

## Rejection Sensitivity, Depression, Self Esteem, Quality of life and Coping Styles among Infertile Females and Males Married Individuals

Rabia Usman<sup>1\*</sup> and Masha Asad Khan<sup>2</sup>

<sup>1</sup>Clinical Psychologist and CBT Certified Therapist (PACT) and MPhil from Kinnaird College for Women University, Lahore Pakistan

<sup>2</sup>Associate Professor, Kinnaird College for Women, Department of Applied Psychology, Lahore, Pakistan

**\*Corresponding Author:** Rabia Usman, Clinical Psychologist and CBT Certified Therapist (PACT) and MPhil from Kinnaird College for Women University, Lahore Pakistan.

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### Abstract

The present study aimed to investigate the rejection sensitivity, depression, self-esteem, quality of life and ways of coping among infertile male and female individuals of Lahore. Through purposive sampling data was collected from 120 infertile (F = 68; M = 52) individuals, with female age ranging between 22 - 45 years (MA = 30.91; SD = 5.26) and male age ranging between 24 - 53 years (M = 35.1; S.D = 6.97). The data was taken from Australian Infertility Center and Farooq Hospital Lahore, Punjab. The Adult Rejection Sensitivity Questionnaire (ARSQ), Beck Depression Inventory-II, Rosenberg Self Esteem Scale, FertiQuality of Life Scale, Coping Inventory for Stressful Situations (CISS) and Demographic Questionnaire were administered on participants. Comparative research design was used. Data was analyzed using Independent Sample t- Test. The results showed significant difference between infertile male and female in rejection sensitivity, depression, quality of life and avoidance whereas, a non-significant difference exist among infertile male and female individuals on self-esteem and problem focused coping. Moreover, a significant difference was also found among infertile males and female individuals on emotion-oriented coping and avoidance coping styles of infertile individuals. The rejection sensitivity, quality of life and avoidance coping was high among males and low among females whereas, depression and emotion focused coping was high among females and low among males.

**Keywords:** Infertility; Depression; Anxiety; Self-Esteem; Quality of Life Rejection Sensitivity; Coping

### Introduction

The present study intends to examine the difference in the rejection sensitivity, depression, quality of life, self-esteem and coping styles between infertile male and female individuals from Lahore. It explored the rejection sensitivity, depression, quality of life, self-esteem and coping styles among infertile male and female individuals.

Infertility can be defined as the emotional and psychological changes may happen to a couple after being diagnosed with infertility. Even after a year of a continuous sexual contact without contraceptives it is failure to conceive or inability to carry a pregnancy [1,2]. According to Tulppala [3] infertility affects couples with the feelings of mistrust, humiliation, envy, anger and socially withdrawn. Two third of infertile couples feel enough support from their family and friends. Infertility has always been a taboo and discusses sensitive problems. In many cultures talking about infertility is taken as a matter of shame. Even existing fertility clinics is kept secret by the couples [4].

Tiitinen (2009) reported that there are many reasons for infertility including ovulatory brokenness (20 - 30%), tubal issues (10 - 15%), endometriosis (10 - 20%) and low quality sperm (10 - 15 %). Javanainen [5] stated that women age is very important concerning infertility as female is most fertile around the age 25 and with the progressing age, chances of pregnancy gets narrow [6].

Lancastle and Boivin [7] reported that people are not aware of the infertile individual's problems and this is the cause of infertile people to get lower social support, the couple may face thoughtless comments for their childlessness. The distress level becomes high with the feelings of loneliness and low social support which leads to the poor quality of relationship with the partner. According to Domar and Seibel [8] females in infertile couples defend their husbands from the feelings of disappointment by taking much of the liability for the treatments upon themselves. Men are also resistant to escort their wives to the infertility clinics and makes excuses like income loss, use of time, etc. for protecting them from feelings like hopelessness and disappointment. Men repress their feelings as they traditionally seen their self as the financial source of the relationship and protecting their family. Inexpressiveness of their feelings leads to distress and isolation [9].

According to the Diagnostic and Statistical Manual of Mental Disorder-5 [10], depression occurs when a person have at least five of the following symptoms, depressed mood particularly in the morning, fatigue, feelings of worthlessness, guilt, indecisiveness, insomnia or hypersomnia ,suicidal thoughts, weight loss or gain and restlessness, and these symptoms remain in the person almost daily for at least two weeks at the same time.

Lloyd [11] conducted a research on non-responses rate in the studies of men on infertility found that male shows strong resilience to talk about infertility as compared to women with larger response rate. The non-response due to the reason that men are sensitive their infertility and they do not want to disclose to anyone as men shows that children are not so important for them. So male infertility is more stigmatizing and more sensitive to rejection for men than women.

Rejection sensitivity can be defined as when a person becomes restless and expect, readily recognized certain strong negative rejections from others. The rejection places a person in a state of hyper vigilance, which is related to anxious and aggressive expectations of rejection. People with high rejection sensitivity are more likely to misperceive confusing behavior and are more displeased with their romantic relationships [12].

Coppersmith [13] refers to self-esteem as the assessment an individual makes about him to give himself respect and shows the degree to which an individual trusts himself to be skilled, huge, successful and worthy. Infertile Men and women perceive their selves as physically defective and have a poor body image of them which leaves a negative impact on their self-esteem. Balen, Verdurmen and Kemper [14] reported that when a diagnosis of infertility has been made an emotional sequence occurs with deep emotional annoyance and insecurity along with anger and/or depression. It generates feelings of hopelessness, helplessness, guilt, disappointment, mourning and defeat. According to Friedman [15] Quality Of life can be defined by a combination of joy, peace, happiness, love and self-worth/self-esteem. Managing infertility and infertility itself has an impact on a person's Quality of Life (QoL) [16]. In an effort to manage the stress, infertile individuals and couples use number of coping mechanisms. Various studies focused on the relationship of infertility with coping, emotional distress and amendment in the relationships found that coping mechanisms are helpful in declining the infertility related distress and stress while other strategies are useless [17]. The coping styles of infertile individual suggests that such individual's finds lower social supports which intimidate their self-esteem [18]. Peterson., *et al.* [9] reported that infertility is a non-expected circumstance for both men and women. Various studies on coping reported that men as compared to women use more separating, controlling toward oneself coping and arrange full critical thinking.

The present research was conducted to aware the society about the social pressures on individuals for being infertile. It is a universal fact that, a person's psychological state may be influenced by infertility and effecting a person with depression, stress, and anxiety. An individual's interpersonal relations, marital satisfaction and sexual satisfaction may have hampered because of these emotional effects. Such psychological problems faced by infertile individuals needed to be studied. This study may prove helpful in understanding the different perception of infertile male and female individuals by the society. Especially in Pakistani society, going to the infertility clinics is still considered as taboo and couples still hesitate to go to infertility clinics or to get infertility treatments. The findings may prove helpful in order to picture the differences between male and female infertile individuals. The findings of the present study provide basis for clinicians to design and develop educational and interventional programme for infertile individuals with a major focus on reducing depression, rejection sensitivity and elevation self-esteem and quality of life. Further, with a focus on adapting effective coping styles.

**Methodology**

Through purposive sampling data was collected from 120 infertile individuals (females = 68; males = 52). In the infertile individuals, mean age for females was 30.91years (SD = 5.26) and for males was 35.1 years (SD = 6.97). Age range of infertile females were 22 to 45 years and age range of males were 24 to 53 years. Data was collected from November 2014 to February 2015. The data was collected from two clinics namely Australian Infertility Center Lahore and Farooq Hospital Lahore. The criterion for selection is married individuals who had been diagnosed with infertility after one year of their marriage. The participants had different educational level from matric (31.67%), F.A (26.67%), Bachelors (20%), masters (23.33%) to PhD. (0.83%). The infertility is also affected by age, family marriages (32.5%), infertile couple within the family (32.5%) and various reasons of infertility i.e. Polycystic (21.67%), age factor (4.17%), recurrent abortions (10.83%), general medical condition (10%), oligospermia (21.67%), asthenospermia (15.83%), tubal blockage (3.33%) and others (7.5%). Comparative research design was conducted in order to measure the difference of the variables in the target population.

The Assessment Measures which were used in this study was The Adult Rejection Sensitivity Questionnaire (ARSQ), Beck Depression Inventory-II, Rosenberg Self Esteem Scale, FertiQuality of Life Scale, Coping Inventory for Stressful Situations (CISS) and Demographic Questionnaire.

**Results**

The table 1 for demographics representing the data is as follows.

Gender percentage	Male 43.3% Female 56.6%	
Age Group	Male 25-45 Female 20-41	M: Value Male: 35.1 Years SD: Male: 6.97 M: Value Female: 30.9 Year SD: Female: 5.26
Qualification	Matric 31.6 Intermediate 26.6% Bachelors 20%, Masters 23.3% PHD 0.8%	
Socio Economic Class	Upper Middle Class Upper Class	
Location	Lahore	

**Table 1:** Demographics data.

There is a significant difference in rejection sensitivity score between infertile males and female individuals.

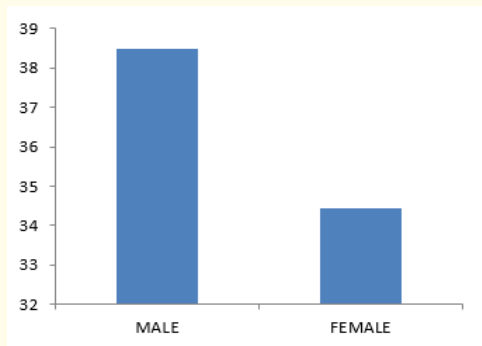
To test this hypothesis Independent Sample t-Test was used to compare the mean score of rejection sensitivity on adult rejection sensitivity scale, obtained from infertile males and female individuals.

Variable	Gender	N	M	SD	t	p <
Rejection Sensitivity	Males	52	38.47	13.06	1.63	.01
	Females	68	34.44	13.63		

**Table 2:** Means, standard deviation of infertile males (n = 52) and females (n = 68) individuals on the total score of adult rejection sensitivity questionnaire.

Note: M: Mean; S.D.: Standard Deviation; t: Independent Sample t- test.

Table 2 result showed that the hypothesis is accepted as the p-value is less than 0.05. This implies that that there is a significant difference in the Rejection Sensitivity score between infertile males and female individuals.



**Figure 1:** The graph depicting means of rejection sensitivity among infertile males and female individuals. The bar graph shows that there is a vast difference in the means scores of males and females.

**Hypothesis II**

There is a significant difference in the depression score between infertile male and female individuals.

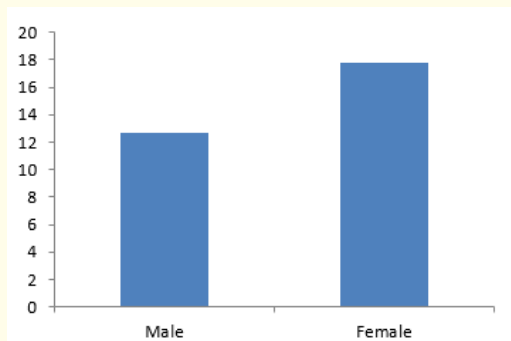
Independent sample t- test was used to compare the mean score of depression obtained from infertile males and female individuals.

Variable	Gender	M	SD	t	p <
Depression	Males	12.7	7.8	-3.2	.002
	Females	17.82	8.9		

**Table 3:** Mean, standard deviation , independent sample t test of infertile males and females on the total score of beck depression inventory-II.

Note: M: Mean; S.D.: Standard Deviation; t: Independent Sample t- test.

Table 3 results showed that the hypothesis is accepted as the p-value is less than 0.05. This shows that there is a significant difference was found in the level of depression between infertile males and female individuals.



**Figure 2:** Bar graph depicting means of depression among infertile males (n = 52) and female (n = 68) individuals. The bar graph depicting that there is a vast difference in the means of depression of infertile males and females.

**Hypothesis III**

There is a significant difference in self-esteem between infertile male and female individuals.

Independent sample t- test was used to compare the mean score of self-esteem obtained from infertile males and female individuals.

Variable	Gender	M	SD	t	p
Self Esteem	Males	18.7	3.01	1.77	.07
	Females	17.5	4.00		

**Table 4:** Mean, standard deviation, independent sample t test of infertile males and females on the total score of self-esteem scale.

Note: M: Mean; S.D.: Standard Deviation; t: Independent Sample t- test.

Table 4 results showed that the hypothesis is rejected as the p-value is greater than 0.05. This implies that that there is no significant difference in the self-esteem between infertile males and female individuals.

**Hypothesis IV**

There is a significant difference in quality of life between infertile male and female individuals.

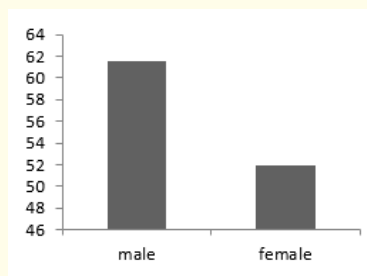
Independent sample t- test was used to compare the mean score of quality of life obtained from infertile males and female individuals.

Variable	Gender	M	SD	t	p
FertiQOL	Males	61.58	19.8	3.01	.01
	Females	51.98	15.11		

**Table 5:** Mean, Standard Deviation, Independent Sample t -test of infertile males and females on the total score of FertiQOL subscale.

Note: M: Mean; S.D.: Standard Deviation; t: Independent Sample t- test.

Table 5 results showed that the hypothesis is accepted as the p-value is less than 0.05. This implies that there is a significant difference in the quality of life between infertile males and female individuals.



**Figure 3:** Bar graph depicting means of task oriented coping among infertile males (n = 52) and female (n = 68) individuals. The bar graph depicting that there is a vast difference in the means of quality of life of infertile males and females.

**Hypothesis V**

There is a significant difference in the avoidance/maladaptive coping ways used by infertile male and female individuals.

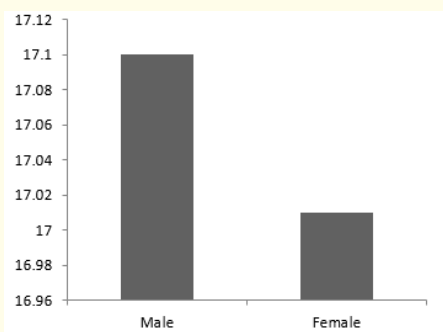
Independent sample t- test was used to compare the mean score of avoidance coping ways obtained from infertile males (n = 52) and female (n = 68) individuals.

Variable	Gender	M	SD	t	p <
Avoidance coping	Males	17.1	4.08	.193	.04
	Females	17.01	4.70		

**Table 6:** Mean, standard deviation, independent sample t test of infertile males and females on the total score of coping inventory subscale.

Note: M: Mean; S.D.: Standard Deviation; t: Independent Sample t- test.

Table 6 results showed that the hypothesis is accepted as the p-value is less than 0.05. This implies that there is a significant difference in the avoidance coping ways used by infertile males and female individuals.



**Figure 4:** Bar graph depicting means of avoidance coping among infertile males (n = 52) and female (n = 68) individuals. The bar graph depicting that there is a vast difference in the means of avoidance coping used by infertile males and females.

**Hypothesis VI**

There is a significant problem focused/Task oriented coping used by infertile male and female individuals.

Independent sample t- test was used to compare the mean score of adaptive coping ways obtained from infertile males (n = 52) and female (n = 68) individuals.

Variable	Gender	M	SD	t	p
Problem focused coping	Males	24.3	5.74	1.36	.62
	females	22.7	6.35		

**Table 7:** Mean, standard deviation, independent sample t test of infertile males and females on the total score of coping inventory subscale.

Note: M: Mean; S.D.: Standard Deviation; t: Independent Sample t- test.

Table 7 results showed that the hypothesis is rejected as the p-value is greater than 0.05. This implies that there is no significant difference in the adaptive coping ways used by infertile males and females.

**Hypothesis VII**

There is a significant difference in emotion focused coping ways by infertile male and female individuals.

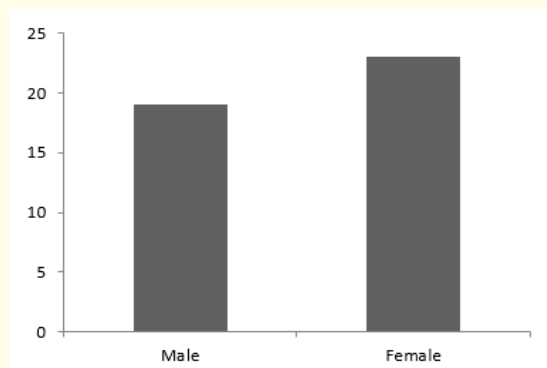
Independent sample t- test was used to compare the mean score of emotion focused coping obtained from infertile males (n = 52) and female (n = 68) individuals.

Variable	Gender	M	SD	t	p <
Emotion Focused Coping	Males	19.0	5.6	1.70	.00
	Females	23.0	5.9		

**Table 8:** Mean, standard deviation, independent sample t-test of infertile males (n = 52) and females (n = 68) on the total score of coping inventory subscale.

Note: M: Mean; S.D.: Standard Deviation; t: Independent Sample t- test.

Table 8 results showed that the hypothesis is accepted as the p-value is less than 0.05. This implies that there is a significant difference in the emotion focused coping ways of infertile male and female individuals.



**Figure 5:** Bar graph depicting means of emotion focused coping among infertile males (n = 52) and female (n = 68) individuals. The bar graph depicting that there is a vast difference in the means of emotion focused coping of infertile males and females.

**Discussion and Conclusion**

The results of Independent Sample t- test showed significant difference of rejection sensitivity among infertile males and female individuals and males were more sensitive to rejection as compared to females. The present result has been supported by Falbo and Peplau [19] on power strategies on intimate relationships. Result of the study showed that after conflict rejection sensitive men react differently as compared to rejection sensitive women. Rejection sensitive men engaged their selves in more problem solving strategies and seek solutions that involve their partners. Whereas women use more indirect problem solving strategies, react differently on conflicts and rejection. The present study revealed that people with high rejection sensitivity tends to have stronger feelings of anger and rejection when they need support at times and unable to receive it which leads rejection sensitive people to high distressing situations. However, support from their intimate partners can generate positive feelings toward partners to reduce fearful expectations of rejection. High rejection

sensitive men keep a more violent and hostile interpersonal assessments behaviors when they observe rejecting cues from others which are harmful to their interactions.

There is a significant difference in the level of depression between infertile male and female individuals and depression is high among females as compared to males. In line with our present findings a supported research conducted by Newton., et al. [20] and Greil., et al. [21] on gender differences on depression among infertile individuals found that depression is commonly linked with infertility, and stress of infertility treatments adds to the infertility distress. They used the same questionnaire and the sample was mainly men and women having depression. Hence results of the study showed that women reported high level of infertility distress as compared to men. In traditional societies like Pakistan, the main role of women is conception and childbirth and it is being perceived as a part of women responsibilities, failure on reproduce results in greater negative consequences and impact on women's life than men. Therefore infertile women have more feeling of inadequacy and feeling of inferiority leads them to severe depression. Women in infertile couple feel more pressured and stigmatized by the society as compared to men which put her into emotionally distressing situation.

The results showed there was no significant difference was found between the scores of self-esteem of infertile male and female individuals. the findings supported by study of Anate and Akeredolu [22] conducted research on infertile and fertile couples, supported our findings that lower level of self-esteem was found in infertile couples along with marital dissatisfaction and sexual dissatisfaction as compared to fertile couples. Results showed that poor sexual ability, self-esteem and physical health can be observed primarily as compared to fertile couples. Similarly another supportive study conducted by Sillars., et al. [23] on cognition and communication during marital conflict found that infertile persons reported poor marital life, dissatisfaction, and sexual dissatisfaction along with lower self-esteem with time. The findings of this research showed that majority infertile men and women both reported conflict, poor communication which leads to poor self-esteem.

The results of independent sample t test had been supported as there was a significant difference was found between the scores of quality of life among infertile male and female individuals and females had poor quality of life as compared to males. Results has been supported by the research conducted by Aarts., et al. [24] on the relationship between quality of life and distress among infertile couples on Dutch community. Results of the study revealed that infertile couples who have higher quality of life have lower levels of depression and anxiety whereas infertile couples who has lower quality of life showed more somatic complaints and distress. In the line of present findings Aliyeh and Laya [25] conducted similar research on quality of life on infertile Iranian women reported that infertility affects physical health as well as overall quality of life.

The above hypothesis was supported by the results of independent sample t test as there was a significant difference found on avoidance coping between the scores of infertile male and female individuals. Present research is supported by study conducted by Peterson, Newton, Rosen and Skaggs [26] on gender differences on men and women to cope with infertility. men use less coping strategies as compared to women as men cope stressful situation by distancing themselves from infertility, becomes introvert and imply plans to solve the problems of infertility. Men may revert to an avoidance strategy to reduce the infertility stress by a feeling of less connectedness and cohesion with their partner. Another research conducted by Golchin., et al. [27] reported that escape/avoidance is one of the maladaptive coping strategies and using of it, can caused the more pain among female with chronic back pain and distancing coping strategies with anxiety/depression of infertile women were correlated in a positive direction. Also distress increased in infertile women who used distancing styles.

The above hypothesis is not supported the above result as there was no significant difference was found in adaptive coping ways used by infertile male and female individuals. In the line of our present findings Rashidi., et al. [28] conducted a research on coping strategies and personality traits found that infertility stress has negatively related to problematic solving strategies. Individual among infertile couple who use plan ful problem solving strategies becomes less stressful. similarly another supportive research conducted by Jordan and Revenson [29] on gender differences on coping with infertility found no difference among females and males in using active coping style



but females use more passive coping as compared to males, who on the other hand use more adaptive and problem solving strategies to deal with infertility.

The above hypothesis supported the result of the independent sample t test as a difference was found in the mean score of infertile female and male individuals and women found to be using more emotion focused coping as compared to men. In the line of our present findings similar research conducted by Peterson., *et al.* [9] on coping and depression among infertile men and women reported the infertile men displayed lower depression and less frequent use of coping strategies as they cope by work and other activities. On the other hand, women are more emotion focused, display higher depression and less use of coping strategies. Women express their emotions and need social support to comfort them.

The findings revealed that infertile females show less positive affects as compared to infertile males. Females fall into depression more frequently, perceived larger gap and achievement, low feelings of belongingness, feelings of hopelessness and helplessness. But one interesting finding is that family group support and social support are perceived to be higher among infertile women as compared to infertile males. Though males are more prone towards problem solving or task oriented and avoidance coping to get rid of the stressful situation of infertility. The findings of the Independent Sample t test revealed that infertility significantly affects the level of rejection sensitivity, quality of life, avoidance coping and task oriented coping or problem focused coping which are high among males, whereas depression and emotion focused coping are high among females.

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