Development And 6-month Validation of a Typology of Chinese Women Experiencing Miscarriage Based on Pregnancy, Personality, And Cultural Factors

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Running Head: MISCARRIAGE TYPOLOGY

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Abstract of thesis entitled:

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Submitted by Yan Chau Wai, Elsie

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Abstract

The present 4-phase study was an attempt to propose an integrated conceptual model to advance understanding of Chinese women's adjustment to miscarriage; that is, the perinatal grief symptoms, psychological distress, state anxiety symptoms, and depressive symptoms they experience in response to miscarriage. Through a comprehensive review of sociobiological theory, attachment theory, psychoanalytic theory, and the feminist perspective, the author proposes a conceptual model involving 3 major pathways, namely pregnancy, cultural, and personality factors. It was hypothesized that 3 subtypes of women who experienced miscarriage (WEM) (Adjusted Women, AW; Dysphoric Women, DW; Gender Bound Women, GW) could be identified with each subtype being affected by a combination of different factors. Specifically, it was hypothesized that AW would be affected by pregnancy factors, DW by pregnancy and personality factors, and GW by pregnancy, personality, and cultural factors.

In the first phase of this study, the cluster analysis results of 208 WEM provided initial empirical support for this typology. Three subtypes of WEM were identified. They were "Adjusted Women" (AW, N = 54, 26%), "Dysphoric / Mixed Type Women" (DW, N = 57, 27%), and "Gender-Bound Women" (GW, N = 97, 47%). Partially supporting the hypothesis, GW experienced the worst adjustment as reflected in their high level of perinatal grief symptoms compared to AW and DW. Further examination of the demographic characteristics of each WEM subtype showed that while DW reported relatively stronger personality (i.e., trait anxiety, trait depression, and neurotic personality) and cultural vulnerabilities (i.e., traditional ideal personhood and self-sacrifice) compared to AW, GW's reports of personality and cultural vulnerabilities faired the worst among the 3 WEM subtypes. Cluster-constrained hierarchical regression analyses revealed a distinct set of predictors for immediate postloss adjustment of AW, DW, and GW. Instead of a complete nested model, the present data fitted a partially nested model where AW were nested within GW, and DW represented a mixed type of WEM. Specifically, AW's perinatal grief was affected by pregnancy factors whereas GW's was affected by pregnancy, personality, and cultural factors. DW's perinatal grief was not affected by pregnancy factors but by personality and cultural factors.

In the second phase of this study, comparisons were made between the 3 WEM subtypes and women with healthy uncomplicated pregnancy (pregnant controls, N = 258). The results showed that the 3 WEM subtypes experienced varying levels of adjustment problems—that

is, psychological distress, state anxiety symptoms, and depressive symptoms—compared to the pregnant controls. GW, in particular, were 8 times more likely to be classified as psychological distress caseness and 4 times more likely to be classified as state anxiety caseness and state depression caseness, even after controlling for pregnancy factors and spousal emotional social support.

In the third phase of this study, the author attempted to establish predictive validity of the proposed WEM typology using 6-month 2-wave longitudinal data. A subsample from Phase One and Phase Two of this study, including 103 WEM (AW = 33, 32%; DW = 27, 26%; GW = 43, 42%) and 139 pregnant controls, provided information on their psychological distress, state anxiety symptoms, and depressive symptoms, as well as on their motivation to reproduce at 6 months after the initial interview. Although GW were significantly more likely than AW and DW to report being pregnant or having the intention to conceive at 6 months post miscarriage, no significant differences were observed between the 3 WEM subtypes in their psychological distress, state anxiety symptoms, and state depressive symptoms.

In the fourth phase of this study, pregnancy, personality, and cultural factors as well as spousal emotional social support were reexamined for their possible implications for WEM's and the pregnant controls' psychological distress, state anxiety symptoms, and state depressive symptoms at 6 months following the initial assessment. The results showed that spousal emotional support at a 6-month follow up was a salient predictor of psychological

distress, state anxiety symptoms, and state depressive symptoms at 6 months after the initial assessment for both WEM and the pregnant controls. While spousal emotional support at the initial assessment did not have the same effect, this result suggested that to mitigate the longer term poor psychological adjustment of WEM and pregnant women, sustained spousal emotional support is needed. Trait anxiety at the initial assessment was also a strong predictor of WEM's psychological distress, state anxiety symptoms, and state depressive symptoms at 6 months post miscarriage. This result was consistent with previous research that found a history of anxiety disorder related to poor adjustment in WEM. Pregnancy factors at the initial assessment were only moderately related to the psychological adjustment of WEM and the pregnant controls, and cultural factors at the initial assessment were not related to any of the adjustment indicators at the 6-month follow up. Limitations, suggestions for future research, and implications for practice are discussed in chapter 9.

撮要

這 4 階段研究旨在提出一個綜合概念模型以理解中國婦女面對流產的心理調整; 即哀傷症狀、心理困厄、焦慮和憂鬱症狀等。通過全面審查社會生物理論、依附理論、精神分析理論和女權透視的，作者提出一個包含三組主要因素 (懷孕，文化和個性因素) 概念模型。作者假設流產婦女能歸類爲三類，包括調整型婦女(Adjusted Women; AW)， 不安型婦女 (Dysphoric Women; DW); 性別中心型婦女 (Gender Bound Women; GW) 並假設每類流產婦女的心理調整均受不同組合的因素影響。具體地說，AW將受懷孕因素影響，DW將受懷孕和個性因素影響，而GW則將受懷孕、個性和文化因素影響。

在第一階段研究， 208 名流產婦女的集群分析結果辨認了三組流產婦女。他們是「調整型婦女」(Adjusted Women; AW，N = 54， 26%)， 「不安/混雜型婦女」 (Dysphoric Women; DW， N = 57， 27%) 和「性別中心型婦女」 (Gender-Bound Women; GW， N = 97， 47%)。比對於 AW 和 DW，GW 體驗最嚴重的哀傷症狀。三類流產婦女的個別特徵進一步突顯她們之間的分別。相較於 AW，DW 有較多的個性 (特質焦慮、特質憂鬱和神經過敏)和文化(傳統理想個性和自我犧牲)弱點， 而 GW 的個性和文化弱點更是三類流產婦女之冠。聚類回歸分析結果顯示，三類流產婦女的心理調整確實受到不同因素的影響。當前的數據反映一個部份巢狀模型，即 AW 建於 GW 之內，而 DW 則代表一個混雜的類型。具體地說， AW 的哀傷症狀受懷孕因素影響，而 GW 則受懷孕、個性和文化因素影響。 DW 未受懷孕因素影響，而是受個性和文化因素影響。

第二階段研究比較三類的流產婦女和健康孕婦 (N = 258)的異同。結果顯示，與健康孕婦比較，三組的流產婦女均體驗不同程度的心理調整 – 包括心理困厄、焦慮和憂鬱症狀。 當中尤以 GW 爲甚，即使在控制了懷孕因素和配偶支援以後，她們被分類爲心理困厄患者、焦慮和憂鬱症狀患者的可能性依然比一般健康孕婦高出 8 倍和 4 倍。

在第三階段研究，作者試圖以六個月的縱貫性資料去測試上述流產婦女類型的預測性。部份參與了第一和第二階段研究的婦女，包括 103 名流產婦女 (AW = 33， 32%; DW = 27， 26%; GW = 43， 42%)和 139 名健康孕婦，應邀參與了第三階段的研究並在初次面談後的六個月後提供她們心理困厄、焦慮和憂鬱症狀、和再次生育的意圖等資料。雖然 GW 在流產六個月後比 AW 和 DW 更傾向圖表示她們正懷孕或有再次生育的意圖，但是三類流產婦女在心理困厄、焦慮和憂鬱症狀上並沒有重大分別。

第四階段研究重新探討懷孕、個性、文化因素和配偶支援對流產婦女和健康孕婦在初次面談後六個月的心理困厄、焦慮和憂鬱症狀等的影響。 結果顯示，不論是在流產婦女或是在健康孕婦當中，六個月後的配偶支援均是同期心理困厄、焦慮和憂鬱症狀的一個明顯預報因子。然而，初次面談時的配偶支援卻沒有相同作用。這結果建議要緩和流產婦女和孕婦的長期惡劣心理調整，長期的配偶支援是需要的。配偶支援以外，初次面談時的特質焦慮亦是婦女們在六個月後心理困厄、焦慮和憂鬱症狀的一個明顯預報因子。首次評估時的懷孕因素只有限度地與健康孕婦六個月後的心理調整有關，而首次評估時的文化因素並未與六個月後的任何心理調整有關。第 9 章談論本研究的局限、未來研究建議和本研究結果的實踐價值。

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