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Impact of Psychological Distress and Social Stigma on Self-Concept and Life Satisfaction among Married Couples with no Children

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ABSTRACT

Childlessness, whether voluntary or involuntary, can significantly impact an individual's psychological well-being, social experiences, and overall life satisfaction. The present study is a correlational research design aimed at examining the impact of psychological distress and social stigma on self-concept and life satisfaction among married couples with no children. A sample of 130 was selected using a purposive sampling technique. Self-report questionnaires were used to collect data from the participants. Psychological distress was measured using the Depression, Anxiety, and Stress Scales-21 (Lovibond & Lovibond, 1995) social stigma was assessed using the Perceptions of Stigmatization by Others for Seeking Psychological Help (Vogel et al., 2009) self-concept was evaluated through the Robson Self-Concept Questionnaire (Robson, 1989) and life satisfaction was measured using the Life Satisfaction Questionnaire-11 (Fugl-Meyer et al., 1991). Data was analyzed by using descriptive statistics, correlation, multiple linear regression, *T*-test, and frequency analysis via SPSS. Findings revealed significant negative relationships between independent variables, psychological distress, and social stigma with dependent variables, self-concept, and life satisfaction. This signifies that psychological distress and social stigma are negatively correlated with self-concept and life satisfaction. Further findings revealed significant gender differences and indicated that women reported higher psychological distress and social stigma, whereas men demonstrated greater self-concept and life satisfaction. Results demonstrated a significant prediction of the impact of psychological distress and social stigma on self-concept and life satisfaction.

INTRODUCTION

In societies where parenthood is seen as a core component of identity and fulfillment, childlessness, whether voluntary or involuntary, can lead to significant psychological distress and social stigma, especially among married couples. Involuntary childlessness is often accompanied by symptoms of anxiety, depression, grief, and low self-esteem (Lechner et al., 2007; Cousineau & Domar, 2007). Social expectations frequently magnify these emotional burdens by positioning parenthood as a normative milestone, causing individuals without children to experience feelings of inadequacy and societal exclusion (Huijts et al., 2013; Schafer et al., 1996). The internalization of cultural narratives about fertility and fulfillment contributes to identity crises, weakened self-concept, and a reduced sense of life satisfaction (Ikechukwu-Ilomuanya et al., 2020; Gana & Jakubowska, 2014). Moreover, societal stigma and cultural expectations play a vital role in shaping both psychological distress and life satisfaction among childless individuals. Those who voluntarily choose not to have children often face social criticism, which can challenge their self-worth and disrupt personal identity development (Kim et al., 2002; Xie et al., 2023). A brief description of the study variables is as follows:

Psychological distress is a complex emotional state characterized by symptoms of depression, anxiety, and stress, often triggered by life challenges that individuals struggle to cope with effectively (Mirowsky & Ross, 2002). It is marked by feelings of emotional suffering, including a pervasive sense of helplessness and worry, which can significantly affect one's mental and physical health. Psychological distress can manifest through varying levels of severity, from mild episodes to more persistent and debilitating conditions that hinder daily functioning. Couples facing childlessness often report symptoms of psychological distress accompanied by the feeling of inadequacy (Drapeau et al., 2012). Social stigma, originating from the Greek word *Stigma*, refers to the adverse societal reactions and discriminatory attitudes directed at individuals or groups due to attributes such as mental illness, race, sexual orientation, or even personal choices (Link & Phelan, 2001). This complex phenomenon involves labeling, stereotyping, separation, and discrimination, with the exercise of power playing a key role in its perpetuation (Clair, 2018). Cultural norms and power dynamics within society contribute to the formation of stigma, as those who deviate from accepted norms are marginalized (Yang et al., 2007). Societal norms often pressure individuals to conform to expectations of parenthood, and failure to do so can lead to marginalization. Powerful cultural narratives shape these norms, reinforcing stereotypes and

perpetuating inequality (Burgess, 2016). As such, the stigma of childlessness can create barriers to social acceptance and resources, affecting the well-being of those who do not fit into traditional family roles (Yang et al., 2007; Clair, 2018). Self-concept refers to the overall perception and understanding an individual has of themselves, encompassing beliefs, feelings, and thoughts about their identity, abilities, and attributes. Internal and external factors, including social interactions, personal experiences, and feedback from others, shape it. Childless couples often face stigma from society, which leads to the devaluation of their self-worth and, specifically, self-concept (Rosenberg, 1989; Baumeister, 1999). Life satisfaction refers to an individual's overall evaluation of their life, incorporating both positive and negative experiences across various dimensions, such as social, psychological, and emotional well-being (Diener et al., 1999). It involves a cognitive and emotional assessment of life, focusing on how fulfilling individuals perceive their lives to be based on personal expectations and standards (Diener, 1984). Factors like relationships, children, accomplishments, and health significantly influence life satisfaction, which reflects a holistic view of one's life rather than isolated aspects. Infertility often causes a decline in life satisfaction levels as psychological distress overwhelms the positive aspects of life and replaces it with feelings of not being good enough. (Veenhoven, 1996).

Rationale of the Study.

Childlessness often leads to psychological distress and social stigma, which can negatively impact an individual's self-concept and life satisfaction. This study aims to explore how psychological distress and social stigma affect the emotional well-being of childless married couples, offering more profound insight into their mental health needs and the importance of societal acceptance.

Research Gap

Previous studies on childlessness have predominantly focused on older couples, leaving a significant gap in understanding the psychological impact on younger, married individuals without children. This study addresses that gap by exploring how psychological distress and social stigma affect the self-concept and life satisfaction of younger childless couples, offering a more contemporary and age-relevant perspective.

Literature Review

A longitudinal study by Hobfoll and Walfisch (1984) examined the connection between psychological distress, social support, and self-concept in 68 women preparing for a biopsy for suspected cancer. According to the study, during the acute crisis, women who had a better sense of self and social support were less likely to suffer from anxiety and despair.

On the other hand, psychological distress was higher among women who had a poorer self-concept and less social support. Hobfoll and London (1986) demonstrated that psychological distress and self-concept are closely interrelated. Psychological distress causes a decline in self-concept, particularly in high-stress situations. According to Lazarus (1991), cognitive appraisal is crucial in determining how a person reacts to psychological distress, which has substantial implications for comprehending how it affects one's self-concept. Schafer et al. (1996) explored the relationship between self-concept disconfirmation, psychological distress, and marital happiness. Their study found that individuals who experienced significant self-concept disconfirmation where their self-view did not align with how others perceived them were more likely to experience psychological distress, including anxiety and depression. Heijer et al. (2011) shed light on the relationship between psychological distress and different dimensions of self-concept in women at risk of hereditary breast cancer; he did a study using a cross-sectional study design, 246 women who selected for protective surgery or routine breast surveillance participated in the study. Results show a negative relationship between psychological distress and self-concept. Beutel et al. (2009) studied 2,540 German women who were 18 years of age or older and looked at the relationship between aging, mental health, and life satisfaction. A high sense of self-worth and life satisfaction was positively correlated with low levels of psychological distress. Rustoen et al. (2010) investigated the association between life satisfaction, hope, and psychological distress in 194 cancer patients, primarily women with breast cancer. The results demonstrated that lower life satisfaction was linked to both worse health and greater psychological distress. Marum et al. (2014) investigated the connection among a large, nationally representative sample of Norwegians between life satisfaction, psychological distress, and adverse life events. Negative life experiences, especially financial hardship, were found to be substantially linked to higher levels of psychological distress and worse levels of life satisfaction. Arsy and Hindriyastuti (2022) investigated the connection between self-concept and social stigma in those who have recovered from COVID-19. Because of the negative stigma associated with COVID-19, participants reported feeling alone and rejected by society, which resulted in a skewed self-concept. Lufianti et al. (2022) explore the stigma and self-concept of leprosy patients at an outpatient facility in Kediri, Indonesia. It draws attention to the internalized stigma that leprosy patients endure as a result of physical changes or disability and the social stigma faced by social contacts, which has an impact on their sense of self and general well-being. Rabea et al. (2023) investigated the relationship between stigma and self-concept in patients with mental disorders. Nearly half of the individuals had potentially low self-concept,

indicating that stigma affected a significant portion of the population. Silaen and Purba (2023) found that drug addicts undergoing rehabilitation often face societal stigma, which can significantly impact their self-concept. Watson and Perrin (2022) explored the relationship between social stigma related to burn injuries and life satisfaction, emphasizing the mediating role of resilience in this process. According to the study, people with burn injuries may suffer from severe psychological distress as a result of social stigmatization, as higher levels of burn stigma were associated with decreased life satisfaction. Yip et al. (2023) examined the impact of social stigma on life satisfaction and engaged living among 205 people with mental illness in Hong Kong. Results confirmed significant indirect effects of social stigma on life satisfaction. Cho (2023) explored how self-esteem and depressive symptoms mediate the relationship between social stigma and life satisfaction among out-of-school youth in Korea. Three hundred eighteen individuals between the ages of 18 and 23 provided data via measures of life satisfaction, depressive symptoms, self-esteem, and perceived stigma. The results demonstrated a negative relationship between social stigma and life satisfaction. Turen and Yurtsever (2024) conducted a study to investigate the relationship between stigma and life satisfaction in 210 patients with type 2 diabetes mellitus. The results found a partially inverse association between life satisfaction and social stigma.

METHODS

The correlational research design was used on a sample of 130 married couples with no children selected through a purposive sampling technique. In this research, statistical analysis was conducted using independent sample *t*-test, correlational analysis, and multiple regression analysis to explore the relationships among psychological distress, social stigma, self-concept, and life satisfaction among married couples without children. For demographical information representation, frequency analysis was performed. Descriptive analysis was done to check the psychometric properties of study variables. The *t*-test was used to compare the means of the two groups to identify if there were significant differences in the variables being examined. This test is beneficial for comparing distinct groups based on a particular criterion. Correlational analysis was employed to determine the strength and direction of the relationship between two or more variables. By measuring correlation coefficients, this analysis helped identify whether an increase in one variable corresponds with an increase or decrease in another. Alpha reliability was also checked.

Furthermore, regression analysis helped in predicting the value of a dependent variable based on one or more independent variables. This analysis showed an understanding of how change in one variable affects other variables. All of these statistical techniques were carried out

using the latest version of SPSS to ensure precise and reliable results. And finally, results were shown by different frequency distributions for detailed visualization. Prior to data collection, informed consent was obtained from participants, and all ethical guidelines were followed.

Instruments

Depression Anxiety Stress Scale (DASS-21)

It is a shorter version of the original DASS, developed by Lovibond and Lovibond (1995). It consists of 21 items, with seven items for each of the three subscales: depression, anxiety, and stress. The DASS-21 uses a four-point Likert scale ranging from 0 to 3. It has been translated into 56 languages, including French, Urdu and Russian. Since the DASS-21 is a shortened version of the original 42-item scale, the total scores for each subscale are multiplied by two to align with the scoring range of the full version. This adjustment allows for consistency when interpreting the severity of symptoms. Higher scores indicate greater severity. The DASS-21 demonstrates high reliability, with Cronbach's alpha values exceeding 0.80 for all subscales, making it a reliable and efficient measure of psychological distress.

The Perceptions of Stigmatization by Others for Seeking Psychological Help (PSOSH)

This scale, developed by Vogel et al. (2009), comprises 5 items designed to assess social stigma. Responses are rated on a 4-point Likert scale ranging from 1 as strongly disagree to 4 as strongly agree, with higher scores indicating greater perceptions of stigmatization. This scale is suitable for adults aged 18 and above, demonstrating strong psychometric properties, including a Cronbach's alpha exceeding 0.85, reflecting high reliability. Scoring involves summing item responses, with no reverse scoring required. The total score ranges from 5 to 25, representing the level of perceived stigma. This scale has been translated into multiple languages, including Spanish, Chinese, Turkish, and Korean, enhancing its applicability across various cultural and linguistic contexts.

Robson Self-Concept Questionnaire

The Robson Self-Concept Questionnaire (RSCQ), developed by Robson (1989), consists of 30 items designed to assess self-concept in adolescents and adults aged 12 years and above. It utilizes a 7-point Likert scale, ranging from 1 to 7, where higher scores indicate a more positive self-concept. The RSCQ shows strong reliability, with Cronbach's alpha typically around 0.85. The scale also demonstrates good construct and criterion validity. Scoring involves summing the responses for all items, including reverse scoring for 9 negatively worded items to ensure internal consistency. Reverse scoring on a 7-point scale is done by reversing the values. The total score can range from 30 to 210, with higher scores

indicating a more positive self-concept. The RSCQ has been translated into various languages, including Spanish, Italian, Turkish, and Arabic, expanding its utility in different cultural contexts.

Life Satisfaction Questionnaire-11

The Life Satisfaction Questionnaire-11 (LSQ-11), developed by Fugl-Meyer et al. (1991), consists of 11 items designed to assess an individual's subjective well-being and life satisfaction. The LSQ-11 uses a 7-point Likert scale, with responses ranging from 1 to 7. It is suitable for adolescents and adults, typically aged 15 and older. The scale demonstrates strong internal consistency, with Cronbach's alpha typically above 0.80. The total score can range from 11 to 77, with higher scores indicating greater life satisfaction. The LSQ-11 has been translated into several languages, including Spanish, French, Swedish, and German, ensuring its broad applicability.

RESULTS

Table 1

Demographic Characteristics of Married Couples with No Children

Demographic variables	<i>N</i>	%
Gender		
Male	130	50
Female	130	50
Age		
20-30	153	59
31-40	93	36
41-50	14	5
Socio Economic Status		
Lower	6	2
Middle	245	94
Upper	9	4

Education		
Primary	14	5
Matriculation	61	24
Higher degree	185	71
Area		
Rural	125	48
Urban	135	52
Duration of Marriage		
1-10	196	75
11-20	44	17
21-30	20	8

Table 1 shows the frequency and percentage of participants with respect to gender, age, socioeconomic status, education, area, and duration of marriage. Females and males are equal in numbers ($n=130$, 50%). Participants from the age group 20-30 ($n=153$, 59%) are more in numbers than age group 31-40 ($n=93$, 36%) and 41-50 ($n=14$, 5%). The middle socio-economic status of the participants ($n=245$, 94%) is greater than both lower ($n=6$, 2%) and upper ($n=9$, 4%). In the education group, participants with higher degrees ($n=185$, 71%) are more than those participants who have done matriculation ($n=61$, 24%) and primary ($n=14$, 5%). Urban participants ($n=135$, 52%) were more in numbers than rural participants ($n=125$, 48%). The highest number of participants are from a group of marriage duration 1-10 ($n=196$, 75%) as compared to duration 11-20 ($n=44$, 17%) and 21-30 ($n=20$, 8%).

Table.2

Psychometric properties of Scales

Variables	<i>M</i>	<i>SD</i>	<i>Cronbach's a</i>	Range
PD	29.77	12.25	.89	0-80

SS	13.93	3.25	.81	6-21
SC	100.32	20.59	.84	0-167
LS	39.15	13.03	.79	11-98

Table 2 shows the psychometric properties of the study variables. All of the measures, including psychological distress, social stigma, self-concept, and life satisfaction, were shown to have reliable alpha coefficients, and all were more than 0.7. it means that all the study's scales are reliable and can be used for analysis. Self-concept has the highest mean value compared to psychological distress, social stigma, and life satisfaction.

Table.3

Correlation among study variables

Variables	1	2	3	4
Psychological Distress	---	.32**	-.41**	-.28**
Social Stigma		---	-.42**	-.41**
Self-Concept			---	.30**
Life Satisfaction				---

Note The results for sample mean ($n=130$) are above the diagonal.

** $p < .01$

Table 3 shows the Pearson correlation among study variables. The findings indicate that psychological distress has a significant positive correlation with social stigma ($r = 0.32^{**}$, $p < .01$) and significant negative correlations with self-concept ($r = -0.41^{**}$, $p < .01$) and life satisfaction ($r = -0.28^{**}$, $p < .01$). Social stigma also shows significant negative correlations with self-concept ($r = -0.42^{**}$, $p < .01$) and life satisfaction ($r = -0.41^{**}$, $p < .01$). Additionally, self-concept has a significant positive correlation with life satisfaction ($r = 0.30^{**}$, $p < .01$).

Table.4

Mean, Standard Deviation, and T-values for males and females on the study variables

Males	Females
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Variables	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>T</i>	<i>P</i>	Cohen's d
PD	28.78	11.56	30.78	12.87	-1.31	.18	0.16
SS	13.84	3.40	14.03	3.13	-0.48	.63	0.06
SC	101.82	21.10	98.83	20.05	1.17	.24	0.15
LS	39.57	13.34	38.75	12.75	0.51	.61	0.06

Table 4 shows the mean, standard deviation, and *t*-values of males and females on all study variables. The self-concept mean of males ($M=101.82$, $SD=21.10$) is significantly different from the mean of females ($M=98.83$, $SD=20.05$) with *t*-values as $t(258)=1.17$, $P<.05$. Results indicate there are significant gender differences on psychological distress, social stigma, self-concept, and life satisfaction. Results show that men score high in self-concept and life satisfaction, and women score high on psychological distress and social stigma. This table further shows upper and lower limits, standard deviation, and Cohen's d.

Table.5

Regression Coefficient of Psychological Distress and Social Stigma on Self-Concept

Variables	<i>B</i>	β	<i>SE</i>
Constant	144.39		4.97
PD	-0.51	-0.31	0.09
SS	-2.05	-0.33	0.36
R ²	0.26		

Note $N=130$

*** $p < .001$

Table 5 shows regression analysis computed with psychological distress and social stigma as predictor variables and self-concept as the outcome variable. The ΔR^2 value is 0.26, indicating that the predictors can account for 26% of the variance in the dependent variable. $F(2, 257) = 44.99$, $p < .001$. The findings indicate that psychological distress ($\beta = -0.30$, $p < .001$) and social stigma ($\beta = -0.32$, $p < .001$) have significant adverse effects on self-concept.

Table 6

Regression Coefficient of Psychological Distress and Social Stigma on Life Satisfaction

Variables	<i>B</i>		<i>SE</i>	
Constant	64.51		3.29	
PD	-0.17	-0.2	0.06	
SS	-1.45	-0.4	0.24	
R ²	0.19			

Note N=130

*** $p < .001$.

Table 6 shows the results of the regression analysis computed with psychological distress and social stigma as predictor variables and life satisfaction as the outcome variable. The ΔR^2 value of 0.19 indicates that 19% of the variance in the dependent variable can be accounted for by the predictors, $F(2, 257) = 31.45, p < .001$. The findings indicate that psychological distress ($\beta = -0.16, p < .01$) and social stigma ($\beta = -0.36, p < .001$) have significant adverse effects on life satisfaction.

DISCUSSION

This study was about finding the impact of psychological distress and social stigma on self-concept and life satisfaction among married couples with no children. The findings of this study reveal a significant negative correlation between psychological distress, social stigma, and their impact on self-concept and life satisfaction. The data supports the premise that childlessness, particularly in societies where parenthood is a central social expectation, contributes to elevated levels of psychological distress, which in turn adversely affects individuals' self-concept and overall life satisfaction. This aligns with earlier research demonstrating that stressors related to infertility and societal pressure can distort personal identity and diminish emotional well-being. Furthermore, the study confirms that social stigma exacerbates the adverse outcomes by reinforcing feelings of inadequacy and social exclusion, which disrupts both personal self-worth and satisfaction with life. The correlation and regression analyses illustrate that both psychological distress and social stigma are significant predictors of poor self-concept and reduced life satisfaction, highlighting the dual burden faced by childless couples.

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