ABSTRACT

An Esoteric Grief: A Classic Grounded Theory
Study on the Impact of Pregnancy Loss on Christian Individuals

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Miscarriage is a grief often marked by silent suffering. This interview-based study implements Glaserian grounded theory to begin a conversation with nineteen Christian participants about their personal pregnancy losses. Their stories hinge on the healthcare system, faith, personal reactions and reflections, and the responses of others. All four lenses emerged as prominent themes from the interview data. Through these various lenses, interviewees consistently revealed that the silent sufferer seeks to be heard, and amidst their grief, the hidden and hurting desperately need to be seen. This ought to transform how one approaches the suffering of others as their friend, family member, physician, policy maker, or fellow sufferer.

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AN ESOTERIC GRIEF:

A CLASSIC GROUNDED THEORY STUDY ON THE IMPACT OF PREGNANCY LOSS

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By

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To my participants: I cannot thank you enough for your time and your willingness to share your miscarriage openly and honestly with me. I will never forget the time spent hearing about your experiences in your homes, offices, at coffee shops, meeting rooms, over the phone, or across the dinner table. You have each touched my heart. Thank you.

To my panelists, Dr. Kaylee Hackney, and Mrs. Deidrea Laux: thank you for vulnerably sharing your stories and for helping me to better recognize and communicate this topic in academia. I admire and appreciate you both.

To my advisor, Dr. Bill Hoy: you have been an inspiration to me and an incredible teacher throughout my time at Baylor. You were a significant component of my decision to attend Baylor, and it has been a treasure to end my four years again under example and influence. Your instruction on how to see and care for others, even in the absence of a cure, as well as your integration of your faith into all you do will stay with me far beyond graduation day. Thank you for everything.

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To those who have loved and have lost.

To mothers and fathers of unborn children who don't yet understand their feelings, and to the parents who feel sorrowful, hopeless, angry, guilty, apathetic, or even relieved.

I hope that through this project you might feel seen.

INTRODUCTION

Topic Selection and Methodology

An esoteric grief. *Esoteric* may appear to be an obsolete ancient word with an ambiguous meaning, but its implication is powerful and pertinent for pregnancy loss. Esoteric is defined as, "intended for or likely to be understood by only a small number of people with a specialized knowledge or interest," by the Oxford English Dictionary ("esoteric"). According to Merriam-Webster ("esoteric"), esoteric is "designed for or understood by the specially initiated alone, difficult to understand." For example, a secret handshake within a friend group or an understanding of astrophysics could both be considered esoteric knowledge. In this thesis, I will explain why this word is perfectly suited to describe the grief suffered by those who have experienced a pregnancy loss.

Why This Topic

At first glance, it seems that I am out of my element. I have never lost a baby or even experienced pregnancy. In many ways, I interview as an outsider, hoping to gain an understanding of the "secret handshake." Yet in other ways, my life has been shaped by pregnancy loss. My mother lost a baby after giving birth to me and my younger sister Shelby. As a four-year-old, I distinctly remember walking down the stairs and seeing my mother weeping, crumpled on the floor leaning against the back of the couch and wrapped in my father's arms. I was told that "the baby in mommy's tummy died." Despite my age, I understood and was struck by the loss. Sometime later, we read the Bible story of Hannah found in 1 Samuel 1 and 2. She was praying for a son, and

promised to dedicate him back to the Lord if he was to grant her request. God did so, and Hannah named her son Samuel, because "I have asked for him from the LORD." Samuel means "God has heard." She dedicated him back to the Lord and he became an influential prophet for the Israelites. After reading this story, I was determined to adopt Hannah's tactics, praying to the Lord for a baby brother that we could name Samuel. In the Lord's kindness, my younger brother Sam was born about a year later.

Though Samuel was an incredible answer to prayer for my family, we recognized that he was not a replacement for the baby lost, who we named Sadie. We still speak of her fondly and are excited to meet her in heaven one day. Miscarriage is not hushed or considered taboo in my family, and I have found this openness to be helpful for my own processing of grief. As such, I believe that others ought to be able to share in a culture that openly embraces grief. I want to be a part of creating this kind of culture, as do the participants interviewed, as evidenced by their participation in this project. Thus, the opportunity to listen to and write about the impact of miscarriage on the lives of individuals served a dual purpose of caring for the bereaved by listening to them, as well as taking a step towards a world that expects and responds appropriately to grief.

Importance

In an "End-of-Life-Care and Bereavement" course, Dr. Bill Hoy highly emphasized the importance of funerary customs on the grief process of the bereaved. Funerals and rituals are necessary for the living to process the loss of those who have died. People from every culture have specific practices to honor the dead. However, the loss of an unborn child is unique compared to the death of a child, friend, or family member. Though ten percent of clinically recognized pregnancies and twenty-six percent

of estimated pregnancies end in a miscarriage (Dugas & Slane, 2022), the loss of an unborn child is not mourned in traditional ways, such as a funeral. Parents express misunderstandings concerning the appropriate rituals due to an unborn child, even one who is stillborn (Kelley & Trinidad, 2012; Ayebare et al., 2021). Additionally, the support received by parents is insufficient in relation to the support appropriately required (Alqassim et al., 2022). This project seeks to listen to parental stories as they explain their pregnancy losses and the unique way miscarriage has impacted their lives.

This study is important because it seeks to understand the unique sorrow of grieving a loved one they are unable to meet. It also seeks to capture the difficulty of processing loss with a community largely unaware and unequipped to support. It strives to grant its participants an avenue through which to share their stories. My goal as a researcher is to provide a sense of support by listening to the perspective of someone who has experienced loss. Narrative retelling of experiences is widely regarded as a helpful step in processing intense emotion (Worden, 2018). The individuals participating in the study have an understanding that their perspectives will contribute to more significant understandings and awareness about the impact of a pregnancy loss for those who have never experienced this kind of grief. In addition, this study implies strategies to better support these individuals in their grieving process. I believe that caregiving professionals and other universities who learn from the gathered results of this study will provide healthier and more accurate care to the bereaved in the future.

Grounded Theory

The nature of this deeply personal topic calls for a classical or Glaserian grounded theory methodology. Grounded theory was introduced by sociologist Barney G. Glaser

and social psychologist Anselm L. Strauss. The two published *The Discovery of Grounded Theory: Strategies for Qualitative Research* in 1967, and it has since become a well-known methodology for both qualitative and quantitative data collection (Chun Tie et al., 2019). As its name suggests, grounded theory seeks to identify theory that is grounded in the experimental data, rather than seeking data to affirm or deny a preconceived theory. This data is "systematically obtained and analyzed using comparative analysis," with the aim of the research to "advance, refine and expand a body of knowledge, establish facts and/or reach new conclusions using systematic inquiry and disciplined methods." It is very structured, but flexible, as the iterative structure authorizes and encourages dynamic interaction and comparative analyses throughout the process (Chun Tie et al., 2019). Grounded theory's methodology is far from linear. It involves a tentative research question, an evolving review of literature, interviews conditional on active listening and accurate recording, observation, and a steady process of building a conceptual framework (Stern & Porr, 2016). It is the structure best suited to the research of a topic with little confirmed research or preexisting data (Stern & Porr, 2016). Since Glaser and Strauss developed grounded theory, it has evolved into three significant adaptations. The first, traditional or classic grounded theory, is linked to Glaser, who believed that "the goal of traditional grounded theory is to generate a conceptual theory that accounts for a pattern of behavior that is relevant and problematic for those involved" (Saunders et al., 2017).

This project aligns with classic grounded theory. The other two adaptations—Strauss's evolved grounded theory and Kathy Charmaz's constructivist grounded

theory—are also widespread, but they are focused on the symbols or constructions of reality that participants assign to the world and their experiences (Chun Tie et al., 2019).

Unlike experimental research, the primary literature review for grounded theory is not meant to be exhaustive, but rather "to confirm that the phenomena or a nuanced perspective of a phenomenon that you wish to explore hasn't already been sufficiently investigated" (Stern & Porr, 2016). This primary review is for the researcher's proposal, but an evolving multidisciplinary review takes place throughout the research process. The research is not meant to shape one's theory, but rather academic literature "becomes data to be analyzed alone with interview, observational and documentary data" (Stern & Porr, 2016). An axiom of grounded theory is Glaser's phrase, "All is data" (Glaser, 1978). This includes any kind of research or information, including the researcher's own personal experiences or introspective thoughts (Stern & Porr, 2016). Academic literature ought to initially serve to justify the study, then to aid the data analysis and concept construction (Stern & Porr, 2016). Comparison between personal data and academic literature aids the researcher in revealing how their own data adds to or differs from the preexisting knowledge.

When selecting participants for the interview process, grounded theory necessitates a variety of participants who can provide in-depth accounts of conceptualizable data (Stern & Porr, 2016). As written by Stern and Porr, "The goal of grounded theory is to account for behaviors enacted in response to a phenomenon or interest, so you will need sufficient variation and numbers to get a sense of a pattern or trajectory of changing behaviors over time" (2016). Grounded theory does not indicate a particular sample size requirement, but the data collection ought to continue until the

researcher has reached “theoretical saturation” which is defined in Glaser and Strauss’s original work as when “no additional data are being found whereby the sociologist can develop properties of the category” (Glaser and Strauss, 1967). At the point of theoretical saturation, researchers can be empirically confident of the categories they have developed, as the final interviews conducted prove to be confirmational of these categories, rather than bringing about new categories or themes (Saunders et al., 2017).

Interviews are semi structured, based upon open-ended questions and potential probing follow-up questions from an interview guide made by the primary researcher. This interview guide is not restrictive, and the researcher ought to listen well and seek humbly to learn from the participant’s experience, rather than seeking specific answers from the participant. Stern and Porr suggest to researchers “think of your participants as your teachers and yourself as their pupil” (Stern & Porr, 2016). These interviews are intentional and ideally take place in person, though videoconference, phone call, or electronic mail are also acceptable. The location of the meeting or form of the communication are to be considered as data and have an impact on the answers given. The primary researcher ought to take observational notes concerning the surroundings of the interview, as well as methodological notes logging the research activities and effectiveness of specific techniques and methods (Stern & Porr, 2016).

Glaser emphasizes that grounded theory is a package of research methods, which includes, “data collection, coding and analyzing through memoing, theoretical sampling and sorting to writing, utilizing the constant comparative method” (Glaser, 1998). This means that “sampling methods, data collection and data analysis cannot be considered as separate procedural steps in research process but instead should be considered as a

continuous process of sampling, data collection and analysis" (Mediani, 2017). As practically explained by Stern and Porr, the interview transcripts ought to be fragmented into segments and then openly coded with labels of dynamic conceptual categories. These "substantive" codes must be constantly compared and altered as needed, and the researcher ought to memo all their thoughts and queries that arise throughout the process. After substantive coding, the researcher begins theoretical coding. This task, also containing constant comparison and memoing, will expand conceptual categories into coding families to explain how the codes relate to one another. These coding families can become the headings or sections of the written report, and are the significant themes drawn out from the data. (Stern & Porr, 2016) This process allows the researcher's categories and hypotheses to be continually tested by the input of new interview data, and if these are not confirmed, they allow new theories and hunches to form and be confirmed or denied. Thus, the theory is ultimately formed through the data itself.

Implementation

I submitted the study to Baylor's Institutional Review Board (IRB). Upon review, it was ruled an exempted study. Nevertheless, procedures in this study follow commonly accepted practices in human subject research.

The following paragraphs elaborate upon how this specific project abided by the rules set by grounded theory methodology. This study's purpose is to bring light to the unique grief experienced by individuals and couples who have experienced pregnancy loss and to learn from their experiences through personal interviews. The tentative research questions are twofold. How is the grief resulting from a miscarriage distinct from the loss of a child postpartum, or the loss of another loved one? What are the ways

that parents suffering from a pregnancy loss can be best supported during the grieving process?

Participant Selection

The sample population is comprised of individuals and couples personally known by myself, the primary researcher, or those who were referred by one of my personal contacts. This is the snowball sampling technique, when the researcher's first participants are a small group from their own social network whose individuals meet the research criteria. The researcher learns of other potential participants through these contacts until saturation is complete (Parker et al., 2019). This method is ideal for the topic of miscarriage, something that few talk about, but those who have experienced one often know several others who understand the esoteric subject.

The participants gathered are from various geographical locations across the United States, and these were interviewed in Waco, Texas; Fort Worth, Texas; Wichita, Kansas; and Phoenix, Arizona. To narrow the pool of participants, individuals chosen to participate in this study were those able to be interviewed in person. Individuals in this study were professionally diverse, of varying educational backgrounds. Additionally, the participants had varying degrees of temporal separation from their pregnancy loss, with ages ranging from early twenties to post-retirement age. All participants recruited for the study were 18 years or older. The final number of participants totaled nineteen individuals across thirteen interviews, as six interviews were with both male and female counterparts.

I used in-person conversations, text message, email, and web contact forms to reach possible respondents. Subjects were contacted with a polite inquiry concerning

their willingness to participate in the research and given the opportunity to ask questions during the explanation, as well as encouraged to talk at greater length with the primary investigator–myself–if further questions arose.

Informed Consent

During recruitment, potential subjects were reassured that participation in the study is optional and all data will be kept confidential, unless explicit permission otherwise has been granted. There were no monetary benefits to participating in the study. There were also no known risks of participation, outside of fatigue or potential emotional strain due to the nature of the topic. Participants were informed that if they experienced discomfort, they could discontinue at any time without consequences. Participants had the right to choose not to answer any questions that may make them feel uncomfortable, and a few of them utilized this right and were respected in doing so. Subjects were allowed to decline participation or withdraw from this study at any time without penalty and without their material being used in this study. None of the participants withdrew from the study. However, two qualifying individuals who were asked to be a part of this study chose not to participate in it due to the emotional nature of the topic. There were also several male individuals, and one female, who were asked to join their spouse for the interview but were unable to do so based upon conflicting schedules or their personal desire not to participate.

Participants were told that the interview was anticipated to take between thirty and ninety minutes, and the majority fell into this range. However, I told participants that they might use as much time as they needed to tell their story, which led to some interviews leading to four hours of meaningful conversation. Participants were given a

brief description of the methodology utilized and given the interview questions beforehand to look over if so desired.

Confidentiality

I made an extensive effort to keep all records confidential, and all files have been stored on my personal electronic devices, all of which are password protected. I assembled written field notes on an iPad during the interviews but did not make any audio or video recordings of any conversation, making this known to participants to assure both confidentiality and candor. (Glaser, 1998) All field notes are stored in my private possession, and the interview data containing the names and email addresses of respondents will be kept on a password protected computer in my place of residence until all data has been collected, coded, and analyzed and until I have published on the results, approximately 3 years. Only I, the principal investigator, will have access to data.

No respondent is identified, nor will they be in the future. No personally identifying information has been used in the project outside of the participants' generalized age and gender, when needed. Participants are given a numeric pseudonym based on if they were interviewed with their spouse or not. Participants one through twelve were six husband-wife pairs, and thus are given pseudonyms based upon their number as a couple from one to six as well as a letter. Women are designated as A and men as B. For example, a female from couple 2 is named "Participant 2A" or "2A" for short. Participants thirteen through nineteen are simply designated by their number, as I was unable to interview both parties of their marital dyad by reason of the absent party's choice or temporal conflict. All participants from thirteen to eighteen are female, save Participant 18.

Interview Guide

I created an interview guide with questions for the participants and took digital notes on their responses using an iPad. This original guide is appendicized. In concert with classical grounded theory, I allowed the questions to morph when respondents had more to say than what I expected to hear, which was often the case. Not every question was asked at every interview. As time progressed, I began starting interviews with the question, "As you know, I am seeking to learn about miscarriage and pregnancy loss. Would you please tell me your story?" I found that this question alone answered, or at least addressed, many of the interview questions. Some questions were removed or altered, primarily due to the nuance of participant responses. For example, I adjusted the question of "When did you experience a sense of closure?" to "Do you think you will ever feel a sense of closure from this loss?" As interviews progressed, I began asking about how the loss impacted their work, and vice versa. I also asked, "Are there any questions you would like for me to ask other interviewees on your behalf?" This question was specifically applicable to younger mothers, especially those who had not yet had a successful pregnancy. Overall, I was humbled the simplicity of many of my questions in relation to the complexity of many mothers' experiences and suffering.

Thesis Statement

Using the specified methodology for thirteen interviews, I found that pregnancy loss produces wildly differing and even personally fluctuating reactions, reflections, and responses across participants. Grief is intensely personal and nuanced. Though these components make miscarriage difficult to generalize, the interview data revealed across

all participants the following theory: the silent sufferer seeks to be heard, and in the midst of their grief, the hidden and hurting desperately need to be seen.

Enumeration

Nineteen often-silenced stories of loss are detailed in the following pages through four lenses that emerged as the prominent themes from the interview data. These lenses are the experiences of participants with the healthcare system, their faith, personal stories, and the impact of other people on their perception of the loss. I hope that no matter your relationship to pregnancy loss, that you are moved by something within the pages ahead

CHAPTER ONE

The Healthcare System

For those who have experienced pregnancy loss, the most significant institution is the healthcare system. This chapter will elaborate on bereaved parents' experience with their medical providers, teams, and hospital, as well as their personal experience with the medical and physical components of losing a child in the womb.

Positive Impact

Many participants had a positive impression of the healthcare system. Nearly all of these impressions were linked to a conscientious provider, nurse, or care team, many going to great lengths to recognize the couple's grief and offer opportunities to process their losses. For example, Couple 2 told me of their son who inhabited the neonatal intensive care unit for his few weeks of life. Following his death, their clinical team removed all the baby's tubes and allowed them to clean and dress him, holding him as long as they desired after his death. Additionally, simple comments expressing sympathy and recognizing the loss as significant were helpful, offering "a dose of humanity" according to Participant 4A, amid a field dominated by efficiency.

Empathetic and compassionate physicians were consistently praised, as well as those who gave of their time to ensure the mother's comfort. Additionally, physicians who cared for their patients as people first left a lasting impact. Participant 16's doctor told her that "this is not the end of your story" after she found out her baby had died, and he offered her constant encouragement and attentiveness throughout her losses and six

successful pregnancies, with all six deliveries being under his care. Participant 6A raved about her doctor who "wanted to know about your family and husband" and later remembered the details she shared. She spoke of how he first met his patients in his office, so they see him first across his desk, rather than in an exam room "with your pants off!" She spoke of how meaningful it was that the doctor wanted to have her husband come in to meet him before being in the delivery room. Doctors that granted their patients dignity throughout the vulnerable experience of pregnancy were indispensable to mothers during both favorable and devastating pregnancy outcomes.

All the participants identified as Christian, and many of them mentioned faith with respect to their healthcare experience. Several patients found it much easier to trust a physician who discussed religion or held to a shared worldview, especially when this was not their previous experience. According to a Colorado study, the majority of patients are not ever asked about their religious or spiritual beliefs, though many desire a spiritual assessment and consider it significant to their care (Fuchs et al., 2021). A few participants in my study expressed immense gratitude that their physician or nurse prayed with or for them. Several respondents expressed that a shared Christian worldview was incredibly comforting when it came to matters of terminating a pregnancy or discussing the sanctity of human life. Participant 1A expressed how meaningful her experience was going to midwives after her pregnancy loss. She was touched when they knelt and prayed with her, which was a much different experience than what she'd experienced in traditional healthcare settings.

Many mothers interviewed were particularly touched by doctors who displayed extra sensitivity following a pregnancy loss. Participant 13 appreciated her physician's first

words to her after she learned she was miscarrying being, “This wasn’t your fault. You did nothing wrong.” These statements first cared for the women as grieving individuals before transitioning to address the physical components of their loss or ways to maximize the likelihood of a successful subsequent pregnancy. For example, Participant 4A’s obstetrician ensured that she was healed and whole before considering another pregnancy. Once pregnant, she raved about his kindness, as he gave her access to his personal phone number and even his parking spot for the time of her delivery.

Mourning mothers were pleasantly surprised when doctors did more than they expected to help alleviate their fears. For several mothers, this included care such as early sonograms, initial appointments at six weeks pregnant rather than eight weeks, heightened alert concerning potential problems, or openness for the mother to come in to be seen if anything was causing her stress. After suffering two losses, Participant 19 praised her doctor for allowing her to come in every two weeks for her following pregnancy. Of this, she exclaimed, “That’s not normal! It was such a stress relief!” Similarly, Participant 6A’s physician relieved her stress and fears of miscarrying unknowingly by telling her to count how many times her baby kicked each day. This same physician allowed her to come into the hospital, for reasons her previous medical team would have deemed unnecessary. This physician’s empathy and willingness to go the extra mile to alleviate her fears was incredibly reassuring. Such physicians earned and gained their patient’s trust, and these couples were incredibly loyal to them. Couple 5’s trusted physician tended to her through years of infertility and eventually delivered their child. Participant 5A described a conversation with him about her future cesarean-

section. She asked, “Will you be the one doing the c-section?” She expressed how meaningful it was to see him erase things from his notebook and respond, “Yes, I will.”

Negative Impression

Unfortunately, many couples did not have such a positive impression of the healthcare system. The sentiment expressed most throughout the interview process to describe healthcare offices was “cold.” Many participants used this adjective, “particularly for what [these offices] deal with,” according to Respondent 5A. Descriptions used in the same breath as “cold” were phrases such as “unhelpful,” “a place you didn’t want to go,” and “they acted like this [loss] was so routine and normal.”[1] This section contains a few complete stories from select participants, followed by an analysis of these negative healthcare experiences.

Specific Stories

Couple 6 told me of their painful experience with the healthcare system during their miscarriage. At eight weeks, Participant 6A started spotting. She explained talking to the nurse who explained that it was “normal” and “fine” though Participant 6A had not experienced this with her successful pregnancy a few years prior. Participant 6A expressed the insincerity of the nurse’s text explaining it “could have been copied and pasted from Google.” The couple went to a reputable Texas medical center that was too busy to see them, also telling Participant 6A that it was “fine.” The couple experienced a few weeks of this treatment, unable to be seen by any doctors in the Dallas-Fort Worth area. They eventually travelled on a family vacation to South Carolina and ended up in

[1] In order: 4A, 19, and 1A.

the Emergency Room on the final day of the trip, as Participant 6A was bleeding significantly. When the two expressed their concerns, a member of their medical team said, “it sounds like you know it could be a miscarriage.” Couple 6’s ultrasound technician was very obviously pregnant. Participant 6A said she was “hard to read” concerning the results of the ultrasound. Respondent 6B said that on the ultrasound “you can see the form of a human and you’re hoping beyond all hope there will be a heartbeat.” However, Respondent 6B said he could see the technician’s face. He told me, “She had tears in her eyes. It was an affirmation of what you’d come to expect. Your last strand of hope is over. You’d rather just leave the hospital then, and not talk to the doctor.” The physician came in and said that he, “wish[ed] he had better news,” before telling them that their baby had stopped growing at six weeks and five days. They thought they were eleven weeks along by this point. Participant 6A had to fly home in an adult diaper due to the blood loss, expressing that those first two days of knowing were the most difficult.

Participant 19 described her experience as follows. She started spotting and went to urgent care. When she told them it was a pregnancy issue, they told her, “We don’t do that” and sent her to the triage room. Participant 19 lamented their lack of either sympathy or consideration. She was placed on a bed in a room with other pregnant women, separated from her by a curtain. These women were at the hospital to give birth, which placed her in an even more painful situation than she was already in, facing the loss of her unborn child. Before her second miscarriage, Participant 19 described hearing the baby’s heartbeat through a vaginal sonogram during her eight-week appointment. However, when she came in again at eleven weeks, the technician could not find the

heartbeat. Interviewee 19 told me, “I could tell. She just left me in the room alone, then the doctor came in and told me.” They then called her husband to come in and gave her options of what to do. She received a D&C–dilation and curettage–two days later.

Participant 13 had an extremely painful medical experience. Her due date was in February, but she had been unable to do anything the entire previous summer due to terrible nausea. During her first sonogram at nine weeks pregnant, the baby was only measured as being six weeks along. Participant 13 told me she was thinking, “Surely the doctor would say if something was wrong.” Four weeks later, on a Monday, Participant 13 started bleeding. She sent a message to her doctor on a communication app, and on Tuesday the nurse responded that she should come into the office that day. Because she was travelling with friends, she was not able to do so, and wondered why she could not wait until her ten-week (by the doctor’s measurements) appointment scheduled for Thursday. However, the nurse told her the doctor wanted her to go to the ER where she was on that day. When she got to the ER, she told the nurse she was ten weeks pregnant and bleeding. The nurse untactfully replied, “It’s so sad when people find out they’re pregnant so early and then miscarry.” In isolation, this comment was unhelpful at best, but when added to her preexisting fear and long wait time, it exacerbated the situation. Once examined, the doctor told Participant 13 that the baby was six weeks and two days along, there was no cardiac activity, and “you’re starting to miscarry.” He then explained that it was a “missed miscarriage,” meaning that they were unaware exactly when the baby died. This type of miscarriage is a minority, occurring in less than twenty percent of miscarriages (Jiang et al., 2018).[2] This took place roughly thirteen weeks after conception

[2] “Missed Miscarriage” likelihoods in non-academic articles, such as Progeny and AvaWorld, range from 1% to 50%.

for Participant 13. Once home, Participant 13 went to her Thursday appointment where her obstetrician, instead of revealing the baby's gender as originally planned, told her the three options for the miscarriage moving forward: a natural miscarriage, a D&C surgery, or a pill. He suggested the D&C, saying the natural miscarriage could be dangerous. The D&C was scheduled for Monday. Unfortunately, the weekend ahead consisted of 15 hours of constant bleeding–enough to clog the shower drain–as well as labor-like contractions, and constantly feeling cold. When 13 called the on-call doctor on Saturday, he said of her Monday D&C, "I guess no surgery!" On Sunday she was told, "If you're bleeding enough to fill a large pad in 20 minutes, come the ER." Her response was, "I can fill three in five minutes." When she went in on Monday, her blood pressure was 141/116.[3] She did not receive any fluids or food and was shocked by the lack of concern throughout the experience. The only action taken was a blood draw, even as she "thought [she] was bleeding to death." She remembered thinking, "This is worse than the worst you told me to be worried about, and you're unconcerned!" She was in the hospital from 11 PM through 3 AM the morning of her scheduled surgery but was sent home. When the doctor arrived at 7 AM and informed her of the night's happenings, he said that all should have passed, and she should be at home. Participant 13 had to attend a work training on Tuesday. Unfortunately, "the next Sunday was rinse and repeat" with respect to the bleeding, but this time, 13 refused to go to the ER, due to her lack of care the week prior.

[3] According to the U.S. Food and Drug Administration, normal blood pressure is 120/80 or lower, while 130/80 is high. A blood pressure of 141/116 indicates Hypertension Stage 3, the most severe case of high blood pressure, requiring immediate medical attention.

Negative Ramifications

As these stories demonstrate, many women and couples feel invalidated and hurt by the healthcare system, independent of the pain and suffering caused by their miscarriage alone. Many are left not trusting the healthcare system, or switch doctors or offices in pursuit of a more compassionate or helpful provider. A few of the interviewees switched from traditional healthcare to having midwives care oversee their care during pregnancy. These often simply desired attentive and available providers, individuals and care teams that validated their pregnancy loss experience at least with respect to the physical components of the loss. Participant 1A lamented the idea that many physicians won't investigate underlying infertility issues until a third loss (El Hachem et al., 2017). They often insinuate that no more actions can be taken, even as simple actions like testing a woman's progesterone levels have not been taken. She described her emotional experience when her second loss was met with, "There's nothing we can do." She exclaimed, "I don't want to keep going through this!"

Specifically, numerous participants were hurt by the overmedicalization of terms used by medical practitioners to describe their loss. Couple 6 described their doctor telling them to wait one period cycle before trying again to get pregnant to "make sure the products of conception are gone." They expressed their displeasure at this phrase, as it just felt "so medical" and lacked the compassion necessitated by the situation. Participant 15 similarly a similar repulsion for the phrase, stating, "Always call it a baby, not a 'product of conception'!" Even a decade later, Participant 16 remembers a nurse saying something "too medical" concerning her loss. Though she had forgotten the phrase, she said that "not calling it a baby took all the emotion out of it." Along the same lines,

Participant 13 told me, “Our society doesn’t value the baby as a baby, just a clump of cells, even as far along as we were. That is not a welcome society to grieve in.”

One participant had no qualms with the clinical terminology surrounding the pregnancy loss. As a scientist professionally, he described himself as “pragmatic, even clinical,” claiming that the lost baby “wasn’t viable” and that the natural solution was to “go try again.” This is not to say that the loss was easy for him and his wife, but it does indicate that the medical terminology is not invalidating to all who experience a loss. In retrospect, his experience seems to be an outlier, as it did not mesh with the experiences of other fathers. His story is important, but not typical. This may have been influenced by a dual relationship between him and the principal investigator, as he was a participant as well as an authority figure at the time of the interview.

Another systemic issue several participants mentioned was the lack of follow-up from the healthcare system. Though one participant’s hospital sent her a prayer card and metal piece with baby footprints, most received nothing from their hospital except for bills. One participant suggested that hospitals send cards on the baby’s due date; a significant day for many grieving parents and often known only by the doctors who overlooked their care. Acknowledging the day as significant would be a meaningful act for hospitals and medical offices to engage in.

Financial Burden

One unanticipated burden for numerous couples was the significant financial cost tied to a pregnancy loss. Couple 3 expressed the difficulty of receiving bills for procedures and products for which they thought they had already paid. They explained that the administrative process ought to be significantly better, as couples assume your bills are

all in a package together, but then another comes and catches you off guard. Similarly, Participant 13 said that the medical bills were incredibly burdensome, "you think you're done after one," but in reality, there were several more to come, from numerous providers. It completely depleted she and her husband's savings. When they finally paid off the last bill, her husband somberly stated, "It's a weird thing knowing you just paid off your baby's death."

At the time of the interview, Couple 6 was still fighting a bill for $2500 from their visit to a South Carolina Emergency Room. While waiting for the ultrasound that later revealed their pregnancy loss, they saw many individuals who "clearly had no insurance." They felt like the ER was "using us to make up for their other patients." They had a similar impression of their original medical center, explaining a feeling that, "Our tragedy is something you're happy to do unnecessary tests to profit from." Many couples expressed confusion regarding many tests that were run. Healthcare organizations would benefit greatly from having providers explain these tests' significance, as well as offering patients the choice of having tests run before billing them.

Physicality of the Miscarriage

The following section addresses several components of what physically happens during a miscarriage, both with respect to a mother's physical experience, as well as specifically measurable medical components associated with the pregnancy loss.

HCG Levels

A significant indicator during pregnancy is a woman's hCG level, or human chorionic gonadotropin hormone level. This hormone is sometimes called the "pregnancy hormone" because once a woman is pregnant, the hormone is produced in the placenta and is rapidly released into the body, doubling almost every three days in the first trimester, according to the Cleveland Clinic (2022). The level of a woman's hCG hormone can be measured by urine or blood tests to determine if she is pregnant and how her pregnancy is progressing ("What is HCG?" 2022). An hCG level less than 5 mIU/mL suggests a woman is not pregnant, 25 mIU/mL suggests a woman is pregnant. and the hCG levels of a pregnant woman can progress to as high as numbers surrounding 280,000 mIU/mL in her first trimester before they steadily decrease to a maximum of 117,000 in her third trimester ("HCG Levels," 2020). According to a Frontiers in Immunology research article, hCG levels peak at 75,000 IU/L in the tenth week of the first trimester and decrease to roughly 15,000 IU/L in the nineteenth week (Gridelet et al., 2020).

Many participants referenced their hCG levels, some having low levels, others having very high levels, and others fearful that their levels weren't increasing as they ought. Couple 3A's physician was able to explain the need for a D&C after couple 3 had a molar pregnancy. Participant 3A's hCG levels were six times higher than they ought to have been, which would have led to a placental tumor without a D&C (Cavaliere et al., 2009; "Molar Pregnancy," 2022).

Following a pregnancy loss, a woman's hCG levels ought to steadily decrease at an average rate of 50% every two days, with the majority of women's hCG levels decreasing by half within a week of their loss (Cavaliere et al., 2009). Very few women

interviewed knew what to expect concerning their hCG levels. Due to the rapidly increasing nature of the hormone, hCG levels can be very confusing or concerning to an uninformed patient. For example, one participant expressed her concern at having a high hCG level saying, “My level was 13,000…a normal woman’s is one!” However, her physician ought to have informed her that the decrease of hormonal levels is gradual, and a level of 13,000 mIU/mL is not something to be concerned about unless it plateaus at that level.

For many women, the hCG level was of less importance than the bloodwork tests it required following the loss. Many mentioned numerous appointments to have bloodwork done after the miscarriage. After her first miscarriage, Participant 19 underwent bloodwork once a week for about five weeks. This was to see if her hCG levels were falling as they should before she and her husband could try to get pregnant again. This weekly appointment was difficult and dreaded, especially as it served as a tangible weekly reminder that she was no longer pregnant.

The Heartbeat and Ultrasound

Numerous participants mentioned the significance of their baby’s heartbeat. Many distinctly remembered seeing the electrical pulse of their baby’s heartbeat and the ultrasound. Couples who previously had a successful pregnancy expressed their worry when seeing the ultrasound when it “looked wrong” or different than previously. This was also true for couples who had seen their baby on the ultrasound at a previous appointment. For example, Couple 5 expressed their disappointment when their ultrasound showed no baby, discovering that 5A’s body had started reabsorbing it.

Blood

Blood was unanimously mentioned by the mothers interviewed. It was the enemy for many mothers, as Participant 19 laments "Every period was a reminder that I wasn't pregnant and should have been." Additionally, it was the symbol of what many moms most dreaded. Most participants distinctly remembered when exactly they started spotting, especially as many had heighted fear surrounding their pregnancy from that point onwards. Many participants expressed their own shock and fear concerning how much blood there was during their pregnancy loss. For example, Participant 15 expressed how difficult it was to wait for the physical miscarriage to happen after hearing that her baby no longer had a heartbeat. She was completely unexpectant of how much blood there would be, telling me of she "didn't know what was what" as she passed "fist-sized chunks." Some participants who had undergone multiple losses also compared the quantity of blood present for each miscarriage.

D&C

Though many of my interviewees had a D&C–dilation and curettage–procedure after their baby died, Participant 17 explicitly expressed spiritual and emotional turmoil concerning the D&C itself. Participant 19 had heard it was the same act as an abortion and did not know if getting one would violate her moral beliefs, even as she did not want to "stay pregnant with a dead baby." She decided to get the D&C but expressed how difficult it was to sign the paper when she saw the word "abortion" within its contents. Other participants mentioned asking their physician to verify once more that their baby was actually dead before the D&C, "just in case."

Physically Delivering the Baby

Many respondents expressed how difficult–both physically and emotionally–the act of delivering their dead baby was. Though several women had a D&C after their loss, many had to naturally wait for their body to pass the baby. Some women had undergone both experiences. Some mothers knew exactly when they passed the baby, and others were unable to tell due to the quantity of blood and clots that were passed over a long time. Similarly, some were happy not to have seen anything resembling a baby, whereas others felt validated by seeing a "perfectly formed little person," as said by Participant 4A or even a golf-ball sized "little shrimp with an eye," as said by Participant 5A.

Most of the women who physically delivered their baby expressed the difficulty of knowing what to do with what was physically passed. Participant 13 bled in the shower and said it was a "traumatic thought, sifting through the gore. Picking up your own insides and throwing it away because it won't go down the drain. No one's told you what to do or what's normal." One mother had to scoop her baby out of the toilet to be submitted to the pathology lab, but the majority of other mothers who spoke of the experience flushed it down the toilet. These expressed the emotional struggle and confusion surrounding the decision to flush their baby. Many lamented the fact that, "no one tells you what to do!" When speaking of alternative ways to dispose of the remanent of the life lost, Participant 13 said, "Maybe we would've had a funeral, but we didn't have anything to bury." She said that having a funeral "almost sounds silly! It's not, but so many people don't see it as your baby. When you suggest a funeral, it's like suggesting a funeral for a goldfish, and the sad thing is the baby probably went to the same place a goldfish would."

Knowledge is Power

Healthcare providers can often inspire comfort through the knowledge they provide to mothers and fathers, or couples struggling with infertility. Participant 15 said her fertility specialist gave her information that "helped fight the fears." He told her that if they heard a heartbeat at nine weeks, the likelihood of a miscarriage is only six percent. If they heard one at eleven weeks, it was two percent. Amid anxious times, this information provided a lot of relief. In her own words, "only God can grant perfect peace, it is helpful to get as much information as you can from your doctor." She suggested mothers explicitly ask their provider, "What could you do that would help me deal with my anxiety about this?" Like Participant 15, several parents described their doctor giving them specific, but slightly varying, percentages of miscarriage likelihood after a given amount of time. For Couple 6, this was also applicable to when they were told that the likelihood of miscarrying decreased if they could get pregnant again one to six months after their loss (Kangatharan et al., 2016).

In a subsequent pregnancy, many participants placed significant emphasis on passing the time marker when their previous pregnancy failed. Couple 6 explained their nervousness at their 8-week appointment, after having lost their last baby between six and seven weeks. They explained, "You approach it with more trepidation. You almost don't think you'll see the baby or heartbeat." However, they said that after "each appointment with good news, the bad thoughts melt away." Once a temporal barrier is overcome, couples express their growing confidence in a successful pregnancy with each week. Participant 18 described this security saying, "the longer it goes on, the safer you feel."

Symptoms of pregnancy were an encouragement to many. Participant 19 explained how relieving it was getting to the point that she could feel her baby moving. She explained that the longer the pregnancy went on, the more confident she got. Even previously undesirable symptoms such as nausea, exhaustion, or tender breasts served as a welcome reminder of that, "Oh, I'm pregnant!"

Many participants attempted medical interventions to solve their infertility. Many went to fertility specialists or reproductive endocrinologists, others pursued wholistic care from midwives. Participant 1A spoke of her positive experience with midwives. She said that she tried progesterone cream and eating sweet potatoes, telling me, "If it doesn't hurt you, why not try?" Other mothers tried several medical and physical interventions such as tests, shots, surgeries to improve fertility, having their uterus blown up with air, taking baby aspirin and progesterone, ceasing physical exertion such as working out, etc.

Medical professionals ought to care for patients physically, as well as empowering them mentally and emotionally, a duty affirmed and encouraged by medical literature (Honavar, 2018; Wang et al., 2022). When patients are left in the dark with respect to alternative treatment plans, causes of problems taking place in their body, or what should be expected following the death of the child in their womb, they are negatively impacted significantly more than if had been empowered by a physician's expertise. One participant stated, "What [healthcare providers] don't tell you is that you bleed for a month!" This should not happen. Though physicians ought to use discretion so as not to unnecessarily frighten their patients, women should not leave a doctor's office blind concerning what is to come, confused about what happened to her, or ignorant of any alternative ways she could lessen her probability of having the same experience.

CHAPTER TWO

Faith and Spirituality

All the participants identified as Christian or heavily implied a commitment to the Christian faith at or before the time of the interview. Thus, personal faith was crucial theme of many participants' experiences with pregnancy loss.

Paradoxes of Perception

Unlike specific experiences with healthcare providers and medical staff, many interviewees had a faith experience that was much more nuanced. Many participants struggled with God's character, believing him to owe them something, to allow them to be hurt, or to be confusing. Many positive faith experiences were also linked to God's character but aligned with a biblically sound perception of God as present, sovereign, and faithful. Many, amid their suffering, found God to be trustworthy and good, even if they did not understand why they lost their child. The following paragraphs detail these dichotomies.

God is Letting Me Suffer

Participant 1A told me that even though she was not angry, nor did she think God was angry, she believed that God did not think she would be a good mom because she was too heavy. She expressed often thinking, "God just thinks I'm too fat for a baby, He doesn't think I'd be a good mom right now." Her husband was quick to recognize this comment as untrue, and 1A claimed she would quickly reject this comment if someone else were to say it. Often feelings that individuals know to be false, yet cannot

successfully disregard, are the most significantly burdensome. In a similar vein, Participant 3A felt that God prohibited her from having a baby. She told me, "I really felt like God was punishing me for not being excited for motherhood. I wondered why God would let me suffer like this."

Participant 13 was only about three months removed from the miscarriage at the time of her interview, the shortest time span of any of my interviewees. She expressed, "I don't think I ever prayed, 'God help me with my grief.'" Rather she claimed to feel like God did this to her, He was the authority who let it happen. Though she did not feel vengeful, she claimed to see God as "the author of the events, not the great comforter" within them, and she wished that she had gone to Him as the latter. She told me that she was still in a "dry period" in her faith, intentionally choosing not to process her grief, specifically with respect to her relationship with God. She said, "I don't want to go to God because I don't have the time or emotional bandwidth to process. I know getting to the end of the tunnel will be good, but I don't want to go into the tunnel at all…I know it will be emotional." Still, she advised others not to avoid going to God with their struggles during pregnancy loss.

God is Present in My Suffering

Several women who talked about their faith found comfort in God's presence with them during their suffering. 5A told me of a time when she and 5B were struggling with infertility. Soon before they stopped taking pregnancy tests, 5A recalled hearing at her church, "if something is enough important, we ought to pray and fast about it." She resolved to do so for a weekend, asking God if she could even get pregnant. Later, when she and her husband underwent a pregnancy loss, 5A remembered crying the whole drive

home, but finding encouragement when her husband reminded her that "at least we know you can get pregnant." She felt as if God saw her, and that he heard and answered her prayer. She told me that they had peace in the midst of the loss knowing that God saw them, and she told me that "we were closer to God in some sense than we ever had been."

A few participants mentioned the significance of growing closer to God after another significant loss. Participant 2A was thankful for her "previous journeys of loss" during her pregnancy loss, such as walking through her mother's loss with scripture, trying to count all things as joy and trust God's comfort amid loss. She also told me that she has spent hours yelling at God in her heart, even encouraging other women to do so, especially because, "He can handle that." She referenced the Psalms and encouraged women to be with God and to "scream out your thoughts, and then declare truth in that same atmosphere!"

Participant 14 claimed there was no better counselor or comforter than God, even compared to her husband. She said, "The Lord brought me to grieve [the pregnancy loss] before him before grieving with my husband." She explained that her husband was struggling with the loss as well, and God was the only one fully able and willing to carry the burden for her. Ultimately, 14 said that this helped guard her husband's heart, and though he could know what was going on, he did not have to be her source of strength or comfort.

Participant 1A claimed that though she did not believe that God causes terrible things, she attributed certain coincidences to divine protection or care, such as a cancelled trip planned for soon after her first miscarriage, as well as having her parents in town visiting and able to help when she started bleeding again during her second miscarriage.

God Owes Me Something

Some participants had a spiritual struggle with waiting to have kids "God's way" then having a pregnancy loss. Participant 1A told me that she was a virgin when she got married. She expressed thinking, "I did it right, God!" This was difficult for her to wrestle with, especially compared to those who "didn't do it right" such as her brother, who had sex before marriage but was able to celebrate a successful pregnancy with his wife. Similarly, after her second loss, Participant 15 recalled the thought, "God, if this is how you treat your friends, I don't know if I want to be your friend or not." Additionally, Participant 16 remembered being "kind of mad at the Lord" and thinking, "Okay, I did this your way, and this is my reward?" She said she was "sad, angry, frustrated, and distraught," claiming, "this felt cruel!" Looking back, she said she was believing a prosperity gospel–though she would not have admitted it at the time. She said that ultimately, this "started a journey of learning who God is."

God is Sovereign

The sovereignty of God was brought up both explicitly and implicitly throughout many discussions of faith throughout the interviews. Numerous participants stated that God is sovereign and good, and that they can lean on that truth. For example, after struggling to get pregnant, and then losing one of her two adopted embryos, Participant 14 alluded to Job 1:21 saying, "the Lord gives, and the Lord takes away. If it's His will, I would only have one [of the twins]." She added later, "God knows best. I have to trust Him." Similarly, Participant 15 stated, "God is sovereign. He is in control. Things don't happen when or how we want them to. I don't get that, but someday I will. That truth frees me from performance." Other participants spoke of knowing God is sovereign but

acknowledged that it is difficult to recognize the application of His sovereignty to their situation until later in life, or in the one to come.

Participant 17 was very humble concerning her honest reactions to her pregnancy loss. She had emphatically felt like, “this isn’t how it’s supposed to be!” Whereas after several years she claimed, “to see firsthand the sovereignty of God” and to truly find comfort in the fact that God knows the plans He has for you. Participant 16 spoke of the duality of God’s trustworthiness amid personal wariness through a quote from the Narnia series that she resonated with. Of the great lion symbolizing Christ, C.S. Lewis wrote through the characters Susan and Mr. Beaver, “‘Is he-quite safe?’...‘Safe?’ said Mr. Beaver ...‘who said anything about safe? 'Course he isn't safe. But he's good’ (Lewis, 2006). Participant 16 said that “this [loss] did not feel safe” but affirmed that nevertheless, “God is good.”

Participant 18 was not at all resentful and he saw the pregnancy loss as something that was “all part of God’s plan” and something that could have occurred simply because “God said no.” Another husband, Participant 1B expressed that this is all “in God’s timing and in His plan.” He is trying to look at the positives, knowing that he and his wife “have to keep working on it,” but that “God’s got everything in control.”

After expressing her guilt and confusion, Participant 3A told me that she “found comfort in God’s character.” 3B recalled the story of Job, explaining how Job asks God to explain his suffering throughout the book, but only at the end does God respond, and He does so by revealing His character. After this, Job covers his head with ashes, and does not question God again. 3B explained the beauty of this account, as Job never discovered the first two chapters of the book when Satan and God interact concerning

Job, but when Job sees how great and glorious God is, he no longer needs to know the context of his suffering. He understands that only that God sustains all life, including his own, and that God is so much greater and bigger than Job, and God is worthy of total trust and devotion. 3A told me that she found comfort in the fact that she does not have to understand her circumstances to know that God is good and trustworthy.

Participant 18 told me that she struggled with the question of, "why me?" However, her struggle with this question led her closer to God. She told me, "I fully trust that He is good and sovereign, and He loves me through all this. He knows everything." She told me about how the book of Acts addresses the suffering of believers. Though she told me that she previously would have claimed to never have suffered, "It was only a matter of time before we did suffer in this broken world. We will all suffer, and this is part of mine. God is still good."

God's is Ambiguous

Discerning God's plan is a continual struggle for most. Participant 14 wondered what God's plan was for her and her husband after struggling with infertility. She had thought, "maybe God will open my womb!" However, that did not seem to happen. She and her husband had pursued fertility treatment options and spent time in prayer seeking aid. One particular experience led her husband to believe that they ought to be father to the fatherless, and the two wondered if "maybe God's plan is for us to do foster care?" However, their experience in foster care also led to much loss and suffering. Participant 13 also expressed her confusion with God and his will for them. When she and her husband found out they were pregnant, they assumed it must have been God's plan for them, as they were not expecting the child and it shifted their personal plans for the future

of their careers and graduate school goals. However, when they lost the baby, they were confused as to what God's plan was, or how the present situation could be part of it. Participant 13 claimed not to be angry at God. Instead, she felt resigned. God had previously been noticeably clear concerning significant decisions or life-alterations, so she was curious as to when He would make these things clear to her, if ever.

God is Faithful

Knowing God to be faithful, even when they could not feel it, was comforting to many participants. Though she did not know if it would be through her body or someone else's, participant 1A told me that "God has made it clear to me that we're going to have a baby." She said she has not been angry at God or questioned Him during the pregnancy loss. Rather, she had hope knowing it was possible for her and her husband to have a child, as the miscarriage took place three years after they began pursuing pregnancy. Additionally, she had received a baby wrap that she and her husband could not afford, claiming, "These things don't just happen, this is from God! Some baby will be in this!"

However, learning about God's faithfulness was not solely linked to God giving an individual something–or the promise of something–that they wanted. Participant 16 told me about her difficulty going to church and "acting like everything was fine" when she was actually "sad, mad, and hurting". Her husband told her she did not have to go, and to "see what God does." She said that God met her in numerous ways, including an unexpected letter of comfort from a nun several states away. She expressed the understanding that the Lord would find her wherever she was. "The Lord wants to meet us in the messiness too, not just buttoned up Christian culture." She said she'd go through

the pain of her losses again because the Lord met her in such an "intense and beautiful way in the pain."

Additionally, God's faithfulness can also be tied to the loss of a child itself. Couple 2's faith carried them through the loss of their infant. After he had been suffering, struggling to breathe, and looking scared, they prayed that God would allow their baby to die, and be in heaven rather than experience prolonged suffering before his death. They said that in God's mercy, they got a call from the medical team that he had passed away. When others asked if they were mad at God, they said they were "not at all" and they were actually "so thankful." Their son had survived a miraculously successful angioplasty and lived for a month supported by medical devices. This month of getting to know him was a "miraculous gift," including two weeks when he was pain free and supernaturally alert. They told me that grief is ongoing and has no "pretty closure" but "that is okay. God is faithful and He is who He is."

Spiritual Growth

Participant 2A told me of her perspective shift after her pregnancy loss. She did not view her subsequent pregnancy's success as an expectation. She said that the loss was humbling and that "having a child and being pregnant is a gift, not a right." As soon as she found out she was pregnant–three months after their loss–she prayed, "Okay God. This child is with me. Thank you that this child is with me *today*." She told me of her grateful perspective during her work of campus ministry, she thanked the Lord for the gift of going on a walk with her baby, even if she was not guaranteed any other shared experience in the future. Her husband added that thanking God every night for their child in prayer "made those pregnancies rich." He told me that his wife was very sick

throughout every pregnancy, and so they were not in the habit of "taking for granted that their child would live." When 2A carried the next child to term, delivering and taking her baby girl home, she said she was "just blubbering," due to the unforeseen gift of having a child that she got to leave the hospital with.

Participant 15 reflected, "I used to think 'O, I do my quiet time, so I shouldn't have miscarriages, cancer, or sickness.' But I am not entitled to an easy life! That's not biblical!" She said that her second miscarriage especially shattered her expectations of ease. She told me, "I've seen enough godly people die that now I know: God's heart breaks more than mine. He chooses not to intervene, in His wisdom." She now reports to have "a lot more respect for the mystery of God." Additionally, during her pregnancies she claimed, "I wanted God to remove the fear and give me the peace that surpasses all understanding, but He did not." However, she learned through the years that God loves her, and He "loves my baby more than I do."

Participant 16 and her husband did not think having a baby would be difficult, but after two miscarriages, she said they were so thankful for every pregnancy. After claiming to be subconsciously holding to a prosperity gospel, she learned the truth that, "Everything is grace. Everything is a blessing. I was checking boxes, not loving God." She said this experience "made me question, and later believe, that God is good." She continued to say, "I wouldn't give those experiences back because they transformed my relationship with the Lord, though at the time they were excruciatingly painful." She and her husband learned to "let go of control" and have an attitude of, "Lord, we'll take whatever you will give us!" In a similar vein, Participant 4A's pregnancy loss revealed to her that, "creation is so complex" and the ability to have a baby is "truly a miracle!"

Though 4A had been hopeful to have three children, she recognized that children "are such miracles and gifts from God-we are blessed by two!"

God accomplished a "restorative work" in Participant 5A's heart through several books, individuals, a Christian counselor, and even through having her child. She said, "When something is hard, you appreciate God and His gifts more." However, these deeply desired gifts can become idols. After having her baby girl, 5A learned, "this child is a gift from God, but one that you need to put back in His hands." And she explained her difficulty surrendering control over her child even to the extent that she was suffering anxiety and panic attacks about not being able to protect her little girl. 5A's friend challenged her, "can you give her back to God?" Her counselor also helped her to recognize that her need for control was not good for either her or her little girl. Participant 16 also desired to cling to her children tightly after having multiple miscarriages and spoke of the difficulty of walking in openhandedness in parenthood. She called herself overprotective and sought to internalize this phrase, "God, these kids are yours, who we are stewarding."

Participant 2A put all her grief over her failed pregnancies in perspective as she told me, "There are far worse things than losing your child. I should go to hell! The ultimate loss I should have to suffer is separation from Jesus, and when I stand before Him, I will know that better. For someone who doesn't have that comfort, I don't know how they deal with *any* loss! Where do you go, if not to Him?"

Spiritual Reflections

Heaven

"My baby is in heaven." This concept served as a personal encouragement to parents after their loss, but also was stated by many close friends and family to encourage grieving parents. Participant 17 told me that though she previously would not have been able to even talk about her loss, it was now simply a memory. She fully believes that babies are human lives, and that she will see them in heaven. Concerning babies who died in the womb, Participant 13 told me, "In a sense they're the lucky ones. They're in the arms of God, where we all want to be one day. There is a jealousy though, Jesus gets to hold my baby first!"

Participant 6A told me that her uncle had expressed his sympathy about the loss to his brother, her dad. She expressed that her uncle, who died a few months later, is now with her baby in heaven, along with her grandmother. Along a similar vein, 4A's mother-in-law was comforted that her recently deceased daughter "now has a baby to be with in heaven!" Participant 18's father also used the concept of a child in heaven as a form of comfort. When 18 had called his father to tell him that his wife lost their baby, he burst into tears after hearing, "there's one more angel in heaven who will be praying for you."

Sanctity of Creation

Many parents reflected on the sanctity of creation after their loss, recognizing the incredible weight of having a child known by God and formed in their mother's womb. As said by Participant 3B, "it's a big deal when you lose an image-bearer." Participant 4A told me about the "both brutal and amazing" experience of seeing her unborn child

resting on her pad, explaining her tangible realization that fetuses are "truly human…this is perfectly formed." She recognized that "we only play a small part" in a successful pregnancy, journaling about being "humbled by the fact that our sovereign Lord is the giver and creator of life. We are not in control!" She wrote that the experience of loss, "made me sad, but more in awe of God's perfect plan in creation."

Many participants were passionate about their baby's personhood. Participant 18 told me that "even when my faith was pathetically weak, I knew it was a person." When Participant 4A's doctor claimed her loss was a "chemical pregnancy" she "wanted to stand up for creation!" Participant 13 felt similarly invalidated, telling me the difficulty of feeling like "half our society doesn't see it as a baby, but it was *my* baby." She continued, saying a society that "doesn't value the baby as a baby, but just a clump of cells is not a welcome society to grieve in." As alluded to by Participant 13, the concept of fetal personhood brought up by miscarriage creates conflict with abortion narratives and other such denials of personhood before a baby is born (Keane, 2009; Donley & Lens, 2022).

Spiritual Uncertainty

However, not all participants were certain about their baby's life. Participant 16's pregnancy loss occurred before she heard the baby's heartbeat. She struggled with the question, "was that a life?" However, she had a dream of naming the baby Zoey, a name which she later learned means "life". She felt the dream was from God, meaning, "this is a life, mourn it as such."

Couple 3 questioned how to grieve after their loss after Participant 3A experienced a molar pregnancy, since no fetal DNA was present (De Franciscis et al., 2019). Participant 3A told me that their pastors encouraged them to think about the loss

as a child. 3A expressed confusion, wondering if she and her husband would meet their baby in heaven one day. Her husband stated that this loss is distorted as a "result of the fall. There is a child somewhere."

Though Participant 18 knew the baby was a person, he wondered, "at what point do you get a soul? Is it at conception? Could it be given and then taken back?" Participant 19 had a similar inquiry during conversations with her husband. Though they believed "there are two babies we will meet in heaven" they wondered, "did God breathe a soul into them?" The two had not concluded anything by the time of the interview.

Songs

A few Christian songs were specifically mentioned as being meaningful to the bereaved. Participant 2A found comfort in the hymn, "It Is Well with My Soul." Participant 5A listened to the song, "Let Everything That Has Breath" on the drive home from the hospital with her husband. She also found significance in the song, "Blessed Be Your Name" specifically in the lyrics, "You give and take away. My heart will choose to say Lord blessed be your name."

Scripture

Many participants referenced numerous passages from Scripture, describing many as helpful and encouraging. The passages explicitly mentioned are from eleven off the sixty-six books in the Bible, with Psalms, 2nd Corinthians, Job, Philippians, and Isaiah as frequent appearances. Common themes of these verses include trusting in God in difficult times, hope, Christ as our comforter and fellow sufferer, and the sovereignty of God's plan, especially in comparison to our own. Participant 15 referenced 2 Corinthians 10:5

saying that she tried to “take every thought captive to the obedience of Christ” during the initial processing of her grief. She had a notecard of verses, and though she said it “was not a band-aid” it “helped [her] from spiraling down the rabbit hole.” Participant 2A also spoke of processing grief through Scripture, and she and her husband put Psalm 116: 7-9 on their Baby’s tombstone, “Return, O my soul, to your rest; for the Lord has delt bountifully with you. For you have delivered my soul from death, my eyes from tears, my feet from stumbling; I will walk before the Lord in the land of the living.”

CHAPTER THREE

Personal Experience of Suffering

This chapter details how a pregnancy loss impacts individuals with respect to their emotions, identity, opinion of themselves, expectations for pregnancy, and the reminders of their loss.

Emotions

It is difficult to write a chapter on the personal experiences of suffering without addressing emotions. The following paragraphs detail the variety of emotions that participants endured in their experience of losing a baby.

Many participants explained, using a variety of descriptions, a feeling of whiplash as they transitioned from the joy of parenthood to the defeat of loss. Participant 1B said that "besides my wedding day I've never been more excited for anything! I was excited to be a father, then it was just gone." Some participants had not expected or even wanted to be pregnant, which led to a variety of complex emotions when their circumstances reversed. One had told her husband, "I didn't want to be a mom and now I'm not." Similarly, another mother had a one-week turnaround of not expecting a positive test, to discovering the pregnancy and processing her new plans, to then realizing she had lost her baby. Participant 6B said he was "switching gears so quickly from excitement to tragedy, realizing [he'd] had false hope for weeks."

Grief is a central underlying thread of this thesis, and it is an experience of immense complexity rather than simply a feeling. Many participants touched on the

intricacies of grief when describing their experience with loss. Participant 2A described the distinction between clean and complicated grief (Peterson, 2020), identifying that the loss of her baby was different than the suffering she had experienced with her later cancer diagnosis. The latter causing significantly more of an identity crisis, which she likened to a football player having a significant injury. Several individuals remarked that "grief hits at different times." Participant 14 stated, "grief is not linear! It hits you out of nowhere!" She explained that it was like a cloud of sadness that "gets bigger or smaller depending upon the situation and the day."

Many parents felt helpless after their loss; they felt unable to change the past, receive aid from others, or move forward. Some participants were emotional when their healthcare providers were unable to assist them, and others struggled when they were forced to ask for undesired aid. Participant 4A said, "it's been so hard to rely on others for simple tasks."

For many women, they felt a significant amount of guilt following their loss. This feeling of guilt manifested in varying ways. Some participants felt guilty for not being sad enough; others felt guilty for asking their spouse or loved ones for help; and others still expressed guilt for later pregnancies after having shared their loss with friends who were struggling with infertility. Several participants felt guilty for expressing their grief or for feeling jealous of those who were pregnant. Participant 17 recalled a time when she was on a trip with a pregnant friend and said, "I was annoyed that she had something that I had once had, then lost. I didn't want to let anyone in because I didn't want to let them know my terrible thought."

Feelings of hopelessness and defeat were present in many of the interviews. Of the difficulties of pregnancy, Participant 13 lamented that the lack of a child meant that, "all the nausea wasn't even worth it!" Many individuals endured emotional uncertainty after their loss, wondering why it took place and what to do next. Participant 18 said that he and his wife "were both upset and dazed and confused." Couple 3 expressed that "the grieving process was weird" regarding how to feel after learning their baby medically had no DNA and their positive pregnancy test was the result of a molar pregnancy. They didn't know how to grieve the loss of a baby that medically never existed. Other couples spoke of celebrating their pregnancy with others and later learning that at the time of celebration their child could have already been dead. The nature of miscarriage can lead to confusing or ambiguous diagnoses, which can lead to the same reactions in the minds of the bereaved.

Loneliness and isolation are familiar feelings to many bereaved parents. Many participants said that their pregnancy loss was an incredibly lonely experience. Participant 4A said, "it's a really private grief." She also said that it was surprising to learn how miscarriages are, "even though you felt alone." Participant 3A mentioned the loss inhibiting normal conversations as people would ask her how she was doing, and she thought in response, "I just had a miscarriage, but you didn't even know I was pregnant." Participant 13 expressed the desire to validate yourself concerning how much you're allowed to grieve, but an isolating and invalidating sense that others feel like "at some point, you've got to move on."

Fear was present for many individuals throughout every aspect of their pregnancy loss, and for years following. Many worried about not getting pregnant all throughout the

pregnancy. After the loss, the fear only grew, as participants realized that it could happen again. Participant 18 worried, “What if we end up like these family members that have no kids?” Participant 13 wondered, “What if I do everything I can to prepare, and it still doesn’t work?” While Participant 16 remembered herself trying not to be scared when she saw that she was spotting, but she was unable to remain unafraid while she had to wait for her physical miscarriage to happen after going to the doctor.

“If I think about it, I do blame myself,” as said by Participant 14 concerning the well-known feeling of self-blame. 1A said, “I feel so responsible. I know [my husband] would be such a great dad and the hardest thing is feeling like it’s my fault.” She tries to remind herself that her feelings of failing her husband have an unstable foundation. In contrast, Participant 2A recalled a time when her father-in-law said, “Don’t feel guilty about this, this is not your fault.” She remembered wondering, “Why would I think that?”

Many couples expressed shame when recounting their feelings after loss. This feeling is further elaborated upon in the next chapter, as often couples felt ashamed of telling others about their loss. However, this shame did not solely apply to the perceptions of others, as some moms felt shame due to their negative body image, shame that only grew following the pregnancy loss.

Some participants reported feeling no emotion at all at certain points. Several had significant times of feeling apathetic, or even intentionally suppressing emotion. Participant 16 explained that she didn’t deal with some of her suppressed feelings until she had a few of her children, nearly a decade after her first loss. Participant 1B endured an incredibly strong reaction to his wife’s first miscarriage diagnosis saying, “I had to leave work I was so emotional.” However, when he heard about the second, he simply

thought, “Oh, we had a miscarriage.” Participant 13 felt especially apathetic, claiming to feel “indifferent about everything, including work and things [she] once loved.” Even family situations that normally would be upsetting to her produced only apathy. After being careful with what she consumed during pregnancy, the loss caused her to shift to the opposite side of the spectrum. As she considered substances like soda, alcohol, and sugar, she thought “who cares what I put in my body?” She said that she knew she needed to cope with her feelings so they would not just be repressed, but she said she had been “actively avoiding the processing.”

Identity

A significant component of loss for many women was the loss of their newfound identity as a mother. Participant 16 said, “I always wanted to be a mom. There was a sadness of the death of that vision.” She remembered thinking, “Oh the thing I’ve always wanted I may not be able to do in that way. This might not work, ever.” Other women similarly mentioned the desire to be a mom that they had experienced from a young age. Participant 15 recalled her first miscarriage being difficult, but her second being the one that spoke to her identity. She said, “You start to wonder if [you and your spouse] could ever be pregnant. It eats at your identity as a woman. You think, ‘This is the one thing I should be able to do but can’t.’” Participant 16 also remembered her second miscarriage being significant, as it caused her to worry, “oh my gosh I may never have kids.” Participant 4A remembered wondering, “Is something wrong with me? With my womb?’ Participant 5A lamented about her continuing menstrual cycle, “I can’t do the thing I was created to do, it’s a periodic reminder that you failed.” Participant 13 said, “Because I was so excited to be a mom, that was the worst thing I thought could ever happen to me.

But I am still here. I am still walking and breathing. I'm doing all the things I could do before, but I'm a different person than I was five months ago… I wanted to be a mom and I was a mom, and, in a sense, I still am a mom."

Work

Though several mothers interviewed had not been working at the time of their loss, the many mothers who were working were significantly impacted by the various aspects of being an employee and a grieving mother. Many mentioned the difficulty of having few people, if any, in their workplace aware of the loss. This was coupled with the struggle of trying to meet the standard requirements of their job without disappointing anyone. Many women, some necessitated by the absence of paid leave, had to return to work immediately following the loss. Participant 13 spoke of her difficult miscarriage spanning the length of the weekend and late into Sunday night. She had a work training on Tuesday morning and remarked, "I just went back to work." Participant 15 lost her baby while gone leading a student group at a conference, and she spoke of the difficulty of trying to serve her students instead of recovering at home. Participant 13 also worked with students as a grade-school teacher, and shared the pain of her students inquiring if she would ever be a mother shortly after her loss. Several women struggled to be productive at work for a range of one month to two years after their loss. Nevertheless, work was a helpful distraction to some. This range of responses is affirmed by Maitlis and Petriglieri in the Harvard Business Review (2019).

Coworkers could be helpful or harmful, as detailed in the following chapter, but in general women appreciated other women, especially mothers who had experienced a

similar loss. Male coworkers and bosses were spoken of as "not understanding" and "disconnected" and often female employees kept their loss from male colleagues.

The Husband's Experience of Loss

Though half of my interviews included the father of the unborn child, men are often not the object of focus after a pregnancy loss (Richards, 2015; Miller et al., 2019). If the loss is known to those close to the couple, often the wife is the primary recipient of concern and support. As stated by Participant 15 "Most people don't reach out to the man, so it's a lonelier time for him. Unless he's an oaf, he's looking out for [his wife]! If the woman is overlooked, the man is even more so." This section highlights the often-overlooked male perspective of a failed pregnancy.

Supporting His Wife

For many husbands, their focus was on providing a source of support to their wife rather than receiving support. This is affirmed by a qualitative study of male experiences with loss that found, "All men felt their primary role at the time of miscarriage was to support their partner" (Miller et al., 2019). Participant 1B spoke of his wife, "I take pride in being there for her. She's my top priority." After he and his wife lost their baby, Participant 2B said, "The whole thing was so abstract to me," and the most significant thing for him was learning to nurture his wife well and grow to be more attentive to her in the future. He remembered telling himself, "Wake up and realize your wife is physically hurting and sorrowful!" For many husbands, this necessitated emotional strength for the sake of the spouse carried over into other relationships. Participant 13 spoke gratefully

for her husband who "had to be the put together one. He had to call both sets of parents. He had to comfort my mom, then she realized that he was grieving the loss too."

Though many wives praised their husbands for their support, their counterparts often claimed to be confused and lost concerning how to best support their wife during and after the miscarriage. Although Participant 18 said that neither he nor his wife blamed the other, he shared that she felt more responsible. He explained his experience as follows, "[My wife] was very emotional about it. I was trying to be a rock and I'm not that good at being a rock. I didn't know what to say. Even in a successful pregnancy the guy is pretty much a spectator. That's generally kind of a frustrating thing. When things are good you get to stand by and see this amazing thing. [When bad] there certainly is a helplessness because there's nothing you can really do about it."

Emotions

"I was blundering and blindsided. I didn't expect the grief or pain." This statement by Participant 2B was echoed by many male interviewees. Many were deeply saddened by the pregnancy loss, and often unexpectedly so. Participant 13 said that her husband told her he likely would not feel very connected to their baby until it was born. This was true for some husbands, but for 13's husband, "he was hooked right away." After the loss, he wept and processed alone before going to bring her home from her trip.

For several husbands, the only recipient of their emotional vulnerability was their wife. Participant 1B said, "I don't show emotion easily, but I show emotion with her. It connects us." Few male participants expressed the extent of their grief during the interview, but many wives brought up their husband's grief, especially in the interviews

that were only the wife and me. As stated by Participant 6B, who had expressed his wife as his only support, “I don’t need to feel supported by others. I’d rather be sad alone.”

Anger was another prominent emotion. Participant 15 indicated that her husband was mad at God, especially after the second loss. In an analogous situation, Participant 16 said that her first loss made her husband sad, but in the second he was frustrated and confused about how God could allow this.

Fear For His Wife

At her 8-week appointment, Participant 3A’s confirmational ultrasound revealed that instead of producing a child, her body was undergoing a molar pregnancy. Due to the nature of this rare pregnancy complication, 3A needed to have a DNC or the pregnancy could lead to a placental tumor, according to Participant 3B and affirmed by the Mayo Foundation (2022). Participant 3B described the shock of anticipating a call about his unborn child, but instead hearing that his wife needed surgery and chemotherapy for cancer. 3B expressed that though the surgery is relatively simple now, a hundred years ago this tragedy would have caused him to not only lose his child, but also his wife. With pain in his voice he recalled, “I remember thinking about not having [3A] in my life!” Other husbands similarly dealt with the fear of the wife’s death while simultaneously grieving the loss of their unborn child.

Though many husbands interviewed did not have cause to fear for their wife’s life, many were protective over her emotions. After 4A’s second loss, her husband suggested that they stop trying to have children out of concern for her emotional wellbeing. Following Participant 16’s second loss, she described her husband’s understanding shifting from the thought, “okay, this happens” to one of, “I can’t do

anything to protect my wife from this pain and frustration." She said he had an upsetting vision of someone tying him up and hurting her in front of him. "Someone was hurting me, and he felt helpless to stop them from causing me pain." Although their emotions of pain and frustration were similar, Participant 16 explained how uniquely they each manifested. Her fears and frustrations correlated to her role as a child-bearer, while his were in relation to his role as protector.

Sources of Support

Several husbands found support in methods of distraction. One husband's method of coping with the loss came from engaging in video games with friends. Outside of searching for distractions, many men primarily spoke with their wives about the miscarriage. However, most men would only speak about the loss explicitly to a male friend who was also a father, typically one who had also lost a baby. For Participant 1A, the friend who prepared him for the life-changing role of fatherhood was the same friend who comforted him after the loss. For a few other fathers, they described a specific friend who had also experienced the loss of a baby. Fathers who were further removed from the loss also mentioned talking with and supporting younger men who experienced a loss.

Work

Husbands indicated work as both a beneficial source of distraction and a cause of guilt. Leading up to the loss, Participant 1B indicated, "I felt bad because I wasn't around" with respect to doctor's visits. Concerning comparable appointments, Participant 19 said that her husband would ask her if she wanted him to come. The couple's decision

to have the father go to work instead of attending appointments was often a difficult one, especially retrospectively if the mother found out about the miscarriage alone.

However, work was grounding for many individuals, specifically husbands. Participant 18 stated that work allowed him to "get my nose to the grindstone" and carry on. As stated by Participant 6B, "For me it was comforting and helpful to revert to routine–it was good not to be idle."

Grief Dissipating

Many wives recalled their husbands seeming to overcome their grief before she did. Participant 13 stated, "He's gotten over it a lot faster. He's not going through the physical stuff. He doesn't cry any more. He has hard days, but he's ready for another. I'm not, it's not even physically feasible for me." For Participant 18, he said that having his other children born helped significantly. When I asked whether he ever had closure from the loss, he replied, "I'm not sure I'm one of those people that needs closure. I let things go, or let other things take their place."

Expectations

Something discussed by every interviewee was the impact of their personal expectations on their experience with loss. Many couples explicitly indicated that they had no idea how common miscarriages are. Numerous stated, "I thought it would be easy to get pregnant!" This expectation was heightened for those who had successful pregnancies, got pregnant easily, or who were unexposed to difficult experiences from close friends or family. Several couples were more cognizant and fearful of infertility than of losing a baby during pregnancy.

Hope for the Future

"Anyone gets attached immediately. It doesn't matter if you see a heartbeat or not." Participant 1A's expression of a rapid emotional connection with her baby was echoed by many other parents. She said that as soon as you see a positive pregnancy test, "your whole life is different" and she explained her assumption that she would give birth to a son, "I saw him loving science and stuff." Other participants spoke of their husbands being protective over their stomachs, weeks before a baby bump would have showed at all. Many individuals expressed imagining what life would be like having another member of their family. These emotions are very common and have long been present in research, as affirmed by a 1996 longitudinal study on the differences in couples' grief reactions after a miscarriage concluded that, "Giving up their personal expectations, hopes for, and fantasies about the unborn child is a major source of grieving for both" (Beutel et al., 1996).

Participant 15 recalled her treatment of another woman who had a miscarriage before she had one herself. She lamented, "I did everything wrong. I said sorry but not much else. I thought 'oh, she hasn't been pregnant that long!' I didn't realize it's still a painful thing, there's bonding in your head if nothing else!" Participant 18 expressed that the hardest component of a pregnancy loss is, "Disappointment. Crushed dreams. Things not going as you were hoping or planning." He added that this shouldn't necessarily change even if it could, saying, "I don't think it's a bad thing, to care about something that important." This is affirmed by research.

Woman's Intuition

As expressed in Participant 4A's journal, A surprising reoccurrence throughout the interviews was how many women knew that something was wrong before they found out they were miscarrying. Participant 4A, for example, expressed the following in her journal before the official diagnosis: "I diagnosed myself via what to expect: early miscarriage." Several women remembered distinct conversations when they expressed concern and someone told them that everything was fine, but they continued to believe that something was "off" with the pregnancy. This was even for women who had similar physical symptoms in a previously successful pregnancy. Some women had a "bad feeling" the entire pregnancy, others only once they began spotting. Few were completely caught off guard.

Shifting Expectations

"I'm a romantic, but I've become a lot more practical." Participant 14 spoke of how her miscarriage changed her perspective and expectations, and she was not alone. Participant 5A spoke of reading a book that helped her to process her grief over unmet expectations. She learned that people sabotage their own happiness, describing, "There's an image of what we want and then there's reality. You can either do anything to get to that image or you can get rid of that image and embrace what you have. There is a grieving process there, it's a loss!"

For several interviewees, their loss led them to change their expectations, not only of life's joys, but also of life's sorrows. Participant 2A described of grief, "This is not unique to [losing] children, this is part of the human experience! I descend from people who not only experienced loss but assumed it." Participant 5A described another

impactful book, *Deeper* by Dane C. Ortlund, that taught her that "fallen human beings enter into joy only through despair." This sentiment was repeated by Participant 18, who said that the "failures help you appreciate subsequent successes!" The perspectives on grief contained in this paragraph were all from individuals who had been separated from their loss for nearly two or more decades.

Control

A mirage of control was the common experience for most interviewees before their miscarriage. Many believed before they had children that they could dictate their desired family plan with respect to how many children they would have and when they would have them. This was especially true for relatively easy pregnancies which, as said by Participant 19, "set pregnancy expectations for what our family building would look like from there." Participant 5B acknowledged his biases saying he thought, "things went well last time, so why wouldn't it go well again?" His wife explained that the "loss of control is humbling. You can have pride concerning what your life is like." In a similar manner, Participant 15 said that her miscarriage broke through her feeling of, "I'm entitled to have a baby. I should not have a hard life."

Though it is the deep desire of many, control is never guaranteed, no matter the circumstances. Participants brought up countless examples of life producing radically different outcomes than what they had expected. This was true for them through planning for a natural birth, adoption, planning for the sake of preexisting children or those born after a loss, or expecting control over other aspects of life. Participant 3A recognized that "there is always something you can be fearful of, even when you have a kid!" However, she found comfort in knowing that she was not in control, but God is. Participant 15

stated that years after her loss, “I thought when I was sixty-five that I’d have a handle on all this. Now I’m past that age and I don’t think there even are handles!”

Expecting Future Loss

Though some couples thought that their loss made it less likely to have another miscarriage, others feared they would never have a successful pregnancy. Participant 1A, a young woman still within a few years of her pregnancy loss, asked how other women avoid the fear of another loss without “walking on eggshells” throughout the entire pregnancy. For many women, this was the case. Participant 2A did not expect to take a baby home after her baby was born and died having never left the hospital. She described “a raw spot in my heart” surrounding the idea of “getting to take a child home from the hospital. One that wasn’t healed until four children in.”

Participant 16 tried to guard herself and be “emotionally careful” after her first loss. She had thought, “if I don’t get excited, it’ll hurt less!” However, reflecting on her second miscarriage, she said that not engaging with the second pregnancy didn’t make anything better for her emotionally. Even so, for her third pregnancy she said, “It was a really emotional choice to decide to engage with that baby and embrace what was happening.” Mirroring Participant 16’s experience, Participant 13 said that, “A future pregnancy will be a lot less of a joyous process.” She told her husband she did not even want a pregnancy test. However, she was struck by his response, “Don’t you think our second miscarriage deserves as much grief as the first?”

Seeking Fulfilled Hope

Participant 17 described the loss of one's hopes and dreams for the child that they never knew. "I used to not be able to talk about it. I like to have problems wrapped up with a bow. Subsequent children really helped with the loss of the hope of a child." She continued, saying, "I feel no loss anymore. It's a memory." Though that child is never replaced, the hopes for a child of yours can be fulfilled. Participant 16 spoke of her third miscarriage–which took place after a successful pregnancy–as sad, but it "wasn't the same despair as thinking I might never be a mom" that she had after her first two miscarriages. Participant 4A stated, "I can't imagine having a loss and not having another child." Though she has not had another child, Participant 13 said that after her loss, "the first thing you wonder is how soon you can have another." However, some mothers are adamant that the baby lost can never be made better by a successful pregnancy. Specifically with respect to the concept of a rainbow baby, a child born after a miscarriage, Participant 14 declared, "No one can ever replace my baby! You can't have that expectation. You can't make your child have the pressure of making everything better, they won't!"

Palpable Reminders

Due Dates

There were numerous dates, locations, symbols, and material objects that mothers found meaningful in making their miscarriage feel real to them. One of these palpable reminders of the loss was the baby's due date. Participant 5A mourned until the due date, a sentiment that many mothers echoed. At the time of the interview, Participant 13 had

not yet arrived at her baby's due date. Her insight is particularly relevant, "Right now, it feels like [another pregnancy] would be a rebound baby. I just want to hold my baby in February." She and her husband created a ring to commemorate the loss based upon the baby's due date. Her wedding ring jeweler fashioned a ring with an amethyst, representing the unborn baby's birth month. Unfortunately, the amethyst fell out of the ring, which further symbolized their loss and sadness. Participant 6A's due date was also significant, however, she was pregnant again by the time the date arrived, so she said that "no one remembered the miscarriage on that day."

For some mothers, the anniversary of their baby's due date is permanently marked in their memory. Participant 16 and her husband, on the anniversary of the first loss, went to an outdoor sanctuary and had "a ceremony of sorts, honoring it." She said, "we annually honored each loss, as long as was needed." This phenomenon is not unique to pregnancy loss, as the anniversary of a loved one's death is significant to many individuals. In a similar manner, some participants vividly remember where they were when they experienced the miscarriage, or what holiday it was close to, and have permanently negative associations with that place or time of year. However, a few of the participants interviewed neither had any memory of their due date or location of the loss, nor did they find either significant to their experience of grief.

Naming the Baby

Participant 16 and her husband had affectionate nicknames for each of the babies they lost. They named the first "bun" for the phrase "bun in the oven." The second was called "boo" for its due date near Halloween. They named the third Zoe meaning "life" after a spiritually impactful dream that confirmed the baby conceived was indeed a life.

Later, when the couple's pregnancy progressed further, they felt scared to name the unborn baby. They thought "Don't name it! See what happens when we name it!" Participant 13 and her husband had also affectionately nicknamed their child, calling them "baby bear."

Several couples named their baby. Couple 6 named their son Samuel Levi, due to the Biblical account of Samuel, the son of a Hannah who had prayed for a child, and Levi meaning "connected" because "he is still a part of our family." Couple 4 had joyfully discussed names for their baby before their loss and ended up naming the child born after their loss Landon, meaning "long hill." Couple 1 named their son Bniaah Atlas, Bniaah meaning "God delivers" and Atlas for the Greek God who held up the world, as a symbol that the God of the Bible holds up and delivers our world. Participant 1A was touched when her brother remembered the name and brought back an Atlas figurine from a Greece trip. Participant 15 did not name or keep memorabilia of her lost baby, but her daughter named hers. 15's friend created a plaque with the name of her daughter's lost baby on it. 15 reflected, "If I were to do it again, I would name the baby. It gives it personhood."

It is difficult to bring up baby names without knowing the baby's gender. Many participants didn't know the baby's gender before the loss, but several had strong suspicions, many which affected the name they called their baby. During the interview, Participant 1B stated, "I always thought it was a girl." To which 1A replied warmly, though surprised, "you didn't tell me that!" This was interesting especially in relation to the male name they had assigned the baby. For Participant 16 and her husband, they could have learned their baby's gender after 16's D&C surgery. They chose not to, but

after the fact Participant 16 regretted the decision. She indicated that the knowledge of the baby's gender makes the baby feel more familiar and real, it is easier to grasp the baby's personhood when one knows the gender.

Baby Paraphernalia

Losing their baby caused varying responses to paraphernalia relating to the loss. For some mothers, they wanted to immediately rid themselves of any reminders of the child they lost. For others, they sought to purchase keepsakes and meaningful items to properly honor and commemorate the loss. Relating to the latter, Participant 13 remembered seeing numerous products on Esty with quotes such as "I never got to hold you in my arms, but I'll hold you in my heart." Participant 13 allowed her Apple watch to remain linked to a pregnancy app that she previously used, which sent her reminders of how big her baby was in relation to a produce item. During our interview, her watch notified her that the baby was the size of a bell pepper, showing that she ought to have been twenty-two weeks along in the pregnancy. Participant 14 had seen two golden bunnies at a store around Easter. After losing one of her twins, she purchased them for the surviving baby's nursery as a tangible reminder of the second baby. A few moms had purchased stockings and kept the extra as a symbol that "there is a part of my family that is missing."

Several women kept a "baby box" or "memory box", a place where they put their positive pregnancy test, sonogram pictures, and other baby memorabilia. For many who never saw their baby, this was a symbol of their child. Participant 1A said of her box, "once or twice a year I open it and remember it's real when I see the physical stuff." However, she mournfully said, "all we have is a box, no fetus' or anything." This

demonstrated a longing several mothers expressed, of having something physical to represent their child. Participant 15 stated, “I wish I had something symbolic of that child, at least a memory box or something!” However, this symbol could also be something intangible, such as a Bible verse or song. Participant 13 was especially attached to a lullaby she sang when pregnant and hoped to sing for her baby.

Several parents purchased items to celebrate a family member’s new role at the birth of their baby. They honored their parents’ role as grandparents, their child’s role as an older sibling, or even themselves as new parents. Some of these items were mugs, “big brother” or “big sister” shirts, matching family onesies, an “I’m a big sister” book, and more. Participant 19 threw her son’s big brother shirt away, saying, “I never wanted to see it again.” Participant 4A similarly spoke of a home video giving a sonogram picture to her daughter to tell her she was a big sister; 4A described the video saying, “I don’t want to open those wounds again.” In his kindness, Participant 16’s husband bought her something to honor her role as a mother after the loss took place. After having two losses within a year, 16’s husband purchased a cross with two diamonds, symbolizing each baby and gave it to her on Mother’s Day. This gift was treasured and led to an intramarital tradition of a new piece of jewelry for each subsequent pregnancy.

Rainbow Baby

The concept of a rainbow baby is one, like that of baby paraphernalia, that was incredibly significant to some individuals, and nearly meaningless to others. According to the University of Sheffield, a rainbow baby is “the birth of a live baby after the death, or deaths, of others that came before. The rainbow baby is the marker of surviving the storm” (Liddiard, 2022). In recent years, the concept has come to symbolize hope and

healing across blogs and other forms of social media. These intentionally purchase rainbow-colored items. Participant 1A has a meaningful diaper bag with a rainbow strap that she hopes to use for a future child. Participant 19 labored to complete an unfinished rainbow quilt after her loss in time for her rainbow baby a few years later. However, 19 said that she never refers to her daughter as a rainbow baby. Both she and Participant 15 specifically said that their child born after the loss is "not a replacement" for the one who died. Participant 14 felt similarly, however, she still appreciated a wooden rainbow set that she received from a friend for her baby's nursery.

CHAPTER FOUR

The Impact of Others

This chapter details how a pregnancy loss impacts other individuals with respect to their opinion of themselves and their identity, their emotions, and their previous expectations.

Even for those who prefer to process grief alone, the impact of others is undeniable, especially during their initial weeks and months of integrating grief into their lives. This chapter presents the impact of individuals' families and communities. It details the actions and words that led to a positive or negative impact on the bereaved, the significance of those aware of the loss and how these were informed, and advice from the participants to others who have experienced a loss or who are seeking to comfort another.

Marital Impact

For the majority, the most significant other person during the loss was their spouse. For many, their husband or wife was the individual most present with them throughout the process, and most aware of their feelings and pain. Additionally, during a season filled with secrecy as a couple tries to get pregnant, one's spouse is often the only one to know about every attempt, every hope, and every disappointment.

Shared Grief

Participant 18 spoke of his time newly married to his wife when, "everything is new and exciting, it's your dearest dream to be pregnant." Thus, he described having a loss as "just crushing." Several wives and couples remembered weeping together after

finding out about their loss, in the car ride home or even in the unborn baby's nursery. Participant 13 said that her husband was incredibly sad. Though she said that the two didn't feel the grief or pain equally, this may have been due to the intensely personal physical component of the loss.

Numerous couples spoke of how their loss brought them together in several ways, and how they understood one another. Additionally, couples often felt anger, hopelessness, and confusion as a unit after having losses after their first. Participant 15 described her loss, saying, "It was a bonding thing for us. Also, people were so stupid about it that it was us against the world!"

Helpful Husbands

"I always remember him being fully compassionate to me. I don't remember any tension. He validated my emotions, and he never diminished my feelings." Though Participant 17's words were not true for every interviewee, many women spoke incredibly highly of their husbands. Participant 19 remembered, "my husband was willing to do whatever I needed, he was willing to serve me. He would let me eat out when I was exhausted even though we were on a tight budget." This sentiment of husbands allowing them to spend extra money was meaningful to several wives.

Participant 4A praised her husband, calling him her better half. In her journal she wrote, "I've forced myself to ask [4B] for more help, though I feel guilty. He has been a wonderful servant to me and [our daughter] in these times. His heart has really shown through his sympathy for me and appreciation for me." Many husbands were willing to do whatever was needed to aid their grieving wife. For several couples, this meant taking responsibility for caring for their child in ways that were normally the mother's

responsibility. For other husbands, they showed their care by listening and offering their presence. Participant 1A described times when she was sad and would take a bath or lay in bed, and her husband would sweetly sit beside her on the bathroom floor or lay beside her in bed. She explained how comforting this was and to show you care, "you don't have to have any words."

Strain

Couple 5 expressed how pregnancy losses and infertility caused them to speak to one another with a more clinical vocabulary. Participant 5A described how charting things about her body every day made their relationship more clinical with respect to marital intimacy, saying, "it can suck some of the joy and spontaneity out of your love life." They were not alone in this. Couple 4 described their doctor's suggestion to pause their pregnancy attempts as one they "didn't have to try hard" to obey.

Participant 13 remembered shortly after her own loss when her husband informed her of his sister-in-law's baby shower. He was confused at her lack of enthusiasm and asked, "Aren't you excited?" She responded, "I am still bleeding! I can't go to that party." She expressed her disappointment in their differing expectations, as well as her reflections that his parents still could become grandparents while hers did not. Participant 14 also described her husband's incomplete understanding of carrying her baby with her all. She said, "for guys it's different. I have my baby with me all the time, he doesn't know that."

Differing Grief

"These losses are very different for both of us." Participant 2A's statement was echoed by many other interviewees. She described her husband's time shortly after the loss saying that he "wasn't processing, he was surviving." She said that she processed during the loss itself, whereas he processed afterwards. She said that this resulted in conflict later when recounting their shared experiences, as each expressed the feeling of, "that's not what it was like!" Several couples, even those who expressed feeling significantly closer in their grief, have differing methods of processing and reintegrating grief into their lives. Often, the shared grieving created bonding even if it was in unique ways. Participant 4A recalled when she and her husband faced the devastating loss of his younger sister, she said that through that experience they grew closer, but "learned that [they] grieved really differently." However, she appreciated their differences, saying, "We have different strengths, we're not down at the same time."

Participant 6A appreciated her father giving her a book explaining how men and women grieve differently. She learned about instrumental and intuitive grievers (Keller, 2020). It was encouraging for her to know that her husband going back to work immediately after the loss was normal for an instrumental griever, while her desire to process with others was normal for an intuitive griever, and neither form of grief invalidated the other. Participant 17 had a similar relationship with her husband, and stated, "I know he grieved, there just weren't any tears."

Participant 5A praised an internet forum for women struggling with infertility. She found it incredibly comforting, especially for relating to other women and asking questions about "everything that [her] husband didn't want to know." She learned that not

only was this outlet helpful for her, but for him as well, as it relieved him of many uncertainties he did not understand. Participant 14 also remembered learning to lean on the Lord in her grief, and she said that not telling her husband everything going on was helpful for her and their relationship.

Children

"Is your face runnin', Mama? Are you sad?" Participant 4A said that she was humbled by her daughter's precious voice when her little girl saw her tears. She expressed that, "It's hard to be open and your authentic self with your children." Several other mothers who had children before the loss remembered times when their children asked why they were sad, or why they had water in their eyes.

Couples raising other children during a loss led to some sweet moments but also much hardship. Participant 19 told me of her two-year-old, "Sometimes you want to hug him and never let go because he might be the only baby I get. Other times I was so depleted, and I didn't want to care for him." Participant 6A said that her young daughter "kept asking why we were sad, but we didn't have to untell her [about the pregnancy], she was so forgetful."

Participant 5A remembered a time with her three-year-old at the grocery store. She was looking at a bottle of vitamins that supposedly aided pregnancy. When her daughter asked what it was, 5A responded, "It's if you wanted to have a baby. What do you think of having a little sister or brother?" Her daughter responded, "I'm not made for that" before getting distracted. The daughter's unexpected apathy brought comfort to 5A, which aligned with other mothers' pain when failing to meet their children's desire for another sibling.

Several young mothers wondered how one ought to broach the subject of the pregnancy loss with their children, or when the right time to do it is. This was an inquiry even from mothers who had never had a successful pregnancy. One mother who lost one of her twins asked, “How do I explain that she had a wombmate, or say that she was supposed to have a sibling?” Other mothers had little trouble being open with their children, Participant 16 said that she and her husband were very open with their kids about their losses, though they don’t talk about them often.

Reflections on Parenting

Participant 1A spoke wistfully about a future baby, saying that they would really feel the love of knowing, “We tried so hard for you!” Couple 3 expressed having people tell them, “You just wait, you won’t be able to do anything once you have a kid!” However, 3B observed, “It helped us view parenting as a big positive.” 3A added, “We want our primary emotion towards [our baby] to be joy!” Participant 13 said, “You never know how much your parents love you until you become one.” She added, with respect to her baby having potential deformities or health issues, “I now know with 100% certainty that I would love that child no matter what. I was told it would have problems, and I would still give anything to hold it for a moment.”

The interviewees who had another child at the time of their loss felt very emotional about their child. Participant 4A recollected the time with her daughter, saying, “we definitely held her a little tighter.” This gratitude was not only expressed by participants with children. Participant 17 stated, “I never took subsequent pregnancies for granted. It was such a miracle my son was born.” Participant 14 had lost one of her two twins, each being an embryo adoption, of the surviving baby she said, “I am grateful that

the baby I have was not biologically ours, but my body still accepted her. There is grief alongside gratefulness, excitement, and emotion."

However, there was also a great deal of longing. 4A wrote in her journal, "The whole process has been a grieving one–of what might have been–of that little life won't know until the next." Many parents similarly pondered what their baby would have grown up to be like. Participant 18 wondered how his other children's personalities would have been shifted due to the change in their birth order roles.

Positive Impact of Others

Others Who Have Lost a Baby

"To know you aren't alone, to have people who understand and can pray for you having been there themselves, that is so encouraging." Participant 5A's sentiments were expressed by many other parents. Her husband added, "In a way I'm grateful, it's a way to walk with people, encourage them, and weep with them. Those moments bring us closer with God." Participant 4A wrote in her journal at the time of the loss, "I am so thankful God has provided me with support from [4B], our parents and friends who've shared their own and [shared] in our experience" before proceeding to list 14 individuals and writing, "I could not have made it through without being carried by the Lord and all these people."

Participant 19 stated, "It's amazing that when you have one [a miscarriage], how people open up! It's like you've gained entrance into the club that no one wanted to be a part of!" Many parents discovered numerous people in their inner circle were struggling with fertility issues or had experienced one or more miscarriages. Some learned that their

mother or close friend had a pregnancy loss that they never would have known about unless they shared. Many mothers appreciated hearing others say, “me too.” According to Participant 3A, “the best people were the ones who met you in it.” Participant 4A lost a baby before the wedding of her college roommate’s brother. Due to her last-minute RSVP change, she learned that her roommate had also had a loss. 4A then remembered a picture that she had soon after she had her daughter. She had never known why her roommate had a blank face during such a supposedly celebratory time, and now she knew why. 4A was also touched by the words of her husband’s sympathetic friend, a father who also had lost a baby. He said, “[your loss] might be more difficult to endure because [you] know the joy of children.” She said it was “something I hadn’t thought of, and so true.”

Participant 16 had several mutual friends deal with infertility and pregnancy loss in numerous ways. One couple did in vitro fertilization (IVF), another adopted a child, and another–like 16–had several losses. She said, “There was always someone with a loss and someone celebrating at the same time.” Though it was a “weird time,” the friends were always honest with one another and willing to say, “It’s hard for me that you are pregnant right now.” Several other mothers remember this time when their friends were all trying to get pregnant. Like Participant 16, they remembered others who experienced everything from infertility to stillbirth. Participant 17 and her best friend from college had a loss on the same day. For Participant 19, she and a friend both experienced a loss at a time when the other had a successful pregnancy.

This shared understanding even extended to strangers. Participant 5A praised the aforementioned online forum as an immensely helpful community of support. She

described, “In a way, we had a shorthand,” there were “women who totally understood one another.” She said that she stayed in touch with several for years, even though they never met in person. Participant 6A discussed the concept of a rainbow baby saying, “it’s like a club!” She described how a picture with your newborn in a rainbow onesie might receive a “congrats” comment along with a rainbow emoji. This would indicate that the commentor understands that before this baby, you experienced a pregnancy loss.

Mothers

Many female participants are incredibly close with their mothers. Some call them daily. These leaned on their mothers as a source of understanding and support. However, this was not true for every participant, as some mothers’ emotions were an additional burden to the grieving participants. Participant 13 stated, “I want to say I leaned on my mom, but I actively avoided it. It meant so much to her too. When I tell her things, she gets emotional and then I do.” However, 13 did say that her mother was active in her grief, coming over and cleaning all of 13’s house. Participant 4A had a similar experience, she journaled, “my mom has been the most gracious servant, coming once a month or whenever we’re about to have company to clean hardcore–toilets, vacuum, blinds, refill soap, sweep porches, transfer plants so they don’t freeze, etc.!”

Work

Few of my interviewees mentioned their coworkers as significant to their support. The private nature of this sort of loss may have impacted this trend, possibly because few people at a bereaved parent’s work knew about the loss. However, some coworkers were very helpful. For Participant 2A, many of her coworkers had personally experienced a

pregnancy loss, and they brought her bread and peaches. Participant 19 was touched by the fact that a male in her cohort–who had experienced fertility trouble with his wife–took care of her son when she had to undergo a D&C. Many women with children at the time of their loss similarly appreciated those who babysat their children during their D&C appointment. Participant 17's conscientious coworker invited her to bake Valentine's cookies as a source of distraction when 17's sister was having a baby.

"She was so kind and understanding and loving. She gave me space and time." Participant 19 spoke fondly of her dissertation advisor with whom she had shared the loss. She said that when she got pregnant with her son she cried in front of her advisor because she was worried about the pregnancy's impact. Her advisor asked her, "Is this happy news? Do you want this baby?" Participant 19 responded affirmatively, and said of her advisor, "She advocated for me and offered to tell faculty for me. It is easier to communicate about it with a woman, especially a mom. It is a very vulnerable topic, and also a sexual one!"

Helpful Actions and Words

Acts of Service and Gifts

"My love language is gifts," Participant 6A said delightedly, as she began to explain how her friends from church showered with DoorDash gift cards, bracelets, bath products, and even six gallons of ice cream and smoothies with the note, "for nutrition and for comfort!" Alongside Participant 6A, many women interviewed sincerely appreciated acts of service and physical manifestations of the care and concern of others. For Participant 19, her church did a meal train for her after her second loss. The church's

actions were incredibly meaningful; one woman in her Bible study told her, “I can’t cook, but I’ll clean your toilets!” She proceeded to deep clean 19’s toilets with a pumice stone.

Words of Encouragement

“I am so sorry for this precious loss.” This phrase was told to Participant 17, who now uses it frequently when encountering a grieving individual. Words have incredible significance, and often were distinctly remembered by several participants. Participant 5A, after years of loss and infertility prevented her from having a second child, remembered a school librarian asking, “Is [your daughter] your only child? … I thought so. Treasure that. I had a son eight years after my daughter, and I miss that special time.”

Sometimes, the most comforting words are not those that seem comforting on the surface. Participant 15 was visited by her friend and coworker in a Christian ministry. When 15 questioned her friend’s presence during the time of a weekly meeting, her friend responded, “I’m so pissed off at God, I couldn’t go to that meeting to pray!” Participant 15 was incredibly touched, saying, “She was honest with her emotions so I felt like I could be honest with mine. She said what I was thinking but didn’t have the nerve to say. It felt like, ‘Wow, someone else is hurt by this! Not just us two [with respect to her husband and herself]!’”

Being Present

Several mothers were incredibly grateful for their spouses, family members, and friends who dropped everything to come and be with them in their grief. Participant 14 had a friend “who had never left her child with anyone outside the family and did [so] just to be with me and sit with me. She dropped everything and came.” Participant 13 was

incredibly grateful for a friend who called her, saying, “My bag is packed. You tell me when you want me to come, and I’ll be there the second you need me.” She did fly down. She took 13 to Michaels to buy “all sorts of crafts that we did together.” Participant 13 said of her friend, “She was suffering from her own health stuff but put all that aside. She’s been validating on bad days. She asks. She doesn’t wait for me to say things.” Her friend was there with 13 during the physical miscarriage when she was bleeding in the bathtub, reading out Buzzfeed quizzes about 13’s personal aesthetic to distract her. She even “offered to catch things” or “to get something to retrieve whatever might come out” so that it could be buried. Participant 13 remembered telling her friend, “I wouldn’t even think to ask that of you!”

Negative Impact of Others

Unhelpful Words

Just as kind and uplifting words resonated with individuals long after their loss, as did insensitive or ignorant words. As said by Participant 16, “People would say the dumbest and most insensitive comments!” Many women expressed hearing phrases such as, “Oh you’re so young,” “This is normal, your body just needs to figure it out,” or the painfully unaware, “You two are going to have kids, right?” Participant 2A remembered a family member saying, “don’t feel guilty about this, this is not your fault.” She thought, “now why would I think that?”

One of the most despised phrases said was “Well, you can try again!” Participant 13 spoke of how many people used this phrase as their first reaction. She told me, “If my child had been born, then died, people wouldn’t have come to the funeral and said, ‘Well,

you'll try again, right?'" Participant 19 remembered her grandmother telling her after her second loss, "You better try for another! You won't have much time!" Participant 15 spoke of her husband's friend who told him, "I'm sorry," before grinning and saying, "but isn't it fun to try again?" These sorts of phrases treat lost children as easily replaceable and diminish the loss and the baby's personhood.

Some participants even endured ignorant comments and judgment during the loss itself. Participant 17 had struggled to decide whether she would get a D&C or not, worrying that the procedure is the same as what is often used for an early abortion (D&C Early Abortion, 2019). She remembered thinking, "I don't want to stay pregnant with a dead baby, I just want it to be over!" She recounted her experience talking to a friend who also lost her baby, "She was all natural. When I said I'd get a D&C she goes, 'I figured you would.' I thought, 'Wow! There's judgment in this, too!'"

Ignorance

Many simply don't know how difficult it is to go through a pregnancy loss. Participant 15 said, "We were the first of our friends to have a baby, so they just didn't know. People who were parents sympathized." Participant 13 echoed this, saying, "When you talk to others who have experienced it, they understand. Everyone else has an awkward kind of grief. They ask, 'how are you' and you can see in their eyes what they're really asking, but don't want to say. That's any grief, really. Americans want to get past it as soon as possible." Participant 19 stated that those she knew seemed "callused, not acting as I thought they should."

Often people make statements or ask questions that they don't think will be hurtful. Ignorant of her desire for another child, Participant 5A says that many people ask

her, “so you only have one?” She added, “and it gets worse from there.” For 5A and others, it is often difficult to know how to respond in these moments. Participant 6A had an experience with a well-meaning but inconsiderate friend. She had a friend who was due to give birth one month after 6A’s due date. After 6A’s loss, her friend asked her to babysit her kids when she went to an obstetrician appointment. She said, “I felt like a jerk, but I just couldn’t do it.”

Comparison

A difficult component of the loss for numerous individuals was the ability to compare your experience to that of others, specifically those with successful pregnancies. For many interviewed, their loss took place at a time when many of their married friends were also trying to get pregnant. As stated by Participant 17, “Everyone was getting pregnant.” Participant 17 remembered being on a trip with her pregnant friend who was throwing up and nauseous due to her pregnancy. She said, “I was so mad and jealous,” and thought, “she’s so lucky.” However, she kept her true feelings private. This struggle with comparison was not limited to the women interviewed. Several fathers also mentioned this. Participant 3B remembered seeing a baby who was born close to he and 3A’s due date. He remembered thinking, “I should be a dad. I should have a baby this big.” Both parties in Couple 5 expressed the difficulty of struggling to get pregnant, especially “when it seems easy for others.” This ease for others could cause resentment for some women interviewed. Participant 15 remembered thinking, “Sixteen-year-old drug addicts can get pregnant, but I can’t!” Similarly, Participant 13 said that it “so hard seeing people intentionally do the wrong things, like drinking when pregnant, when I know I’d do it right.”

Several bereaved mothers struggled to anticipate and attend other women's baby showers, as they created a plethora of strong feelings throughout the emotional spectrum. Participant 4A underwent a strange mindset shift after her loss. Before she had loved celebrating another couple's future baby with excitement, but after experiencing her own loss, she could not help seeing other people's babies with a sense of longing. Participant 6A had a friend whose baby's due date was identical to her lost baby. When 6A did have a baby, he "was just a little nugget," while their baby was moving around on his own. She reflected, "It's hard to think of what could have been."

Like baby showers, social media served as a visible reminder of another's successful pregnancy. Participant 13 had a friend from high school who was due with her baby around the same time as 13. She said, "seeing her updates is a reminder of where I should be." This is especially true for friends or acquaintances who post updates from each week of their pregnancy, or each month of the baby's growth after birth. Participant 14 had been pregnant with twins before losing one of the babies. Her Instagram suggested videos of twins and she said she'd always skip them after the loss. She also said, "I didn't even share the pregnancy on social media because I know what it's like to struggle with infertility."

Forgetfulness

"All your friends stop checking on you at some point, after a week, a month. It's hard as people move on and forget." Participant 6A's sentiment was mentioned by many others. Couple 3 spoke about how their church family's support was much more meaningful than that of their blood family, as the latter "didn't know what to do and tried

to forget." Participant 15 said that after only a few weeks her coworkers forgot about her loss, expressing, "It's hard when you haven't forgotten, but everyone else has."

Telling Others About the Loss

Bereaved parents' interactions with others were drastically impacted by their decision to disclose or hide their pregnancy. Some couples wanted to keep everything private, others wanted to tell everyone when they saw a positive pregnancy test. After the loss, some wished they had not told anyone about the pregnancy, and others wanted everyone to come around them and grieve with them. Many were told that the rule was to wait a certain number of weeks before telling others. Participant 19 stated, "I was always told to wait thirteen weeks because that was the rule. Now I know it was because most miscarriages happened then. I hate that!" Participant 13 stated, "I wish they just knew so I didn't have to do the telling!" With the understanding that most miscarriages occur before the third month, the following paragraphs relate to the decision of pregnant mothers or their husbands to share the news of their pregnancy with others before reaching this point.

Affirmative

"It's better for people to know. For women, you'll be so emotional about it, people might as well know why!" Participant 6A expressed how meaningful it was for her to be open about her loss with others, and many other women felt similarly. Participant 1A expressed that they told others about their pregnancy very early on. She said, "I know you're not supposed to do that, but after it had been so long of trying, you

just do!" Even after the loss, she said of her pregnancy that "No matter what it should be celebrated."

Participant 16 and her husband struggled to decide if they should tell people about their second pregnancy and resulting loss after having previously suffered a loss. They decided to tell their friends because they "didn't want to go through it alone." When they did have another miscarriage, 16 spoke of a sweet time when loved ones came over and "surrounded us and prayed over us." Participant 19 had a similar experience, having kept her first miscarriage a secret, but opening up about her second. When she was pregnant, she told many people. To those in her church she stated, "We had a miscarriage the last time we were pregnant, and I'm really scared. We'd love prayer." Reflecting, she said, "I'm so glad we did that!" Her Bible study group was very encouraging to her and affirmed their desire to support her when a member said, "You need to tell us these things so we can pray and care for you!"

Negative

"I almost felt stupid after the fact that we told people. I thought, 'Wow, we shouldn't have told anybody.'" Participant 1A, who also advocated for the importance of celebrating a pregnancy no matter how far along, felt a sense of regret for telling others, a feeling familiar to many mothers interviewed. Participant 2B remembered that he and his wife "stopped telling people until after the first trimester" after their loss. Many participants used this–or a similar–phrase "It's so hard to untell people!" The act of informing friends celebrating a new life that their excitement must quickly turn to mourning is a devastating experience for many. As said by participant 6B, "I just want close friends or relationships to know. Others? No. It's almost an imposition on them.

They try to make you feel better but do the opposite." Participant 14 similarly said, "Some things don't need to be shared. People can't add any value other than 'I'm sorry.'"

Participant 13 had posted a pregnancy announcement on social media, which she said ended up being a blessing, as it kept them from suffering in silence. However, she said that for her next pregnancy, she won't tell people she is pregnant, just in case. She claimed, "We don't want to be the subject of [our] family's grief. We don't want to build up that excitement to be doubly disappointed." Several couples had a hard time telling loved ones that the baby died, especially their parents, some of whom had already begun purchasing baby clothes and necessities at the time of the loss.

Like Participant 13, Participant 16 had also announced their pregnancy over several social media platforms, and the couple struggled with questions about the baby's growth and development for months after the loss. Participant 5A captured this by saying, "one reason I didn't tell people is because I didn't want people constantly asking."

Advice

"What advice would you give someone who is experiencing a pregnancy loss?" This question garnered a significant response from most interviewees. Several expressed a deep desire to help others who go through a loss. Participant 19 stated, "I'm definitely more empathetic!" She then explained her desire to be there to support others. Participant 4A wrote, "I have been filled with compassion for others---just never know what anyone is going through!"

Advice from Bereaved Mothers to Recently Bereaved Mothers

Most of the women interviewed talked about how little pregnancy loss is discussed. Participant 4A spoke of vulnerability and humility as a superpower, and she was one of the many interviewed who hoped that their openness concerning their experience might help other women feel seen and heard in their grief. This section addresses specific advice they would give to women experiencing a loss.

"I'd encourage moms to just not try to feel a certain way. Let yourself be where you're at, and let the Lord meet you there. Feel what you feel and let that be okay. Don't shame yourself for feeling what you feel. Give yourself a lot of grace." Participant 16's advice beautifully summarizes what many women expressed, that your feelings may not make sense, and that is alright. Some women remembered feeling distraught, others angry, others confused, and others guilty for not feeling what they expected to feel or for thinking they were at fault for the loss. Participant 15 stated, "You can't always help your thoughts, you're hormonal anyways, but you can help your responses!" Participant 5A validated others in saying, "Everyone's story is different!" And with respect to the dread of being pregnant again, she acknowledged that it "is real, and it's okay to feel that way. It's also okay to hope. Often it feels wrong to hope, like you're setting yourself up."

Participant 1A encouraged women to allow themselves to grieve, and that "It is healing to talk to someone about it-do that. It's not morbid." This allowance for grief was echoed by many moms. Participant 13 stated, "You can tell yourself that you have to work, put on a facade, and not wallow in your grief, but you're not wallowing, you're grieving! Don't gaslight yourself or let others gaslight your experience!" Participant 13 also encouraged other women saying, "You're going to be okay. You did the worst thing

you thought could happen. You've faced your greatest fear and come out on the other side."

Practically, Participant 15 advised others to "be selective with who you're around," encouraging women to spend time with, "people who focus on the good!" Another practical word of wisdom was what Participant 13 was told by her nurse, who also had experienced a loss, "Don't be alone, at least at first." This advice was affirmed for 13, as she remembered "breaking down" each time she was in the restroom alone.

The interview process always included the following question, "What question would you like me to ask the other women and couples I am interviewing?" This was largely due to Participant 1A requesting the following, "I'd love to hear about how other women deal with the fear of going into another pregnancy, because I feel like I'd just be walking on eggshells I'd be so fearful." In response to this, Participant 15 said, "Until heaven we'll walk on eggshells! Just do your best. You can't keep the birds from flying over your head, but you can stop them from building a nest in your hair."

Participant 2A's advice was an outlier. Having had a few decades full of joy and suffering separating her from the loss, she said, "Now I better understand the spectrum of grief and loss. Be thankful! Know your rights to health, we don't have that. There are worse things than losing your child." Though a few of the women interviewed had experienced deep suffering outside of their pregnancy loss, and many expressed a new appreciation and gratitude when thinking about pregnancy, no other mothers approached loss in this way.

Advice from Husbands to Husbands

Many men had advice for the bereaved fathers. Participant 1B said, "I would for sure let them know I feel the same." Participant 5B said that often 5B people can feel lonely or singled out. It helps to be empathetic and encouraging, letting them know 'you are not alone.'" Participant 18 said that he would share his experience with other fathers, saying, "It sucks, but it will be okay." He added, "I'm not real good with stuff like that. I'm a good listener but not good at offering words of wisdom." This humble remark was expressed by several husbands, both with respect to other men and concerning their wives. Though many women praised their husband's consideration and kindness during the loss, many of their male counterparts interviewed claimed to be confused and not to know what to do.

With respect to their wives, Participant 1B charged husbands to, "Make sure you take care of your spouse. You just planted the seed. Make sure she knows you're there for her. Don't make it about you because it's not." Participant 4B expressed the need to focus on his wife after the loss, saying, "It's a lot harder for a female. It's both mentally and physically consuming." Participant 3B affirmed this in his advice, "The loss of a child does so much to a woman spiritually…it's a big deal to lose an image bearer! Biologically, a woman was made to nurture and to give life. Be patient and loving and tender."

Advice for Those Comforting Grieving Moms

After giving advice for bereaved mothers, many of the female interviewees began advising those who were comforting bereaved mothers. Many mothers expressed that others should not invalidate the bereaved mother's emotions or her experience.

Participant 6A said, ““I try not to say it’s normal because that’s what I was told,” and Participant 4A said, “You don’t know what someone is going through!”

A recurrent theme was the importance of listening and offering one’s presence. As said by Participant 3A, “Listen well. Don’t take or assume their emotions. Give space for complex emotions. It’s helpful to share your own experiences, but be careful not to do so too quickly, it diminishes theirs.” Participant 14 stated, “Sometimes you don’t need to say anything, you just need to be there.” This was echoed by Participant 19’s statement, “You just need someone to listen and to talk it out. You don’t need their insights and opinions, then people aren’t seen or heard.” Participant 15 advised, “Listen and let people talk without answering. That’s hard! Don’t try and give answers, even if they ask, ‘Why did this happen.’ Even if something is true, an answer doesn’t help! People want to know what to say, say nothing! What’s important is presence, follow-up, memories, remembering it.” She also told comforters to be honest with their own feelings, saying, “If I feel something, I just say it! Something like, ‘My heart is breaking for you and for [your husband] and for me!’ No cliches or platitudes, no pressure to have to explain God.” Participant 15 continued, saying, “Your presence is important. It’s good to communicate, ‘if you’re up at night, you can call.’ Night times were hard because there are no distractions.”

Many mothers stressed the importance of actively caring for bereaved mothers. This manifested in acts of service, offering your physical presence, or asking specific questions to best allow them to feel seen and heard. Participant 17 shared, “Having experienced it helped me understand the weight of it. People acknowledging the loss as a big deal is important. I will never take it lightly when someone suffers a loss. I will listen,

bring a meal, and be compassionate." Participant 19 explained how well-intentioned friends can fail to help by saying "Let me know if there's anything I can do to help!" She explained, "That sucks and is no help! I tell people 'I am going to bring you food or clean your house, when can I come?' Make the decision for the grieving person! Be specific in your support.

Participant 15 described the opportunity to care for others through intentional questions. She urged women, "If someone you know has experienced a loss, that is so sad! Give them the opportunity to talk about it! Take initiative to ask the person." She explained the difference between asking how someone is doing and asking the intentional questions of, "How have you felt supported by X? How has your church family supported you, or failed to do so? Have you been surprised at how you felt?" She said, "I'd always rather have someone feel offended by how personal of a question I ask than not have the opportunity to talk. They won't answer if they don't want to. Give them the opportunity to share their burden. It's their responsibility to know what to do with it from there." Participant 1A also spoke about intentional questions, saying, "if someone like your grandfather died, you'd ask the person to tell their favorite memories of him, or what he meant to you. Do the same for a miscarrying mom!"

It is also significant to remember another woman's failed pregnancy, and to especially be cognizant of it with respect to the future pregnancies of herself or others. Participant 14 was empathetic with her several friends struggling with infertility when she finally got pregnant. She remembered being intentional when sharing her pregnancy news with her friend by saying, "I want to share this with you, but I don't want or expect a reaction." Participant 15 spoke about how one ought to speak to a pregnant mother who

had experienced a previous loss, she said, “Remember they may not be thrilled about the next pregnancy. There might be a dark cloud over the next one.” She used both baby’s names when addressing her daughter’s rainbow baby, essentially saying that though her rainbow baby was there, she knew he was not a replacement for the baby lost. Participant 15 asks pregnant mothers, “What part of this is joy and what part is fear?” She stated, “Questions are always better than statements. Not many people give us the space to air out our dirty laundry and be pissed at God, which is sad because it’s in the Psalms!” If others had taken this approach to comforting their bereaved friends, many women's grievances against others would have been rectified.

CONCLUSION

Limitations of the Study

There are some limitations that negatively affect this study's impact. The majority of participants are Caucasian, and all are Christian. This means that generalizations about grief drawn from this study may appear to be universal, when in actuality they may only refer to religious whites. Additionally, the study is based on a sample size of only nineteen participants.

Two women and the spouses of seven interviewees declined to participate, and some participants declined to talk about specific issues. Thus, the study only gathered data from those willing to be open about their experiences, indicating that there may be other significant themes to this already silent suffering.

Existing relationships with a few participants could have impacted their candor. Another factor hindering an individual's authenticity and vulnerability was gender differences between myself and the speaker. Women appeared to be significantly more comfortable than their male counterparts in almost every interview, especially with respect to revealing negative or unresolved feelings. The men interviewed were generally much faster to point out a solution to the issues at hand or talk out why the situation is okay. These husbands often allowed, and possibly desired for, their wife to be the primary speaker, sharing the bulk of their story and experience. Many husbands affirmed what their wife said, but rarely spoke of their own experience unless explicitly asked in the interview or coaxed to share by his wife.

Another component of this project that was potentially limiting was the sexuality of the topic. Few participants explicitly talked about this, but many referenced this aspect of the loss. Additionally, the women who were with me one-on-one in our interview generally talked about this component of the loss more that those who were with their spouse in the interview.

Opportunities for Further Research

This project provides an aerial view of the topic of pregnancy loss and the grief associated with it. There are endless opportunities for further research, and the hope for this project is that this topic is researched much more than it is at present! However, there are some specific research inquiries that I believe ought to be researched specifically, or that more ought to be published about them. One is the aforementioned topic of how miscarriage impacts a couple's sexual relationship to one another, and how intimacy changes amid infertility. Another topic is how the presence of other children at the time of the loss, as well as how future children born after the loss, impact a parent's perspective on the miscarriage and experience with grief.

The significance of the COVID-19 pandemic ought to be studied in reference to grieving the already silent suffering of parents. My participants who experienced a loss at that time expressed mixed feelings about the pandemic's impact on their grief. Finally, social media's impact on miscarriage certainly ought to be studied more, with respect to the content women are seeing, the support they feel, the social pressure to update the world with what is happening in one's life, etc. There are many topics that can be studied more deeply, and I hope this thesis sparks more research in this subject area.

Personal Impact

This topic, and specifically the interviews I facilitated, have been incredibly impactful to my life and my understanding of grief and suffering. The individuals who participated in this study taught me that I do not need to provide answers to someone during grief, I simply need to provide my presence. I learned that it is not bad to bring up the deceased individual for fear of resurfacing the memory for the bereaved. In fact, the bereaved needs no outside help to think of a lost loved one, and intentional questions about the loved one are incredibly meaningful and loving to the bereaved. Additionally, I learned much about one's relationships with their friends, family members, church members, and spouse. I heard both beautiful and tragic examples of situations applicable to each of these relationships and learned how to better love others through my own relational roles. I have become more attuned to the sufferings of others and my heart has filled with compassion for the hurting. I have learned that there is always more to the story than there seems to be.

I desire to become a healthcare administrator. I have been unsettled by how poorly the healthcare system has cared for several of my interviewees. However, I have heard of countless stories where individual healthcare providers, nurses, or others on the medical team have impacted participants, and I desire to do the same. I refuse to remain confined to the broken system and will strive to acknowledge the broken and offer compassion and any aid I can to the spiritually, emotionally, and physically hurting.

Additionally, I will strive to implement procedures in the place where I work that help patients to feel seen and heard, such as sending a card or gift on the due date of a lost baby, as suggested by respondents, and other such manners of caring for patients.

Emerging Theory

The emergent theory that has arisen from the stories of these nineteen participants is that in the incredibly nuanced grief of a pregnancy loss, the sufferer desires to be seen and heard. This theoretical proposition has been evidenced through the lenses of a participant's experience with the healthcare system, faith, their personal story, and the impact of their community, all having arisen from the interview data. The best response to the sufferings of the bereaved is most often intentional listening and personal presence. Grief is intensely personal, and often associated to one's perception of themselves as an individual and in relation to God and others. An individual's passions and fears can be heightened in a situation when their autonomy is taken from them, but these can also become completely irrelevant. Each person's reactions and understandings are their own and ought never to be assumed. Grief is nuanced and often paradoxical, and it ought to be understood as such. One thing that most participants deeply appreciated was those who came around them in their suffering, especially those who understood similar pain.

Thus, we ought to continue to open the conversation about miscarriage, and the vast array of resulting emotions and experiences. We need to strive to hear the silent suffering and see those who are hurting in hiding. This ought to unite us together as human beings and transform how we approach the suffering of others as their friends, family, physicians, and fellow sufferers.

APPENDIX

October 2022 Interview Guide

Introductory Statement

Thank you for coming today, and for agreeing to participate in this study. My name is Sarah Green, and I am the principal researcher that is conducting this interview. Today, I will be asking you questions to better understand how grief is being processed for those who have experienced a pregnancy loss. This interview is open-ended; I am not expecting any certain answers, as I wish to explore your own story and thoughts. I highly value any comments or ideas that you make. I will be primarily asking about your personal experiences with losing your loved one. I will also be asking about your faith, support, or lack thereof, and things that you have witnessed happening to others in a similar situation.

If at any time you do not wish to disclose further information, or want to end the interview, just let me know. If you feel you need more time to process your thoughts or emotions before explaining a topic, please let me know. I am here to hear your story, so please take as much time as you need.

Questions

Q1. As you might remember from our earlier conversation, I am trying to understand how couples walk through the grieving process of a pregnancy loss. Would you be willing to tell me about your experience with that?

Q2. Would you mind telling me a little bit about what happened and when?

Probe: Was this your first/only miscarriage?

Probe: When did you have your miscarriage(s)?

Probe: How many years ago was it?

Probe: How old were you at the time?

Q3. How many months into the pregnancy did you experience the loss?

Q4. Have you had any children prior to your loss?

Q5. Have you ever heard of a rainbow baby? What do you think of this concept?

Q6. Have you experienced any losses that were similar?

Q7. When your child passed away, what can you tell me about how you initially experienced that?

Probe: How has your grief changed over the months/years?

Q8. Did you know how your spouse had been feeling during the process?

Q9. Did you personally lean on anyone else during this time? Who or what was your primary support from?

Probe: How did they specifically show their support?

Q10. Do you have anyone else who has suffered from a similar loss?

Probe: How did they cope with their loss?

Probe: How did your personal experience impact your relationship with them?

Q11. How has your faith/tradition played a role in processing your loss?

Q12. What was your experience with the healthcare system through this?

Probe: How have your interactions with healthcare providers helped in your healing process, if at all?

Probe: Did you feel cared for by the healthcare profession? How so?

Probe: Did you know your doctor personally?

Probe: Were any resources available to you?

Q13. Did you have a funeral or memorial service?

Probe: Tell me what elements were meaningful to you when you were experiencing this loss. What made them more or less meaningful?

Probe: If this loss had happened post-partum, would the funeral have been the same?

Q14. Were there any methods that you actively undertook to cope with grief? Explain.

Probe: In what way has [subject] helped you cope with the loss?

Probe: Did the nature of the loss hinder any methods that you would have pursued?

Q15. At what point in your life did you experience a sense of closure from this loss? If you haven't, what is preventing you from doing so?

Q16. There are some who find the grief experienced during a miscarriage to be very lonely and isolating. Why do you think this might be the case?

Q17. Did you have any memorabilia or symbols that aided your grieving process?

Q18. What do you see as the biggest problem of losing a loved one during a pregnancy? How do you think this can be changed?

Probe if needed.

Q19. If applicable: How has this loss impacted other pregnancies? How do you think it will affect future pregnancies if you intend to have any?

Q20. If someone came to you asking for advice and informed you that they just lost a child in this way, what would you tell/advise them to do?

Q21. What else should I know about your experience or about people who have experienced pregnancy loss?

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