



Relationship between Emotional Distress and Perinatal Grief among Couples having Miscarriage

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Abstract: The present study was conducted to examine relationship between Emotional Distress and Perinatal Grief among Couples having miscarriage. The participants of this study were the married couples residing in Bahawalpur. The total sample size of this study was 204. The sample was calculated through online calculator (www.dainielsooper.com). The participants were selected using purposive sampling technique. The current study comprised of cross-sectional survey design. Two questionnaires were used for data collection; Perinatal Grief Scale short version (SPGS) (Potvin, Lasker & Toedter, 1989) and Emotional distress (Depression, Anxiety and Stress Scale (DASS) (Lovibond & Lovibond, 1995). The results were analyzed using descriptive statistics, t-Test, Bivariate Correlation and Regression Analysis. The finding of this study indicated that Emotional distress and perinatal grief were significantly and positively correlated with miscarriage among married couples. Emotional distress and perinatal grief significantly affect miscarriages among married couples. The sample of the study was restricted to Married couples of Bahawalpur only. Hence, more researches are needed to be conducted that is more representative of the overall Pakistani population. Less privileged and marginalized respondents should also be included.

Keywords: Emotional Distress, Perinatal grief, miscarriage.

I. INTRODUCTION AND LITERATURE REVIEW

Miscarriage is the pregnancy loss, that occurs after positive urinary or serum human chorionic gonadotropin (hCG). It is confirmed after ultrasound detection of intrauterine gestational sac, and confirmed by histological evidence of products of conception after the miscarriage (Farquharson, Jauniaux, & Exalto, 2005). Qualitative research indicated that a history of miscarriage could harm women and be linked with feeling of anxiety and development of psychological disorders affecting quality of life in this sample (Adolfsson, Johansson & Nilsson, 2012).

Pregnancy loss as long as 28 weeks of growth (hereafter ‘miscarriage’) occurs in 10–20% of clinically recognized pregnancies and involves a considerably increased risk of depressive symptomatology (Janssen et al., 1996; Neugebauer, 2003). Depressive symptoms are of public health concern because of their incidence, related in ability and physical morbidity (Angst and Merikangas, 1997; Kessler, Berglund, Demler, Jin, Koretz, Merikangas & Wang, 2003; Olfson Weissman, Leon, Sheehan & Farber, 1996). Miscarriage is often related to far above the ground levels of suffering for women their partners and families; as a result, each single reason of miscarriage ought to be explored. Mental issues can incorporate the experience of emotional trauma, social problems, concerns about money, marital/partnership disharmony, work pressure, vital change in personal circumstances as well as earlier loss of pregnancy (Kicia, Skurzak, Wiktor, Iwanowicz-Palus & Wiktor 2015).

The psychological impact of miscarriage is sometimes neglected because miscarriage is so common and its management is medically straightforward. A few females are insufficiently evaluated for depressive or anxious symptoms following early miscarriage, leaving them unrevealed and untreated (Sun, Lam, Lam, Piterman, Lo, T. Chao & Lam, 2017).

Women who experience the shock of a miscarriage experience emotional distress, and the predominance of depressive symptoms is regularly belittled. Subjects met at 6 to about two months following a miscarriage experienced significantly more depression than a coordinated with companion of non pregnant females. Further, 20% of them were considered clearly suggestive for full of feeling ailment (Neugebauer, 2003). A month and a half after a miscarriage, roughly 11% of Chinese ladies endured significant depression and 1.4% was determined to have anxiety disorders; in any case, the occurrence of significant depression was lower than in investigations directed in Western societies (Sun, Lam, Lam, Piterman, Lo, T. Chao & Lam, 2017). At 6 months following miscarriage, females are at a increased risk for minor depressive episodes, and the majority developed symptoms within the first month after miscarrying (Klier, Geller & Neugebauer, 2000).

The vulnerabilities that women experience after a miscarriage add to a significant degree of anxiety, which may address a more prominent emotional burden than depression. Concerns incorporate hanging tight for the arrival of feminine cycles, want to imagine, hazard of repetitive premature delivery, and fears about their regenerative capacities. At 12 weeks after unnatural birth cycle, anxiety was more incessant and exceptional than depression (Prettyman, Cordle & Cook, 1994). A 2007 examination at 1, 6, and 13 months following miscarriage's archived anxiety as more probable than depression at all 3 endpoints (Cumming, Klein, Bolsover, Lee, Alexander, Maclean & Jurgens, 2007).

Adding to the pain experienced after miscarriage is the way that society may not perceive the meaning of the misfortune to the guardians. Customarily when a death happens, families can straightforwardly grieve their misfortune and get support for a long time. Nonetheless, in a miscarriage, the misfortune is abrupt and frequently sudden, and women might not have shared the way that they were pregnant, letting them to lament be, socially segregated (Wong, Crawford, Gask & Grinyer, 2003).

Hence, a positive relationship between emotional distress and perinatal grief among couples having miscarriage. It is also evident from the previous literature that there is a strong relation between Emotional distress and perinatal grief among married couples having miscarriage. However, there is a little data available on this particular research to date that has specifically focused on the relationship between Emotional distress and perinatal grief among married couples having miscarriage in Pakistan. It is necessary to investigate specifically, this critical important issue of current time period of development. Therefore, the present study is a need of time.

II. METHOD

Objectives

The present study was articulated to fulfill the following objectives:

- To explore the relationship between emotional distress and Perinatal grief among couples suffered from miscarriage.
- To examine demographic variables (age, gender, qualification, locality, family system and socio economic status) in relation to emotional distress and Perinatal grief among couples suffered from miscarriage.

Hypothesis

- Emotional distress would affect the level of perinatal grief among couples having miscarriage.
- Demographic differences exist with respect to gender, locality and family system in relation to emotional distress and perinatal grief.

Sample

Due to Covid-19 pandemic, the sample of married couples was restricted only from Bahawalpur. Participants for this research were chosen through online Google form. All the participants were educated. On the basis of the amount of predictors sample size was observed as recommended. Using 15

samples per indicator is suitable for a good model. The total sample size (N=204) per group was taken. Samples of 204 participants were chosen to take part in this analysis.

Research Design

Relationship between emotional distress and perinatal grief among couples having miscarriage were analyzed through cross sectional survey method. The data was further classified in categories or rank order for further measurement and analysis.

Instruments

The following two instruments were used in the present study.

1. The Perinatal Grief Scale Short Version(SVPGS)
2. (Emotional Distress) Depression, Anxiety and Stress Scale (DASS)

The Perinatal Grief Scale (SVPGS)

The Perinatal Grief Scale (PGS) is a scale that measures the bereaved parents' response to their loss (Potvin, Lasker & Toedter, 1989). A short version of a grief scale was developed for research on pregnancy loss. The short form of the PGS (SVPGS) was used to check the grief of married couple. The short form of the scale consists of 33 items with an alpha coefficient of 0.95. It has five point Likert scale with ranging (1) strongly agree to (5) strongly disagree.

Emotional Distress (Depression, Anxiety and Stress Scale DASS)

Depression Anxiety Stress Scale (DASS) was used to measure Emotional distress of married couples who have miscarriages. The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) are a set of three self-report scales designed to measure the emotional states i.e. depression, anxiety and stress (Lovibond & Lovibond, 1995).

Procedure

The sample was chosen on the basis of availability and motivation. The questionnaires were applied on the willing couples fulfilling the criteria. The participants were given written information about the analysis and they were told that the data will be treated confidentially and also that they had every right to quit the study any time they want. The Applied Psychology Department of IUB approved this research. It was already made clear to the respondents that the participation in this analysis was voluntary and that the research data was anonymous. The scales were used after taking the formal permission through email from the authors. Information given to participants about research through consent letter and participation was duly signed by the participants. Formal permission was also taken from the research and ethics committee to conduct this analysis. The quantitative data was the foundation of the analysis so following questionnaire or scales were selected. With regard to context and psychometric properties of the scales, the methodology was observed to be suitable.

III. RESULTS

Table 1

Frequency Distribution of Overall Sample (N=204)

Demographic variables	f(%)	
Age	18-23 years	41(20.1)
	24-26 years	95(46.6)
	Above 26 years	68(33.3)
Gender	Male	115(56.3)
	Female	89(43.6)
Qualification	BS	83(40.7)
	M.A/M.Sc	102(50.0)
	M.Phil	19(9.3)

Locality	Urban	128(62.7)
	Rural	76(37.3)
Family System	Combined	35(17.1)
	Nuclear	169(82.8)
Socioeconomic status	Low class	60(29.4)
	Middle class	101(49.5)
	High class	43(21.1)

The above table showed the descriptive statistics. The results of this table showed the frequency distribution of the overall Sample. Age of the participants was divided into two categories the age range of the first category is 18-23 have 41(20.1%) and second category is 24-24 have 95(46.6%). In gender male and female were selected for this research, 115(56.3%) were males and 89(43.6%) were females. In education, 83(40.7%) couples were from B.S. and 102(50%) have M.Sc. level of education and 19(9.3%) couples were from M. Phil level of education. Whereas, in residences of couples, 128(62.7%) couples were urban residence and 76(37.3%) couples were rural residence. Similarly, in Family system 35(17.1%) were living in combine family system and 169(82.8%) were living in nuclear family system. Moreover, Socio-economic status was divided into three categories, 60(29.4%) were lower socioeconomic status, 101(49.5%) were middle socioeconomic status and 43(21.1%) were high socioeconomic status.

Table 2

Reliability Analysis of all Study's Variables (N=204)

Variables	M	SD	A	Range	
				Potential	Actual
Perinatal Grief Scale	191.6	20.7	.80	33-165	145-271
Emotional Distress Scale	47.39	8.7	.77	21-105	85-105

Results in the table above revealed that all scales that used in this research found reliable instruments and confirmed the acceptable ranges of Cronbach's alpha (.77 to .92) for the analysis of reliability.

Table 3

Inter-Correlation between emotional distress and Perinatal grief among couples having miscarriage (N=204)

Variables	Emotional distress	Perinatal Grief
Emotional Distress	-	.74**
Perinatal Grief		-

**p < .01

The results of above table found that emotional distress was significantly (p < .01) positively correlated with Perinatal grief (r = .74).

Table 4

For the effect of emotional distress on Perinatal grief among couples having miscarriage (N=204)

Predictors	Perinatal Grief	
	B	95% CI
Constant	59.82**	[43.40, 76.24]
Emotional Distress	3.31**	[2.97, 3.65]
R ²	.54	
F	36.94**	

**p < .01; B for Unstandardized regression coefficient; CI for Confidence interval

The result of this table shows that emotional distress was found significant predictor ($R^2 = .54$) of Perinatal grief among parents having miscarriage.

Table 5

Independent Sample t-test for Comparison between Male and Female Sample for Emotional Distress and Perinatal Grief (N=204)

Variable	Male (n = 115)		Female (n = 89)		t(202)	p	95%CI	
	M	SD	M	SD			LL	UL
Perinatal Grief Scale	170.8	17.90	183.6	19.31	-5.31	.00	-17.5	-8.05
Emotional Distress	74.65	7.21	78.32	11.42	-2.98	.00	-6.09	-1.24

Note. CI =Confidence Interval; LL =Lower Limit; UP =Upper Limit.

The table showed that the mean of Perinatal grief was significantly higher among female respondents than male respondents. It also showed that the mean of emotional distress was significantly higher among female respondents than male respondents.

Table 6

Independent Sample t-test for Comparison between Urban and Rural Sample for Perinatal Greif Sale and Emotional Distress (N=204)

Variable	Urban (n = 128)		Rural (n = 76)		t(202)	P	95%CI	
	M	SD	M	SD			LL	UL
Perinatal Grief Scale	178.6	19.69	174.47	19.28	1.54	.12	-1.17	9.60
Emotional Distress	76.48	9.64	76.59	9.93	-.08	.93	-2.78	2.55

Note. C1 = Confidence Interval; LL = Lower Limit; UL = Upper Limit

The above table showed that the mean of perinatal grief scale was significantly higher among urban respondents than rural respondents. The mean of emotional distress was slightly higher among rural respondents than urban respondents.

Table 7

Independent Sample t-test for Comparison between Joint Family and Nuclear Family Sample for Emotional Distress and Perinatal Grief (N=204).

Variable	Joint family (n = 35)		Nuclear family (n = 169)		t(202)	P	95%CI	
	M	SD	M	SD			LL	UL
Perinatal Grief Scale	175.83	17.47	178.66	21.21	-1.11	.05	-7.84	2.18
Emotional Distress	76.14	7.99	76.83	10.96	-.54	.00	-3.14	1.78

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit

The above table showed that the mean of Perinatal grief scale and emotional distress was significantly higher among nuclear family respondents than joint family respondents.

IV. DISCUSSION

The current study is aimed to observe the relationship between Emotional distress (Depression, Anxiety and Stress) and perinatal grief among Married Couples of Bahawalpur having miscarriage. Findings depicts that significant positive relationship exist between emotional distress and perinatal grief among couples who experienced miscarriage. Moreover the study articulated various hypotheses that were tested on the data. Hypotheses along with their acceptance/ rejection are discussed below.

In order to test hypothesis of the present study, data obtained was analyzed using IBM SPSS-25 version. Descriptive statistics was used to summarize demographic characteristics of sample (Table 1). Reliability analysis of the study variables is discussed (Table 2). Bivariate correlation is described to check the

correlation between emotional distress and perinatal grief (Table 3). Linear regression analysis was used to explore the effect of the study variables (Table 4). Independent sample t-test was used to see the variations on the basis of the demographic variables i.e. gender, locality and family system (Table 5, 6, 7).

The first hypothesis of the present study stating that Emotional distress would affect the level of Perinatal grief among couples having miscarriage was tested using regression analysis and indicated that Emotional distress significantly impacts on the level of Perinatal grief among married couples who have faced miscarriages. This finding of the present study is in line with the current studies on the relevant topic and showed that the couples who experience high level of Emotional distress after facing miscarriage, experience high level of Perinatal grief after the loss (e.g. Nynas, Narang, Kolikonda & Lippmann, 2015; Klier, Geller & Neugebauer, 2000; Brier, 1999).

The Second hypothesis of the study was designed to explore the role of Demographic Variables in relation to gender, locality and family system with respect to study variables i.e. emotional distress and perinatal grief. The result of second hypothesis indicates that significant differences exist among various demographic variables when studying the emotional distress and perinatal grief among couples facing miscarriage. The independent Sample t-test was tested to check the Gender difference, locality and family system. The findings of the t-test showed that females have higher level of emotional distress and perinatal grief as compared to male. Similarly, in relation to differences in Urban and rural couples it is indicated that urban couples have higher level of Perinatal grief as compared to rural couples. On the contrary emotional distress is high in rural couples as compared to urban couples. Moreover it is depicted from the result that perinatal grief and emotional distress is more in nuclear family system respondents as compared to joint family system respondents. Furthermore, the results of the present study are in line with the previous data found on the same topic (Cumming, Klein, Bolsover, Lee, Alexander, Maclean & Jurgens, 2007; Neugebauer, 2003).

V. CONCLUSION

The findings from this study indicated that married couples who have experienced miscarriage suffer from high level of perinatal grief influenced by emotional distress. The study, hence, provides a comprehensive understanding of the psychological variables that can affect the couple's mental health and determine their level of Perinatal grief and emotional distress when they have undergone the painful stage of miscarriage in their life. Moreover, the present study also provides an empirical investigation of numerous important demographic variables (gender, locality and family system) in relation to emotional distress and perinatal grief among couples who suffered from miscarriage.

VI. IMPLICATIONS LIMITATION AND SUGGESTION

The present study has implications for Psychologists, mental health practitioners, and counselors. It will help the practitioners to understand the root causes and problems of the couples having miscarriage. It will also guide them to plan strategies and programs to deal with the emotional distress and perinatal grief among couples suffering from miscarriage. On the other hand the present study has some limitations also. The sample size is limited to only one city of Pakistan i.e. Bahawalpur. The role of education is also being ignored in the present study.

Further, there are some suggestions that will guide future researchers in their upcoming research. The data across distinct demographic variables such as age, socioeconomic status and marital status will also be analyzed. Moreover, the religious factor, spiritual elements, parenting style and national policy will be taken into consideration to increase its role for the betterment of couples suffering with miscarriage.

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