Decreasing Infertility Stress with the Use of Social Coping Resources and Growth Fostering Relationships

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Infertility, the inability to achieve a pregnancy after one year of regular sexual intercourse without the use of contraception (Cook, 1987; Meyers et al., 1995; van Balen, Verdurmen, & Ketting, 1997), is experienced by approximately 2.1 million married couples in the United States (Center for Disease Control, 1998). The experience of infertility creates negative economic, physical, social, and psychological effects, especially for women. This often results in multiple stresses and needs for coping in these women.

Models of stress and coping have been proposed to explain how individuals cope with stressful situations, incorporating how people appraise stressful situations, attribute the responsibility for stressors, handle the loss of life goals, and process their expectation of control in stressful situations (Brickman et al, 1982; Folkman & Lazarus, 1980; Klinger, 1975; Lazarus & Folkman, 1984; and Wortman & Brehm, 1975). Few of these models have been used to explain how women cope with the experience of infertility. A notable exception are studies in which the importance of social support as a coping mechanism for women has been established (Billings & Moos, 1984; Flieshman, 1984; Heppner, Reeder, & Larson, 1983; Ptacek, Smith, & Zanas, 1992; Stanton, 1991; Stanton et al., 1992; Stone & Neale, 1984). Because the manner in which women cope with these experiences are not fully understood, existing counseling interventions fail to adequately meet the needs of women experiencing infertility. However, the Relational Model of Development, a relatively new model developed by a group of female psychologists at the Stone Center at Wellesley College (Jordan, 1995a), provides a theoretical base to research these relationships.

Relational Model of Development

The Relational Model of Development proposes that women are relational beings and grow in, through, and toward relationship (Jordan, 1995a; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). Connection to others, through growth-fostering relationships, is central to the psychological well-being of women. As a consequence, women’s experiences in relationships may be used to promote their psychological well-being. The Relational Model has been applied in counseling with individuals, couples, families, and groups who are experiencing a variety of issues (Bergman, 1994; Fedele & Harrington, 1990; Jordan, 1995a; Miller & Stiver, 1997; Philipson, 1993), including infertility (Gibson & Myers, 2000; Schiller, 1997). However, an empirical link between growth-fostering relationships used in coping and improvement in women’s psychological well-being has not been established. In order to establish this link, a study was conducted between October 1999 and February 2000.

Research Conducted

The primary purpose of our study was to determine the relationship between the use of social coping resources, growth-fostering relationships, and the amount of infertility stress...
reported by infertile women. Eighty-three women receiving varied services at assisted reproduction clinics participated in the study. In addition to the demographic questionnaire, three published assessment instruments were completed by participants: the Coping Resources Inventory (Hammer & Marting, 1988), the Fertility Problem Questionnaire (Newton et al., 1999), and the Relational Health Indices (Liang et al., 1998.)

The main research question asked was whether social coping resources and growth-fostering relationships would account for a statistically significant amount of the variance in infertility stress. Therefore, a multiple regression analysis was used to estimate the amount of variance in infertility stress that can be accounted for by the use of social coping resources and growth-fostering relationships. Social coping resources and growth-fostering relationships accounted for a significant amount of the variance in infertility stress (R²=.14, p=.003). When partner and family support were added to the equation, social coping resources, growth-fostering relationships, partner support, and family support together accounted for a significant amount of the variance in infertility stress (R²=.37, p=.0001).

Indications from Research

The findings indicate that both social coping resources and growth-fostering relationships contribute significantly to the variance in infertility stress, with infertility stress decreasing as social coping resources increase. Furthermore, the addition of partner support and family support to the regression analyses significantly added to the prediction of the variance in infertility stress, and all of the variables were significant in predicting the amount of variance in infertility stress. Based on these results, it is clear that family and partner supports are very important coping resources for infertile women. This finding also provides support for the Relational Model of Development, in that a purpose of the model is to examine women in their social context, which includes their relationships with partner, family, friends, and community (Jordan, 1995b).

Counselors can use the findings of this study to design interventions that have the potential to be effective by using growth-fostering relationships and social support as part of their treatment plans. Using the Relational Model of Counseling, growth-fostering relationships may be created within counseling relationships and clients may be encouraged to identify peers and communities that either provide or have the potential to provide these types of relationships. Additionally, because family and partner support were found to be important in coping with infertility, counselors may want to help their infertile clients through either couples and family counseling, or both.

References


