

**Resilience, Embitterment and Grief Reaction in Females  
with Recurrent Miscarriages**



**Participant's Name: Suneela Asif**

**Participant ID: 15001257009**

**Supervisors' Name: Sara Subhan**

-----

**Institute of Clinical Psychology**

**University of Management and Technology**

**Lahore**

**2018**

## Certificate of Approval

Accepted by the Faculty of the Institute of Clinical Psychology, University of Management & Technology Lahore in partial fulfillment of the requirements for the degree of MS in Counseling Psychology

---

Supervisor

Assistant Professor, Sara Subhan

Prof. Dr. \_\_\_\_\_

External Examiner

---

Director, ICP

Prof. Dr. ZahidMahmood

Deponent : \_\_\_\_\_

Date: 05 -03-2018

## DECLARATION

I Ms. **Suneela Asif** ID: **15001257009** Student of **MS Counseling Psychology** session **2015 - 2017**. Hereby declare that the matter printed in the thesis titled “**Resilience, Embitterment and Grief Reaction of Women with Recurrent Miscarriages**” is my own work and has not been printed, published and submitted as research work thesis of publish in any form in any university, research, institution etc. in Pakistan or abroad.

**Dated:**

---

**Signature of Deponent**

---

<b>Table of Contents</b>	<b>Page No.</b>	
<b>Acknowledgements</b>	i	
<b>Dedication</b>	ii	
<b>Abstract</b>	iii	
<b>List of Tables</b>	iv-vii	
<b>List of Appendixes</b>	viii	
<b>Chapter I</b>	<b>Introduction</b>	1-12
	<ul style="list-style-type: none"><li>● Implications of the Current Research</li><li>● Operational Definitions</li><li>● Aims</li><li>● Objectives</li></ul>	
<b>Chapter II</b>	<b>Review of Literature</b>	13-42
	<ul style="list-style-type: none"><li>● Recent local and International literature</li><li>● Significance of the Study</li><li>● Rationale of the Study</li><li>● Research Question</li><li>● Hypotheses</li></ul>	
<b>Chapter III</b>	<b>Method</b>	43-48
	<ul style="list-style-type: none"><li>● Research Design</li><li>● Participants (Sampling Strategy)</li><li>● Setting</li><li>● Measures</li><li>● Ethical Considerations</li><li>● Procedure</li></ul>	
<b>Chapter IV</b>	<b>Results</b>	49-84
	<ul style="list-style-type: none"><li>● Sample Description</li></ul>	

---

---

	<ul style="list-style-type: none"><li>• Hypotheses Testing</li><li>• Summary of Results</li></ul>	
<b>Chapter V</b>	<b>Discussion</b>	85-90
	<ul style="list-style-type: none"><li>• Suggestions for Further Research</li><li>• Conclusion</li><li>• Recommendations</li></ul>	
	<b>References</b>	91-103
	<b>Appendices</b>	104

---

## Acknowledgement

All praises thanks to Almighty Allah who has given me a courage and strength to initiate and accomplish this task. Secondly, I would like to express my sincere gratitude to my director of ICP-UMT **Dr. Zahid Mahmood** for the constant support and guidance. His patience, motivation, and immense knowledge helped me all the time in writing and analyzing of this study. I could not have imagined having a better advisor and mentor for my MS.

I would like to thank the extremely respectable **Ms. Sara Subhan** for her advice and insightful critiques of my work. Her guidance and support at every step and her advice and encouragement help me to remain on the right track throughout the course of my study and respectable **Dr. Sadia Saleem** for the assistance and guidance.

Besides my advisor, I would like to extend my thanks to **Ms. Ayesha Asghar** who helped to improve the quality of my work, their valuable comments and encouragement helped me to develop insight, their hard questions which incited me to widen my research from various perspectives. I am grateful to all my teachers, friends, class fellows, and staff of clinics, participants of this research, and all authorities' figures who helped me a lot to complete my task in good way.

Last but not the least; I would like to thank my family: my parents and **Dr. Syed Ali** for supporting me spiritually throughout writing this thesis and my life in general.

**Suneela Asif**

## **Dedication**

I would like to dedicate my work to my beloved parents, my sister, my brothers and my all bhabi's who are my strength to achieve my every goal and objective

### **Abstract**

The current study aimed to explore the connection between Embitterment, Resilience and Grief Reaction of women with recurrent miscarriages. This study administrated in several steps as phenomenology exploration, scale development validation, pilot study, and main study on the sample of 126 women with recurrent miscarriages. The sample was selected with the purposive sampling with the age range of 18- 45, ( $M$  27.47,  $SD$  4.75). All the participants of the study were given protocol comprised Grief Reaction Scale (GRS), Resilience Scale (RS) (Khadim & Saleem, 2015) and Embitterment Scale (ES) (Linden, Baumann, Lieberei, & Rotter, 2009) along with the demographic Performa. The results of factor analysis yielded one-factor solution of grief reaction scale. Grief Reaction Scale (GRS) found to possess high internal consistency and concurrent validity consistent with statistical results findings women with a lot of miscarriages and grief reactions as compare to those women don't have any miscarriages and having a baby. The results mentioned in terms of counselling for the women with recurrent miscarriages.

---

**List of Tables**


---

<b>Table No</b>	<b>Page No</b>
<b>Table 1</b> .....	<b>50</b>
Means and Standard Deviation of Participants' Age, Education, NO. of Children, Month of Miscarriages, No. of Children, Son, Daughter, Years of Marriage, Child After Marriage ( $N=126$ )	
<b>Table 2</b> .....	<b>51</b>
Frequencies and Percentages of Demographic Characteristics of Participants ( $N=126$ )	
<b>Table 3</b> .....	<b>54</b>
The Factor Analysis of 39 Items of Grief Reaction Scale (GRS) with Varimax Rotation ( $N=126$ )	
<b>Table 3</b> .....	<b>54</b>
Eigen Value and Variance Explained by One Factor of Grief Reaction Scale( $N=126$ )	
<b>Table 4</b> .....	<b>57</b>
Cronbach Alpha for Grief Reaction Scale of Women with Recurrent Miscarriages (GRSRM), Resilience Scale (RS), and Post Traumatic Embitterment Scale (PTES)( $N=126$ )	
<b>Table 5</b> .....	<b>59</b>
Inter Factor Correlation, Grief Reaction Scale (GRS), Resilience Scale (RS) and Embitterment Scale (ES), ( $N=126$ )	
<b>Table 6</b> .....	<b>61</b>
Regression Analysis of the Demographic Grief Reaction Scale (GRS), Resilience Scale (RS), Embitterment Scale (ER) ( $N=126$ )	

---

---

<b>Table 7</b> .....	<b>63</b>
Means, Standard Deviations, t and p value of Age on the One Factor of Grief Reaction Scale of Recurrent Miscarriages (GRSRM), Resilience Scale (RS), and Post Traumatic Embitterment Scale (PTES) ( <i>N</i> =126)	
<b>Table 8</b> .....	<b>64</b>
Means, Standard Deviations, t and p value of Family System on the One Factor of Grief Reaction Scale of Recurrent Miscarriages (GRSRM), Resilience Scale (RS), and Post Traumatic Embitterment Scale (PTES) ( <i>N</i> =126)	
<b>Table 9</b> .....	<b>66</b>
Means, Standard Deviations, t and p value of Son Category on the One Factor of Grief Reaction Scale of Recurrent Miscarriages (GRSRM), Resilience Scale (RS), and Post Traumatic Embitterment Scale (PTES) ( <i>N</i> =126)	
<b>Table 10</b> .....	<b>68</b>
Means, Standard Deviations, t and p value of Physical Disease on the One Factor of Grief Reaction Scale of Recurrent Miscarriages (GRSRM), Resilience Scale (RS), and Post Traumatic Embitterment Scale (PTES) ( <i>N</i> =126)	
<b>Table 11</b> .....	<b>70</b>
Means, Standard Deviations, t and p value of Miscarriage in family before on the One Factor of Grief Reaction Scale of Recurrent Miscarriages (GRSRM), Resilience Scale (RS), and Post Traumatic Embitterment Scale (PTES) ( <i>N</i> =126)	

---

---

<b>Table 12</b> .....	<b>71</b>
Means, Standard Deviations, t and p value of Daughter cat on the One Factor of Grief Reaction Scale of Recurrent Miscarriages (GRSRM), Resilience Scale (RS), and Post Traumatic Embitterment Scale (PTES) (N=126)	
<b>Table 13</b> .....	<b>73</b>
Means, Standard Deviations, t and p value of child interval after marriage on the One Factor of Grief Reaction Scale of Recurrent Miscarriages (GRSRM), Resilience Scale (RS), and Post Traumatic Embitterment Scale (PTES) (N=126)	
<b>Table 14</b> .....	<b>74</b>
One Way Analysis of Variance of Four Levels of education cat and one factor of Grief Reaction Scale (GRS), Resilience Scale (RS) and embitterment scale (ES)	
<b>Table 15</b> .....	<b>76</b>
One Way Analysis of Variance of Four Levels of years of marriage cat and one factor of Grief Reaction Scale (GRS), Resilience Scale (RS) and post traumatic Embitterment Scale (PTES).	
<b>Table 16</b> .....	<b>77</b>
One Way Analysis of Variance of three levels of no of miscarriage cat and one factor of Grief Reaction Scale (GRS), Resilience Scale (RS) and post traumatic Embitterment Scale (PTES).	
<b>Table 17</b> .....	<b>79</b>
One Way Analysis of Variance of four levels of months of miscarriage cat and one factor of Grief Reaction Scale (GRS), Resilience Scale (RS)	

---

---

and post traumatic Embitterment Scale (PTES).

**Table 18..... 80**

One Way Analysis of Variance of four levels of no of children cat and  
one factor of Grief Reaction Scale (GRS), Resilience Scale (RS) and  
post traumatic Embitterment Scale (PTES).

---

## List of Appendices

**Appendix A:** Demographic Performa

**Appendix B:** Grief Reaction Scale (GRS)

**Appendix C:** Embitterment Scale (ES)

**Appendix D:** Resilience Scale (RS)

## Chapter I

### Introduction

The status of women in Islamic Republic of Pakistan is one in each of general gender subordination notwithstanding it fully completely different considerably across classes, regions, and thus the rural/urban divide attributable to uneven socioeconomic development and thus the impact of grouping, feudal, and capitalist social formations on women's lives (Roomi & Parrott,2008). This analysis certain with relation to Pakistani culture, women unit of measurement valued solely as wives in their child bearing capability. Sadly responsibility of copy to not mention gender distinction and discrimination harms women's health directly or indirectly throughout their life and notably throughout their child-bearing span. Socio-cultural constraints along with economic condition so injustice keep women unaware of their fruitful rights associated therefore forestall them from enjoying physiological condition and attain an identity of their own unbound by their sexual and mothering roles.

Wedding is taken into account is extremely vital in our culture for copy. Kinship was viewed in recommendation literature, notably by the Nineties, collectively of the foremost vital contributions girls might build to her family and to the state. In Pakistani culture as shortly as lady is married, she is barraged with embarrassing queries on once she is going to conceive a toddler (Douki, Zineb, Nacef, & Halbreich, 2006). The frequency of such queries and their underlying fervor imply that gestation is somewhat sacred, nothing in need of a blessing. Mothering could be a huge modification in feminine life during which they have totally different stages as gestation, birth, and postnatal amount and skill several physical, psychological, and social challenges throughout this era. They developed sturdy bonding with their unborn baby and have become additional caring and sensitive for his or her baby's early development and health. Transition to adulthood could be a terribly crucial time