Social Support Following Miscarriage: Impact on Outcomes of Grief and Growth.

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STATEMENT OF ORIGINALITY

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

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Frances Dunn

6 August 2013
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Abstract

Grief and growth are potential psychological sequelae of miscarriage but little is known about predictors of, or temporal changes in, these outcomes. This study aims to examine the impact of social support, partner support and marital satisfaction after miscarriage on the outcomes of grief and growth among women and men following unplanned pregnancy loss. Because social support is thought to facilitate the resolution of distress after trauma and to be associated with psychological growth we hypothesised that the use of support after miscarriage would be associated with improved outcomes in relation to grief and growth.

This study investigated predictors of grief and growth among 496 participants (248 couples) following miscarriage. Participants completed the following measures: the Significant Others Scale (SOS), Coping Response Inventory (CRI), Index of Marital Satisfaction (IMS), Perinatal Grief Scale (PGS) and Stress-Related Growth Scale (SRGS). Measures were taken at one and four months after miscarriage. The study employed a correlational design; data were entered utilising stepwise regression analysis. Grief and growth were taken as dependent variables in separate analyses. Sociodemographic characteristics and measures of support, marital satisfaction and coping were taken as predictor variables.

Favourable grief outcomes were associated with support satisfaction one month after miscarriage, marital satisfaction and coping style (with more use
of behavioural avoidance and less use of cognitive approach strategies predicting lower PGS scores). Growth was predicted by marital satisfaction. In unexpected findings a negative association was identified between support satisfaction and growth and no association was identified between coping style and growth.

These findings highlight the importance of social support and the quality of the marital relationship to individuals after miscarriage. Assessment by health professionals of salient aspects of support among individuals who have experienced miscarriage may lead to identification of those individuals who lack appropriate support resources and thus to interventions to enhance support which in turn could contribute to optimal psychological outcomes after miscarriage.