

BRIEF REPORT

Active grief, despair, and difficulty coping: some measured characteristics of male response following their partner's miscarriage

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Abstract *There has been relatively little published research on the effects upon men of their partner's miscarriage. Some interim findings from the first large study in the UK are indicated. Male partners (n = 323) of women who miscarried were administered the Perinatal Grief Scale (PGS), scoring on overall grief not dissimilarly to female cohorts who had miscarried. Analysis of the PGS scores suggests characteristic differences in the way grief is handled by males and females, with males displaying less immediate 'active grief', but being more vulnerable to feelings of 'despair' and 'difficulty in coping'. The duration of the pregnancy prior to miscarriage and the experience of seeing an ultrasound scan appear to be factors in raised levels of grief in these men.*

Introduction

There has been a small body of research into parental response to spontaneous abortion, which has included studies of both reaction to miscarriage, defined here as up to and including the 24th week of pregnancy, and stillbirth, defined as loss subsequent to the 24th week of pregnancy (Beil, 1992; Seibel & Graves, 1980; Leppert & Pahlka, 1984; Theut & Pederson, 1988; Theut *et al.*, 1989; Lovell, 1983).

Understandably, this research has focused upon the immediate impact upon the woman, particularly her psychological and emotional response, and her subsequent recovery (Friedman & Gath, 1989; Lasker & Toedter, 1991; Conway, 1991, 1992, 1995; Hunfield *et al.*, 1993; Cecil, 1994; Cecil & Leslie, 1993; Nieland & Roger, 1997). Little attention has been paid to the other bereaved partner, who is generally assumed to be relatively impervious to such events (Defrain, 1991; Black, 1991).

In the findings reported in this study of men whose partners recently miscarried, a

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grief scale is employed (the *Perinatal Grief Scale*), which was originally used to measure grief in women subsequent to their own experience of spontaneous abortion, but which has also been shown to be applicable to males (Toedter *et al.*, 1988). The intention was to relate the grief reaction of males to established norms for other female cohorts (e.g. Dunn *et al.*, 1991). In the latter, measured 6–8 weeks after miscarriage, the mean Perinatal Grief Scale (*PGS*) scores for women were as follows; overall grief = 71.58, *active grief* = 30.24, *difficulty coping* = 21.22, and *despair* = 21.11, confirming those of a previous study (Potvin *et al.*, 1988), which found mean *PGS* scores in women after spontaneous abortion to be: overall grief = 73.76, *active grief* = 31.84, *difficulty coping* = 21.40, and *despair* = 20.51.

Method

Sample

The results presented here derive from two separate but methodologically identical studies. The two studies contribute approximately 40% (north-east England) and 60% (Midlands), respectively, and produce similar patterns of response. Those men who agreed to take part in the study were offered research packs, which were typically completed and returned within 2 weeks of issue, so that all were available within 8 weeks of the miscarriage event. Inevitably with such a sensitive issue, non-response was high: a little over half (56%) of the research packs were completed and returned in a usable form. The ages of participants ranged from 17 to 56 years with a mean of 31.04 years (SD 8.42). The mean age of their partners who miscarried was 29.74 (SD 7.86) with a range of 17–53 years. Approximately half of the women (47%) had suffered a previous miscarriage.

Measures

Personal information was obtained through a questionnaire accompanied by covering letter explaining the nature and purpose of the research. The principal research instrument, the Perinatal Grief Scale (Toedter *et al.*, 1988), is now a recognized standard measure for studies of female cohorts, having well-established reliability and validity (Hunfield *et al.*, 1993; Potvin *et al.*, 1988). It comprises three sub-scales, '*active grief*', '*difficulty coping*', and '*despair*', each having 11 items and a scoring range of 11–55. The first of these, *active grief*, measures 'normal grief', i.e. distress due to the loss. The second, *difficulty coping*, measures adaptive behaviours: high scores on this sub-scale indicate less adaptive responses to grief, i.e. that individuals are experiencing difficulties in dealing with individuals and situations. A high score on the third sub-scale, *despair*, is a predictor of long term emotional difficulties. An overall score for the *PGS* is obtained by a simple summation of the score on the three individual sub-scales, having a possible range of between 33 and 165.

Results

Overall scores on the *PGS* and its sub-scales

Analysis of the data for the whole sample of 323 participating men revealed high levels of grief on the *PGS* (overall mean = 80.98), but with considerable variation indicated by the relatively large spread of scores (*PGS* overall standard deviation = 29.08). Scores

Table 1. Mean scores on the PGS and sub-scales according to duration of pregnancy at miscarriage (standard deviations in parentheses)

| | Duration | | |
|-------------------|------------------------|-------------------------|-------------------------|
| | 0-12 weeks (n = 90) | 13-16 weeks (n = 87) | 17 + weeks (n = 146) |
| Active Grief | 23.67 | 25.44 | 26.35 |
| Difficulty Coping | 25.68 | 27.16 | 29.10 |
| Despair | 25.89 | 28.01 | 29.30 |
| PNG Total | 75.23 | 80.61 | 84.75 |

were high on all three sub-scales (*active grief* mean = 25.36, SD = 10.52, *difficulty coping* mean = 27.62, SD = 10.8, *despair* mean = 28.0, SD = 11.16). Taken together, the high mean scores and the relatively large dispersion of scores indicate both a diversity of response and a generally raised level of grief.

Duration of pregnancy and scores on the PGS and its sub-scales

To examine these scores for any progression that could be due to the increasing maturity of the pregnancy, the sample was divided for purposes of analysis into three groups according to the duration of the pregnancy at spontaneous abortion, i.e. pregnancies terminating at up to and including 12 weeks, 13–16 weeks, and over 16 weeks. The results shown in Table 1 confirm a gradually increasing level of grief for men on all sub-scales of the PGS related to the increasing duration of pregnancy before miscarriage, with the overall PGS mean score rising from 75.23 to 84.75.

Although the differences between the overall PGS scores were just significant ($F(2,320) = 3.02, p = 0.049$), none of the differences between the three groups on the three sub-scales were significant at the 0.05 level of significance: *active grief* ($F(2,320) = 1.82, p = 0.16$); *difficulty coping* ($F(2,320) = 2.92, p = 0.054$); *despair* ($F(2,320) = 2.62, p = 0.073$), confirming the gradual rather unspecific nature of the transition.

Ultrasound scan and scores on the PGS and its sub-scales

A second analysis examined whether raised scores on the PGS and its sub-scales might be attributable to seeing an ultrasound scan of the unborn child. The sample was

Table 2. Mean scores on the PGS and sub-scales according to whether the male partner had seen an ultrasound scan (standard deviations in parenthesis)

| | Ultrasound | |
|-------------------|----------------------------|------------------------|
| | Scan not seen (n = 170) | Scan seen (n = 153) |
| Active Grief | 21.41 | 29.75 |
| Difficulty Coping | 23.34 | 32.39 |
| Despair | 24.66 | 31.71 |
| PNG Total | 69.41 | 93.84 |

divided into those who had seen an ultrasound scan, and those who had not. Once again the findings were positive, with the level of grief of those who had seen an ultrasound scan being considerably higher on the overall *PGS* and all three sub-scales (Table 2).

Clearly, those who saw an ultrasound scan also exhibited higher levels of grief on all dimensions measured by the *PGS*. In this case, and somewhat discrepant from the apparent effects of pregnancy duration, all of these differences were found to be highly significant, i.e. *PGS* $F(1,321) = 68.86$, $p < 0.001$; *active grief* $F(1,321) = 59.82$, $p < 0.001$; *difficulty coping* $F(1,321) = 63.30$, $p < 0.001$; *despair* $F(1,321) = 35.52$, $p < 0.001$.

Discussion

The levels of reported grief for these men are very high, not dissimilar overall to the raised levels reported for women in previous comparable research. The men in this study in fact score somewhat higher on the overall *PGS*, but the pattern of results across the sub-scales differs from the female cohorts, for whom *active grief* is particularly, and not unexpectedly, high (in excess of mean = 30). In keeping with the general expectations of male response to miscarriage, *active grief* for men appears much lower than for women following miscarriage, but both *difficulty coping* (mean = 27.62) and *despair* (mean = 28.0) are raised much higher for men than for women. High scores on these two sub-scales characterize those who, if not immediately presenting a strong outward response, may be at risk of affective reactions in their daily lives (Lasker & Toedter, 1991).

The rather different patterns for men and women in part confirm the intuitive generally accepted view that women would be more immediately and more strongly affected than their male partners, but the revealed patterns show unexpectedly high 'delayed' effects for males with regard to present and (and potentially longer term) future *difficulty coping* and feelings of *despair*. The full extent and duration of these effects needs to be monitored.

It is possible to explain the high male response with respect to *difficulty coping* and *despair* relative to female cohorts, as in part due to the few opportunities that men have for cathartic expression of their emotions during and immediately after the miscarriage. It may be that a contrast effect occurs for both men and women, by which they judge (and report here) their own responses differently, the woman being expected to grieve and react most strongly in the immediate aftermath of the miscarriage.

The evidence from the analysis of the effect of pregnancy duration suggests that duration prior to miscarriage is a small but consistent factor in the increased grief response of the male partner. The very high scores exhibited by those men who had seen an ultrasound scan are remarkable and warrant further extended research. In all respects, including in this case *active grief*, the reported grief was considerably heightened (*active grief* mean = 29.75; *difficulty coping* mean = 32.39; *despair* mean = 31.71).

Although the potential effects upon both parents were signalled more than a decade ago (Forrest *et al.*, 1981, 1982), systematic comparison of the actual grief effects upon both partners over a longer period has apparently escaped attention until relatively recently (Johnson & Puddifoot, 1996; Puddifoot & Johnson, 1997). It appears that the initial attitudes of the male partners have played some part in their subsequent reaction to miscarriage. Further work in this area should include studies of larger samples contacted during early pregnancy in order that data concerning vulnerability might be established prior to the event of miscarriage for both partners.

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