

Subtle and Overt Psychological Abuse and Coping as Predictors of Wellbeing Among Women Undergoing Infertility Treatment

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Abstract

The present study was aimed to examine the relationship between the psychological abuse, coping and wellbeing and to determine whether psychological abuse and coping predicted wellbeing among infertile women. A sample of 120 infertile women from Hyderabad who were seeking treatment participated in the study. Questionnaires on psychological abuse, coping and wellbeing were administered to them. The study aimed to observe whether there was a relationship between psychological abuse, coping and wellbeing in infertile women and the results indicated that significant correlations exist between all the three variables. A regression analysis has been conducted to identify if psychological abuse and coping predict wellbeing. The findings and the implications of the study are discussed in the following.

Keywords: infertile women, psychological abuse, coping, wellbeing

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The WHO estimates the overall prevalence of primary infertility in India to be between 3.9 and 16.8 per cent. Infertility affects about 15% of the childbearing population, and 55% of those affected seek medical advice in the hope of achieving parenthood. According to WHO infertility is “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse”. According to the recent National Family Health Survey in India, 3.8% of women between the ages of 40 and 44 years have not had any children and 3.5% of currently married women are declared infertile. Among infertile couples, women indicate larger amounts of distress than their male partners. Infertility can threaten a woman’s identity, status and economic security and consequently, be a major source of anxiety leading to lowered self-esteem and a sense of powerlessness. A study on infertile women in Africa suggested that the infertile women scored significantly higher when compared to the control group in terms of psychological distress and women who had been a victim of abuse from their male partners significantly scored higher than infertile women who were in non-abusive relationships (Dyer et al., 2005). In many cultures, the inability to conceive a child has often been stigmatized. The social burden of infertility generally falls disproportionately on women who often experience the emotional turmoil mixed with anxiety and feelings of guilt, shame, grief and fear (Lindsey & Driskill, 2013). The pain and loss associated with infertility notably lead to psychological consequences, including her behaviour, marriage and social relations, economic and cultural consequences (Ismail & Moussa, 2017). The existing literature in relation to psychological abuse among infertile women is very limited. Psychological abuse receives considerably less attention than physical and sexual violence. This may be due to the possibility that the harm produced by psychological abuse is not visible and hence more difficult to diagnose. Infertile women constantly carry physical, social, and emotional burdens (Hasanpoor et al., 2014). Joshi, Singh and Bindu (2009) found poor subjective well-being, high level of psychological distress, and inappropriate coping among infer-

tile women as compared to their normal counterparts. Infertility is a major negative life event which can have deleterious effects on subjective well-being of an individual.

Infertility is a life crisis with a wide range of socio-cultural, emotional, physical and financial problems. Infertility has major effects on quality of life, mental health and well-being.

Chachamovich et al. (2010) found that infertile women had lower scores in several quality of life or health-related quality of life domains in comparison to men. Several studies have linked infertility-related stress to increased marital conflict, decreased sexual self-esteem, and frequency of sexual intercourse.

Monga et al. (2004) based on their study findings have suggested that women in infertile couples reported poor marital adjustment and quality of life compared with controls. Infertile women have been often found going through depression, anxiety and psychological distress. Infertility combined with involuntary childlessness including biological and social is associated with significantly greater distress (McQuillan et al., 2003). However, fertility problems are accompanied by a lot of psychological and emotional distress. Majority of the IVF patients go through psychological strain. In a study conducted by Lakatos et al. (2017), infertile women had significantly worse psychological well-being compared to fertile women. Infertile women also showed significant increase in trait anxiety and depressive symptoms compared to fertile women. Psychological interventions, especially those emphasizing stress management and coping-skills training, have been shown to have beneficial effects for infertility patients (Cousineau et al., 2007). Akyüz et al. (2014) found that marital violence against women was higher in women who had been trying to have a child for more than six years and had received infertility treatment for longer than three years. Ozturk et al. (2017) found that there was an increase in the incidence of violence against women due to infertility and that violence is experienced more once an infertility diagnosis has been made. Psychological abuse by an intimate partner against pregnant women has negative effects on their mental health

post-delivery. Moreover, psychological abuse in the absence of physical and/or sexual abuse can have a detrimental effect on the mental health of abused women (Tiwari et al., 2008).

The present study aims to draw a relationship between three fields under mental health which are wellbeing, coping and psychological abuse areas by addressing the question “what impact does psychological abuse and coping have on the wellbeing in infertile women?” Although these three variables have been studied before, they haven’t been studied together in one particular study, especially in infertile women; hence this study may be able to provide a definite relationship amongst these three variables in the present sample. Though extensive research has been conducted on the variable of psychological abuse on women, there hasn’t been adequate studies conducted which identify the impact of psychological abuse on the wellbeing of infertile women. Therefore, this study can act as an important milestone in the research of psychological abuse and its relationship on infertility.

Research Objectives

1. To determine the relationship between psychological abuse, coping and wellbeing in infertile women.
2. To determine whether psychological abuse and coping predict wellbeing in infertile women.

Method

Research Design

The present study is a quantitative study in which years of treatment and age are treated as the independent variable and psychological abuse, coping and wellbeing are treated as the dependent variables. Correlation was computed to determine the relationship between psychological abuse, coping and wellbeing in infertile women. The study also adopts a regression analysis to determine

whether the independent variables i.e., psychological abuse and coping predict the dependent variable wellbeing in infertile women.

Sample

The data was collected from 120 infertile women aged between 25 and 40 years who were residents across the city of Hyderabad. Purposive sampling method was used. Other factors which were considered were years of marriage, educational qualification and number of years of trying to conceive naturally before seeking to artificially conceive. Women who were married and infertile and without any psychological disorders are included.

Instruments

The following questionnaires were used for the present research:

1. Information Schedule: Participants were asked to provide their age, education, monthly family income, years of marriage, years of conceiving naturally and artificially, family type, employment status and medical condition on the Information Schedule.

2. Subtle and Overt Psychological Abuse Scale (SOPAS): Subtle and Overt Psychological Abuse of Women Scale developed by Marshall (1999) was designed to measure a variety of previously unevaluated forms of psychological abuse. The scale is divided into two subscales (i.e. subtle and overt). It has reliability, validity of Cronbach's $\alpha = 0.98$.

3. Brief COPE (English Version): The Brief COPE Questionnaire was developed by Carver, Scheier & Weintraub (1989). The Brief COPE consists of 28 items and has a 4 point Likert scale ranging . The reliability, validity of the scale is Cronbach's $\alpha = 0.74$.

4. Mental Health Continuum-short form (MHC-SF): The Mental Health Continuum-short form (MHC-SF) developed by Keyes (2002) was used to measure the wellbeing. The MHC-SF consists of 14 items. The psychometric properties of the scale consist of having test-retest reliability ranging from (0.68 to .65) and the discriminant validity is ($>.80$).

Procedure

After selecting the scales to be used for the study, questionnaires and the information schedule were procured and organized. The authorities of infertility clinics were contacted and permission was taken. The participants were assured of maintaining confidentiality through-out the study. Those who agreed to participate in the study were requested to sign an 'Informed Consent Form'. Next, the information schedule was administered. The questionnaires were distributed among the participants. There was no fixed time limit for any of the questionnaires.

Data Analysis:

After the completion of data collection, the data were scored according to their respective manuals. The collected data was entered into SPSS according to the manual. Correlation was computed to determine whether there is any relationship between psychological abuse, coping and wellbeing in infertile women. Regression analysis was used to determine if the dimensions of psychological abuse and coping predicted wellbeing in infertile women.

Table 1

Showing Correlation Between all Dimensions of Psychological Abuse, Brief Cope and Mental Health Continuum Among Infertile Women (N =120).

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	1	.69**	.26**	.14	.14	.16	.02	-.03	.31	.15	.12	.07	.15	.08	-.01	.13	-.05	-.18	-.23*	-.22*
2		1	.25**	.30**	.23*	.22*	.12	.15	.43**	.16	.23*	.20*	.18*	.20*	.12	.26**	.00	-.10	-.28**	-.19*
3			1	.55**	.24**	-.04	.40**	.25**	.38**	.25**	.55**	.40**	.26**	.56**	.14	.14	.08	-.06	-.01	-.02
4				1	.19*	-.09	.42**	.39**	.33**	.25**	.62**	.56**	.25**	.54**	.31**	.07	.05	.11	.10	.12
5					1	.22*	.22*	.04	.33**	.21*	.19*	.13	.38**	.21*	.23*	.16	.05	.05	.03	.05
6						1	-.07	-.08	.05	.02	-.13	.00	.19*	-.12	-.08	.13	-.09	-.04	-.24**	-.16
7							1	.63**	.31**	.42**	.35**	.44**	.35**	.29**	.23*	.22*	-.13	.02	.13	.04
8								1	.09	.25**	.36**	.55**	.17	.34**	.40**	.09	-.06	.11	.06	.08
9									1	.43**	.28**	.37**	.27**	.34**	.15	.24**	-.18	-.14	-.14	-.19*
10										1	.27**	.40**	.20*	.20*	.11	.22*	-.07	-.09	.02	-.05
11											1	.51**	.28**	.60**	.22*	-.09	.17	.17	.19*	.23*
12												1	.21*	.53**	.50**	.13	-.23**	-.06	-.08	-.13
13													1	.28**	.16	.21*	-.04	.09	.07	.07
14														1	.48**	.01	.10	.09	.08	.12
15															1	.03	-.03	.07	.01	.03
16																1	-.13	-.14	-.15	-.18*
17																	1	.23*	.43**	.60**
18																		1	.43**	.81**
19																			1	.82**
20																				1

Note: 1 = Subtle Psychological Abuse; 2 = Overt Psychological Abuse; 3 = Self Distraction; 4 = Active Coping; 5 =Denial; 6 = Substance Use; 7 = Use of Emotional Support; 8 = Use of Instrumental Support; 9=Behavioral Disengagement;10=Venting,11=PositiveReframing;12=Planning;13=Humor;14= Acceptance; 15 = Religion; 16 = Self Blame; 17 = Emotional Wellbeing; 18 = Social Wellbeing; 19 = Psychological Wellbeing, 20 = Overall wellbeing.

*p < .05, **p < .01.

Table 1 shows the inter-correlation between subtle and overt psychological abuse, coping and wellbeing. The results revealed that the dimension of subtle and overt psychological abuse is found to be positively correlated with self-distraction, active coping, behavioural disengagement, substance use, and self blame at $p < .01$ and denial, positive reframing, planning, humor and acceptance at $p < .05$ dimensions of coping where as it is found to be negatively correlated with psychological wellbeing at $p < .01$ and total score of wellbeing at $p < .05$. The overt dimension of subtle psychological abuse is found to be positively correlated with self-distraction and behavioral disengagement at $p < .01$ dimensions of coping where as it is found to be negatively correlated with psychological wellbeing and total score of wellbeing at $p < .05$. The substance use dimension of coping is found to be negatively correlated with psychological wellbeing at $p < .01$, behavioral disengagement dimension of coping is found to be negatively correlated with the total score of wellbeing at $p < .05$. The positive reframing dimension of coping is found to be positively correlated with the psychological wellbeing and total score of wellbeing at $p < .05$. The planning dimension of coping is found to be negatively correlated with the emotional wellbeing at $p < .01$ and the self-blame dimension of coping is found to be negatively correlated with the total score of wellbeing at $p < .05$.

Table 2

Summary of Stepwise Regression Analyses for Major Variables and Their Dimensions Predicting Emotional Wellbeing (N =120).

Emotional Wellbeing				
Variables	B	R	R²	ΔR²
1.Planning	-.23*	.23	.05	.04
2.Positive Reframing	.39*	.41	.17	.15

*p<.05, **p<.01, β- Standardized coefficient beta, R- Correlation, R²-R Square, ΔR² - Adjusted R Square

Table 2 revealed that planning and positive reframing dimensions of coping predicted emotional wellbeing. The results revealed that planning to be a significant predictor of emotional wellbeing followed by positive reframing. Planning contributed 4% to the overall variance in emotional wellbeing. The contribution of planning along with positive reframing contributed 15% to the overall variance in emotional wellbeing.

Table 3

Summary of Stepwise Regression Analyses for Major Variables and Their Dimensions Predicting Psychological Wellbeing (N=120).

Psychological Wellbeing				
Variables	B	R	R²	ΔR²
1.Subtle psychological abuse	-.27*	.27	.07	.06
2.Positive reframing	.26*	.37	.14	.12
3.Planning	-.20*	.41	.17	.15

*p<.05, **p<.01, β- Standardized coefficient beta, R- Correlation, R²-R Square, ΔR² - Adjusted R Square

Table 3 revealed that subtle psychological abuse to be significant predictor of psychological wellbeing followed by positive reframing and planning. Subtle psychological abuse contributed 6% to the overall variance in psychological wellbeing. The contribution of positive reframing and planning to the overall variance in psychological wellbeing was found to be 12%. Subtle psychological abuse, positive reframing and planning contributed 15% to the overall variance in psychological wellbeing in infertile women.

Table 4

Summary of Stepwise Regression Analyses for Major Variables and Their Dimensions

Predicting Overall Wellbeing (N =120).

Overall Wellbeing				
Variables	B	R	R²	ΔR²
1.Positive reframing	.22*	.22	.05	.04
2.Planning	-.34*	.37	.13	.12
3.Overt psychological abuse	-.24*	.44	.19	.17

*p<.05, **p<.01, β- Standardized coefficient beta, R- Correlation, R²-R Square, ΔR² - Adjusted R Square

Table 4 revealed that positive reframing to be significant predictor of overall wellbeing followed by planning and overt psychological abuse. Positive reframing contributed 4% to the overall variance in overall wellbeing. The contribution of positive reframing and planning to the overall variance in overall wellbeing was found to be 12%. The predictors positive reframing, planning and overt psychological abuse contributed 17% to the overall variance in overall wellbeing in infertile women.

Discussion

The current study primarily aimed to investigate the role of psychological abuse, coping

and well-being among infertile women. There have been various studies investigating emotional, physical and sexual abuse against women, while research on psychological abuse among infertile women is quite limited. The current study found positive correlation between subtle and overt psychological abuse with self-distraction, active coping, denial, substance use, behavioural disengagement, positive reframing, planning, humor, accepting and self-blame. The more the abuse faced by the women, the more likely they were to use coping behaviour. Due to the predominantly dichotomous way of studying coping, it is not really possible to compare the present findings to the rest of the literature with this population in terms of specific behaviors and cognitions. However, results also indicated that the more subtle psychological abuse experienced by a woman, the lesser was her psychological well-being and overall well-being. Along similar lines, in a previous study conducted by (Dyer et al., 2005), a total of 35 women suffering from involuntary childlessness reported verbal and/or physical abuse from their partners and had indicated that women who are infertile and subjected to domestic abuse are particularly at risk of emotional distress.

The present study indicated that planning and positive reframing as dimensions of coping played a role in influencing emotional, psychological and overall wellbeing. In other words, two dimensions of coping had an effect on the wellbeing of infertile women. On the other hand, a previous study (Aflakseir & Zarei, 2013) found that among infertile women, they had higher scores on passive-avoidance coping strategies followed by meaning-based coping, active-confronting coping and active-avoidance coping. This may indicate that infertile women in India use more meaning-based and active confronting coping strategies compared to infertile women from Iran who utilized passive-avoidance coping strategies.

Limitations

The study included infertile women mostly from upper middle class and middle class however less data was collected from lower class. The sample size was also considered as one of the

limitations for the study as many were unwilling to participate. Additionally, it was observed that women who were accompanied by their spouses were unwilling to fill in personal details of the questionnaires as the spouses would return back the empty sheets.

Recommendations

This study focused on infertile women and infertility with female participants. Future studies are recommended to explore the perspectives of spouses of infertile women in order to compare findings and address issues arising out of infertility among couples. Furthermore, coping, wellbeing and psychological abuse can also be assessed in infertile men in order to compare findings with infertile women in order to assess the roles that societal and cultural factors play in dealing with infertility with respect to gender.

Conclusion

Infertility influences both the psychological and overall well-being of women. Improving the knowledge of healthcare professionals especially nurses about the complications of infertility is crucial in order to provide high-quality care to infertile women and prevent negative consequences of this problem including isolation, abuse, and marital instability. Supportive counselling provided by nurses can be a complementary part of treatment in infertile women. Further research is needed in order to devise strategies for reducing the psychological complications of infertility and improving patients' quality of life.

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