Predictors of Depression for the Male Partner Following Miscarriage.

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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. I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

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I hereby certify that the work embodied in this thesis contains a manuscript of which I am a joint author. I have included as part of the thesis a written statement, endorsed by my supervisor, attesting to my contribution to the joint publication/scholarly work.

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Critical Literature Review

Abstract

An abundance of research indicates that following miscarriage, both male and female partners can experience a grief reaction, similar in intensity to that which is felt following the loss of a loved one. There is less consideration of the possibility that miscarriage is a form of bereavement, with the potential to elicit complicated, long term grief that is associated with depression in both partners.

This review evaluates the literature which indicates that expectant mothers and fathers become attached to the unborn foetus and argues that the strength of this emotional attachment may help explain why the loss of an unborn foetus can be so significant for the potential parents and can be included as an example of bereavement. Nevertheless, the literature on bereavement appears to have largely ignored miscarriage. Yet it is an experience of loss that shares risk factors, consistently associated with complicated grief reactions to bereavement including; being sudden and unexpected, involving the loss of a child (even if imagined) and a lack of social support.

Despite this, the incidence of longer term psychological morbidity following miscarriage in either partner but particularly for males, has received scant attention. There is some evidence to suggest that a small group of males do experience depression and associated physical health problems. If this group of at risk males could be identified at an early stage, they may benefit from intervention and support. To that end, theories will be evaluated which suggest that moderating factors of this more complicated reaction in males may include; less active grief
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following miscarriage, higher levels of despair following miscarriage and a grief reaction that is incongruent with that of the female partner.