ethics approval by the Ethics Committee of Third Military Medical University was obtained prior to the commencement of this study. Between October 2011 and September 2012, selected by random convenience, a sample of 194 women diagnosed with infertility was recruited from the infertility outpatient clinics at Southwest Hospital in Chongqing, China. The inclusion criteria for the participants were as follows: (1) at least 6 months post diagnosis, (2) still actively attempting to have a child, (3) able to read and understand the questionnaires, (4) having provided informed consent to participate in the present study and (5) self-reported absence of non-infertility-related current or recent-past crises (e.g., death and serious physiological or mental illness in family).

The purposes of this study and the degree of participation were explained to all participants. They were assured that anonymity and confidentiality would be maintained. Each participant was asked to complete a separate response booklet with structured and self-reported questionnaires. Data from 12 participants were excluded because these participants failed to respond to all of the items on the survey. The final sample included 182 participants. All participants filled in the questionnaires in the waiting area or reception and handed them in on the spot.

### 2.2. Study measures

Five self-report instruments were used in this study, including the Posttraumatic Growth Inventory (PTGI), the Connor–Davidson Resilience Scale (CD-RISC), the Perceived Social Support Scale (PSSS), the Positive Simplified Coping Style Questionnaire (SCQ-P) and a background survey.

#### 2.2.1. Posttraumatic Growth Inventory

The Chinese version of the PTGI (Wang et al., 2011), translated from the PTGI (Tedeschi and Calhoun, 1996), is a 21-item scale to assess the degree of reported positive changes experienced in the struggle with a traumatic event. It measures growth across five domains: new possibilities, changed relationships, appreciation of life, personal strength and spiritual changes. Participants rated their experience of growth on a six-point Likert scale ranging from 0 (not at all) to 5 (very much). For the total scale, coefficient alpha was 0.901 in this study, which confirmed a high level of reliability.

#### 2.2.2. Resilience Scale

The CD-RISC (Connor and Davidson, 2003) comprises 25 items rated on a five-point Likert scale from 0 (not true at all) to 4 (exactly true), with higher scores reflecting greater resilience. It has demonstrated adequate internal consistency, test–retest reliability and convergent and divergent validity in general population and patient samples. The Chinese version showed good psychometric properties (Yu and Zhang, 2007). Coefficient alpha was computed to be 0.870 in this study, an indication of good reliability.

#### 2.2.3. Positive Coping Questionnaire

In recent years, several measures of coping have been developed. Among them, the 66-item Ways of Coping Questionnaire (WCQ) (Folkman and Lazarus, 1988) and the 30-item Coping Style Questionnaire (CSQ) (Carver et al., 1989) are the most widely used versions. However, Chinese researchers found that these versions are not suitable for Chinese population as the factor analysis results are not consistent. Therefore, we used the Simplified Coping Style Questionnaire (SCQ) (Xie, 1998) in this study. The SCQ contains 20 items that measure two coping styles of positive coping (12 items, e.g., I try to think of different ways to solve a specific problem)

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