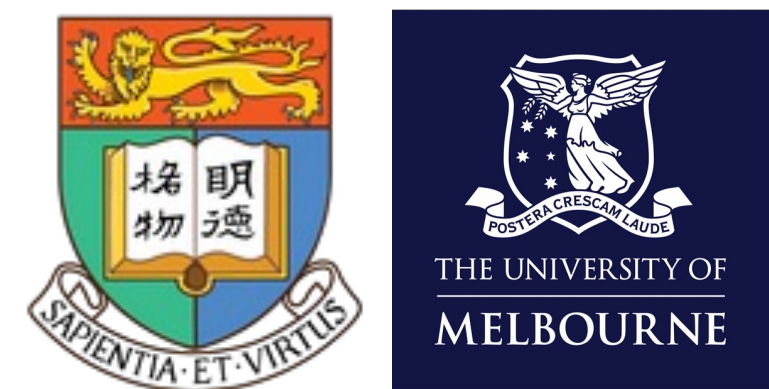


The Impact of Grieving Styles and Psychological Flexibility on Depression Level in Pregnancy Loss: A Moderation Analysis in Hong Kong

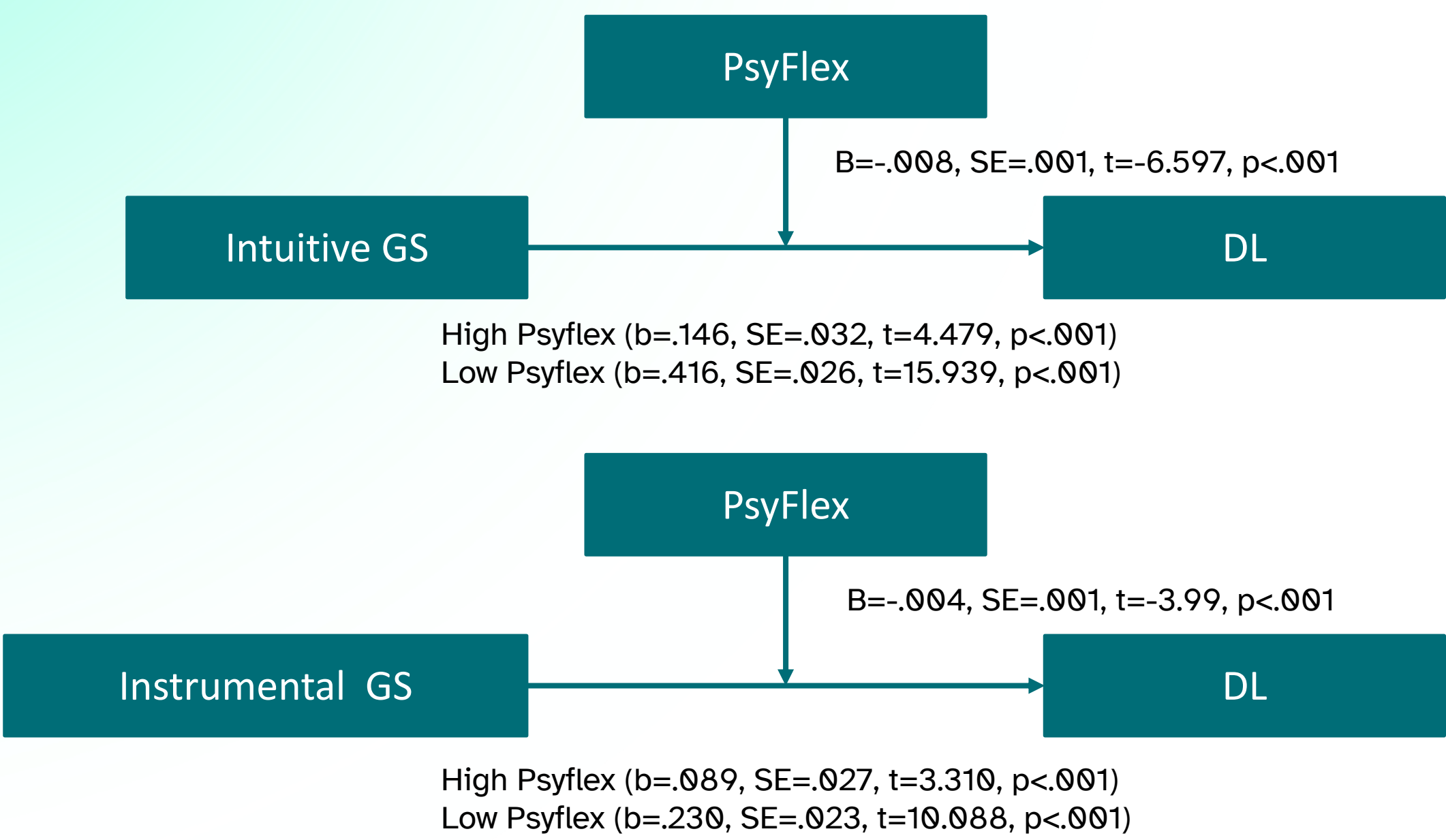


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INTRODUCTION

Grief is an emotional response that individuals may go through after a significant loss (Seiler, Von Känel, & Slavich, 2020). Studies indicate that there are two distinctive styles of grief coping: intuitive and instrumental (Holm, Severinsson, & Berland, 2019). Research also suggests that individuals with greater psychological flexibility tend to experience less emotional distress (Duarte, Björkstrand, McCracken, & Perrin, 2023), although more studies are needed to explore how this can moderate the applies to pregnancy loss specifically.

This study aims to test if engagement in intuitive or instrumental grieving styles(GSs) opposite in nature in the context of pregnancy loss, further explore the moderating effect of psychological flexibility(PsyFlex) on GSs and depression level(DL).



METHODOLOGY

An online cross sectional study was conducted in October 2024 in Hong Kong through convenience sampling. A total of 582 individuals undergone pregnancy loss have been recruited from the community. Data on GSs was collected by Grief Pattern Inventory, PsyFlex was collected by Comprehensive Assessment of Acceptance and Commitment Therapy Processes, and DL was measured by Patient Health Questionnaire-9.

RESULT

According to correlation analysis, intuitive and instrumental GSs were found to be moderately positively correlated, $r(579)=.526, p<.001$. Indicating that participants with a high adoption of one GS also tend to have a high adoption of another.

Moderation analysis suggested that the interaction between intuitive GS and PsyFlex was significant (B=-.008, SE=.001, t=-6.597, p<.001), the simple slope of intuitive GS on DL was significant at low (b=.416, SE=.026, t=15.939, p<.001) and high (b=.146, SE=.032, t=4.479, p<.001) levels of PsyFlex, indicating that the relationship between intuitive GS and DL was moderated by PsyFlex.

Moderation analysis also suggested that the interaction between instrumental GS and PsyFlex was significant (B=-.004, SE=.001, t=-3.99, p<.001), the simple slope of intuitive GS on DL was significant at low (b=.230, SE=.023, t=10.088, p<.001) and high (b=.089, SE=.027, t=3.310, p<.001) levels of PsyFlex, indicating that the relationship between instrumental GS and DL was also moderated by PsyFlex.

CONCLUSION

Findings suggested that for individuals who have experienced pregnancy loss, intuitive and instrumental GSs are not mutually exclusive, while improving PsyFlex may reduce DL correlated with their preferred GS, underscoring the significance of improving the PsyFlex of clients in this situation and emphasizing the potential for customized support approaches.

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