

PREDICTION OF POSITIVE DYADIC COPING IN WOMEN AFTER PERINATAL LOSS



GARCÍA-TRIBALDOS, V.,¹ SANTAMARÍA-GUTIEZ, R.,^{1,2} PEREIRA-GONZÁLEZ, A.,¹ & LACOMBA-TREJO, L.^{3*}

¹Faculty of Psychology and Speech Therapy, Universitat de València, València, España

²Clinical Psychology Department, General Hospital of Valencia, València, España

^{3*} Department of Developmental and Educational Psychology, Faculty of Psychology and Speech Therapy, Universitat de València, València, España

Email: laura.lacomba@uv.es

INTRODUCTION

Perinatal loss is a highly stressful life event that significantly affects women's emotional well-being and intimate relationships. It is associated with a substantially increased risk of depression and anxiety, with symptoms often persisting for years in many cases (Herbert et al., 2022). Women who experience stillbirth, miscarriage, or pregnancy termination also face an **elevated long-term risk of common mental disorders** (Shen et al., 2023). The psychological impact typically involves both **trauma and bereavement**, with a considerable proportion of women experiencing post-traumatic stress, anxiety, and depression months after the loss (Quenby et al., 2021).

Adjustment to perinatal loss is shaped by multiple **individual and relational factors**. **Adverse childhood experiences (ACEs)** increase vulnerability to both miscarriage and perinatal trauma, as well as later mental health difficulties (Souch et al., 2025). **Insecure attachment patterns** are linked to more severe grief, depression, and post-traumatic stress, while **dyadic coping**—especially joint coping between partners—plays a key role in reducing distress and fostering better adjustment (Freedle & Oliveira, 2024). Feelings of **guilt and self-blame** are common, although shame appears to be a stronger predictor of persistent psychological difficulties (LeBlanc et al., 2020).

This cross-sectional study aimed to identify which combinations of these variables predict high or low levels of positive dyadic coping in women following perinatal loss.

METHOD

PARTICIPANTS

- The study sample consisted of **60 women**, aged **18 to 49**, who had experienced a **perinatal loss**. All were residents of Spain and participated voluntarily.

PROCEDURE

- A **cross-sectional study** (February 2025) was conducted using online questionnaires. Participation was anonymous, and informed consent was obtained.
- Data were analyzed using **fuzzy-set Qualitative Comparative Analysis (fsQCA)**, a set-theoretic statistical-analytic technique suited to identifying multiple causal pathways and configurations of conditions leading to a given outcome.

VARIABLES & INSTRUMENTS

- Adverse Childhood Experiences (ACEs):** *Adverse Childhood Experiences Questionnaire* (ACE-Q; Felitti et al., 1998).
- Romantic Attachment:** Experiences in close relationships (ECR-S; Fraley et al., 2000, 2011). Spanish versión: Fernández-Fuertes et al. (2011).
- Guilt**: *ad hoc* guilt item, rating guilt intensity from 0 to 10.
- Mental health problems**: 6; self report indicator of current mental health problems.

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RESULTS

fuzzy-set Qualitative Comparative Analysis (fsQCA),

- Specific sufficient configurations** emerged for both high and low coping.
- High dyadic coping** was associated with combinations including **low attachment avoidance, low attachment anxiety, and low guilt**.
- The **absence of attachment avoidance** was a **necessary** condition for **high dyadic coping**.
- Low dyadic coping** was best explained by pathways involving **high attachment avoidance** together with **high guilt or a history of childhood adversity**.
- These configurations accounted for **74% of high-coping** cases and **77% of low-coping** cases.

CONCLUSIONS

- Our findings highlight the importance of **considering how psychological and relational factors interact to shape coping responses after perinatal loss**.
- The configurational perspective offered by fsQCA underscores the need for **flexible, personalized interventions that promote emotional closeness and strengthen emotion regulation within couples** to foster adaptive coping following such a profound loss.