

Existential meaning and subjective well-being in Polish pregnant women: The parallel mediation of social support

Dariusz Krok, Rafał Gerymski, Anna Machnik-Czerwik, Magdalena Sitko-Dominik

Abstract

The study aimed to investigate whether different dimensions of social support operate as parallel mediators in the relationship between existential meaning and subjective well-being among pregnant women. **Material and methods:** The study was conducted in a sample of 266 pregnant women. The Multidimensional Existential Meaning Scale, the Berlin Social Support Scales, the Satisfaction with Life Scale, and the Positive and Negative Affect Schedule were used. **Results:** Existential meaning was positively associated with life satisfaction and positive affect, and negatively associated with negative affect. Perceived available support, support seeking, and received support were positively correlated with life satisfaction and positive affect. Three dimensions of social support—perceived available support, received support, and protective buffering support—served as parallel mediators between existential meaning and the cognitive and affective dimensions of subjective well-being. In contrast, no mediating effects were found for the need for support or support seeking. **Discussion:** The results showed that existential meaning was positively related to perceived available support and received support, and negatively related to protective buffering support. **Conclusions:** These findings have important practical implications for planning health care programmes for pregnant women. In particular, people in their immediate environment and medical professionals should adopt supportive attitudes that not only prevent difficulties, but also promote health and well-being.

subjective well-being; existential meaning; social support; pregnancy

INTRODUCTION

Physiological and psychological changes occurring during pregnancy may give rise to important existential dilemmas in women's lives. Thematic analyses of interviews with pregnant

women have shown that, for some of them, pregnancy can be described as both “the best and worst time of their life” [1]. It may also be experienced as a burdensome situation marked by concerns about both the course of pregnancy and the mother's health, which can become a source of considerable psychological distress [2-5]. Therefore, caring for the existential, spiritual, and mental spheres of life in expectant mothers is of great importance.

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Existential meaning and well-being during pregnancy

One trend observed in medical research is the growing interest in existential, spiritual, and religious issues [6]. The conceptualisation of existential meaning-making has its roots in both spiritual and secular traditions. Drawing on the secular tradition, this construct is grounded in existential psychology and philosophy and therefore focuses primarily on the meaning of life, its value, and personal values [6-8]. Within this framework, existential meaning refers to the degree to which people understand the purpose, significance, coherence, and meaning of their lives, while also perceiving life as enjoyable, fulfilling, and worthwhile [8-10]. Meaning in life is a motivating personal resource that can positively affect mental health, especially various dimensions of subjective well-being, such as life satisfaction and affect [11-13].

Subjective well-being includes both an affective aspect, related to the intensity, frequency, and valence of experienced emotions, and a cognitive aspect, which refers to global life satisfaction, understood as little or no discrepancy between the situation desired by the individual and his or her current experience [14-16]. The study by Albertova and Bolekova [17] suggests that meaning in life is positively and strongly related to life satisfaction and affect, indicating that a higher sense of meaning is associated with higher well-being. Furthermore, it acted as a significant predictor of both happiness and life satisfaction in pregnant women. In addition, the study by Öcalan et al. [18] emphasises that there are significant differences in the levels of meaning and well-being between women with high – and low-risk pregnancies. The authors underline that meaning in life is an important resilience factor in the functioning of pregnant women and may be related to marital adjustment, identification with the maternal role, and acceptance of pregnancy.

Social support and its relationship with meaning and well-being in pregnant women

Social support can be considered both from a quantitative perspective, referring to the structure of the support network, its size, frequen-

cy, and duration of contacts, and from a qualitative perspective, taking into account the perceived availability of the support network and the types, quantity, and adequacy of the support received [19-21]. Referring to the qualitative perspective, social support can be defined as the subjective assessment of the quality and the role of social relationships [22].

Schwarzer and Knoll [23] emphasise that social support plays a significant role in the process of coping with stress. It is also known to influence a range of mental health outcomes, including those in expectant mothers [24]. In a systematic review of the role of social support in subjective well-being among pregnant women, Batulga et al. [25] analysed the results of 34 studies covering various dimensions of mental functioning, such as happiness, life satisfaction, positive and negative affect, and quality of life. They concluded that social support was positively and significantly related to all indicators of subjective well-being.

Various studies have shown a link between existential meaning and levels of social support [26-27]. However, there are still relatively few studies examining the association between existential meaning and social support among pregnant women. One Iranian study suggests that spirituality is significantly and moderately related to levels of social support in pregnant women [28]. In turn, an Indian study demonstrated a positive and strong relationship between sense of coherence and social support [29]. To the best of our knowledge, there are no studies directly demonstrating correlations between meaning in life and social support in pregnant women. This indicates an important gap in the current state of knowledge. Based on findings from other groups, it can be assumed that a similar relationship may also occur among pregnant women.

The mediating role of social support

Theoretical models and empirical findings indicate that social support may play a mediating role in the relationship between existential meaning and subjective well-being. The theoretical basis for this mediating role can be found in the concept of social support proposed by

Yarcheski and Mahon [30]. They hypothesised that, in difficult or crisis situations, people mobilise social support networks to help them cope with the source of stress and burden. Thus, social support can contribute to health and well-being. According to this model, social support may also be activated in response to positive events. Therefore, it is possible [30] that, in situations of both low and high levels of existential meaning, social support resources are mobilised and may act as a mediator in the relationship between meaning and subjective well-being. Pregnant women with a high level of meaning in life may seek support because they perceive their lives as valuable and purposeful. On the other hand, women with a low level of meaning may seek support in order to find meaning or cope with a difficult situation such as an existential crisis.

Unfortunately, only a few studies have tested the mediating role of social support among pregnant women. One Chinese study showed that perceived social support partly mediated the relationship between perceived anxiety and life satisfaction in pregnant individuals [31]. Research on rural women expecting a child indicates that the relationship between prenatal stress and depressive symptoms was partially mediated by satisfaction with social support and self-esteem [32]. On the other hand, Herbell and Zauszniewski [33] showed that social support might indirectly influence the relationship between pregnancy-specific stress and resourcefulness. Furthermore, a Polish study on pregnant women emphasizes that partner support acted as a mediator between prenatal concerns and psychological well-being [34]. Additionally, one of the latest studies by Bedaso et al. [35] revealed that various dimensions of social support mediated the relationship between perceived stress and quality of life in the mental sphere in expectant mothers.

To our knowledge, no study has examined the mediating role of social support in the relationship between existential meaning and subjective well-being in pregnant women. Niaghiha et al. [28] showed that social support mediated the relationship between spiritual well-being and life satisfaction in pregnant women. Studies suggest that spirituality, spiritual well-being, and meaning are highly correlated, although they remain

distinct constructs [36–37]. This supports the assumption that the above-mentioned theoretical model and previous empirical data justify examining the mediating role of social support between existential meaning and subjective well-being in pregnant women.

AIM OF THE STUDY

Based on previous research and the theoretical background, this study examined the direct and indirect relationships between existential meaning and the cognitive and affective dimensions of subjective well-being, with social support treated as a mediator. We hypothesised that: (1) existential meaning would be positively related to social support; (2) both existential meaning and social support would be positively related to subjective well-being; and (3) social support would act as a mediator in the relationship between existential meaning and the various dimensions of subjective well-being. The conceptual model proposed in the current study is shown in Figure 1.

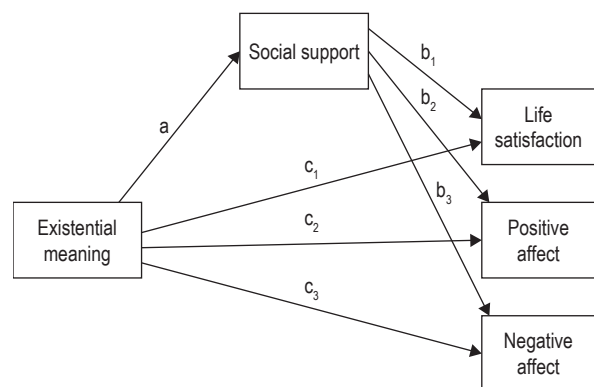


Figure 1. The conceptual model of social support domains as parallel mediators between existential meaning and the subjective well-being dimensions.

MATERIAL AND METHODS

Participants and procedure

The study included 266 pregnant women aged 18–42 years ($M = 27.74$, $SD = 4.23$). It was conducted partly online and partly in person. The participants differed in their education lev-

el: 6 had primary education (2.3%), 76 had basic vocational education (28.5%), 32 had secondary education (12.1%), and 152 had higher education (57.1%). They lived in Polish cities, towns, and villages located in the southern part of Poland. In terms of gestational age, participants ranged from 2 to 9 months of pregnancy ($M = 6.15$, $SD = 2.07$).

Participants were recruited using a snowball sampling method, either online or in person by research assistants. They were invited to take part in a study examining psychological factors important during pregnancy. Recruitment began with an initial group of respondents contacted via social media platforms and online parenting and health forums. Participation in the study was entirely voluntary and anonymous. The inclusion criteria required participants to be pregnant women with no current pregnancy complications or diagnosed psychiatric disorders. The exclusion criteria included incomplete questionnaires, the presence of serious medical problems, and duplicate entries.

Those who agreed to participate were asked to complete a set of questionnaires or were provided with a link to the survey website. In the case of any questions, research assistants were available to answer them. Participants were able to withdraw from the study at any point. The study was approved by the Ethics Committee of the Institute of Psychology at the University of Opole, Poland.

MEASURES

Multidimensional Existential Meaning Scale. Existential meaning was measured using the Multidimensional Existential Meaning Scale (MEMS), developed by George and Park [8] and adapted into Polish by Gerymski and Krok [38]. The scale conceptualises meaning in life within an existential perspective and measures it in three dimensions: (1) comprehension—the extent to which people perceive a sense of coherence and understanding in their lives; (2) purpose—the degree to which people perceive their lives as focused on and motivated by important goals; and (3) mattering—the degree to which people regard their existence as significant and important in the world [6]. The sum of these dimensions

yields the total score used in the present study. The scale includes 9 items rated on a 7-point scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Cronbach's alpha for the present study was .90 for the total score.

The Berlin Social Support Scales were used to measure different types of social support. The scales were developed by Schulz and Schwarzer [39] and adapted into Polish by Luszczynska et al. [40]. They assess five types of social support: (1) perceived available support—the availability of help and support from others; (2) need for support—the need for support in a stressful situation; (3) support seeking—the frequency or extent of seeking help from others; (4) actually received support—the concrete help provided by others; and (5) protective buffering support—behaviour aimed at hiding one's problems and avoiding discussion of existing difficulties. The total instrument includes 38 items measured on a 4-point scale ranging from 1 (definitely untrue) to 4 (definitely true). Cronbach's alpha coefficients for the present study ranged from 0.80 to 0.87.

The Satisfaction with Life Scale (SWLS). Life satisfaction was measured using the Satisfaction with Life Scale (SWLS) [41], which assesses the degree to which people experience an overall sense of satisfaction with life. The scale was developed by Diener and colleagues [101] and translated into Polish by Jankowski [42]. It is a widely used self-report instrument designed to measure a person's global cognitive judgment of overall life satisfaction, that is, how satisfied they are with life as a whole rather than with specific domains such as work, health, or relationships. It comprises five items rated on a 7-point scale ranging from 1 (absolutely untrue) to 7 (absolutely true). Higher scores reflect a higher level of life satisfaction. Cronbach's alpha for this variable was 0.86.

The Positive and Negative Affect Schedule (PANAS-X). This scale measures positive affect (i.e. the extent to which a person feels enthusiastic, active, and alert) and negative affect (i.e. the extent to which a person feels distressed and experiences unpleasant engagement), as well as 11 more specific affects (fear, sadness, guilt, hostility, joviality, self-assurance, attentiveness, shyness, fatigue, serenity, and surprise). It was developed by Watson and Clark [43] and adapt-

ed into Polish by Krok [44]. Due to the purpose of the current study, only the positive and negative affect subscales were used. They contain 20 items assessed on a 5-point scale ranging from 1 (very slightly or not at all) to 5 (extremely). Cronbach's alpha coefficients were 0.84 for positive affect and 0.85 for negative affect.

STATISTICAL ANALYSES

The data were analysed using G*Power 3.1 and IBM SPSS Statistics 29.0 [45] with PROCESS macro 4.2 [46]. No missing values were found. First, G*Power 3.1 was used to determine the minimum sample size ($N = 234$); the following criteria were adopted a priori: a small effect size ($f^2 = .06$), a maximum α value of .05, and a recommended test power of .80 [47]. Next, because all variables were measured using self-report questionnaires, common method variance was examined to exclude the pos-

sibility of bias [48]. Harman's single-factor test demonstrated that a single factor explained 27.72% of the variance, indicating that the data were not substantially affected by common method bias. Third, means, standard deviations, and Pearson's correlations were calculated. Fourth, the mediation approach proposed by Preacher and Hayes [49] was used. A parallel mediation model (Model 4) was applied, and the statistical significance of the direct and indirect effects was examined using bootstrap procedures (5,000 samples; 95% bias-corrected confidence intervals).

RESULTS

Descriptive statistics and correlations

In the first stage of the statistical analyses, descriptive statistics and correlations were calculated (Table 1).

Table 1. Mean Scores, Standard Deviations, and Zero-Order Pearson Correlation Coefficients among existential meaning, social support, and subjective well-being ($N = 266$)

Variables	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1. COM	–											
2. PUR	0.84***	–										
3. MAT	0.72***	0.70***	–									
4. EM	0.93***	0.92***	0.89***	–								
5. PAS	0.32***	0.31***	0.35***	0.36***	–							
6. NFS	0.06	0.11	0.13*	0.11	0.44***	–						
7. SS	0.04	0.08	0.13*	0.09	0.60***	0.72***	–					
8. ARS	0.20**	0.21**	0.32***	0.27***	0.44***	0.24***	0.27***	–				
9. PBS	-0.18***	-0.15*	-0.20**	-0.20**	-0.19**	-0.12*	-0.09	-0.24***	–			
10. LS	0.33***	0.32***	0.37***	0.37***	0.40***	0.10	0.15*	0.33***	-0.30***	–		
11. PA	0.30***	0.23**	0.24***	0.28***	0.34***	0.05	0.14*	0.31***	-0.11	0.51***	–	
12. NA	-0.24***	-0.20**	-0.26***	-0.26***	-0.22***	0.09	0.04	-0.11	0.36***	-0.43***	-0.31***	–
M	5.63	5.90	5.17	5.57	3.36	3.07	2.95	3.51	2.18	4.42	3.13	2.19
SD	1.31	1.37	1.44	1.25	0.62	0.61	0.70	0.61	0.65	1.29	0.80	0.85

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; Abbreviations: 1. Comprehension – COM, 2. Purpose – PUR, 3. Mattering – MAT, 4. Existential meaning: Total score – EM, 5. Perceived available support – PAS, 6. Need for support – NFS, 7. Support seeking – SS, 8. Actually received support – ARS, 9. Protective buffering support – PBS, 10. Life satisfaction – LS, 11. Positive affect – PA, 12. Negative affect – NA

The results showed that existential meaning and its dimensions—comprehension, purpose, and mattering—were positively correlated with perceived available support and actually re-

ceived support, and negatively correlated with protective buffering support. This pattern suggests that individuals with a stronger sense of coherence and purpose perceive their social net-

works as more supportive and engage in more constructive forms of help-seeking, while relying less on avoidant or overprotective coping.

Existential meaning and its dimensions were also positively associated with life satisfaction and positive affect, and negatively associated with negative affect. These relationships highlight the adaptive role of meaning in life as a psychological resource that fosters emotional balance and subjective well-being. Individuals with a coherent sense of purpose and significance in life may experience greater emotional stability, optimism, and satisfaction with life, while being less prone to negative emotional states.

Finally, perceived available support, support seeking, and actually received support correlated positively with indicators of well-being,

whereas protective buffering support showed the opposite pattern. These findings indicate that both existential meaning and functional forms of social support serve as crucial psychological resources that enhance well-being, while defensive or overprotective strategies may exacerbate emotional distress.

MEDIATION ANALYSIS

Next, a mediation analysis was conducted to assess whether dimensions of social support served as parallel mediators in the relationship between existential meaning (total score) and the dimensions of subjective well-being (life satisfaction, positive affect, and negative affect, respectively). The results are presented in Table 2.

Table 2. Results of direct and indirect effects for social support in mediating relationships between existential meaning and the subjective well-being dimensions (life satisfaction, positive affect, and negative affect, respectively) (standardised effects).

	Direct effects		Indirect effects	Standard error	95% Confidence intervals
	β Path a	β Path b	Effect	SE	<i>LLCI; ULCI</i>
Life satisfaction					
Mediators					
Perceived Available Support	0,35***	0.28***	0.10	0.04	0.04;0.17
Need for Support	0.11	-0.08	-0.01	0.01	-0.03;0.01
Support Seeking	0.08	-0.03	-0.01	0.01	-0.03;0.02
Actually Received Support	0.27***	0.13*	0.04	0.01	0.02 ;0.08
Protective Buffering Support	-0.20***	-0.18***	0.04	0.02	0.01;0.07
Total mediating effect	-	-	0.16	0.04	0.09;0.24
Positive affect (dependent variable)					
Mediators					
Perceived Available Support	0,36***	0.24***	0.09	0.04	0.02;0.16
Need for Support	0.11	-0.16*	-0.02	0.02	-0.05;0.01
Support Seeking	0.09	0.04	0.01	0.01	-0.01;0.04
Actually Received Support	0.27***	0.19**	0.05	0.03	0.01;0.10
Protective Buffering Support	-0.20***	-0.01	0.01	0.01	-0.01;0.07
Total mediating effect			0.12	0.03	0.06;0.19
Negative affect (dependent variable)					
Mediators					
Perceived Available Support	0,36***	-0.36***	-0.10	0.04	-0.18;-0.03
Need for Support	0.11	0.17*	0.02	0.02	-0.01;0.06
Support Seeking	0.09	0.10	0.01	0.01	-0.01;0.04

Actually Received Support	0.27***	0.05	0.01	0.02	-0.03;0.06
Protective Buffering Support	-0.20***	0.32***	0.06	0.02	-0.11;-0.02
Total mediating effect			-0.11	0.04	-0.19;-0.04

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; Path a – from independent variable to mediator; Path b – from mediator to dependent variable

The results of the bootstrapped regression analysis indicated that perceived available support, actually received support, and protective buffering support served as parallel mediators in the relationship between existential meaning and life satisfaction. Perceived available support refers to an individual's perception of the availability of emotional and practical support from others, actually received support measures the support the individual reports having received, and protective buffering support captures support behaviors aimed at shielding the individual from stress, sometimes at the cost of open communication. Analysis of direct effects suggests that higher levels of existential meaning are associated with higher levels of perceived available support and actually received support, as well as with lower levels of protective buffering support. These forms of social support, in turn, are associated with higher life satisfaction. The total mediating effect of existential meaning on life satisfaction via social support was positive (0.16).

Similarly, perceived available support and actually received support acted as parallel mediators in the relationship between existential meaning and positive affect. Higher levels of existential meaning were linked to higher levels of these types of support, which were subsequently related to higher levels of positive affect. The total mediating effect of existential meaning on positive affect via social support was positive (0.12).

Finally, perceived available support and protective buffering support were parallel mediators in the relationship between existential meaning and negative affect. Higher existential meaning predicted higher perceived available support and lower protective buffering support, which were related to lower levels of negative affect. The total mediating effect of existential meaning on negative affect via social support was negative (-0.11). In all analyses, the 95% confidence intervals did not include zero, confirming the significance of the mediation ef-

fects. Summarising the mediation analyses, it can be concluded that the following three types of social support: perceived available support, actually received support, and protective buffering support were parallel mediators between existential meaning and the cognitive and affective dimensions of subjective well-being. In contrast, no mediating effects were found for need for support and support seeking.

DISCUSSION

Pregnancy is not only a biological process but also a life event of considerable existential and psychological significance. The aim of this study was to assess the relationship between existential meaning and subjective well-being in pregnant women and to determine whether social support plays a mediating role between these variables. To our knowledge, this is the first study to investigate the mediating role of social support in the relationship between existential meaning and subjective well-being in pregnant women.

Our findings indicate that the higher the level of existential meaning experienced by pregnant women in terms of life purpose, significance, and value, the more they perceive social support as available and actually received. This result is consistent with the theoretical model [29], which assumes the activation of support in both negative and positive events. In situations of high existential meaning, social support resources can be mobilised. In the context of pregnancy, this may reflect the importance and significance of the pregnancy experience, which women share with their loved ones. Pregnant women may experience existential changes related to purpose, coherence, meaning, and significance, thereby gaining a new perspective on life. It seems natural and important to deepen reflection on existential meaning, as this may help establish a basic sense of purpose, particularly because pregnancy presents women with chal-

lenges related to coherence, meaning, and belonging in their lives [36]. Given the multifaceted and complex nature of reflection on existential meaning, as well as the duration of pregnancy, it may be assumed that many factors play a crucial role in each woman's individual experience of life's meaning.

Correlation analysis also revealed a relationship between existential meaning and protective buffering support, defined as protecting loved ones from bad news [50]. This finding may indicate that pregnant women with a high sense of existential meaning, who understand the purpose, significance, and coherence of life, perceive social support as less buffering and protective. Because a high level of existential meaning is associated with perceiving life as pleasant and satisfying, women who experience more positive emotions may feel less need to pass on difficult news to loved ones or to shield them from it. Women who have a sense of purpose and importance in life experience more positive emotions related to pregnancy and greater life satisfaction, while existential meaning and feelings of happiness may protect them from negative emotions. Various studies confirm the relationship between existential meaning and subjective well-being [13, 51-55]. Zika and Chamberlain [13] found that existential meaning positively shapes life satisfaction and affect. Zarif et al. [51] demonstrated that mental well-being plays a key role in sense of coherence, emotional balance, and overall life satisfaction. Conversely, Alderdice et al. [52] showed that inducing positive and constructive emotions in pregnant women helps improve mental well-being and reduces anxiety, stress, worry, and depression. Women with high levels of spirituality and reflection on their existence, who understand the meaning of the world, cope better with life's difficulties, thereby increasing their sense of happiness and life satisfaction [53-54]. Abdollahpour and Khosravi [56] showed that mental well-being increases with perceived social support from family, partner, and friends, which is consistent with our findings. Women who use social support report a higher quality of life, whereas a lack of support negatively affects the health of expectant mothers and the course of pregnancy. In addition, studies by Kaźmierczak et al. [57] indicated that received social support significantly differenti-

ates levels of life satisfaction and contentment among pregnant women. Women receiving social support report a higher quality of life, while the absence of support adversely affects maternal health and pregnancy outcomes [58-59].

Correlation analysis also revealed a negative relationship between protective buffering support and life satisfaction and positive affect, as well as a positive relationship with negative affect. This indicates that pregnant women who try to protect their loved ones from bad news experience lower life satisfaction and more negative emotions. Perceived available support was also negatively associated with negative affect, suggesting that women who perceive support as accessible experience fewer negative emotions. Zhu et al. [60] also noted a negative relationship between perceived social support and negative emotions during pregnancy. According to Sęk [21], in critical life situations, perceived and received social support influence the appraisal of events and their consequences and may be related to, or constitute part of, coping strategies. Belief in the availability of various sources of support can reduce the intensity of negative emotions. Our findings extend previous data by showing that existential meaning, as well as the perception and receipt of support among pregnant women, are related to cognitive and affective processes responsible for feelings of happiness and life satisfaction.

Mediation analyses indicated that a higher level of existential meaning was associated with a greater perception of available support and actually received support, which, in turn, was linked to higher positive affect and life satisfaction, and to lower negative affect. The relationship between meaning in life and positive and negative emotions is also supported by the studies of Zika and Chamberlain [13] and Steger et al. [61]. By increasing self-awareness, existential meaning may facilitate better communication with others and greater social support, which in turn strengthens the sense of purpose and meaning in life, improves coping with life events, and supports adaptation, thereby increasing life satisfaction [62].

Apart from the direct impact of existential meaning on subjective well-being, it may also influence social support in pregnant women. The mediational model demonstrated that ex-

istential meaning improves pregnant women's subjective well-being through the activation of social support. Similar results were obtained by Niaghiha et al. [28]. From a developmental psychology perspective, pregnancy is considered a critical event in a woman's life, requiring adaptation to a new situation, which can increase stress and negatively affect well-being and quality of life. Experiencing negative cognitive and affective reactions may activate social support resources, while the perception of support availability and the ability to make use of it can help maintain a satisfactory level of meaning, purpose, and significance in life, thereby strengthening coping abilities.

This interpretation is supported by studies showing that social support is a crucial factor associated with physical and psychological functioning, well-being, self-care, positive emotions, and life satisfaction in pregnant women [25, 35, 60]. Empirical data from earlier [63-64] and more recent studies [25, 65] confirm a positive relationship between mental and physical well-being and social support during pregnancy. Women cope better with critical events when they have social support [25, 66-67]. Mediation analysis also revealed that protective buffering support mediated the relationship between existential meaning and negative affect, with a higher level of existential meaning associated with a lower level of protective buffering support, which in turn was linked to higher life satisfaction. This indicates that a lower tendency to shield loved ones from bad news strengthens the negative relationship between existential meaning and negative affect. Based on these findings, it can be concluded that pregnant women with a strong sense of purpose, importance, and meaning in life are less inclined to protect loved ones from bad news, which is associated with higher life satisfaction and a lower intensity of negative emotions.

The present study has several important limitations. First, it was correlational and cross-sectional; therefore, it is not possible to determine the causal direction of the observed relationships. Second, the study did not consider the impact of pregnancy planning or the consequences of high-risk pregnancy. Women with an unplanned pregnancy may experience a wider range of negative emotions than other preg-

nant women, which can significantly affect their psychological functioning. In addition, a high-risk pregnancy may evoke strong emotions. Such a situation is highly stressful, and negative emotions may be further intensified by anatomical, hormonal, and adaptive changes [58, 68]. Women with a high-risk or unplanned pregnancy often experience strong emotions such as fear, uncertainty, worry, anger, or sadness, and they may also have a greater need for social support [57, 59].

CONCLUSIONS

To our knowledge, the present study is the first to examine the mediating role of social support in the relationship between existential meaning and subjective well-being. Every pregnancy, even one without social or obstetric risk factors, is a stressful situation and may be perceived as a breakthrough, life-changing event. Overall, pregnancy is a complex and dynamic state. A pregnant woman must adapt to changes affecting almost all areas of her life [1-2]. A meaningful life and adequate social support may constitute essential resources in women's adaptation to pregnancy and in maintaining their subjective well-being. These findings have important practical implications for planning health care programmes for pregnant women. In particular, people in their immediate environment and physicians should demonstrate supportive attitudes not only to prevent difficulties, but also to promote health as a subjective good.

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