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# A Journey of Pregnancy Loss: From Positivism to Autoethnography

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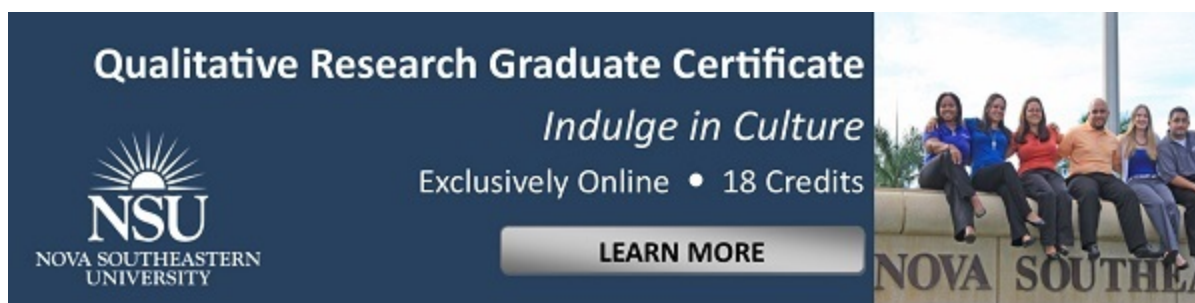
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### Abstract

When a dissertation research project exploring the impact of mind - body practices on symptoms of depression and anxiety in pregnant women with a history of miscarriage failed to yield statistically significant results, I struggled with how to demonstrate that I had gleaned knowledge from this project of nearly 3 years. When a series of parallel pregnancy losses occurred in my own life, I realized that I am heavily situated within the context of my research and need to consider my data in a different sense; one that acknowledges my own self within this process while attempting to capture the lived experiences of others. The shift to autoethnography afforded me the opportunity to demonstrate that knowledge can be generated through multiple methodologies, with one approach not being privileged over another. As this dissertation moved from an empirical study to a qualitative, autoethnographic piece, I was able to identify themes surfacing from the literature, my own experiences and participation in a pregnancy loss support group. The themes discussed include: making meaning from the experience, granting personhood status and grieving and other emotional expression.

### Keywords

Pregnancy Loss, Miscarriage, Stillbirth, Grief, Loss, Autoethnography

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## A Journey of Pregnancy Loss: From Positivism to Autoethnography

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### From Empiricism to Postmodernism

I am not ugly. I am even beautiful. The mirror gives back a woman without deformity. The nurses give back my clothes, and an identity. It is usual, they say, for such a thing to happen. It is usual in my life, and the lives of others. I am one in five, something like that. I am not hopeless. I am beautiful as a statistic. Here is my lipstick. (Sylvia Plath, *Three Women*, 1968)

What happens when a researcher sets out to conduct an interesting, quantitative dissertation, but fails to find anything statistically significant in the process? Is this considered a failed project within the research world? Is this a dissertation that can simply be written up to never be discussed again or to languish in a tome of other “failed” dissertations?

I was faced with the dilemma of writing up the results of a quantitative, “objective” dissertation which failed to demonstrate that which I strongly believe to be true. Graduate programs in psychology tend to support an objectifying, positivist stance as part of the dissertation process. A successful dissertation equals one that rejects the null hypothesis. Students are encouraged to study a phenomenon from afar, failing to situate themselves in personal relationship to the study and failing to reveal how the study relates to them personally.

My initial study examined pregnancy subsequent to miscarriage; an interest that was prompted by a loss I had experienced during the third year of my graduate program. I suffered a miscarriage of a planned pregnancy, only to become pregnant again a few months later. The subsequent pregnancy was laden with anxiety and constant worry that I would experience yet another loss. Through this personal experience I searched for ways to cope with the stress I was feeling. After being introduced to mindfulness meditation, I realized

that meditation could be a gentle and effective way to manage this anxiety. I wrote my dissertation proposal as I concurrently sought to reduce my own pregnancy-related anxiety. During this process, I discovered that mind-body practices are frequently referenced in popular literature, but receive little to no mention in pregnancy-related research. Most authors just “accept” the fact that practices such as yoga and meditation have positive influences on anxiety and depression, even those experienced in pregnancy. I also discovered that anxiety and depression are common experiences during pregnancy and can be a factor in whether a woman goes on to have a successful, subsequent pregnancy. If anxiety and depression are common experiences in pregnancy and could potentially keep a woman from having a successful pregnancy, why isn’t there more research into methods for pregnant women to manage these symptoms?

I initially proposed a quantitative dissertation that explored whether miscarriage status (the experience of miscarriage vs. no prior experience of miscarriage) and the engagement in mind-body practices were associated with lower levels of depression and anxiety in pregnant women in the second and third trimesters. It was anticipated that women with a miscarriage history would report higher levels of anxiety and depression and that women engaging in mind-body practice, past or present, would report lower levels of depression and anxiety.

As I was completing my dissertation data collection and began the analysis, a parallel process occurred in my personal life. I discovered that I was unexpectedly pregnant. While such a pregnancy was unplanned, it was certainly wanted and my family and I prepared for the addition of a new member. A series of stressful events culminated in the loss of this pregnancy – a stillborn delivery in the second trimester. A few months later, I discovered that I was pregnant again, only to find out that I was carrying an ectopic pregnancy which would need to be terminated. I once again found myself feeling devastated, overwhelmed and in search of a way to understand what had happened and to heal myself. Finally, as I completed the last leg of my dissertation, shifting into this autoethnographic process, I experienced another first trimester loss, totaling three losses in the span of one year.

When my dissertation data failed to demonstrate statistically significant findings, I realized that the way I think about learned information and the way I classify a “successful” research project may need to change. The process through which new information is created does not necessarily have to result in a rejection of the null hypothesis. There are many acceptable methods of creating new and exciting information. My experience of multiple and recurrent pregnancy loss was and continues to be a significant part of who am I and how I look at the world. Failing to acknowledge how these experiences impact my dissertation research would ignore or deny a significant part of my identity.

Through this process of nearly three years, I realized that I am heavily situated within the context of my own research. From the topic of my choosing, to how I selected participants, to how I interpret the data, I am a critical part of this “objective” process. While I understand that randomized, clinical trials are important and vital, they, too, are tainted with traces of their authors. I realized that I need to think about my data in a different sense; one that acknowledges my own self within this process while attempting to capture the lived experiences of my participants.

A critical constructivist position would suggest that research cannot be separated from the researcher. Constructivist grounded theory, founded in relativism, establishes an appreciation for multiple truths and subjectivism (Mills, Bonner, & Francis, 2006). Learning can occur within multiple and other contexts. In addition, autoethnographic reflection can further expand my learning to capture how this process impacted me within personal, familial, societal and cultural contexts. The combination of quantitative, constructivist and autoethnographic perspectives could potentially add a new layer of depth and richness to data that originally seemed flat and sparse after statistical analysis alone.

This paper reports on the process of a dissertation that moved from objective and quantitative to qualitative and self-reflective as the process unfolded. A series of parallel events in my own life suggest strong relationships between my research and my own lived experience. This autoethnographic account focuses on my personal experiences, intertwined with a discussion of the cultural experience of pregnancy loss. I cite examples of my own writings during these experiences, in addition to accounts and observations from an online, international, pregnancy loss support group in which I have participated for the past 3 years. \*Please note that quotations from this group will be shared, but the names, ages and other pieces of identifying information were changed to protect the privacy of all participants.

## **Autoethnography**

According to Wall (2006), autoethnography (referred to hereafter as AE) is a qualitative research methodology that allows one to draw on her personal experience to understand a social concern. Grounded in postmodern theory (Wall, 2006), AE seeks to link together personal (auto) and cultural (ethno) knowledge and allows room for nontraditional methods of understanding. The personal and cultural become intertwined in a manner that leaves the self of the researcher more vulnerable. The AE moves from “I” to the social world and considers experience as it originates from one person, capturing both process and product. Ellis and Bochner (2000, p. 739) refer to such a translation as tacking “back and forth” between personal knowledge and critical evaluation, combining both insider and outsider perspectives. Distance is minimized between the self and the topic of study. This method of inquiry allows room to explore the nature of cultural and political factors that are often absent from positivistic study such as power imbalances created by class and race (Wall, 2006). It is through the linking of the personal and cultural that differentiates autoethnography from a related form of writing such as autobiography.

Unlike positivist theory, which states that there is one way to conduct research and one way to uncover meaning, postmodern approaches highlight the many ways that knowledge is obtained and created with no method being privileged over another. The goal of postmodernism is not to eliminate the scientific method, but rather to question it and highlight other ways of knowing. Thus, postmodernism seeks to tear down the façade of positivist objectivity and absence of bias.

While postmodern approaches such as AE seek to fill in the gaps left by positivist methods, they are not met without criticism. Many of the criticisms of AE surround the soundness of the methodological rigor used to create the research. Opponents to this type of method point out how the scientific method is not applied in the traditional sense and replicability may not be easily achieved, hallmarks of positivist research. However, proponents argue that the scientific method is applied, only in a different manner. The use of credibility, reflexivity, and trustworthiness are forms of scientific methodology that give AE a systematic feel that looks different from the traditional scientific method (Wall, 2006).

Many additional criticisms surround the use of the subjective self as a legitimate source of data. As the self is often the only form of data, AE is often criticized for appearing “self-indulgent, narcissistic, introspective and individualized” (Wall, 2006, p. 8). Proponents counter these arguments by pointing out how traditional empirical research lacks a form of reflexivity that considers the researcher’s relationship with and obvious bias to the data. By drawing awareness to the process of bias, researchers free him or herself up to create and explore the data in a more meaningful manner.

Great variation exists in how to conduct this form of inquiry, as highlighted by Wall (2006). She points out how AE vary in how much emphasis they place on the “auto” vs. “ethnography.” In learning to conduct autoethnographic research Wall recommends Sparkes

(1996), Duncan (2004) and Holt (2001) for more “methodologically rigorous” examples of AE; and Paulette (1993) and Clarke (1992) for more literary, emotionally evocative and personally narrative examples of AE.

My own struggles to accept AE as a legitimate form of research, stemming from my past training in empiricism, were reflected in my transition from a quantitative dissertation to that of a qualitative, autoethnographic piece. I simply thought I could take a quantitatively-focused literature review and data and make minor adaptations that would translate into a rich, thick description of my own experience while moving in and out of the research literature. Such a modification proved to generate a thin description of a subject material that is otherwise thick with emotion and rich in cultural construction of meaning. When I took some time to reflect on this process, I realized how much my training primed me to think linearly in a reject-the-null-hypothesis kind of way. I struggled to adequately see how I could fit within the concentric circles of data that are sometimes messy, contradictory and wrought with feeling. In addition, my goals to extrapolate a formulaic approach to AE were left unmet. I could not locate a specific recipe for all of the ingredients I would use in my own AE. AEs are vastly different; their authors interpret how to engage in AE in different ways reflecting different processes and content.

My reasons for ultimately using the AE methodology are both selfish and altruistic. I found the process of moving from the particular to the general and back again helpful in my own experience of grief and attempts to make meaning out of a messy experience. I also found that looking at the literature in this manner gave me a new perspective when interacting with other women who have experienced pregnancy loss and with people who have not had this experience. The issue of perinatal and infant loss remains a painful and often avoided topic of discussion. From my own experience and from listening to the stories of other women in a pregnancy loss support group, I recognize the importance of discussing that which is often only spoken of in hushed tones. *Giving voice* to women who are often quieted is an important part of my grieving process and may be an important part of theirs. I hope this autoethnographic piece can be shared with women and their partners who have experienced loss, as well as with individuals who have not experienced such a loss.

This paper explores the process of generating AE and moving from a positivist to a qualitative, self-reflexive approach, while simultaneously exploring the content of pregnancy loss in a similar manner. I discuss my own experience of pregnancy loss through personal reflections, in addition to my participation in an international, online, pregnancy loss support group. As I moved in and out of the literature, it became apparent that themes emerged that were laden with cultural meaning; themes that were heavily bent by women’s own social, political and cultural upbringing. These themes included: how women do or do not make meaning from the experience of pregnancy loss, the idea of personhood, and grieving and other emotional expression. I will tell my own story of pregnancy loss alongside of the literature and the stories of women in my pregnancy loss support group.

## Meaning Making

*“It wasn’t meant to be.” “God had other plans for your daughter.”  
“Everything happens for a reason.” “She’s in a better place.” “God needed  
another angel.”*

Women experiencing pregnancy loss commonly look for ways to understand the nature of that which they have experienced. Even individuals who have not experienced such a loss may look to theories, medical and religious explanations in attempt to create meaning out of a loss. The quotes identified above were some of the most common I had heard from

those attempting to provide condolences after my second trimester loss. Many women in the pregnancy loss support group lament the condolences expressed by others which may be intended to provide explanations and support after loss, but sometimes further sadden or frustrate the grieving mother. Terse adages may unintentionally hurt the woman who is struggling to find her own meaning of a devastating loss.

Jaffe and Diamond (2011) routinely work with clients experiencing pregnancy loss by identifying what they label as the “reproductive story” of how infertility and pregnancy loss occur. While largely unconscious at the time of referral, each client is encouraged to uncover those scripts established throughout the course of development that outline how reproduction and parenthood are “supposed” to proceed. Reproductive stories may begin in early childhood and can be shaped by one’s own attachment and caretaking experiences. The story that was once largely untold, becomes filled with revelations from the past, present and future. My own reproductive story serves as the backdrop for this autoethnographic approach to pregnancy loss. The following begins my reproductive story and how I have come to understand meaning that is created from such an experience.

February 27, 2012

Hi Everyone,

Sorry for the mass email. Just wanted to let you know that we received some very sad news today. At some point over the weekend, I lost the baby. We are pretty devastated, confused, and grief-stricken. This pregnancy had been anything but easy for me. Thanks for all of the support you've given us over the last few months

-Julie

I sent out this email to friends and family members a few hours before I delivered my daughter, Magdalene, at nearly 20 weeks gestation. I wanted to be the first to inform friends and family of my loss, rather than risk them hearing it from another source. In this sense, I began to control my own reproductive story. I spent the next days, weeks, and months trying to make some meaning of this devastating loss. After reading the ethnographic literature surrounding pregnancy loss and participating in a support group, I realize that I am not alone. Trying to find meaning out of loss seemed to be a common theme that surfaced from qualitative exploration of women’s reports of pregnancy loss. Meanings found range from Judeo-Christian beliefs of “everything-happens-for-a-reason” to medicalised explanations to beliefs that pregnancy loss has no meaning and is a random, senseless act.

Frost et al. (2007) discuss how the created meaning of pregnancy loss can be divided into three categories: pre-modern approaches which focus on religion, nature and destiny; modern approaches which emphasize medical knowledge and scientific experience; and postmodern approaches which challenge *imperfectly scientised* knowledge and accept the randomness of life.

Rice (1999) writes, “If we are to truly understand the rich reality of women’s lives, we must see pregnancy loss within the context of culture” (p.101). It is not uncommon for cultures outside of the Western world to create premodern, natural or supernatural understandings of pregnancy loss. In the book, “The Anthropology of Pregnancy Loss,” multiple authors reflect on the role of supernatural forces in ending pregnancy (Cecil, 1996). Sobo (in Cecil, 1996) reflects on the role of *duppies* or ancestral ghosts in creating *false bellies*, unnatural pregnancies that result in loss or deformation. Since false bellies are not “real” pregnancies, a life has not been considered to be conceived, and women do not have to

grieve for them. Healers are sought out to purge the body of its contents or to cleanse the body for an actual pregnancy.

Wembah-Rashid (in Cecil, 1996) writes about the meaning of pregnancy loss in matrilineal Southeast Tanzania. Meeting an *unclean* person face-to-face, having a dispute with her husband or any of their relatives, displeasing ancestral spirits or contracting illness remain the four reasons of pregnancy loss. While the first three explanations are believed to stem from external or premodern forces, the last explanation originates from the woman herself or from nature. Like the Jamaican culture, the Tanzanians place great emphasis on the influence of individuals, both living and dead, in having a successful pregnancy.

In Judeo-Christian ideology, pregnancy loss may be seen as a predetermined event that is part of a larger, grander design. Many Bible verses make reference to suffering or more specifically to forms of pregnancy loss and comment on various aspects of grief. Some examples include the following: Romans 8:18, “For I consider that the sufferings of this present time are not worth comparing with the glory that is to be revealed to us” informs us that the suffering experienced will somehow be rectified at a later time in life. Jeremiah 1:5, “Before I formed you in the womb I knew you, and before you were born I consecrated you; I appointed you a prophet to the nations” reinforces the idea that God is almighty and all-knowing, with a predetermined plan for every person. Ecclesiastes 11:5, “As you do not know the way the spirit comes to the bones in the womb of a woman with child, so you do not know the work of God who makes everything” alludes to the mystery of God.

Christian references to pregnancy loss are often found within the text of my pregnancy loss support group, as many of the group members come from countries in which Christianity is commonly practiced. However, it is not uncommon to find people who are questioning their faith or others responding to those questioning how God could allow babies to die. Sarah,\* a woman from the United States experiencing recurrent miscarriage, attempts to respond to a fellow group member who is questioning her faith and is irritated by responses others have given her in the name of Christianity:

People of whatever faith or none often say things that are incorrect. For a Christian to tell someone that it 'was Gods plan' is wrong. Death was never in Gods plan. However, we live in a fallen world and death happens to the young, the old, the good and the bad... it's not fair and it's more often then not beyond human reasoning. If I'm going to share with people here about how I'm doing then my faith is an integral part of how I've coped. I hope that I don't preach in what I post but I can't hide what comforts me either.

Modern approaches focus on the creation of a medical narrative used to understand the scientific meanings of pregnancy loss. Frost et al. (2007) point out how many women ascribe to a modern understanding of their loss when medical knowledge related to miscarriage is limited, hence the term *imperfectly scientised* pregnancy loss. Through the “scientisation of death” (Walter, 1994) meaning is often created by physicians, surgeons, coroners or other professionals. Women are implicitly encouraged to create modern medical narratives of their pregnancy losses when friends and family members implore, “Why did this happen?” or “Why does this keep happening?”

Medical meanings or modern narratives are commonly constructed by members of the pregnancy loss support group. Members’ stories often include thick descriptions of IVF procedures, D&Cs, hormone treatments, labor and delivery methods, among others. Women seem to have an understanding for not-so-ordinary terms such as blighted ovum, molar pregnancy, clomid, and FSH levels. Women also develop their own abbreviations and acronyms to discuss various aspects related to conception, for example: TTC (trying to

conceive), AF (Auntie Flo or menstrual period), BD (baby dance or having sex to conceive), and BFP (big fat positive pregnancy test), to name a few.

I frequently encounter the questions, “Why did this happen?” and “Why does this keep happening?” As a result, I have developed my own medical narrative of my experiences of loss, reduced to two sentences describing how each of my losses occurred for a different reason, highlighting the *imperfectly scientised* nature of pregnancy loss. After I experienced my ectopic pregnancy, I was contacted by my friend, Miranda\*, a 41-year-old, woman from Pennsylvania, who had also experienced an ectopic pregnancy. She said:

I got the shot [of methotrexate, a drug commonly used to treat ectopic pregnancy] right after I woke up from my d&e. I was on bed rest for 2 days because of the surgery. I then had to go for I think it was 2 blood tests to make sure my [hcg] levels were back down to 0. I was then put on clomid to help me get pregnant again and to keep it going. They said I had old eggs since I was 37 when this all took place and I was never pregnant before.

Miranda’s narrative of her ectopic pregnancy appears largely influenced by a scientised approach to understanding her loss. Her descriptions of clomid use and “old eggs” seem to facilitate her understanding for the loss of an ectopic pregnancy, one of the least understood variations of pregnancy loss. Many women create a medical narrative, not only to satisfy their own desire to create modern meaning, but also to establish a “go to” story that will satisfy the question of “why” when more complicated narratives that meld medical, religious and personal accounts feel less safe to disclose.

Drawing from a postmodern perspective, Leith (2009) discusses her own experience of recurrent, pregnancy loss from an autoethnographic perspective. She points out that Western discourses aim to “...create positive meaning from traumatic life experience, to gain beneficial insight from suffering, and ultimately ...triumph over adversity” (p. 202). She reminds the reader that in the world of Judeo-Christian beliefs, no random events occur. Everything that happens occurs within the context of a plan and every trauma is interpreted as a contribution to the greater good or punishment for the sufferer (Sontag, 2001, in Leith, 2009). Layne further discusses the random nature of pregnancy loss and how some women fail to find meaning in their experience. Such a failure to find meaning does not necessarily suggest a lack of healing or an immature response to grief. It is simply the path that some women take.

Jessica\*, a 25-year-old, female from the UK, reminds us that not every woman can accept the Judeo-Christian belief that everything has a neat and tidy meaning:

Hi anyone else angry with God I see all these posts saying God has bigger plans for you only God knows why blah blah blah im sorry but please can people stop ramming God down my throat I really dont want to hear it im sorry if I offend anyone but IM offended by these constant things about God everyone has their own beliefs I do not need to see this on a daily basis is God that great? if yes why does he take our babies and please don't tell me he wants them because their pure to good for this earth I have heard them all Rant over ADMIN if you want me to or you wish too you can remove this just needed to rant x

Another woman, Alice\*, 31, from Australia, writes:

after my 2 sleeping babies and all my miscarriages I have given up on this God thing. I also am offended that everyone keeps ramming God down my throat I believe in something else now and no the prayers didnt ever help nor do I see his wonderful plans or where he is such a good and loving man.If that was so we wouldnt all be here on this page

It was important for me to find meaning in my experiences of pregnancy loss, particularly my loss of Magdalene, a common theme in my life. While my beliefs largely reflect that of a Christian orientation, I recognize that a belief in God or god(s) is not necessary to heal from such an experience; nor is finding a specific meaning. As time passed, I was able to construct my own personal narrative about what it meant to lose a pregnancy. I was also able to come to some kind of understanding with each of my pregnancy losses, all of which occurred for very different reasons. Ultimately, I was able to develop a combination of premodern and medical narratives that served to create meaning for me that I could easily adapt to pass on to my children; especially my 6-year-old son who struggled to understand why his sister did not come home from the hospital.

How do we create meaning from loss? Does experience need to have meaning for it to be integrated into our lives? Are women who come to understand their loss as random, meaningless and senseless less psychologically healthy than women who find ways of understanding it? Perhaps what can be gleaned from my experience and the ethnographic literature is that pregnancy loss is messy and can't always be neatly captured within concise epithets. Perhaps my own reason for undertaking an AE approach to this dissertation is to ultimately find some intellectualized meaning from my losses. I have learned that every woman (and man) who experiences pregnancy loss needs to find meaning or not find meaning in their own way and on their own time. There is no right or wrong way to understand pregnancy loss. The "why" of pregnancy loss is a highly individual response shaped by familial, cultural, social, political, and individual factors. Perhaps it is time to move on to consider exactly "what" or "who" has been lost in the exploration of this subject material.

### **Personhood Status**

"A person's a person no matter how small." - Dr. Seuss (*Horton Hears a Who*, 1954)

Pregnancy loss is often referenced as a loss of the future, a loss of what was to be, and a loss of aspirations. In Western cultures, Murphy and Philpin (2010) point out that there are limited funeral rituals for this unique type of loss. As such, miscarriage is a potential trigger for complicated forms of grief, particularly when there may be no physical object to mourn and no public acknowledgement of the loss. The loss of a pregnancy may be viewed as a loss of the future hopes, dreams, and goals rather than a loss of the past. Parents commonly mourn the created or idealized child that was developed in their mind.

Group rules are posted throughout the pregnancy loss support group page. The rules start out with the following warning and announcement:

WARNING: THERE MAY BE PHOTOS OF BABIES AT VERY EARLY OR LATE GESTATION WHO HAVE PASSED AWAY VISIBLE ON THIS GROUPS WALL.

This page is dedicated to the mums & dads who have lost their angels through

miscarriage & still birth. We need to speak out and let the nation know that we will not suffer in silence anymore! But we also need a private place to grieve together. And no matter if we lost our babies at 4 weeks or 40 weeks, we are parents & we have the right to grieve!

These rules may speak to the idea of personhood and the group's acceptance that an embryo or fetus is a baby no matter how young the gestational age. Each member is encouraged to decide how she will come to know her own loss, whether viewed as a baby, a failed pregnancy, products of conception, or any other way of understanding the loss.

As most women have little time to accumulate memories of their beloved, they may experience a greater sense of loss of what could have been. From the moment some women discover they are pregnant, they begin to create an identity for their future child. He/she may be given a name, nickname, personality characteristics, physical attributes and a future. Women in the pregnancy loss group often write about holding on to the few memories they have of their embryo or fetus, saving positive pregnancy tests, ultrasound pictures or even remains of their child. I periodically wear an urn locket with the cremains of my daughter. Below are some of the examples of responses that can be found in the pregnancy loss support group.

So, funeral is all planned. (Child's name) is with the funeral home, I've given them some beautiful clothes to dress him in. The celebrant came over to discuss the service. She is soing {sic} something special... A naming ceremony first & then the rest of the service. I've picked the poems, and OH and I have written a letter to (child), and chosen some special songs. (Another child's) ashes will also have a special place in the service. I've tried to make it as special as I possibly can. Missing both my boys terribly. ♥ ♥

We had our baby cremated and got back his Urn yesterday. I felt so weird when I had to take his body in to the funeral home and hand it over to the woman. I felt like I was giving him away. And I cannot lie, I smiled so big when they were able to give me the Urn back yesterday! They were returning what was rightfully mine and now my baby had a beautiful place to sit for the rest of my life. I'll be putting it in my will that my baby's Urn gets buried with me when I pass away.

While the question of "who" has been lost seems tidily wrapped up in the pregnancy loss support group, this question may not have been easily answered a few decades ago. The question of "who" has been lost seems to have evolved in recent years from a previous question of "what" had been lost. Advances in modern medicine, particularly with the advent of ultrasound technology, assisted conception, and amniocentesis, allow women to picture their child at an early gestational age. Through these procedures, women often learn the sex of their child and report establishing bonds earlier on in pregnancies. During my last pregnancy, I was informed that a new genetic screen had been developed, testing women as early as 10 weeks gestation for chromosomal abnormalities such as trisomy 21, commonly known as Down Syndrome. Since sex chromosomes are part of this genetic analysis, women can learn whether they are having a boy or girl within the first trimester of pregnancy. This early "sexing" of the embryo may lead women to establish future identities of their children at earlier stages of gestation. Medical advancements such as amniocentesis and ultrasound did not exist three decades ago and embryos and fetuses were less likely to be given personhood status. It was not an uncommon experience for women to be informed that they

had experienced a miscarriage or stillbirth only to watch a surgeon or obstetrician discard their fetus in a hazardous waste container. In some countries, these practices still exist, as mentioned in the support group. One woman in the group described the painstaking process of having a “natural” miscarriage (outside of the hospital), so she could keep her 8-week-old embryo, often referred to by medical staff as the “products of conception”, and to give it a proper burial. Susan\* gave a day-by-day, sometimes hour-by-hour account of passing her miscarried child and collecting the embryo and gestational sac.

Don't know how much more can take of this, but don't want to go to hospital. They don't give you your baby and put it in the trash. Cramping is getting so bad. Bleeding is heavier today than yesterday. Hope this stops soon!!!

Cote-Arsenault (2003) writes about how families “weave remembered babies into the fabric of their families.” Rituals, symbols and items of “visible presence” are frequently used to memorialize babies and help create “lifelong impressions” and “holding a place in the family.” Cote-Arsenault recognizes that many of the families within her qualitative study viewed even the earliest of miscarriages as children or members of the family. Families adapted objects or methods of remembrance to ensure that the miscarried babies would remain a part of their lives. Cote-Arsenault points out that women and their families did not ask themselves “what did I lose?,” a question that would have been contemplated years ago. In the 21<sup>st</sup> century, women in Western culture are more likely to consider “who” has been lost and how that individual can be memorialized.

While it is common for Western cultures to consider such a loss as the demise of a child, nonwestern cultures refrain from giving embryos or even fetuses personhood status. The Hmong believe that every living body has three souls, with each soul contributing to health and wellness. At death, one soul travels to the land of its ancestors, one soul enters the spirit world and another soul remains with the decaying body of the person. It is important for this process to occur to reincarnate a soul into the family lineage. When miscarriage occurs, often referred to as “the falling of the baby,” a soul has been lost and the fetus or embryo is not granted the status of person. Only babies who go through a soul-calling ceremony are granted human status. The interruption of the reincarnation process leads parents to bury their lost pregnancies in the woods without mourning or burial rituals (Rice, 1999).

In her research studying women participating in pregnancy loss support groups, Layne (1990) describes what she labels as the *liminal status* of embryos. Women in these groups struggled to place their lost pregnancies in birth or death, but created a place in between; a place between the experience of life and death, heaven and hell. Creating this liminal place of existence, at least in one's mind space, allows for flexibility in how we define life and death.

The lack of feminist discussion about the idea of personhood and pregnancy loss in general has been documented in miscarriage literature. Feminists are believed to remain largely silent on the issue of pregnancy loss because of its close relationship to abortion and a woman's right to choose (Layne, 1996). Acknowledging that pregnancy loss equated to the loss of a child is feared to add fuel to the abortion debate. Layne (1996) encourages feminists to take a more liberal stance when discussing pregnancy loss by creating new language. Instead of viewing miscarriage and abortion as dichotomous, she suggests adopting a postmodern approach that acknowledges a fluid interpretation of pregnancy loss. Since the notion of personhood is largely culturally constructed, it may be possible to grant some embryos this status and not to others.

Just as there is a need to have flexibility in how we make meaning of pregnancy loss, grieving families may benefit from flexibility in how we define personhood. The Pro-life movement, perhaps jokingly, perhaps not, has extended the definition of personhood as far back as penile ejaculation. A rigid, one-size-fits-all definition of personhood does not take into account the variations that span societies across the world. Individuals need to have the flexibility to determine when or if they define their embryos and fetuses as human beings. Viewing personhood through the lens of culture and society helps establish a compassionate framework for understanding this salient aspect of pregnancy loss.

I have come to understand all of my pregnancy losses as the loss of a child who had an identity. Since I was able to determine the sex of two of my lost babies (both girls), I was able to attribute to them a level of personhood that further shaped their identities and increased my level of attachment. In my eyes, Magdalene would have been a strong girl with a fierce personality that could withstand teasing and insults from her two older brothers. I could feel Magdalene move inside of me. The fact that I had a full labor and delivery of Magdalene and was able to hold her and take pictures of her further solidified her identity as one of my children. This tiny person, weighing merely 8 ounces, remains a part of my family who is periodically a topic of discussion at the dinner table.

### **Grief and Other Emotional Expression**

“Time is too slow for those that wait, Too swift for those that fear, Too long for those that grieve, Too short for those who rejoice, But for those who love, time is Eternity.”

(Henry Van Dyke, For Katrina’s Sundial, 1895).

If creating meaning is the “why” of pregnancy loss and ascribing personhood status is the “who” or “what”, then understanding grief and other emotional expressions associated with pregnancy loss may be described as the “how.” Women experiencing miscarriage and other forms of pregnancy loss often report a range of emotional responses. Within the pregnancy loss support group, women express a range of emotions from grief, sadness, and fear to anger, resentment, jealousy and sometimes relief.

It has been less than a month since Monique\* was born sleeping on [date]. My heart is so very sad and heavy. Everyone says I'm doing well, I don't feel like I am. I have moments where I feel "normal," but then the next thing I know I feel like I have run over by a truck. I truly hate this!!! I never knew a heart could be broken so badly and yet still beat.

there are no words to describe the emotions I have... I can't seem to put into words the depth of how I feel. I am blessed to have my beautiful earth children and my husband, this I know. However, it is so hard sometime when I am asked how I am to put into words how I feel.

I feel so numb today. Almost like I feel nothing at all. Waiting for it to all come crashing down. I'm afraid if what my true emotions are going to do to me.

my husband and I have been fighting for a few weeks now. its been almost 6 weeks since my miscarriage. He wanted me to tell him today how i feel....I

said worthless. I don't feel angry though which everyone thinks i should but i do feel horribly worthless and sad :(

Many families, particularly those within Western cultures, wait until after the first trimester to inform others of a pregnancy. While the majority of miscarriages occur within the time frame of the first trimester, an experienced pregnancy loss may go unrecognized by a woman's support system. In this sense, miscarriage becomes a *hidden loss*, potentially adding layers of shame and secrecy to mounting emotions. The hidden nature of the loss, combined with a lack of rituals to mark its passage results in what Doka (1989) refers to as *disenfranchised grief*. Grief that is disenfranchised is often minimized by those outside of its experience.

Renner et al. (2000) explore the meaning of miscarriage to those who have not experienced it. While the researchers were able to identify that those who have never experienced miscarriage recognize it as a loss, they do so with different levels of meaning. They identified that many individuals within Western culture have *grounded meaning* or a concrete level of understanding, but fail to recognize the *valuative meaning*, meaning given on an emotional level that is heavily shaped by culture and often constructed after such an experience. The researchers identified that the experience is often treated with a cultural form of silence. This finding may be influenced by the lack of physical markers to observe that a loss has occurred (e.g., the woman didn't look or act pregnant). Renner et al. propose lifting the cultural norm of silence by openly discussing early pregnancy if a woman feels comfortable doing so.

Emotions are heavily influenced by the social context in which they are experienced; one of those contexts being an individual's culture. According to Fontes (2008), culture shapes how we experience emotions in a "long-lasting way" (p. 123). The author gives examples of people from Indian cultures expressing grief through demonstrative ways at funerals, often sobbing openly, but showing great emotional restraints in other situations. She states that individuals of Anglo-Saxon cultures, particularly within the United States, tend to restrain grief at funerals, preferring to make small talk and sometimes even laughing. While it is important to recognize cultural patterns, it is doubly important to remember that individuals within cultures experience a great deal of variability in the expression of feelings, especially that of grief and its associated emotions.

A few notable theories of grief exist and provide a framework for understanding emotional experience after a pregnancy. Kubler-Ross (1969) wrote one of the seminal pieces of work on grief, "On Death and Dying." Within her work, Kubler-Ross identified five predominant stages of grief, in no particular order, including, but not limited to: denial, anger, bargaining, depression and acceptance. Kubler-Ross' work was considered to have some universality, with individuals in most cultures experiencing some or all of these facets of grief. Kubler-Ross also found that among individuals facing death, those who were able to find some sense of meaning or purpose in their life faced less fear and despair during the final weeks of life.

Freud wrote of grief in his essay entitled, "Mourning and Melancholia" (Freud, 1917). In his work, Freud discussed the process of acknowledging the loss of an individual through hypercathexis and emotional discharge, followed by a period of decathexis in which the patient severs emotional ties and forms new relationships. Freud later revised his work to acknowledge that one never fully completes grief work; it is an unfinished experience that may last an entire lifetime.

Bowlby's work on attachment (Bowlby, 1969) may also provide a framework for understanding emotions associated with grief. Bowlby attempted to normalize the continued attachment that an individual may feel for the deceased, an idea that was pathologized prior

to his groundbreaking work. He acknowledged that individuals who grieve may continue to experience a sense of connection with the deceased through memories, the deceased's belongings, and through a sense of their presence. Unlike Freud's original idea of breaking bonds with the dead, Bowlby proposes creating a new and transformed relationship with the deceased loved one. As applied to pregnancy loss, Bowlby's theory suggests that longer periods of gestation would most likely elicit a stronger emotional attachment, leading to a stronger grief reaction.

Differences in grief may also be seen across gender. Stroebe and Schut (1999) discuss the difference between a *loss orientation* and a *restoration orientation* in grieving. A loss orientation refers to the traditional notion of grief, focusing on emotional expression of what has been lost. A restoration orientation toward coping focuses on the things that need to be done after a loss occurs to rebuild life, e.g., making funeral arrangements, establishing plans for the future, and setting goals. Although not always the case, it is more common for a woman to take on a loss orientation when a pregnancy ends, while men are more likely to maintain a restoration orientation. My husband and I were no exception. After our loss of Magdalene, I retreated far inside of myself, experiencing a depression like I had never felt before. I was unable to look outside of my grief, stuck in a loop of depression, anger, resentment and bitterness. I forced myself to go through the motions of everyday life, but with no emotional investment in what I was doing. I couldn't tolerate being around pregnant women, babies, happy people or anyone who didn't have this experience. I didn't think that other people deserved to be happy when I was struggling with misery. While I focused on what I had lost, my husband seemed to take a difference approach. He was instrumental in contacting friends and family immediately following the loss, in scheduling my delivery and in making plans to cremate our daughter's small body. When I look back on the paperwork completed during my delivery and hospitalization, I see that my husband had signed many of the countless forms. He was planning for the future, looking forward to a vacation that we had planned before the pregnancy and helping our family adjust to a "new" daily life. I was initially baffled by what seemed to be a lack of emotional reactivity, only to learn later that we grieve in very different ways, one way not being privileged over another way.

*Traumatic or complicated grief* is a unique form of sorrow that is considered sudden, prolonged, disturbed or extreme (Jacobs, 1999). Traumatic grief may disrupt the attachment process, such as the example of a child losing a parent or significant caretaker. Pregnancy loss may be a form of traumatic grief, as miscarriages and stillbirths are often sudden, traumatizing revelations to a pregnant woman. The unexpected nature of pregnancy loss may bring about not only feelings of grief, but also a trauma-like reaction. My own experience of traumatic grief initially baffled me. My blood pressure spiked before my loss of Magdalene and remained elevated for several weeks after I gave birth. I contacted the obstetric nurse on a regular basis to report my concerns about this elevation. She repeatedly instructed me to be patient and wait for it to return to normal, stressing that my body had been through a traumatic event and needed time to recover. I couldn't accept this reason as valid and remained convinced that part of my pregnancy remained, either another baby or a piece of placenta; something I thought would seem so absurd to others that I refrained from saying it out loud. My blood pressure eventually returned to normal and I became acutely aware of the nurse's statements. I was experiencing a form of traumatic grief. My body had been reacting to a traumatic event in a normal, healthy way. My brain and body were overwhelmed and needed time to process what had happened. Cognitively I understood that my mind was experiencing a great deal of emotion, but I failed to recognize how overwhelmed the rest of my body was during this experience of traumatic grief.

How women experience and cope with feelings associated with grief is largely shaped by contextual factors such as culture, spirituality and family influence. Through this

exploration of grief and associated feelings, I have come to understand that there is no specific recipe for grieving. Why some women openly express sadness and others keep it concealed is largely influenced by the family and the society within which they reside. A friend recently disclosed to me that she had a miscarriage as a teenager and was relieved for the loss of an unplanned pregnancy. This story reminded me that multiple contexts may come together and play a significant role in how women respond to miscarriage and whether they even view a miscarriage as a form of loss.

## **Conclusions, Social Justice Considerations and Future Directions**

What started out as a quantitative and empirically-based dissertation, evolved into a richer text that challenged my preconceived notions of what constitutes effective research and knowledge-generation. The evolution of my dissertation proved to be a learning experience in the creation of new knowledge.

As I began to change my focus from empiricism to postmodern autoethnography, a parallel process began to emerge. I had experienced pregnancy loss while writing my research proposal and again while writing the results of my study. I felt that I was being drawn to my topic of expertise in a highly personal and meaningful way. I recognized on an intimate level that I cannot maintain a safe distance from this subject material and explore it from the lens of an “objective” researcher. I am heavily situated within the context of my study and will “taint” the results with my own experience, interpretations and feelings. Instead of trying to keep a façade of objectivity, I realize that I am more authentic when I acknowledge my own “situatedness” and draw awareness to the role I play in creating and shaping knowledge. Once I abandoned this notion of pseudo-objectivity, I was able to look at my data in all of its shapes and forms. Opening myself up to consider many different forms of data, from the written and spoken experience of others, my own emails and journal entries, poetry to popular culture, added a layer of richness to research and reinforced the idea that knowledge can come from multiple, acceptable sources. The process has forever changed the way I view “data.”

I would be remiss if I didn’t address how this process served a dual purpose of meeting requirements for a doctoral degree and helping me process my own thoughts and feelings related to pregnancy loss. The process of constantly bouncing my own reactions off of the reactions of others and the literature benefitted me in myriad therapeutic ways. By seeing that others had similar or even dissimilar reactions and experiences, I was able to normalize many of my outcast thoughts and feelings, further shaping my own reproductive story. At times, the rage and resentment that I felt from my losses gave me the momentum to power through this project in a raw and genuine way. The support that I received through the pregnancy loss group helped serve this dual purpose as well. I felt accepted by a community of women who understand my experience in an intimate way. This personal validation was necessary for me to heal and process these multiple experiences. I was also able to look at others’ posts and responses through the eyes of a researcher. I came to understand the expressions of emotion, personhood and the meanings created from loss on this dual level; as that of a grieving mother and as that of a future psychologist. These multiple methods of inquiry led to multiple methods of my own acquisition of knowledge.

The field of psychology is embracing the concept of social justice. The shift in acceptance of qualitative methodologies such as AE as legitimate forms of research may further promote social justice. Instead of concealing personal, social, cultural and political factors that affect our research, qualitative methodologies not only acknowledge their existence, but embrace them as part of the formal research process. The matter of pregnancy loss may be considered a topic of social justice since it impacts a number of women of all

racess, ethnicities, social standing, etc. who have historically been silenced and shamed for open discussion of this subject. I hope this project can serve to highlight the problem of pregnancy loss, emphasize how it affects women and men who experience it, and help others realize there is no one way to heal from such an occurrence.

This dissertation may also highlight directions for future research and clinical training. While I made the transition to a qualitative-oriented methodology, there remains a need for quantitative research with randomized clinical trials, large sample sizes and adequate control groups. Although we intuitively “know” that mind-body practices are healthy for pregnant women, we need the “hard” data to back up these claims. More qualitative studies are needed exploring topics such as: the pregnancy of the therapist, the pregnancy loss of the therapist as an unpreventable disclosure in the therapy setting, men’s reactions to pregnancy loss, children’s reactions to loss, as well as healthcare provider’s experience of miscarriage and stillbirth. While these topics are beyond the scope of this dissertation, they remain under-explored topics and could build on the established foundation of knowledge. In addition, training programs in clinical psychology may consider bolstering their exploration of grief and loss issues in the classroom. Rather than mentioning bereavement as an aside, training programs may consider dedicating an entire elective course to teaching theories and psychotherapy models surrounding grief and loss. Finally, I hope this dissertation can serve as an example for other doctoral programs in psychology, emphasizing the importance of teaching multiple methodologies to students embarking on research. Helping students recognize the value in qualitative methodologies, particularly those that examine one’s own self in the process of knowledge generation, can inform research in a rich way. The contributions of postmodern thought and the role of context can add layers of richness to less than “objective” forms of empirical research.

I hope to make a contribution to the knowledge base in the field of pregnancy loss. I hope that my reflections and observations can help guide practitioners in meaningful discourse with their clients, patients and friends. And ultimately, I hope my words can bring some comfort to those experiencing this unique form of loss.

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