

Summary of Research Findings

What psychological research has found about coping after negative events

Research has found that adverse life events can lead to the search for meaning (Taylor, 1983) and that finding meaning after a negative experience can be important in reducing distress (Baumeister, 1991). Baumeister argues that suffering and unhappiness are often characterised by a lack, or loss, of meaning. He states that this is because having meaning is a fundamental human need because meaning allows people to have purpose, value and justification, efficacy and self-worth. He argues that after a negative event, the construction of positive assumptions about the self (e.g. 'I am a worthwhile person') and the world (e.g. 'The world is a good place') allow these needs for meaning to be met and this is what allows recovery to take place.

Distress after miscarriage and childbirth

The experiences of miscarriage and childbirth, while less difficult for some women, can result in significant psychological distress for others. This can be marked by symptoms of depression, anxiety and post traumatic stress. After a miscarriage, depressive symptoms have been found in 20-50% of women and 22-40% experienced anxiety symptoms (Athey & Spielvogel, 2000; Slade, 1994). Around 25% may suffer symptoms of post traumatic stress (Englehard et al, 2001). After childbirth, 10-15% of women may develop postnatal depression (Wessely, 1998) and 10% may develop anxiety symptoms (Stuart et al, 1998). Between 2.8 and 5.6% of women showed a post traumatic stress profile after birth (Ayers and Pickering, 2001) and up to 30% have some post traumatic stress symptoms (Creedy et al, 2000; Soet et al, 2003).

Finding meaning after miscarriage

Particular ways of thinking have been linked to more distress (e.g. wishful thinking) and less distress (e.g. trying to think of some positive aspects of the experience) (James & Krishansen, 1995). Maker & Ogden (2003) proposed that women go through three stages, *turmoil*, *adjustment* and *resolution*. During the adjustment stage they found that women searched for meaning and a minority of women did not find a satisfactory explanation. Simmons et al (2006) found that women often linked

their miscarriage to their moral deservedness as mothers (e.g. some women felt that they had a miscarriage because they did not deserve to be a mother) if they could not find a medical explanation. This highlights the tension between the medical and lay explanations of miscarriage. One woman said; *'Most people treat miscarriage as not very important 'everybody has them' etc. But it was very traumatic for me'* (p. 1942). The behaviour of professionals was reported to be a key factor in the accounts of women experiencing a miscarriage.

Finding meaning after childbirth

Expectation may be important in the experience of childbirth. Levy and McGee (1975) found that women who rated their childbirth favourably tended to indicate that their experience was better than expected and those who reported an unfavourable birth tended to see it as worse than expected. Conflicting research has shown that pain is related to adjustment (Soet et al, 2003) and is not related to adjustment (Lemola et al, 2007). Having control, having expectations met and having support from family and staff have been found to be crucial to satisfaction with the childbirth experience (Goodman et al, 2004; Hodnett, 2002). In general these factors are more important than the influences of pain, medical interventions and birth environment. The search for meaning and finding meaning following childbirth has been linked to adjustment. Important features of these processes are prior expectations, staff support, cultural attitudes, and having a sense of control.

The aims of the study

The present study looked at the experiences of women who had a first miscarriage within the last twelve months and women who had experienced a first childbirth within the last three years. The aim was to develop a picture of the processes of constructing meaning following the potentially adverse events of miscarriage and childbirth. Two questions were proposed:

1. How do the miscarriage and childbirth groups differ in respect to their levels of distress, and differ in their search for and finding of meaning?
2. What are the relationships between searching for meaning, finding meaning, positive affect and distress across the groups?

Findings of the study

Findings across all the (191) women who participated in the study

- Women who were searching for meaning had less positive mood and more symptoms of stress, anxiety, depression and post traumatic stress than women who found meaning.
- Women who had found more meaning had more positive mood than women who had less meaning.
- Having a purpose to daily life was related to positive mood.
- Believing the world to be more benevolent and meaningful was related to reduced distress.
- Having self-worth was linked to positive mood and decreased distress.

Findings from women who had experienced a miscarriage

- In general*, women who had experienced a miscarriage were moderately anxious and were mild to moderately depressed.
- In general* women who experienced a miscarriage had raised symptoms of post traumatic stress.

Findings from women who had experienced childbirth

- In general*, women who had experienced childbirth were mildly anxious and were not depressed.
- No differences were found between women who experienced childbirth in the last year and women who experienced childbirth 1-3 years ago in respect to symptoms of stress, anxiety, depression and post traumatic stress.
- No differences were found between women 0-1 years and 1-3 years since childbirth in their search for meaning.
- No differences were found between women 0-1 years and 1-3 years since childbirth in finding meaning.

(*'In general' means the average score across all participants)

Comparing the participants who experienced a miscarriage to participants who experienced childbirth

- Women who experienced a miscarriage were significantly more distressed than women who experienced childbirth.
- Women who experienced childbirth had significantly more positive mood than women who experienced a miscarriage.

- Women who experienced a miscarriage were searching for meaning more than women who experienced childbirth.
- Women who experienced childbirth had found more meaning than women who experienced a miscarriage.

Conclusions

- Experiencing a miscarriage can be a significantly distressing event and this research found that experiencing a miscarriage was generally more distressing than experiencing childbirth.
- Not all women after childbirth are distressed. For example, one participant wrote, 'I loved it!!!...after a few pushes (& a double decker choc bar) my beautiful baby boy arrived in just over an hour and a half!!!'
- However, childbirth can also be a significantly distressing event for some women. For example, one participant wrote, 'I have never been more frightened or alone in my life in a room full of strangers telling me what to do, all I wanted was my husband! I got post traumatic stress disorder and didn't bond with my baby. It has put me off having any more children'.
- Women who found childbirth difficult and struggled afterwards may not get better over time. They may continue to search for meaning and may not find meaning, or they may find meaning but this does not lead to recovery. One participant wrote, 'My healthy daughter was born vaginally that evening without complications, but she is nearly two and I still feel I failed at giving birth to her.'

How this research may help women who experience miscarriage or childbirth as traumatic or aversive

- This research has provided evidence to suggest that the development of therapies are needed to support women who experience distress after miscarriage or childbirth.
- This research also has provided some evidence that distress after childbirth may become chronic. Therefore therapies may need to address the issue of women experiencing distress after childbirth for up to three years.
- Promoting the finding of meaning may be a useful issue to address in therapy for women experiencing difficulties following childbirth or miscarriage.

References:

- Athey, J., & Spielvogel, A. M., (2000). Risk factors and intervention for psychological sequelae in women after miscarriage. *Primary Care Update in Obstetrics and Gynaecology*, 7, 64-69.
- Ayers, S., & Pickering, A.D. (2001). Do women get Post Traumatic Stress Disorder as a result of childbirth? A prospective study of incidence. *Birth*, 28, 111-118.
- Baumeister, R.F. (1991). *Meanings of Life*. The Guildford Press, London, New York.
- Creedy, D.K., Shochet, I.M., & Horsfall, J. (2000). Childbirth and the development of acute trauma symptoms: Incidence and contributing factors. *Birth*, 27, 104-111.
- Engelhard, I.M., Van der Hout, M.A., & Arntz, A. (2001). Posttraumatic stress disorder after pregnancy loss. *General Hospital Psychiatry*, 23, 62-66.
- Goodman, P., Mackay, M.C., & Tavakoli, A.S. (2004). Factors relating to childbirth satisfaction. *Journal of Advanced Nursing*, 46, 212-219.
- Hodnett, E.D. (2002). Pain and women's satisfaction with the experience of childbirth: A systematic review. *American Journal of Obstetrics and Gynaecology*, 186, 16-172.
- James, D.S., & Kristiansen, C.M., (1995). Women's reactions to miscarriage: The role of attributions, coping styles and knowledge. *Journal of Applied Social Psychology*, 25, 59-76.
- Lemola, S., Stadlmayr, W., & Grob, A. (2007). Maternal adjustment five months after birth: The impact of the subjective experience of childbirth and emotional support from the partner. *Journal of Reproductive and Infant Psychology*, 25, 190-202.
- Levy, J.M., & McGee, R.K. (1975). Childbirth as crisis: A test of Janis's theory of communication and stress resolution. *Journal of Personality and Social Psychology*, 31, 171-179.
- Maker, C., & Ogden, J. (2003). The miscarriage experience: more than just a trigger to psychological morbidity? *Psychology and Health*, 18, 403-415.
- Taylor, S.E. (1983). Adjustment to threatening events: A theory of cognitive adaption. *American Psychologist*, 38, 1161-1173.
- Simmons, R.K., Singh, G., Maconochie, N., Doyle, P., & Green, J. (2006). Experience of miscarriage in the UK: Qualitative findings from the National Women's Health Study. *Social Science and Medicine*, 63, 1934-1946.
- Slade, P. (1994). Predicting the psychological impact of miscarriage. *Journal of Reproduction and Infant Psychology*, 12, 5-16.
- Soet, J.E., Brack, G.A., & Dilorio, C. (2003). Prevalence and predictors of women's experience of psychological trauma during childbirth. *Birth*, 30, 36-46
- Wessely, S. (1998). Commentary: Reducing distress after normal childbirth. *Birth*, 25, 220-221.