

Men's Experience of Miscarriage: Coping with the Loss of a Life and Future

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

Miscarriage is often viewed as a medical issue associated with women. When going through a miscarriage, healthcare professionals, family, friends, and others in the community tend to turn all their attention to women and leave men feeling left out, isolated, and unsupported. This qualitative research study is being conducted to gain an understanding of what men experience during and after miscarriage, how they cope with the loss, and what can be done to better assist with the loss. Through this research, we will gain a better understanding of the experience surrounding miscarriage for men in an online setting who are unable or uncomfortable discussing the loss in person. A questionnaire will be distributed to ten men who have stated that their wives have experienced a pregnancy loss. The questionnaire will consist of questions surrounding the coping mechanisms utilized and what they experienced as men throughout the loss. The literature indicates that men are not treated and supported the same way as women in the hospital setting and that men are expected to place their needs and feelings to the side after the miscarriage, so they are able to tend to their wives. This in turn creates an environment where men are left with no support and with reckless coping mechanisms. Men feel that it is frowned upon for them to express their grief and feel that their future as fathers is in danger. There is also a need for more education surrounding miscarriage. As miscarriage becomes more common, education is needed, as those who are experiencing or have experienced miscarriage did not know the risks or commonality of miscarriage before it occurred.

Keywords: miscarriage, men, emotions, experience, role, grief, coping

Dedication

I dedicate this dissertation to my little miracle, Rory. You fill my life with boundless joy and inspiration, my sweet son. Your presence has been a guiding light throughout this academic journey, reminding me of the importance of perseverance and the pursuit of knowledge. This work is a testament to my love for you and my commitment to creating a brighter future.

I also dedicate this dissertation to the children we have lost to miscarriage. Though their time with us was brief, their memory lives on in our hearts. This research is dedicated to them, a tribute to the love and hope they brought into our lives, even if for too short a time. It is a reminder that they will never be forgotten.

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Chapter One: Introduction

Overview

This chapter serves as the introduction to the dissertation and study on the male experience of miscarriage. Chapter one provides an overview of the research, outlines the research questions and objectives of the study, and provides structure to the dissertation. The background section of this chapter introduces the topic of the male experience of miscarriage, where it highlights the gap in the existing literature and the importance of addressing this overlooked aspect of miscarriage. Background information will be provided on the prevalence and impact of miscarriage on men, with a need for understanding the emotional and psychological impacts reproductive loss has on men. Then we will move into the situation of self-section, where I provide a reason and motivation for the study. This section is imperative for readers to understand why I chose to conduct research on miscarriage with an emphasis on male experiences and needs following miscarriage. The problem statement will present the research problem, which articulates the gap in understanding of male experiences and the need to explore their perspective regarding miscarriage. This section will discuss the historical, social, and theoretical contexts that have contributed to the marginalization of male experiences of miscarriage and will highlight the need for addressing this problem for the well-being and mental health of men.

Next, we will discuss the purpose statement, which focuses on the intentions of the research regarding male experiences of miscarriage and the purpose of the study. The purpose of this phenomenological qualitative study is to understand male perceptions of miscarriage and provide them with a voice to express their thoughts, feelings, and emotions regarding the loss. Then the significance of the study will highlight the significance of the dissertation to emphasize

the potential contributions to academia, clinical practices, and societal and social changes. We will discuss the potential impact of destigmatizing male experiences and emotions, promoting equality in the experiences and emotions, improving the support services received by men after miscarriage, and fostering empathy in society. This is framed in the context of creating a more inclusive and sensitive approach to supporting men who have been affected by miscarriage or who will be affected by the loss of a child. We will then investigate the research questions that guide this study. These questions aim to explore the male perceptions of miscarriage, their roles surrounding the miscarriage, and the coping mechanisms experienced by men who have experienced a miscarriage. The research questions were designed to elicit detailed responses to the lived experiences of men following miscarriage. The definitions section will provide information regarding the important terms that will be used throughout the dissertation. Overall, chapter one serves as an introduction to the dissertation, where it sets the stage for the exploration of the male experience of miscarriage. The chapter will provide the necessary background information, highlight the research problem, present the necessary research questions and objectives for the study, and outline the overall structure of the dissertation.

Background

Miscarriage is defined as the loss of pregnancy before the baby reaches viability at twenty-four weeks gestation (Quenby et al., 2021). Miscarriage is a distressing event that impacts millions of couples worldwide every year, with a risk of miscarriage of over fifteen percent (Quenby et al., 2021). There has been extensive research conducted to explore the physical and emotional experiences of women who have been through miscarriage, but the male perspective of miscarriage remains underrepresented in the existing literature on the impact of miscarriage (Harty et al., 2022). The emotional distress associated with miscarriage is

experienced by the couple as well as individually (Harty et al., 2022). Throughout this section, I will provide a comprehensive background on the male experiences of miscarriage by discussing the historical, social, and theoretical contexts surrounding the male experiences of miscarriage, which will highlight the research problem and need for this study.

Historical

Historically, the topic of miscarriage has been silenced and kept secret in society. Miscarriage is often considered a taboo subject, and others may not want to be around those who have experienced miscarriage so as not to place any 'bad luck' on themselves. The literature regarding the history of miscarriage indicates that many pregnancies that miscarry are mostly in the early months, and the only thing couples could do is wait and see what would happen in those early months of pregnancy (Freidenfelds, 2020). The early medical literature surrounding miscarriage mainly focuses on the physiological aspects of miscarriage, neglecting the emotional impact on men and women (Rellstab et al., 2022). The assumption that women are the only one's affected by miscarriage has remained within the historical context of miscarriage, which has contributed to the marginalization of male experiences of miscarriage. Current literature indicates that men are understudied and not considered regarding the mental health implications of miscarriage, but the inconsideration pushes men to attend counseling only to receive and consume psychotropic drugs (Rellstab et al., 2022). However, recent research has started to recognize the importance of examining the psychosocial dimensions of reproductive loss and the need for a more inclusive understanding of male experiences.

Social

The social context of miscarriage indicates that traditional gender roles have played a significant role in shaping the narratives and support systems surrounding miscarriage and the

experiences of miscarriage. Societal expectations tend to dictate that men should be emotionally strong, place their feelings aside, and be the support for their wives, which can lead to the suppression and dismissal of their grief and the trauma that has been caused by the miscarriage (Horstman et al., 2021). These traditional masculine roles in a marriage push men to support their wife, protect her from the stress caused by miscarriage, and fix any problems related to the loss while staying in the background of their own grief related to the miscarriage (Horstman et al., 2021). This gendered construct has resulted in a lack of recognition of the male experiences of miscarriage and the support men need for their emotional and mental well-being during and after miscarriage (Horstman et al., 2021). Wives tend to rely on their husbands as their primary supporter and provider, which can cause them to overlook their husband's emotional and mental health needs following miscarriage (Horstman et al., 2021). Furthermore, the cultural norms and beliefs surrounding the male experiences of miscarriage reinforce the gendered roles following the reproductive loss and further hinder the open communication and understanding of the male experiences of miscarriage.

Theoretical

The theoretical background provides a framework for understanding the phenomenon of the male experience of miscarriage. This study is encased in role theory and coping theory. Researchers must understand how men cope with the loss of an unborn child and learn more about the male role following miscarriage. With the study based on the male experience of miscarriage, researchers must gain a better understanding of how men perceive miscarriage and what they need to work through the loss, which is why this specific theoretical framework is appropriate for this study. These theories allow for further examination of the problems and barriers men face following reproductive loss. The theoretical frameworks inform the research

design, data collection methods, and analysis, which guide the interpretation of the findings and contribute to the overall knowledge of the male experience of miscarriage.

This study aims to fill the critical gap in the literature by conducting further exploration of the male experience of miscarriage. By utilizing a phenomenological approach to research, I will seek to capture the lived experiences of men following miscarriage, their emotions, the coping strategies utilized, and the long-term impacts miscarriage has on men who have been through the loss of a child before birth. The historical, social, and theoretical contexts discussed in this background section provide the foundation for understanding the research problem and emphasize the importance of including the male perspective in the discussion of miscarriage experiences. This study will provide a more comprehensive and inclusive understanding of the male experience of miscarriage, which will lead to improved support services, increased empathy, and positive social change.

Situation to Self

The motivation of this study comes from my own personal experiences with miscarriage and watching my husband go through them with me. During my first three miscarriages, I found myself questioning why my husband was impacted by the loss, telling him he did not know what it felt like to go through the loss, and ultimately wanting him to place his feelings aside to support me when I needed his strength the most. When it came to my last three miscarriages, I started to realize that although my husband did not go through miscarriage physically, each loss still impacted him mentally. I started asking him questions about what he went through and how he coped with the losses to try to better understand how he felt, what he went through, and how we can work through any future losses together. My goal is to shed light on the male experiences surrounding miscarriage and what we can do to better support men following the loss of a child. I

want to gain a better understanding of why men feel they cannot discuss the loss with their wives and why they feel they are only in the role of supporter.

Problem Statement

The male experience of miscarriage remains an understudied and overlooked phenomenon in the existing literature and research. This study's purpose and significance aim to gain an understanding of the lived experiences of men who have undergone the painful and overlooked phenomenon of miscarriage, address the significant gap in existing literature, and contribute to the well-being of men who have and are experiencing miscarriage. The current research grasps a slight understanding of men's experiences of miscarriage but loses focus on the support they had and needed after experiencing the loss. Miscarriage is most associated with the physical and emotional trauma experienced by women, but the unique challenges, emotions, and long-term impacts faced by men have not received the attention necessary for their mental health needs. Existing literature and studies indicate the need for more support for men following a miscarriage (Miller et al., 2019). This gap in research presents a significant problem that perpetuates the social narrative that miscarriage primarily impacts women, which then undermines the emotional well-being, mental health needs, and support needs required by men during and after miscarriage.

The lack of research conducted on the male experience of miscarriage contributes to the broader societal issue of gender inequality regarding reproductive loss. When miscarriage occurs, men are often overlooked, and the focus of the support is directed toward women, with gendered expectations for men to hold on to their masculinity and role as supporters (Obst & Due, 2021). The stereotypical gender roles and expectations from society tend to dictate that men should suppress their and be strong for their wife's following miscarriage, which leads to a

marginalization of their experiences and a lack of acknowledgment of their grief and trauma following the loss of their child. This problem is made up of the limited number of resources available, the lack of support systems, and the lack of healthcare services specifically tailored to meet the unique needs of men who are having to navigate through miscarriage.

The absence of comprehensive knowledge regarding the male experience of miscarriage hinders the development of effective support strategies, systems, and interventions necessary for men to cope with miscarriage. There is a lack of support options in the healthcare profession for men, with research indicating that men may not be able to become open immediately after the loss, which can be difficult to build rapport, but it is essential for hospital staff to actively engage with bereaved fathers since miscarriage is very woman-centric (Obst & Due, 2021). Most healthcare professionals, support groups, and counseling services tend to lack the necessary insights into the male experience of miscarriage to provide empathetic and appropriate care for men in these circumstances. The scarcity of understanding can also impact and affect the interpersonal relationships men have because their wives, family members, and friends may struggle with comprehending the emotional challenges they are faced with and do not understand how to provide the necessary support throughout their healing process.

Dealing with the problem of the male experience surrounding miscarriage is critical for fostering gender equality in miscarriage treatment, destigmatizing the male emotions caused by the loss, and promoting support for the men affected by the reproductive loss. Men are often not acknowledged as part of the miscarriage and do not feel they receive the support required after pregnancy loss (Obst et al., 2021). By being investigative and sharing the voices of men who have experienced miscarriage, this study aims to shed light on the different psychological, emotional, and social dimensions of male experiences. This research aims to challenge the

societal assumptions and expectations of men, break down the stereotypes, and advocate for the inclusion of men's experiences in the discussion surrounding miscarriage.

Therefore, there is an urgent and crucial need for a more in-depth investigation and understanding of the male experience of miscarriage. By identifying the specific challenges, coping mechanisms, support systems, and long-term impacts men face following miscarriage, this research will contribute to filling in and adding to the existing knowledge gap and pave the way for the development of more gender-inclusive support services, interventions, and social narratives. Overall, this study seeks to address the problem of the overlooked and understudied male perspective in miscarriage research and advocate for a more inclusive and empathetic approach to supporting men who have experienced miscarriage, which is a profoundly emotional and silenced aspect of their lives.

Purpose Statement

The purpose of this phenomenological study is to describe the lived experiences of men with miscarriage. While miscarriage is commonly associated with the physical and emotional trauma experienced by women, the male perspective remains understudied and marginalized in the current existing literature. My research aims to shed light on the unique challenges, emotions, coping mechanisms, and impacts men deal with when facing pregnancy loss.

By employing a phenomenological approach to research, this study seeks to capture the subjective realities and lived experiences of men who have faced and been affected by miscarriage. Through in-depth, open-ended questionnaires and personal narratives, this research will provide a platform for men to express their thoughts, feelings, emotions, and experiences surrounding the loss of their unborn child openly and freely. By providing men with a voice for

their story, my study aims to challenge the societal assumptions, stereotypes, and stigmas surrounding male experiences of miscarriage.

Furthermore, this study intends to identify and examine the support systems that are available to men throughout their miscarriage journey, including their interpersonal relationships, the support provided by healthcare professionals, and support groups. I will explore the efficacy of existing support structures and propose recommendations for improving the support and care provided to men who are experiencing miscarriage, have experienced miscarriage, and will experience miscarriage in the future, as it is an emotional journey.

Ultimately, the findings of this study will contribute to a broader understanding of the male experience of miscarriage, which will fill a crucial gap in the current literature and encourage a more inclusive and sensitive approach to the support of men impacted by miscarriage, which is a very personal and silenced aspect of their lives. By expressing the male voices and their stories, I am advocating for their emotional well-being and mental health. My research aims to foster empathy, improve the support services provided, and promote positive social change when addressing the complexity of miscarriage.

Significance of the Study

The significance of this study on the male experience of miscarriage lies in its potential to address a significant gap in existing literature and contribute to the well-being of men who have experienced the distressing event of miscarriage. By focusing on the male perspective, this study recognizes the importance of gender equality and inclusivity in understanding and supporting the men affected by miscarriage. More recognition is needed to indicate men as someone experiencing loss by including men in the care following reproductive loss and being given recognition as someone who is a supportive husband as well as a grieving parent (Lee et al.,

2023). This research holds the potential to challenge societal stereotypes and stigmas surrounding masculinity and emotions, where traditionally, men have been expected to place their feelings aside and maintain a calm demeanor when facing emotional challenges (Lee et al., 2023). By diving into the male experience of miscarriage, my study aims to validate and acknowledge the emotions men encounter. In doing so, it fosters a more compassionate and understanding society. This recognition can contribute to reducing the stigmatization of male emotions and encouraging better and healthier coping mechanisms for men working through miscarriage.

Although there has been a growing recognition of the male experience of miscarriage in recent years, the preexisting literature remains limited and broken. The few studies there are specifically focused on exploring the subjective experiences, challenges, and support needs of men in the context of reproductive loss. The lack of comprehensive understanding of male experiences of miscarriage hampers the development of targeted interventions, support services, and healthcare practices that can effectively address the unique needs of men who have been affected by miscarriage.

The findings of this study can have important implications for healthcare professionals and support services and systems. More information is needed to understand a miscarriage diagnosis and its implications on men, with more needed on how to better assist them with recovery following the loss and ways for healthcare professionals to provide bereavement care to the men working through this tragic and stressful situation (Lee et al., 2023). By identifying specific needs and challenges faced by men throughout the miscarriage journey, my research will inform the development of tailored interventions and support systems. The research and study will provide healthcare professionals with insights into effective communication strategies,

appropriate and necessary counseling techniques, and proper bereavement support for men experiencing miscarriage (Lee et al., 2023). Improved support services for men facing miscarriage can facilitate the healing process, enhance mental health outcomes, and promote healthier coping mechanisms for men experiencing this type of loss.

This research study can have a positive impact on the interpersonal relationships and social support networks of men facing miscarriage. A miscarriage can strain a couple's relationship, their relationship with family, and their friendships. By exploring the male perspective of miscarriage, this study can uncover the complex nature of these relationships and provide guidance on how to foster open and supportive communication between the individuals in these interpersonal relationships (Lee et al., 2023). Men express their need and want to be recognized as individuals experiencing this significant loss, with many indicating that their perceived expectation was for them to suppress their emotions, which caused strain between themselves, their wives, and their other relationships (Lee et al., 2023). This research can also provide insight into the ways in which family and friends provide support and how they can create a more empathetic environment for men impacted by miscarriage.

This study has the potential to contribute to social change. By raising awareness and generating dialogue surrounding the male experience of miscarriage, this research can challenge societal norms, biases, and stigmas. Since society expects men to maintain their traditional masculine roles, they find that it is more difficult for them to seek and access the emotional and mental health support needed to cope with the miscarriage (Lee et al., 2023). Some have reported that maintaining their perceived gender roles assisted in distracting them from the reality of the loss; however, this made it difficult for them to grieve what they were confronted with the miscarriage and cope with the loss of their unborn child (Lee et al., 2023). The research can help

reshape cultural narratives, promote gender equality in miscarriage mental health treatment, and encourage a more inclusive approach to addressing reproductive loss. Through the amplification of male voices and advocating for their emotional well-being and mental health needs following miscarriage, this study seeks to make a positive impact on men, their families, their communities, and society as a whole. The significance of this study lies in its potential to fill a critical gap in understanding the male experience of miscarriage, promote gender equality, improve support services provided during and after the loss, foster empathy, and contribute to positive societal change. By addressing the understudied aspect of the effect of reproductive loss on men, the research seeks to validate and support men in their healing journey and contribute to a more compassionate and inclusive society.

Research Questions

Research Question 1: How do men describe their experiences with a miscarriage?

The way men describe their experiences of miscarriage is imperative to this study, to miscarriage research, and to miscarriage education. My goal with this research is to examine men's perceptions and descriptions of miscarriage and their perceived role following miscarriage. The current research offers and provides the woman's perceptions of miscarriage and how we should go about supporting them throughout this difficult and traumatic experience, but lacks the man's accounts of miscarriage, how they experience miscarriage, and how they work through the loss. Studies suggest that there are rules surrounding miscarriage, indicating that men should not discuss miscarriage, but women have more leeway to discuss and mourn the loss because men are not supposed to be emotional (Bute et al., 2019). These indications that men should not be emotional following reproductive loss invalidate the emotional trauma they experience during and after losing their unborn child (Bute et al., 2019). After miscarriage, men

are overlooked and understudied because societal expectations dictate that they subdue their emotions and feelings surrounding the reproductive loss so they can support their wives. Men feel pressured to follow societal norms, which indicate that there are gender differences related to pregnancy and miscarriage and that men are particularly forbidden to discuss miscarriage and their perception of the loss (Bute et al., 2019). Men have not been provided a voice to express their thoughts, feelings, and emotions surrounding the loss of their unborn child. By providing them with this voice, we are acknowledging their emotions regarding the loss, the impact it has had on them, and filling the gap in the research surrounding their perceptions of miscarriage.

Research Question 2: How do men describe the support (or lack thereof) they received after the miscarriage?

Further research needs to be conducted on the way men describe the support they received following miscarriage. Recent studies indicate that only 45 percent of those who experienced miscarriage received adequate support, with twenty percent being male (Bardos et al., 2015). The current research lacks information and understanding regarding the support necessary for men to grieve and cope with the loss of their unborn child. We need to understand why men did not receive proper support following the loss. Some say that men did not and do not receive support following miscarriage because they do not speak about their thoughts, feelings, and emotions surrounding the loss, but when they do seek support for the trauma they have experienced, they are not receiving the assistance they need to cope (Harty et al., 2022). Men are also not being acknowledged as parents or as someone who is and should be impacted by the miscarriage. They have expressed feelings of being unimportant following the miscarriage and feel that their assumed role of protector and supporter for their wife is why their psychological needs are neglected (Harty et al., 2022). There are barriers surrounding the support

services received due to support being unavailable and the perceived need for men to focus on their wives' losses instead (Riggs et al., 2021). Those who were able to access support utilized support groups consisting of members who experienced pregnancy loss (Riggs et al., 2021). We must understand how we can further prevent the lack of support for men following miscarriage and create gender equality in miscarriage treatment and support. This research question aims to further investigate why there are barriers surrounding support for men following miscarriage and what society can do to better assist men with gaining the necessary and required emotional and mental health support.

Research Question 3: How do men describe the way they attempted to cope with the miscarriage?

We further need to understand and investigate how men describe their attempts to cope with miscarriage. The only way to understand how men perceive and describe their attempts to cope is by providing men with a voice and gathering their personal experiences with coping and support following miscarriage. In order to further assist men with their grief and trauma following the loss of their unborn child, we first need to understand their perceptions and descriptions of miscarriage, the reasons they did or did not receive the necessary support to help them cope with the loss, and what coping mechanisms and support they found helpful and what type of support would be helpful in assisting them through the trauma of reproductive loss (Riggs et al., 2021). This research question aims to further investigate the coping mechanisms men have utilized to work through the difficulties of miscarriage and the types of coping mechanisms that would be useful for men who have and are currently experiencing miscarriage.

Definitions

Miscarriage: Miscarriage is medically defined as a spontaneous abortion, which has been shown to be the loss of a pregnancy before twenty-weeks' gestation (Dugas, & Slane, 2021).

Reproductive loss – Reproductive loss is defined as the loss of a child-in-utero (Jaffe & Diamond, 2011).

Stigma – Stigma is defined as the feature that discredits someone in order to reduce the individual to a tainted or discounted person (Major et al., 2017). Stigma is generally socially assigned to an individual or group and is identified as a distinguishing characteristic of that person or group (Major et al., 2017). Stigma is ultimately the perception of an individual (Major et al., 2017).

Societal norms: Societal norms are rules that drive behaviors by eliciting conformity (Chung & Rimal, 2016). They are customs, traditions, and values that are set in place by society to provide order and rules for different situations (Chung & Rimal, 2016).

Perception – Perception is the primary form of cognitive contact made by an individual and their awareness of the world around them (Efron, 1969).

Recurrent miscarriage – Recurrent miscarriage, also referred to as recurrent pregnancy loss, is defined as three or more consecutive pregnancy losses (Homer, 2019).

Summary

This chapter on the male experience of miscarriage provides information on the research topic, presents the background information for the study, the research problem and purpose for the study, the objectives for the study, the research questions that will be answered, and the significance of the study. This chapter sets the stage for the study and dissertation as a whole and establishes the context for understanding the male experience of miscarriage. I begin this chapter

with a discussion of the background, which highlights the prevalence of miscarriage and the emotional toll it has on couples, with an emphasis on men. The background emphasizes the lack of attention provided to the male perspective in the current literature, acknowledging the need for a deeper understanding of the unique experiences, emotions, and challenges men face throughout miscarriage. The research problem points out the lack of comprehensive knowledge and underrepresentation of the male experience of miscarriage in current literature. I highlight the importance of addressing the gap in research to provide the necessary support and guidance for men working through the emotional complexities of miscarriage. The objectives for this study are presented to outline the goals of the research, with the primary objective of exploring and understanding the lived experiences of men who have faced or are currently facing miscarriage to focus on their emotions, the challenges they have faced, the coping strategies necessary for working through the loss, and the long-term impacts the miscarriage has on men. The secondary objective of this study is to examine the social factors that influence the male experience of miscarriage and identify potential support and coping mechanisms for men who have experienced reproductive loss. My research questions have been formulated to guide the study and provide a framework for the collection and analysis of the data. Each question has been designed to dive into the subjective realities of men who have experienced miscarriage, aiming to capture their unique perspectives, experiences, and narratives surrounding the loss. The significance of this study is discussed to highlight the potential impact the research can have on academic and societal levels. By shedding light on the male experience of miscarriage, this study will contribute to the current knowledge of the male experience, provide healthcare professionals with more insight into their experiences, and enhance the support systems and coping mechanisms for men working through reproductive loss. I emphasize the importance of

understanding the diverse experiences of men to provide them with the appropriate care, support, and resources needed following the loss. This chapter has established the foundation for the study by providing an overview of the background, research problem and purpose statement, objectives, research questions, and significance of the study. I emphasize the need to investigate and understand the lived experiences of men following miscarriage to set the stage for subsequent chapters that will delve further into the research methodology, data analysis, and findings of the study.

Chapter Two: Literature Review

Overview

Miscarriage is described as the unexpected loss of a child before twenty-weeks and has been shown to impact on average one out of three women (Freidenfelds, 2020). During and after miscarriage, healthcare professionals, family, friends, and others in the community will migrate toward the woman to support her and help her heal. While this is necessary, especially medically, one main person is being left out: the man. Although there is research showing that men do not suffer as much as women do, their experiences, feelings, emotions, and grief should not be placed aside. According to (Obst et al., 2020), research has identified that, compared to women, men may face different challenges following miscarriage, such as the expectations to support their wives and the lack of recognition for their emotions, grief, needs, and identity as a father. The psychological impact on men who have experienced miscarriage may be profound, and men feel they are often overlooked by healthcare professionals following the loss (Jones et al., 2019). During these times of loss, men often turn toward improper and reckless coping mechanisms and engage in irrational behaviors following miscarriage, such as increasing their alcohol consumption, driving erratically, and partaking in dangerous activities (Due et al., 2017). Because attention is turned toward women, men are not able to cope properly and are expected to maintain a more strict, strong, and manly approach to their thoughts, feelings, and emotions surrounding the miscarriage.

Theoretical Framework

Roles are sets of rules or norms that function as plans to guide an individual's behavior within society (Biddle, 2013). Relational roles relate to individual behaviors and their behaviors toward others, with role theory being a structure that seeks to explain human behavior by looking

into what that individual's social function is and what social function they are filling through their given role (Biddle, 2013). Role theory suggests that a substantial proportion of day-to-day behavior is people carrying out roles and negotiating which roles they should be prioritizing, such as their roles as husband and friend (Biddle, 2013). Once the male role following certain situations is understood, researchers can predict how the individual is going to behave when certain situations arise (Biddle, 2013). Individuals encounter different roles throughout their lives, with men having to place some of their personal feelings to the side to take on the role society has placed upon them as protector and strength in a relationship. One idea surrounding the questions related to the male role is that society looks to men as, well, the man, and the man, according to society, is supposed to be the strong, emotionless one in a relationship who provides for and comforts their wife. Men tend to face certain responsibilities and societal pressures surrounding miscarriage and support, and they feel the need or pressure to conform to these expectations (Obst & Due, 2021). Role theory seeks to understand why people behave differently in the many circumstances they are faced with, along with the similar behaviors that are shown during these circumstances as well (Eagly & Wood, 2012). Role theory also seeks to provide more insight into gender role beliefs, where people perceive men's and women's social roles in society, and each gender is expected to conform to these perceived social roles (Eagly & Wood, 2012). In these situations, men are often the ones to be employed and fill roles of authority, while women fill the caretaking roles in the home and any employment setting they fill (Eagly & Wood, 2012). These gender roles are seen to reflect attributes of men and women that appear to be natural and inevitable, and the roles are responsive to the environmental conditions that surround each person (Eagly & Wood, 2012). The roles that men are expected to maintain can and will impact the way they cope with certain situations, such as the loss of a child to

miscarriage. According to Eisler and Blalock (1991), the masculine gender role perspective guides male coping responses to stressful events, and a strong commitment to these gender roles can restrict the coping strategies available for men. Research indicates that men are reluctant to see professional help because the self-disclosure of men's vulnerabilities is not accepted or approved by the masculine ideology, and they do not want to be seen as feminine (Eisler & Blalock, 1991). This indicates that the coping mechanisms men are permitted to utilize are restricted by their gender roles or their perceived roles (Eisler & Blalock, 1991).

Coping is often defined as an individual's constant changing cognitive and behavioral efforts to manage external and internal demands that are appraised as taxing to an individual's personal resources (Gonzalez et al., 1990). Coping theory seeks to understand how an individual copes with situations personally and situationally through their personal experiences and history (Gonzalez et al., 1990). Since coping efforts are constantly changing depending on the situations individual's encounter, we are not able to define specific coping efforts or mechanisms used by every person for specific situations (Gonzalez et al., 1990). The coping efforts utilized in situations can be viewed as ever-changing, and individuals cope differently with the situations they are faced with (Gonzalez et al., 1990). The coping mechanisms utilized can be viewed as behavioral and cognitive in that individuals think in different ways depending on the situations that arise and the roles that they are expected to fulfill (Gonzalez et al., 1990). Coping theory does not only seek to understand how individuals cope differently but also seeks to understand the similar coping mechanisms used in different situations (Gonzalez et al., 1990). When faced with miscarriage, men may react and cope differently from women, and they may also react and cope differently than another man. Coping is a process that changes over time in accordance with each situation (Folkman, 2001). Coping theory was developed to examine how people react to

and cope with a variety of situations they encounter (Folkman, 2001). This theory provides insight into identifying factors that may impact an individual's coping mechanisms and processes, male or female, or age (Folkman, 2001). Theory provides us with the framework that since situations are constantly changing, the coping methods used are constantly changing as well, so methods of coping that involve the use of social support remain influenced by the demands of the context of the situation (Folkman, 2001). If properly adapted, coping theory can assist with the bereavement process using social support. Researchers must work to understand how men react and cope with the loss of a child and seek to bring about new and improved ways of coping with this loss.

This research-based approach to understanding more about miscarriage and the experiences of men during miscarriage will be used to close the gap in the literature regarding male experiences after miscarriage. Men's experiences have often been disregarded, and the research related to the male experiences of miscarriage is low. Further research is needed to investigate the male experiences during and after miscarriage and how men cope with the loss of their child and their future of fatherhood.

Related Literature

Background to Miscarriage

Miscarriage has a long history and can be seen as a notable health concern that impacts 10 to 25 percent of American's each year (Holman & Horstman, 2019). The most common occurrence of miscarriage is at the ten-week mark (Volgsten et al., 2018). There are an estimated twenty-three million miscarriages that occur each year worldwide, which is shown to be forty-four miscarriages that occur every minute, with a risk of miscarriage of fifteen percent in each pregnancy (Quenby et al., 2021). Miscarriage, no matter when it occurs, is a difficult

experience felt by men and women, which can cause many different thoughts, feelings, and emotions. Each year, couples go through the mixed emotions of happiness, excitement, and joy of finding out they are expecting, and then those happy emotions are replaced with emotions of sadness, anxiety, depression, and concern. They experience the loss of a gift and the loss of their future as parents.

Miscarriage is medically defined as a spontaneous abortion, which has been shown to be the loss of a pregnancy before twenty-weeks' gestation (Dugas & Slane, 2021). This is the most common form of pregnancy loss and impacts an estimated 26 percent of pregnancies (Dugas & Slane, 2021). Hearing the words spontaneous abortion can be difficult for those who miscarry because they are not choosing to lose their child. Medical professionals tend to use medical terminology without considering the negative impact it could have on the couple experiencing the pregnancy loss. By utilizing the medical term abortion, one is almost saying that the couple chose to end the child's life, which can impact their mental health and ability to cope because they did not choose to lose their child. According to Stack (1984), those who experience spontaneous abortion are vulnerable to unresolved grief reactions with those around them following the loss, encouraging denial and rationalization with the phrases 'it was God's will,' 'you did not know the baby,' and 'it would have been deformed anyway.' Research also indicates that family and friends might not view the reproductive loss as a death and some feel uncomfortable with the couple's mourning and grief, which causes the family and friends to avoid them; this then increases the man and woman's feelings of isolation (Rinehart & Kiselica, 2010).

An estimated eighty percent of miscarriages have been shown to occur within the first twelve weeks of pregnancy, but the rate could be higher since many who miscarry during these

first weeks of pregnancy do not realize they are pregnant or do not consider themselves pregnant (Tulandi, 2019). Those who experience miscarriage often keep the loss silent to avoid the discussion of the loss with others and to avoid having to relive the loss again. They may also keep the miscarriage silent, not only for personal reasons but for political reasons as well. According to Miller (2015), discussions surrounding miscarriage have become entwined with the politics of abortion because they both address the subject of child loss, or the 'not-yet-human,' which places miscarriage in political territory, adds to the anti-choice movement, and generates negative implications for abortion politics. Some feel that miscarriage and abortion coincide, but this is simply not the case. Miscarriage is defined as the unexpected loss of a child that is an emotional experience for couples (Story Chavez et al., 2019). Whereas abortion, although an emotional experience as well, is the sought-out and induced act of killing an unborn baby (Moscrop, 2013).

Most often, medical professionals are not able to determine the exact reason for the miscarriage, but they are able to provide more information about why the baby did not develop by studying the baby if the couple goes through a medical procedure to remove the baby for testing (Bardos et al., 2015). Some believe that the miscarriage has occurred due to the use of drugs and alcohol; however, it has been shown that miscarriage is more commonly caused by genetic or medical abnormalities with the baby (Bardos et al., 2015). Depending on the number of weeks the baby is at the time of the loss, it can be difficult to determine the exact genetic abnormality the baby has (Dugas & Slane, 2021). More research can be conducted to gain a better understanding of the most common genetic or medical abnormalities experienced, but the thought of drugs and alcohol being the main cause should not be the first thing to come to mind regarding the loss.

Another risk factor that has been shown to contribute to miscarriage is the embryo not developing after fertilization, along with the age of the man and woman (the older the individuals are, the more likely they are to experience a miscarriage), and the couple's history of miscarriage (Tulandi, 2019). The older a woman is, the more difficult it is to become pregnant because their body can only produce a certain number of high-quality eggs, and the same goes for men with their sperm, which is why age plays a role in pregnancy and pregnancy loss. There are also times when the egg and sperm will come together but do not end up fertilizing, which then results in loss. Although these two factors contribute to miscarriage, the rate is higher among chromosomal abnormalities. Other risk factors for miscarriage may also include stress levels, previous miscarriage, higher body mass, working a night shift job, and exposure to pesticides (Quenby et al., 2021). Along with these risk factors comes the risk of physical and psychological consequences if miscarriage occurs; these can include anxiety, depression, the development of post-traumatic stress disorder, and possible suicide (Quenby et al., 2021). According to Lok and Neugebauer (2007), miscarriage has been shown to induce some of the same reactions as the loss of a close relative or friend.

Men's Perception of Miscarriage

When miscarriage occurs, the focus for support and healing is turned toward the woman, and the man is left having to not only support his wife but also support himself, work through the grief himself, and cope on his own (Rinehart & Kiselica, 2010). Men are overlooked and do not receive the support they need during and after miscarriage, which can make it difficult for them to cope and heal. They have expressed feelings of being considered secondary regarding pregnancy and miscarriage when compared to women (Williams et al., 2020). Although pregnancy and miscarriage are occurring to women physically, men cannot be placed on the back

burner; they are just as involved emotionally as women are. They take pride in their child, they are working to do everything they can to help their wife through the pregnancy, and they become attached to the child during the pregnancy. They become wrapped up in the thought of becoming a father and start thinking about the future, about what they are going to do with their child, and all the things they are going to teach them.

Men have described the miscarriage as a lost gift, where something special had been given to them and then suddenly taken away (Horstman et al., 2020). This gift of a child has been taken away from them, which has left them empty and confused about what could have gone wrong, how they could have prevented it, and not knowing what their future looks like now. This unexpected loss overwhelms them to the point of experiencing intense emotions caused by denial of the loss and the trauma related to the loss (Story Chavez et al., 2019). These intense emotions, thoughts, and feelings can lead to other difficulties for men, including relationship issues.

Miller et al. (2019), indicate that throughout the difficult time of the loss, men can find it difficult to express their feelings regarding the loss because they feel the need to focus on their wives and do not want to burden their wives with their emotions and grief. When men bury their emotions instead of expressing them, they often find that there is a disruption in their marriage, their relationships with others, and their financial difficulties (Roberts et al., 2022). According to Fernandez-Basanta et al. (2022), when men cannot express their thoughts, feelings, and emotions to stay strong for their wives, they often mask their suffering through rationalization by transforming their loss into pseudoreasonable thoughts and feelings, such as expressing that the pregnancy would have caused greater suffering if the baby did not develop properly and the loss occurred for a reason. By masking their emotions and replacing their thoughts and feelings with

ones that they do not truly believe or feel, they are creating a false environment for themselves by putting on a mask around others to show that they have healed and are not affected by the loss (Story Chavez et al., 2019).

During and after miscarriage, men can experience a range of emotions and feelings about the loss. Most of the emotions and experiences of men following miscarriage have been based solely on their assumed role as a supporter and protector of their spouse (Harty et al., 2022). This assumed role as supporter and protector can then lead to the neglect of their own needs (Harty et al., 2022). Men feel frustrated by the experiences and lack of support received, which then leads to their having the sense that they are unimportant (Harty et al., 2022). When men experience miscarriage, they need similar support that women require, along with more access to information and psychological services to improve the mental health of men following the loss of the child (Harty et al., 2022). When we place greater importance on the woman's mental health following the loss than we do on the man, we are showing the man that they are not as important and that he should just get over the loss because he was not the one who was carrying the child. We leave them to care for themselves and expect them to care for their spouse, which can create a strain on the relationship and cause them to adapt to an abnormal grieving process. Other emotions that men can experience following a miscarriage are disappointment and failure. They feel that they are a failure and disappointment because they were unable to provide their spouse with healthy materials to produce a healthy child (McGreal et al., 1997). Unfortunately, when miscarriage occurs, doctors are unable to determine the cause for the loss due to not being able to test the baby for abnormalities, but there are the rare occasions that the baby can be tested to allow the parents to know what went wrong and that the loss is not their fault. By providing this information to parents who are suffering from the loss of a child due to miscarriage, we can

prevent this misconception of the loss being their fault and remind them that they are not a failure because they are able to conceive a child.

Throughout the studies related to miscarriage, research indicates that the emotions experienced following the loss depended on the number of weeks the baby was carried. According to Huffman et al. (2015), two hundred and forty-one out of the three hundred and forty-one couples studied experienced miscarriage after eight weeks of gestation, with the study indicating that they were more impacted by the loss than those who experienced miscarriage before eight weeks. Although the research shows a higher impact on those who experienced the loss later in pregnancy, those who lost their baby before eight weeks can and will experience intense emotions similar to a later loss. We should not dismiss any feelings or emotions felt by those who experience an early loss because they could have already started creating a bond and imagining a future with their child. The mental health history of both men and women will also impact their thoughts, feelings, and emotions surrounding miscarriage and how they are influenced by the loss (Huffman et al., 2015).

Although men and women may experience the loss of a close relative or friend, the loss of a child is significant and can cause a great deal of emotions that have never been experienced before. With these new feelings and emotions, researchers are finding that men and women are having to seek treatment for anxiety, depression, and grief, especially younger men and women who have previously sought treatment for anxiety, depression, and grief (Huffman et al., 2015). Those experiencing feelings of grief and who have been treated for grief previously are more likely to experience other intense feelings of guilt and isolation than those who have not experienced feelings of grief before (Huffman et al., 2015). The levels of grief and stress men experience following a miscarriage can be significant, even though the psychological impact of

miscarriage on men has been largely overlooked by researchers, medical personnel, and others in the community. According to Johnson and Puddifoot (1996), when using the Perinatal Grief Scale to study the levels of grief and stress in men, the research found that the scores were higher than anticipated in men with an overall standard deviation of 36.4 with those who had seen a scan of the baby before loss showing a mean of 53.3. This research does suggest that the length of pregnancy and confirming imaging prior to the loss can impact the factors related to the psychological impact of the miscarriage, but in no way does the research suggest that men do not experience intense emotions related to the loss (Johnson & Puddifoot, 1996). When a confirmatory and routine ultrasound was conducted before the loss, the levels of grief and stress have been shown to be higher and more significant than those who did not experience an ultrasound prior to the loss (Johnson & Puddifoot, 1996). Once an ultrasound is conducted, men start coming to the realization that they are going to be fathers; they start becoming attached to the baby; they start planning for the future; and they start making adjustments to their lifestyle. They do not fear or believe that they could lose the baby or that a loss could occur until it does. When the loss of a child occurs, men can start working through the bereavement process.

The strain that miscarriage places on men has been shown to be significant, with men feeling more psychological distress and more strained if their wife is depressed following the loss (Kong et al., 2010). The loss can negatively affect the relationship between husband and wife, especially if the pregnancy was planned. There is a higher risk of depression among men who have lost a child through miscarriage where the pregnancy was planned (Kong et al., 2010). The depression in men is also higher if they were able to see the baby through ultrasound before the loss, and their depression has also been shown to be related to their plan being disrupted (Kong et al., 2010). Men experience depression and miscarriage in similar ways as women, but

women's depression tends to be more impacted through marital discord and their husband's reaction to the pregnancy loss (Kong et al., 2010). These experiences by men following miscarriage have been shown to decrease significantly within months following the loss, whereas women's experiences have been shown to remain at higher levels a year after the miscarriage. The research suggests that the impact miscarriage has on men is higher immediately following the loss and remains high throughout the first few months (Kong et al., 2010).

Following the news of the miscarriage, men provided accounts of the devastation they felt and experienced (Meaney et al., 2017). One important concept that men wanted from others was the acknowledgement that miscarriage is a valid loss (Meaney et al., 2017). Men wanted healthcare professionals and society to understand and acknowledge that they lost a child and that this loss impacts them mentally (Meaney et al., 2017). They understand that they did not experience the miscarriage physically, but they still experience and work through the mental health consequences and grieving process related to the loss (Meaney et al., 2017). Before experiencing a miscarriage, most men felt naïve about the situation because they did not realize this could happen and did not grasp the experiences that could arise during pregnancy and miscarriage before the miscarriage occurred (Meaney et al., 2017). Before miscarriage, most men were not made aware of any history of miscarriage amongst family members and friends because it was never discussed until they experienced a miscarriage for themselves. They were also not provided with information regarding pregnancy or pregnancy loss (Meaney et al., 2017).

One of the most common clusters of symptoms men experience following miscarriage is the re-experience of the loss, hyper-arousal, and interruption of daily activities (Farren et al., 2021). Each of these symptoms is associated with the overall experience and response to post-traumatic stress (Farren et al., 2021). Research does indicate that the symptoms of post-traumatic

stress will decrease by one year following the loss, but the symptoms remain the highest in the first three months for men after the miscarriage occurs (Farren et al., 2021). Following the loss of a child due to miscarriage, men are also likely to receive poorer peer support when compared with women, even though they report their feelings of helplessness are highest one month following the miscarriage, which is similar to women (Farren et al., 2021).

Men can also experience and have reported marriage dissolution, which mostly occurs one and a half to three years later (Farren et al., 2021). This marital dissolution often occurs when the reactions to the miscarriage are conflicting and the reactions to the loss are not similar (Farren et al., 2021). One of the main reasons for differences in reactions to miscarriage can be the physical experience of the miscarriage (Farren et al., 2021). These physical experiences do not take away from the male experience of miscarriage, but women can and have claimed that men do not understand what they are going through because they were not the ones carrying the baby. They feel that men should not be impacted by the loss or that they are not showing enough emotion. When the burden of psychological distress from the miscarriage has been left untreated, the marriage can breakdown, especially if there has not been a successful live birth of a child within this timeframe (Farren et al., 2021). This psychological distress can be seen in men suffering from adjustment disorder because they are experiencing a negative adjustment (Farren et al., 2021). They are going from the positive of adjusting to becoming a father to now adjusting to losing the child they wanted and having to tell others about the loss. Men often find that they are not able to receive the support they need and desire, but they also feel that they are not allowed to or should not talk about the loss because the focus is and needs to be on their wife. If proper support and treatment are received and utilized, psychological distress can be modified, and the likelihood of a marital breakdown and adjustment disorder will decrease (Farren et al.,

2021). Miscarriage is a difficult and stressful event that occurs to millions of people every year. Research must further investigate how couples come together following the loss and work through their difficulties by gathering information on treatments couples have utilized to work through their loss together.

With studies indicating that mental health history impacts men and women's views and emotions of their loss, researchers must now wonder how medical providers are going to assist with the loss. Researchers must question if medical providers will view the miscarriage as the loss of a child or if they will view the loss as the loss of something that is not a child. They must also question how they will treat the male compared to the female. Researchers must also gain more information and insight as to what healthcare providers do for men following miscarriage, what support they provide, how they treat and interact with men following the news of the loss, and how these interactions impact the men's mental health and recovery after the loss has occurred.

Hospital Experience After Miscarriage

Going into the hospital no matter what the case can always cause stress and anxiety and can be hectic, but when going to the hospital for a pregnancy-related emergency, the hospital visit can have significant impacts on the male experience of miscarriage related to their emotional recovery (Stratton & Lloyd, 2008). After hearing the words, your baby does not have a heartbeat. Hospital staff goes into the mode of providing information and comforting the mother because the hospital views pregnancy and miscarriage as exclusively relating to women (Obst et al., 2020). Hospital staff may do their best to reassure couples that miscarriage is common and they can try again, but healthcare providers often fail to acknowledge miscarriage and the grief caused by miscarriage (Stratton & Lloyd, 2008). Research indicates that hospital staff tend to

focus all their attention on women and often view men as burdens and ignore them (McCreight, 2004). With all the attention focused on the woman, the man is left feeling neglected by the health care providers, as though they are not there and not part of the child's life (Williams et al., 2020). Men feel as though they are overlooked and treated as though they are luggage by the hospital staff, which then creates feelings of no support and a disconnection between them and their spouse (Story Chavez et al., 2019). According to Conway and Russell (2000), the support men received from healthcare professionals following the reproductive loss was not optimal, and only eighteen percent of the men who participated in the study were asked by hospital personnel how they were coping with the loss of their child. The research does show that forty-six percent of men who participated in the study stated that they would have liked to have been asked about the loss and how they are coping with it (Conway & Russell, 2000). Data indicates that men feel their loss and role as a father are devalued by hospital staff and that their grief is not acknowledged the same way their wives' is, with some indicating that their grief was not acknowledged at all by hospital staff (Miller et al., 2019).

Instead of feeling the support of the hospital staff, men are treated as though they do not exist and are overlooked. Men do not feel adequately supported, which leaves them with feelings of isolation due to the disregard for their grief and the impact that the loss has had on healthcare professionals (Rinehart & Kiselica, 2010). They have also expressed thoughts and feelings of the need for more specified support for them in the hospital setting; they need and want to be acknowledged as a father who needs to be supported like the mother (Obst et al., 2021). Men need to know that they have some type of support after being told of the loss of their child, but they do not get the support needed in a professional hospital setting. They are viewed as a person in the way and the person who needs to step up and take care of the woman.

Healthcare providers may not understand the important role they play in men's mental health. The healthcare providers that are encountered in the hospital during and after miscarriage has occurred play a vital role in the experience of the miscarriage and can influence their emotional wellbeing (Galeotti et al., 2022). The experiences men faced with healthcare professionals can cause them to blame themselves for the loss. Some men reported being told that they were being overly anxious and to stay home when they thought something was wrong with the baby (McCreight, 2004). They reported healthcare professionals making them feel as if they caused the miscarriage; the providers did not take their wives health and physical pain into consideration, and they were left feeling helpless by the healthcare professionals (McCreight, 2004). After experiencing miscarriage, there are men who say that the hospital staff ignored them and their wives because they had others to tend to who had just had babies (McCreight, 2004). By not providing men with the proper attention and support, healthcare providers are saying that men are not as important as women when miscarriage occurs. Since healthcare providers play a vital role in the experience of miscarriage and the man's emotional wellbeing after the loss has occurred, further research must be conducted to investigate why they disregard men following a reproductive loss. By placing an emphasis on the male experience after miscarriage, we are providing men with the ability to discuss what needs to be changed, what they would have liked to have happened, and what hospital staff need to understand about the miscarriage experience.

Expected Male Role During and After Miscarriage

Not only are men viewed as not being part of the pregnancy and miscarriage, but they are also viewed as the person who needs to be strong for their wife, not express their emotions, thoughts, and feelings surrounding the loss, and the person who should not be affected by the loss. There have been indications that there are gender stereotypes and societal expectations for

men when experiencing pregnancy loss (Nelson et al., 2017). Men face the societal expectation of needing to tend to their wives before they tend to themselves. Women often experience poor psychological adjustment when experiencing miscarriage, although men can experience psychological adjustment as well. They are held to the stereotype of being emotionless and staying strong for their spouse (Nelson et al., 2017). Men need to know that they are cared for and are just as much part of the pregnancy and loss as their wives.

Men have found that most of the information they receive after a miscarriage occurs focuses on and reinforces their care-giving roles because society expects men to care for and support their wives without receiving support and care for themselves (Brown, 2018). This means that men are only receiving information about what they are supposed to do as men and not what they can do for themselves to make sure they are also taken care of mentally and emotionally. There are little to no resources for men following miscarriage, and the resources found are ones that are focused on male supportive roles instead of sources focused on their own experiences or grief (Brown, 2018). This then raises another question as to why there are not more resources for men related to their own grief.

According to Wagner et al. (2018), men feel the need to maintain their role of being the strength and support for their wives even when they want to be as emotionally vulnerable as their wives. This study also found that the need to maintain this role, along with the absence of emotional vulnerability, tends to disguise the impact that miscarriage has on men (Wagner et al., 2018). With one male participant stating that he snapped back at his wife to point out that the miscarriage did impact him, and although his experiences are different from hers, because he did not carry the baby, the baby was still part of him, and his feelings should not go unrecognized (Wagner et al., 2018). Wagner et al. (2018), indicate that men's experiences are not being

recognized because of the perception of their role, with men expressing disappointment when those who should be supporting them only encouraged them to move on from the loss. Men feel that their main role following miscarriage was to support their wives with cultural expectations, encouraging men to conform to normative and traditional male roles of being masculine (Miller et al., 2019). This pressure makes men feel that they need to conform to these expectations of not expressing their thoughts, feelings, and emotions in order to stay strong for their wives (Miller et al., 2019). What others may not realize is that men experience grief and intense emotions during and after pregnancy loss that are similar to women (Miller et al., 2019). They may even feel other emotions that women do not, such as worry for their spouses physical and mental health, anxiety of saying or doing something the wrong way that will upset their wife, and sadness surrounding their idea of what becoming a father would be like (Miller et al., 2019). The pressures and expectations of men lead them to bury all these thoughts and feelings to conform to what society believes the male role should be.

One of the main social situations that men encounter following a miscarriage is having to immediately return to work (Kong et al., 2010). They are not provided with any type of bereavement time because parts of society do not view a baby in the womb as a baby. These individual's view the baby as something other than a person and feel that men do not bond with the baby before it is born. Not only were men expected to immediately return to work, but they were also expected to return to work full-time (Kong et al., 2010). Society views men as not having any type of bond with the baby because of their expectation to work full time and because they do not experience any form of pregnancy symptom and have had less time to form an image of their child (Kong et al., 2010). The research does indicate that men do create a bond and start bonding with their child as soon as they find that their wife is expecting (Kong et al., 2010).

Men are as equally psychologically involved as women in pregnancy and miscarriage, but they are overlooked and lack support from society and professionals because they are viewed as the source of strength for the family (Karali et al., 2021). The societal pressures and expectations that are placed upon men make them feel uncomfortable when they become emotionally affected by the miscarriage due to not being able to channel their emotions (Karali et al., 2021). Society expects men to prioritize their wives' wellbeing before their own; they are expected to provide emotional support for their wives and put in as much effort as possible to help ease the pain and any other matter that arises (Karali et al., 2021). The men going through the miscarriage with their wife are affected emotionally by the loss, but they are expected to place their emotions aside, put on a brave face, and remain the strong support system for their wife (Karali et al., 2021). When going through the miscarriage, men hoped that society and health care providers would have more empathy toward them and understand that they were grieving the loss of a child (Karali et al., 2021). They wanted society and health care providers to acknowledge their pain and recognize their emotions of grief (Karali et al., 2021). Men are expected to hide any type of emotion following a miscarriage because they are expected to protect their wives from other emotions of grief and anxiety (Karali et al., 2021). However, the research indicates that men do rely on their wives to support them through the miscarriage and help them overcome the negative emotions that arise during the loss (Karali et al., 2021).

The societal pressures that are placed upon men are the beliefs that men are supposed to stay strong and that men are not supposed to share their feelings and emotions (Karali et al., 2021). According to society, men are not supposed to show any signs of weakness mentally, which then causes discomfort because they are not able to channel out the emotions surrounding the miscarriage (Karali et al., 2021). The lack of support received by men following miscarriage

has been insufficient. Men have been deprived of sufficient support because their grief is not acknowledged by society, which impacts their grief management and leads to isolation and distress (Karali et al., 2021). Since men are expected by society to hide their emotional state surrounding miscarriage, it has become difficult for men to overcome the emotional burdens that follow a miscarriage (Karali et al., 2021). There are a vast number of miscarriages that go unreported and undiscussed each year because men and women fear embarrassment that they experienced the loss of a child to miscarriage (Karali et al., 2021).

Even though society pressures men to be the strength in their relationships, some men do feel it is their responsibility to provide for their family physically, financially, and emotionally. They feel that they are the head of the family and that they must take on all the responsibilities and meet the needs of their family. Husbands find themselves thinking more about the big picture, where they prepare for the worst but hope for the best in certain situations, such as pregnancy (Rose, 2015). Those who have previously experienced miscarriage and loss understand that things could go wrong, even though they did not want that to happen. Some men believe that they truly do need to put their wives' feelings and emotions before their own in that they must stick with the more traditional role of being the head of the house (Rose, 2015). The men that do take on this traditional role of leader and head of the house despite societal pressures have found that it is their responsibility to make sure their wives cope effectively with the miscarriage, and they concerned themselves with their wives' wellbeing more so following the loss (Rose, 2015). Although some men feel they must remain strong and continue with these traditional roles, they do experience emotions of shock and disbelief, become irritable and angry, and tend to create rituals (Rose, 2015). There are different rituals that men create to help with the loss; they conduct daily rituals to keep their minds off the pain of losing their child, create a

ritual to remember their child, or create a ritual to honor the child they never got to meet (Rose, 2015). The expectations that are placed upon men can cause them harm mentally. Even if the man is holding to the traditional role of being the strength and not receiving the societal pressures, they experience intense emotions and feel a strong responsibility to put the needs of their wife before their own.

Another position men are placed in is that of supportive communicator to promote the post-traumatic growth of their wives following the miscarriage (Tian & Solomon, 2020). This is due to the coping and grieving process being as much a social process as it is an intrapersonal process (Tian & Solomon, 2020). The conversations between husband and wife not only help the wife through her grieving and coping processes but also help the husband through his as well. However, when conversing about the loss with their wives, men are only viewed as being there to support their wives as they discuss their thoughts, feelings, and emotions surrounding the miscarriage (Tian & Solomon, 2020). This supportive communication has been studied to only show the assistance it provides to the woman and not to the man.

The male role following miscarriage has received little attention over the years. Not only do men have to work through their own pain and feelings, but they also must try to support their wives while working on themselves (Murphy & Hunt, 1997). Miscarriage is a painful and difficult situation for men, and in addition to coping with their own grief, they must cope with their wives' feelings and grief as well (Murphy & Hunt, 1997). One aspect of men's grief, feelings, and needs following a loss is not having their grief, feelings, and needs acknowledged (Murphy & Hunt, 1997). Men feel they are expected to place their needs aside and not seek help because this would detract from the needs of their wives (Murphy & Hunt, 1997). They are expected to manage both theirs and their wives' mental health needs to promote stronger

psychological wellbeing in their wives (Murphy & Hunt, 1997). Men are told to align their self-care with their designated roles of strength, supporter, and protector (Murphy & Hunt, 1997). We must provide men with the time and space to conduct self-care the way they need and to express their feelings, grief, and emotions surrounding the loss. If we want and expect men to live this life of provider, strength, supporter, and protector, they need to be strong mentally as well as physically. We need to make sure men understand that their feelings matter and that expressing their feelings is not a form of weakness.

Grief Experienced by Men After Miscarriage

Grief is a response that is most commonly felt after experiencing a significant loss. The loss of a child is one of the most significant losses that can occur, and the grief surrounding this loss is often viewed as intense. Men and women have been shown to have similar levels of grief following a miscarriage, but there are times when we may not be able to know that men are grieving because they tend to not express their grief as openly as women (Bute & Brann, 2015). Although men may not express their grief like women, men have described feeling strong and significant grief following a miscarriage, with emotions and responses to the miscarriage of shock, sadness, and devastation (Miller et al., 2019). With men feeling the pressure to conform to societal expectations of burying their thoughts, feelings, and emotions surrounding the miscarriage, it impacts the way they grieve and express their grief regarding the loss. They may not express their grief openly, because then they would be looked down upon, and they may feel that if they did, they could hurt their wife more.

The level of grief men feel after miscarriage is determined by multiple factors, such as men's ability to cope with the loss, the support received after the loss, their grieving style, and the amount of time and attachment to the baby during pregnancy (Obst et al., 2021). These

factors then show that men experience significant levels of grief after loss, with the average score sitting above the minimum, which is considered a high degree of grief for men (Obst et al., 2021). These high levels of grief impact the way men work through their grief, the way men experience the loss, their thoughts on the future, and how they cope with the loss.

The support men receive after experiencing a miscarriage can also impact their level of grief. Many reports indicate that men receive a lack of support from their social groups, which has led to worsening outcomes of grief (Obst & Due, 2019). This information shows that not only do men not receive enough support after miscarriage has occurred, but the level of support received also impacts their levels of grief. The grief and lack of support experienced by men can lead them to feel invisible, which can then create stress and cause relationship struggles between husband and wife, along with struggles between them and family members (Hiefner & Villareal, 2021). These relationship struggles can then make it even more difficult for men to cope with the loss, and the couple can find it more difficult to navigate through the loss together (Hiefner & Villareal, 2021). During times of struggle and loss, the last thing we want a couple to do is turn away from each other. Men want to be able to talk to their wives about their thoughts, feelings, and emotions surrounding the miscarriage and feel the same support as they have been providing. Couples should be able to turn to one another and navigate the loss together, so they are able to cope and move forward.

One way to gauge the levels of grief men experience and how much of an impact the miscarriage has made on them is with the impact of the miscarriage scale. The impact of the miscarriage scale can be utilized to determine how miscarriage has impacted individuals through its composition of a twenty-four-item scale with four empirically derived factors, where the wording was adapted to use with men through the change of the possessive of 'my miscarriage'

to 'our miscarriage' (Swanson & Lynn, 2014). This adaptation has afforded us the opportunity to utilize this scale across genders (Swanson & Lynn, 2014). The impact of miscarriage scale allows men the ability to express the way the miscarriage impacted them without making them uncomfortable, and they must discuss the impact in person right away.

The grief that men feel after the loss of a child due to miscarriage can be intense, but they are often expected or feel that they are to place their needs and feelings to the side, which can cause their grief to intensify. They feel that they must support their wife, that they need to hide their feelings to appear strong, and that they must prioritize their wife's feelings before their own (McGarva-Collins et al., 2022). Men try not to show or express their feelings surrounding the loss; they try to hold it together for their spouse; and they try not to grieve in front of their spouse (McGarva-Collins et al., 2022). The grief that men experience following the loss is handled differently than that of women. Men tend to display less immediate active grief but more vulnerability and feelings of despair and have difficulties coping (Puddifoot & Johnson, 1999). By not actively displaying immediate active grief, men become more vulnerable to other feelings and emotions they may have not experienced before, which can cause struggles with coping and can also create tension between them and their wives because their wives may then feel that they are not impacted by the loss of their child, even though they are devastated by the loss. Men tend to view the loss as the loss of a baby, and they are not only grieving for the loss of this child but also for the loss of their future and what could have been (McGarva-Collins et al., 2022). They are grieving for that missing piece of their family, and some continue to experience grief years after the loss occurred (McGarva-Collins et al., 2022). Even after having successful pregnancies and births of children, men will still grieve and think about the child or children that they have lost.

The grief that men endure following miscarriage is similar to that of their wives, except men will cry less and do not feel the need to discuss the loss as much (Beutel et al., 1996). Men tend to give up any expectations they have for the future with their child; they give up the hopes they had for their child; and they start giving up the fantasies they thought about their child (Beutel et al., 1996). These ideas that men are giving up on are a source of grieving for them (Beutel et al., 1996). They are grieving the loss of their child and the loss of their future with their child. One aspect that can hinder a man's grieving process is their wife's grief and depressive reactions to the loss (Beutel et al., 1996). Men find that their wives' grief and depressive reactions are a burden because they feel the need to take on the role of strength and caretaker (physically and mentally) during this time (Beutel et al., 1996). They place their grieving process to the side to assist their wife with her grieving process. This burden of men placing their grieving process aside can create and cause negative interactions between husband and wife, which can further promote depressive symptoms among men (Beutel et al., 1996).

Loss of Future

Miscarriage can bring about many different, difficult, and complicated feelings and emotions that men may have never had to experience. One of the most common and intense thoughts and feelings is the loss of the future. Pregnancy can bring about feelings of excitement and thoughts of what the future holds. Parents start imagining what their child will look like, how they want to decorate the nursery, picking out baby names, and thinking about what they are going to do with their child and teach them. When an unexpected miscarriage occurs, men and women start losing hope, and their futures start looking different. After miscarriage, men start feeling concerned about the future and future pregnancies through feelings of anxiety, and they become concerned about their ability to have children or a successful pregnancy in the future

(Miller et al., 2019). Following the loss of a child due to miscarriage causes men and women to suffer from psychological morbidity, but this does decrease over time (Kong et al., 2010).

Research indicates that men score significantly high in areas of bonding, which indicates that bonding does occur between father and child during pregnancy (Kong et al., 2010). Men show high signs of distress following miscarriage and are immediately impacted by the loss, whereas a woman's distress has been shown to remain higher over a longer period (Kong et al., 2010).

Although men's distress regarding the miscarriage decreases over time, they still experience strong and intense emotions that they might not have experienced before the miscarriage.

There are times where a couple may experience one miscarriage and then go on to have a successful pregnancy, but then there are times where a couple can experience recurrent miscarriages. According to Sugiura-Ogasawara et al. (2014), recurrent miscarriage is defined as two or more consecutive reproductive losses. This has recently changed from three or more miscarriages to two or more miscarriages, defining recurrent miscarriage, because of the increase in the prevalence of couples without children (Sugiura-Ogasawara et al., 2014). Men who have lived through multiple miscarriages report more intensified feelings of grief and anxiety due to their loss of hope for the future and parenthood (Williams et al., 2020). The population of those who experience multiple or recurrent miscarriages is 2.6% compared to the average of 10.8% having experienced one miscarriage before successful pregnancy (Quenby et al., 2021). These numbers then equate to couples being given a fifty to ninety percent chance of having a successful pregnancy, with the percentage of having a successful pregnancy decreasing with the more miscarriages that occur (Quenby et al., 2021). As the number of miscarriages men endure increases and the lower the chances of a successful pregnancy occurring, the greater the psychological consequences will arise (Quenby et al., 2021). No matter if a man has experienced

one miscarriage or multiple miscarriages, they can still experience the thoughts and feelings of the loss of the future, especially if they do not feel supported or feel as though they have not been provided with information regarding miscarriage and future pregnancy (Dennehy et al., 2022).

Other's outside of the relationship between husband and wife may think that men do not think about the future with their child when their wife tells them that she is pregnant, but men experience some of the same thoughts, feelings, and emotions surrounding pregnancy and miscarriage as women do. When being told that the baby does not have a heartbeat, that the baby did not attach properly, or that there is an abnormality with the pregnancy, men describe having their future ripped away from them because they had already imagined their future with their son or daughter and had already started creating an attachment with them (McGarva-Collins et al., 2022). They are now having to come face to face with not becoming fathers, and then they start thinking that they will never be fathers (McGarva-Collins et al., 2022). When expecting a child, you never think that you could lose the child. The only thing you start doing is thinking about when the baby will be due, what theme to decorate the nursery, what the baby's name should be, and how to tell others that you are expecting.

When miscarriage occurs, men may start to question their identity. They start to question whether they are allowed to identify themselves as fathers because they do not know if others will see that the pregnancy loss was the loss of a baby (McCreight, 2004). The loss starts to disintegrate the men's visions of their family and their future hopes and dreams of becoming fathers and raising children (McCreight, 2004). They lose their future of being able to celebrate Father's Day, Christmas, and birthdays with their child, which is something most start thinking about during pregnancy (McCreight, 2004). Men who have experienced multiple miscarriages along with successful births of children describe not knowing what to say when asked how many

children they have; they did not know whether to say they are a father to one or more, depending on the number of miscarriages and live births (McCreight, 2004). They lose their identity and question how to identify themselves when asked about children.

Coping Mechanisms

There are many coping mechanisms that can be used when facing the difficult situation of the loss of a child. The coping mechanisms utilized can be informal or formal. Informal coping mechanisms include conversing with their spouse, talking with family members, and helping with chores around the house (Tanacioğlu-Aydın et al., 2022). Miller et al. (2019), indicate that formal coping mechanisms include support groups, counseling, or speaking with a pastor. When utilized, these coping mechanisms can assist men and women with coping with the tragic loss of a child, but when not utilized, they are left leaning on their own coping mechanisms to heal. Research shows that men recognize the importance of being able to express their thoughts, feelings, and emotions surrounding the loss as imperative to their healing process (Miller et al., 2019). The coping mechanisms that men often turn to involve turning away from their wives and throwing themselves into other activities, such as rationalizing the loss and keeping themselves busy and distracted (Miller et al., 2019). According to Kersting and Wagner (2022), the coping mechanisms utilized by men differ from those utilized by women, and these differences can cause conflicts in the relationship. The unequal nature of the coping mechanisms and grieving processes presents men with difficulties coping with the loss of their unborn child because they are only turning to their wives to support them and not to them for their own emotional support (Kersting & Wagner, 2022). Men may not want to or be able to express their thoughts, feelings, and emotions to protect their wives or to hold to the male role, but they need to understand that they cannot cope or heal by themselves.

During and after miscarriage, men do not feel that they are receiving the support they need and desire. Men feel as though this lack of support has led them to not trust in pregnancy, but do note that after they do have a successful pregnancy, they try to maintain a bond with their previous loss (Nguyen et al., 2019). By not having the proper support needed to cope with the loss, men turn toward the thought that they may never have a successful pregnancy and may never have children. These thoughts can lead to feelings of isolation and can impact their grief. When they do have a successful pregnancy, they work to maintain a bond with the child they lost so as to not forget about their child. By providing more support to men following a miscarriage, we are providing them with the ability to cope and heal faster, along with the ability to build that bond faster, which can assist with the coping process as well.

Men cope with pregnancy loss differently from women, which creates friction in the marriage; they often throw themselves into their work or other activities outside of the home and use the loss to regain a sense of control (Jaffe, 2014). When men throw themselves into their work and other activities, they can turn toward other behaviors that are more reckless and irrational, thinking they are taking back control and believing that these behaviors will help them forget or lessen the pain of the loss. Although studies indicate that men are more likely to experience less intense and enduring levels of negative effects caused by miscarriage, they are more likely to engage in irrational behaviors following the miscarriage by increasing their alcohol intake and becoming more reckless in the way they drive and partake in other activities (Due et al., 2017). These coping mechanisms have not been shown to assist men with healing after pregnancy loss and have been shown to create more tension and friction between couples because men do not know or understand how to express their feelings and emotions, or they do

not think that talking about their feelings and emotions will be helpful. They may find that avoiding the topic of the loss will help them move forward.

Miscarriage can cause men to feel an array of emotions, and these emotions can persist for months to years after the miscarriage has occurred. These emotional effects of the miscarriage can also cause men a disturbance in their work activities. These disturbances in their lives can cause men to experience a lower quality of life, especially if they are receiving negative social support (Parker, 2014). There are ways others can provide support, especially if the support they are giving is telling the bereaved to 'move on' or 'just keep trying' or 'at least it happened early on.' This type of negative support can lead men to cope with the loss in their own way by drinking excessively and getting involved in recklessness (Parker, 2014). Instead of providing negative support, others need to support men in a more positive manner. The benefits of positive social support have been shown to decrease rates of psychological distress and can lead men to greater wellbeing (Parker, 2014). The positive support received helps men feel comfortable about receiving support and feel comfortable knowing that they have positive and helpful support.

When looking into the formal setting of counseling, men have found that counseling and group therapy can be alienating for them because there are often more women who attend, which can make it difficult for men to engage in the services provided and needed after a loss has occurred (Obst & Due, 2021). Researchers and healthcare professionals need to work to create a more open and welcoming environment for men to come together and feel comfortable expressing their emotions and experiences surrounding their loss. Research has shown that those who have experienced miscarriage tend to provide greater support to others who have recently experienced miscarriage when compared with those who have not experienced miscarriage

before (MacGeorge & Wilkum, 2012). By bringing men together in an all-male group therapy session, we are providing them with others who have been through the same experience and can assist them with working through the struggles they are facing after the loss, and those men can assist with healing. There are some who have reported finding the proper support groups and counseling, which has helped them when grieving and coping with the loss (Obst & Due, 2019). They can be free to open up about their emotions without judgement from others, and they are free to be open to receiving assistance from those who have gone through a miscarriage as well. The more assistance provided by others who have gone through the same tragic situations, the more men are able to cope and heal with the loss properly.

There are men who turn toward other more effective ways of coping with the miscarriage that do not entail irrational and reckless behaviors, such as turning toward friends and family and creating lasting and memorable messages regarding their child to help them cope with the loss (Horstman et al., 2020). By creating memorable messages to cope with miscarriage, men are providing themselves with structure and organization when interpreting and working through stressful life events such as miscarriage (Horstman et al., 2020). According to Horstman et al. (2020), the creation and development of new and memorable messages, such as the baby being a lost gift to show others that there is hope in the sight of loss and couples emphasizing that they are a team instead of individuals to express how they are coping with the loss together, Some may not realize that their friends and family are there for them and want to help them through the good times and bad, but men need to be open to trusting them with their experiences, thoughts, and feelings, with research indicating that the support received from friends and family is one of the most helpful coping mechanisms for men following reproductive loss (Obst et al., 2020). Men have discussed that those closest to them presented them with greater and more meaningful

comfort because they allowed them to grieve and share their thoughts, feelings, and emotions on a deeper level (Wagner et al., 2018). By leaning on their friends and family, they are placing trust in them to assist them through their struggles and to not judge them for expressing their true emotions surrounding the loss of their child. Men have found great comfort in knowing that they have trustworthy people in their lives to share these feelings and emotions with. They have also expressed that just hearing the words 'I am here' and 'just let me know if you need to talk' were some of the most helpful responses received following miscarriage (Wagner et al., 2018). Even when men cannot seem to find the strength to discuss the loss, knowing that there are others who care about them and want them to come to them during times of need is seen as one of the most valued coping mechanisms because the men are seen as part of the pregnancy and loss and viewed as a father. They start to feel valued, and their feelings and emotions are recognized.

Men also start to utilize different memorable messages to cope with the loss, heal, and remember the child they have lost. One of the most recognized messages that men utilize is having faith and keeping to their faith (Horstman et al., 2021). By holding to their faith, they are placing trust in God and understanding that He is in control. These messages of faith remind them that God is in control and offer them the thoughts and reassurance that the miscarriage happened for a reason, such as God knew something was wrong with the baby, so He needed the baby with Him to not cause a lifetime of hurt (Horstman et al., 2021). After something bad occurs, we tend to question why it had to happen or why God allowed for it to happen without realizing that God has a plan for everyone, and we may not like everything in His plan, but we are not in control. Holding to faith allows men to hold to the thought and belief that God knew what He was doing and that they just needed to trust in Him because He would bless them with children when it was His time.

Another coping mechanism that is becoming more popular among men who have experienced pregnancy loss is internet-based intervention. These interventions give men the ability to cope with the loss without having to discuss it in person (Klein et al., 2012). Men feel that these internet-based interventions assist them more with coping with the loss because they are easy to use and the information provided by the websites is helpful and reassuring. They are also useful because men are typically less likely to seek the emotional support needed (Klein et al., 2012). This type of support allows men to gather the information they want and need without having to gather the information in person. These interventions and coping mechanisms also allow men to get comfortable with the loss before discussing it in person.

Men also utilize coping strategies that some may not believe they would use, such as wishful thinking. Indulging in wishful thinking allows men to look toward the future and gain a positive outlook on difficult situations (McGreal et al., 1997). They often try to internally rationalize their experience of the miscarriage by thinking that the miscarriage happened for a reason or that they are being punished for something they did, which in turn can lead them to the wishful thinking of future children and parenthood (McGreal et al., 1997). These thoughts and reactions to the miscarriage can negatively impact the way men cope with the loss because they start seeing others with children and may wonder why this person gets to be a father and I do not, or why this happened to me and not to them. However, these thoughts and reactions can also help them move forward in life by way of believing they are going to be a father one day and being a positive source for their wife.

The research suggests that when men are told they are going to be fathers, they turn to others in their excitement and take on an approach-oriented strategy to receive advice and support throughout the pregnancy journey (Johnson & Baker, 2004). When miscarriage occurs,

men turn to these approach-oriented strategies (problem solving, sought support, and positive reappraisal), because the outcome of these coping strategies does not have a favorable outcome (Johnson & Baker, 2004). They have lost the child and are now unwilling to share their feelings and experiences with others, including their wife (Johnson & Baker, 2004). Men should start adapting a more avoidant-oriented strategy to coping with the loss, where they avoid reminders of the pregnancy, separate themselves from situations and people that may have children or are pregnant, or throw themselves into their job or a project to keep their minds off the miscarriage (Johnson & Baker, 2004). When men cope with miscarriage, they often draw from a range of strategies, which include behavioral coping strategies and cognitive coping strategies, along with approach and avoidance. The cognitive coping strategy stems from positive reappraisal, and the behavioral coping strategy stems from emotional discharge (Johnson & Baker, 2004). When men utilize a more behavioral coping strategy, they are allowing their emotions to control every aspect of their being and coping, which results in higher levels of depression (Johnson & Baker, 2004). The use of a cognitive approach to coping with miscarriage will lead men to a more positive outcome and mindset about the future and the loss.

The interrelationships experienced by men following miscarriage need to be studied more in depth and considered when counseling is conducted after miscarriage. When working with men following the loss, any interventions utilized need to be focused close to the event and on the interrelationships that men experience with themselves (Kong et al., 2010). One of the coping strategies that needs to be emphasized with men following a miscarriage is the approach-oriented strategy, where they seek help and support from others during this difficult time (Johnson & Baker, 2004). Those who utilize this therapeutic approach to coping with the loss have been shown to be associated with positive adjustment to stressful situations and events that arise in the

future (Johnson & Baker, 2004). The more we emphasize the use of approach-oriented coping strategies, the more we will be able to study and understand how men perceive miscarriage and learn what they need to work through their thoughts, feelings, and emotions following the miscarriage.

The research suggests that men also gear their minds toward the use of a restoration-oriented coping strategy, such as humor, which can be used as an attempt to cope with the loss and provide them with a distraction from the way they are feeling about the miscarriage (Northcott, 2014). Men often turn to this type of coping strategy because of the societal pressures they are faced with to be strong and take care of their wives. When men are forced and looked to as the strength in the relationship, society is placing them on the path of an increased risk of developing chronic grief because they are having to suppress their emotions to support their wives (Northcott, 2014). This suppression of emotions can be detrimental to their relationship with their wife and others. Since they are not sharing their emotions and feelings surrounding the miscarriage with others, the ones that should be providing support will reduce the amount of support provided because they feel and may think that their support is not needed and that the individual is unphased by the miscarriage (Northcott, 2014). Another restoration-oriented coping strategy that men tend to use is working hard, which is another way to distract themselves and avoid the grief and emotions they have surrounding the miscarriage (Northcott, 2014). Men choose to keep their feelings to themselves and ignore the situation through distractions (Northcott, 2014).

Miscarriage Education

Miscarriage and infertility have been medical phenomena since God created man and woman. In Genesis, Sarah and Abraham could not conceive a child, but in their later years, God

visited them and told them that they would have a son together, and his name would be Isaac. God held to his promise, and Sarah bore a son a year after the promise was made. Sarah thought that she would never have a child of her own, but in God's perfect timing, she and Abraham conceived a child together. Pregnancy is a difficult road, and each pregnancy looks different for everyone, but we must shed light on the struggles of infertility and miscarriage. Although miscarriage has been around since the beginning, there has never been much discussion of it publicly.

Most often, men and women who experience miscarriage do not learn of the history of miscarriage until they have experienced one for themselves, because there is a lack of public discussion surrounding miscarriage (Meaney et al., 2017). Men have made it clear that there needs to be an increase in the discussion of miscarriage, beginning in the health education classroom (Meaney et al., 2017). The more we discuss miscarriage, pregnancy loss, and infertility, the more everyone will gain an understanding of its history and how it impacts future pregnancies. The discussion of miscarriage will also allow men to understand miscarriage from both physical and mental perspectives. This can also create an environment of preparation and understanding that pregnancy, along with many other things in life, can come with risks, and the silence that surrounds miscarriage only makes it more difficult for men to prepare for and understand risks.

This silence that surrounds miscarriage is also seen as scholarly and political. The political side of miscarriage is due to the politics surrounding abortion (Miller, 2015). When the complexity of miscarriage is avoided because of politics, we reinforce the culture where miscarriage should not be discussed (Miller, 2015). With abortion at the forefront of the media and politics, we have pushed miscarriage even further behind. On one side, there are those who

want to say that they had an abortion, and on the other, there are those who truly had a miscarriage and want to make it known that miscarriage is separate from abortion. Abortion is when someone chooses to end the life of a child, whereas a miscarriage is unexpected and not chosen. We cannot place miscarriage in the same category as abortion, and those who believe having a procedure done to assist with the miscarriage is an abortion need to better understand that this is not the case. These procedures assist those who have received the news of the loss of a child to help initiate the healing process, help them with the healing process faster, and have the baby tested to understand why the loss occurred. The mother and father did not choose to have this procedure and lose their child, but had the procedure to start the healing process and gain an understanding as to why the baby did not survive.

Summary

Throughout the research, the themes of the male role, men's perception of miscarriage, and their coping mechanisms are at the forefront of what needs to be addressed and researched further. Research has found that miscarriage impacts many couples worldwide, with an average of forty-four miscarriages occurring every minute, with the most common occurrence of miscarriage happening within ten weeks of pregnancy. Miscarriage at any stage of pregnancy can impact men and women physically and mentally, but most studies do not study the implications miscarriage has on men. The research places focus on women and how they react to the loss, which loses sight of the men who are also impacted by the loss of their child. Men face the same experiences, emotions, and difficulties following miscarriage, but the research does not put their thoughts, feelings, and emotions into perspective. They are also placed in the role of strength and provider without being able to share what they experienced and are going through. Society indicates that men must place their thoughts, feelings, and emotions aside to be the support and

strength their wives need them to be. The research indicates that men become attached to the baby in the womb and that men start visualizing and planning for the future with their child. After miscarriage occurs, men can find it difficult to discuss the loss with others, which can lead to lessened support from others and lead them to avoidant-oriented coping mechanisms. Men may throw themselves into their job, into a project, start drinking more, and they may start becoming reckless. There is little research on specific coping mechanisms men find appropriate, necessary, and easy for them to access and participate in miscarriage. Some have described not knowing miscarriage could happen and that there needs to be more education related to pregnancy loss. This proposal aims to understand and gather more information regarding the male perception of miscarriage, how they perceived their role during and after the loss, and what coping mechanisms are needed to assist with the grieving process and coping with the loss of their child.

Chapter Three: Methods

Overview

Chapter Three provides a detailed overview of the methodology being utilized throughout this study on the male experience of miscarriage. Throughout this chapter, I will outline the design of the research, the participant recruitment process, the site where the data collection took place, the role of the researcher, methods to be used for data collection, techniques for analyzing the data, and ethical considerations for the research. The methodology has been carefully chosen to capture the lived and often overlooked experiences of men who have experienced and are working through miscarriage. The design adapted for this research and study is qualitative in nature. Qualitative research methods are utilized to gather descriptive data that dives into the complexities and different aspects of the male experience of miscarriage. A qualitative design allows for a refined understanding of the emotions, coping mechanisms, and long-term impacts of miscarriage on men. Participant recruitment provides more detailed information regarding the process of gathering participants for the study and outlines the strategies being used to identify and select participants who meet the requirements for the study. I, the researcher, ensured a diverse range of men, in terms of backgrounds and experiences, were included in the study to gain a more comprehensive understanding of men who experience miscarriage. The site or setting section provides guidance on where the research was conducted and why the site used to gather this research was important. Furthermore, the section surrounding the role of the researcher is designed to discuss the responsibilities and actions of myself, the researcher, to maintain professionalism throughout the collection process and participate in recruitment. Next, we will dive into the data analysis section, which outlines the analysis techniques that were utilized after research has been gathered. A thematic analysis is the chosen approach to analyze

the qualitative data that was obtained from the completed open-ended questionnaires. Thematic analysis works to identify and interpret patterns, themes, and categories throughout the data, with myself carefully reading and reviewing the completed open-ended questionnaires submitted online. Ethical considerations and safeguards were implemented throughout the research process through informed consent that was obtained from all participants to emphasize their voluntary participation and confidentiality. The participants' rights, well-being, and emotional safety were prioritized throughout this study. Overall, chapter three provides a comprehensive overview of the methods employed throughout this study and the research process. The chosen methodology aims to capture the subjective experiences, emotions, and challenges faced by men who have been through and experienced miscarriage to provide a refined understanding of their experiences following miscarriage.

Design

This section outlines the design of this study on the male experience of miscarriage, with the design structured to capture the subjective realities and lived experiences of men who have undergone miscarriage. This allowed for a comprehensive understanding of their emotions, challenges faced during and after miscarriage, the coping mechanisms utilized, and the long-term impacts miscarriage has on men. The approach to research for this study was phenomenological. Phenomenology aims to explore and understand the lived experiences of individuals within a particular phenomenon (Wilson, 2015). By conducting a phenomenological research study, researchers can study the way a man experiences and understands his world and the world following miscarriage (Wilson, 2015). By utilizing a phenomenological approach to this research, this study sought to capture the unique and different perspectives and subjective realities of men who have experienced and are experiencing miscarriage, with an emphasis on

their emotions, perspectives, and interpretations of the reproductive loss. Qualitative research methods sought to provide deeper insights into real-world problems instead of the numerical data that were collected through quantitative research (Tenny et al., 2017). The use of qualitative research methods allowed for a more in-depth exploration and description of participant experiences, which provided a more refined understanding of the male experiences surrounding miscarriage (Teeny et al., 2017). Through a qualitative research approach, this study aimed to uncover the complexities, differences, and personal narratives surrounding their experiences of miscarriage to highlight the emotions, struggles, and coping mechanisms of men following miscarriage. Participants for this study were selected using social media based on their experiences of miscarriage to ensure a diverse range of backgrounds, ages, and perspectives related to the loss. Inclusion criteria were the key factors utilized to target a certain population that was studied and answered the research questions provided for the study (Patino & Ferreira, 2018). The inclusion criteria involved men who have experienced miscarriage to acknowledge the different roles and relationships they had in the context of pregnancy loss with a sample size that was determined based on data saturation, which was the point in research where new information and insights ceased to emerge from the data collected (Patino & Ferreira, 2018). Data saturation was more about the depth of the data than the number of participants, because a specified number of participants did not guarantee data saturation, but once no new themes or data were identified, we knew data saturation was achieved (Fusch & Ness, 2015). The primary method for collecting data was the use of questionnaires and follow-up interviews. These open-ended written questionnaires allowed for flexibility and a more in-depth exploration of male experiences and perceptions of miscarriage by allowing men to write down their experiences, read through each answer, and provide further details and information after the initial writing. By

providing men with the ability to answer questions on their own and in private, they were able to express their emotions without others seeing them in a vulnerable state. After receiving each questionnaire and reviewing the answers, I then followed up with each participant via email or phone conversation to ask follow-up or probing questions to gather more insight into their perspectives and experiences of miscarriage.

Informed consent was obtained from all participants to ensure their voluntary participation and the confidentiality of their personal information (Bartram, 2019). Participants were made aware that they did not have to complete the written questionnaires if they did not feel comfortable answering the questions, and the research adhered to ethical guidelines and principles to protect the well-being and rights of the participants. Data collected from the open-ended written questionnaires was read, reviewed, and analyzed using thematic analysis. The follow-up questions asked, and the information received were also documented and analyzed using thematic analysis. Thematic analysis involved identifying patterns, themes, and categories seen within the data (Clarke et al., 2015). Thematic analysis provided procedures for the generation of codes and themes from qualitative data that were relevant to the research questions and were building blocks for the formation of themes and patterns seen throughout the data collected (Clarke et al., 2015). Analysis of the data was conducted repeatedly to refine and revise the themes through multiple readings of the data, which ensured a rigorous and comprehensive analysis of the participants narratives to capture the uniqueness and complexities of their experiences. To ensure the trustworthiness of the research findings, strategies such as member checking and reflective journaling were utilized. Member checking involved sharing findings with the participants to validate and verify their accuracy and interpretations to maintain validity throughout qualitative research (Candela, 2019). Reflexive journaling allowed me to document

personal reflections and biases throughout the process of the research, which ensured transparency and self-awareness (Janesick, 2007). Overall, the design of this study incorporated a phenomenological research approach, qualitative methodology, purposeful sampling, open-ended questionnaires, and thematic analysis. This comprehensive design aimed to capture the male experience of miscarriage and provide a refined understanding of the emotions, challenges, coping mechanisms, and long-term impacts faced by men following reproductive loss. The ethical considerations and strategies to ensure trustworthiness contributed to the strictness and validity of the research findings.

Research Questions

Research Question 1: How do men describe their experiences with a miscarriage?

Research Question 2: How do men describe the support (or lack thereof) they received after the miscarriage?

Research Question 3: How do men describe the way they attempted to cope with the miscarriage?

Site

This study was conducted as an online questionnaire, utilizing the social media platforms Facebook and Instagram. The study also utilized semi-structured follow-up interviews via phone conversation following the receipt of the questionnaire. The purpose of utilizing an online questionnaire through social media was to have participants located in different states across the country. An online questionnaire allowed for the participants to be open about their experiences with miscarriage, whereas meeting in person could have prevented them from speaking freely due to the vulnerability they feel about the topic. I presented the questionnaire to potential participants through social media posts who have experienced miscarriage and asked them to be

as open as possible. Since this was a sensitive topic, the online forum allowed them to write freely and express their thoughts, feelings, and emotions in the privacy of their homes. Social media was also able to reach other potential participants who have experienced miscarriage but have not expressed anything related to their loss.

I first placed the questionnaires and informed consent forms on a website and posted the link in social media posts. Each post provided information about the study and who I wanted to complete the questionnaires. The participants were able to select the link, which opened the informed consent forms and open-ended written questionnaires. Once all forms were completed, I received an email with the completed forms. Each participant was asked to sign the informed consent form if they wished to complete the questionnaire. They then submitted the informed consent form, which prompted them to complete the questionnaire. The questionnaire asked for the participants email addresses so they could be contacted to schedule a follow-up interview. This was when clarifying and probing questions were asked that were needed for further insight into participants experiences for the data collection and analysis processes. Once I finished collecting and analyzing the data, I sent an email to each participant with the information I had gathered and analyzed for them to verify. Throughout the study, I addressed each participant with their name and then addressed them as a pseudonym during the written portion of the study to maintain their confidentiality and protect their information. The use of social media provided me with the ability to reach more participants and reach data saturation.

Participants

This section will provide detailed information regarding the individuals who will participate in the study by outlining the recruitment process, inclusion criteria, sample size, and demographic characteristics of each participant. The recruitment process aimed to identify and

engage with men who have experienced miscarriage. The use of social media, along with the knowledge of individuals who have expressed their loss, was used to reach potential participants. Recruitment materials, such as social media posts, were developed to provide information about the study and engage with those interested in participating (Lunnay et al., 2015). The benefits of using social media to recruit participants included developing rapport through the sharing of information with participants, which allowed for a deeper analysis and more detailed information gained through the open-ended written questionnaires (Lunnay et al., 2015). The recruitment process was conducted in an ethical and sensitive manner to ensure that potential participants were provided with clear information regarding the study and the purpose for conducting the study (Lunnay et al., 2015). To ensure the relevance and appropriateness of participants for the study, certain inclusion criteria were established. The criteria included men who have experienced miscarriage in the past, regardless of the stage of pregnancy, and who are willing to share their experiences and emotions related to the miscarriage. This inclusion criteria aimed to capture a range of experiences and perspectives while focusing on those who have had recent and personal experiences with miscarriage. Miscarriage remains a memory and helps shape men's future endeavors surrounding parenthood, life, and relationships. This research aimed to gather information from men who have experienced miscarriage at any point in their lives to further understand multiple male perspectives surrounding the loss and the support received.

The sample size for this study was determined based on data saturation, which refers to the point at which new information or themes ceased to emerge from the collected data (Fusch & Ness, 2015). The goal with this style of sample size was to achieve a sufficient sample size to capture the broadness and depth of the male experience of miscarriage while ensuring data saturation. This resulted in a final sample size of six to ten participants, which was considered

appropriate for achieving the study objectives. There is no specific number of participants required for qualitative research, but by focusing on gathering information from six to ten participants, I allowed space for data saturation while narrowing down the main themes of the research (Byrne, 2001). Demographic characteristics of the participants were collected to provide a clearer understanding of the sample and to identify any potential patterns or variations within the group. Information such as age, ethnicity, marital status, and previous parenting experiences were obtained, which allowed for the exploration of potential differences or similarities in the experiences of men from different backgrounds. Each participant was assured of their confidentiality during the data collection process and the anonymity of their responses when writing the dissertation study, and all identifying information was treated with care and protection. I provided a comprehensive overview of the recruitment process, inclusion criteria, sample size, and demographic characteristics of the participants in this study. The information ensured transparency and provided context for understanding the perspectives and experiences shared by the participants throughout this study.

Procedures

This section outlines the procedures used for conducting this study on the male experience of miscarriage and will cover the steps involved in participant recruitment, data collection, data analysis, and the assurance of ethical considerations throughout the research process. The recruitment process began by identifying potential participants who met the inclusion criteria established, and the use of social media was utilized to recruit and engage with participants. The inclusion criteria include men who have experienced miscarriage in the past, regardless of the stage of pregnancy or the number of years since the miscarriage occurred. This study aimed to include men who were willing to share their experiences and emotions related to

the loss of their unborn child. Participants were encouraged to contact me directly with questions regarding the study and for more information about the data collection process via the email address that was provided on each informed consent document, questionnaire, and social media post. Once posts on social media were made available regarding the study, a separate post was made to include the link to the questionnaire. Participants had access to answer the questions and were encouraged to contact me directly with any questions, comments, or concerns. After receiving the completed questionnaires, I then reviewed all the information received, and then I sent a follow-up email to schedule a follow-up interview where I asked further questions to clarify the information provided and gather more detailed data to enrich the data being collected. The follow-up questions were based on the information the participants provided during the initial questionnaire. This allowed me time to read through their answers and write down questions that needed to be asked to gather more insight into their experiences. The informed consent forms were included in the questionnaire and were developed to outline the rights and responsibilities of the participants, ensure their voluntary participation, and protect their confidentiality (Bartram, 2019).

Data collection involved the use of written questionnaires that were available via an online platform. Although written questionnaires allow for brief comments on certain questions, these brief comments have been shown to provide much insight about the topic and question being asked (Hanson et al., 2011). The data for this phenomenological research was collected utilizing online, unstructured questionnaires as the primary means of exploring an in-depth perception of the phenomenon of interest. Each participant answered open-ended questions, so they were able to tell their stories fully and with the maximum amount of detail they wished to include. The unstructured questionnaires permitted participants to set their own agendas and tell

their own stories at length in their own words, which created large amounts of data (Carter & Henderson, 2005). Each questionnaire should have taken participants one hour to complete. They started with demographic questions such as their age, cultural background, email address, how long they have been married, and how many children they have. This was an attempt to have them share a little bit about themselves and get comfortable with the questionnaire process. The questionnaire then started asking about the miscarriage, their experiences related to the miscarriage, and the support they received following the miscarriage. The questionnaire was developed based on the research questions and allowed the participants to share and express their experiences, emotions, challenges, coping mechanisms, and long-term impacts related to miscarriage. Using questionnaires, participants were able to express these experiences and emotions in the privacy of their homes without having to show and express them in a public setting. Social media posts were made regularly until data saturation was reached, which meant there was no new information or insights emerging from the data.

The data collection process also involved the use of interviews or follow-up emails for the collection of further information. These follow-up interviews were conducted via phone conversation or email following the receipt of the questionnaires. The open-ended written questionnaires allowed the participants to write their narratives and experiences without any interruption and provided them with the ability to add information after completion. They also provided me, the researcher, with the ability to take time to review and analyze their answers and then write down clarifying questions that needed to be asked. A phone interview or follow-up email was scheduled or sent to ask clarifying questions that arose during the analysis of the initial questionnaire. In a fast-paced society, it can be difficult to come up with clarifying questions on the spot, so having the ability to read and review written answers before an

interview allowed me time to think about and write down further questions that needed to be asked of participants to gather more data on their miscarriage experiences.

I maintained documentation throughout the decision-making process and interpretations to ensure the transparency and credibility of the findings. Ethical considerations were strictly followed, and participant confidentiality was maintained using pseudonyms when documenting the data, writing the dissertation, and storing data securely. All personal identifiers were removed from transcripts during the writing of the study to ensure anonymity, and I continuously monitored and addressed concerns that may have arisen during the research process. To enhance the trustworthiness of the research findings, several strategies were employed, such as member checking and reflexive journaling. Member checking was conducted by sharing preliminary findings with participants, which allowed them to validate and verify the accuracy of their experiences as portrayed in their completed questionnaires (Candela, 2019). Reflexive journaling was maintained by me to document personal reflections, biases, and assumptions throughout the research process and ensure transparency and self-awareness (Janesick, 2007). By following these procedures, the study collected more in-depth and comprehensive data on the male experience of miscarriage while ensuring ethical considerations and maintaining the trustworthiness of the research findings.

The Researcher's Role

The researcher's role throughout this study on male experiences of miscarriage was outlined in this section, which discussed the responsibilities and actions of the researcher during the research process. I, the researcher, took an active role in the participant recruitment process by making social media posts on Facebook and Instagram regularly to gain traction with those who have experienced reproductive loss and provide them with multiple opportunities to

participate in the study, so they were able to express their thoughts, feelings, and experiences regarding miscarriage (Karagiozis, 2018). Throughout the recruitment process, I ensured that participants and potential participants understood the purpose of the study, their rights as participants, and the voluntary nature of their involvement. I facilitated the informed consent process to ensure that participants received comprehensive information about the study by providing clear explanations of the study's objectives, procedures, potential risks, and benefits (Karagiozis, 2018). I was responsible for answering questions and concerns and obtaining participants informed consent. Participants knew and understood that their participation was voluntary, and they had the right to withdraw from the study at any time. Participants were provided an open-ended written questionnaire to be completed by them in the privacy of their own homes, which allowed them to fully express their thoughts, feelings, emotions, and experiences surrounding the miscarriage without having to express them in a public setting or in front of others. The use of written, open-ended questionnaires allowed each participant the comfort and safety to answer the questions openly and freely and allowed me to thoroughly read their narratives accurately and respectfully. After completing the questionnaire, I then reviewed and analyzed the data received and wrote down further probing questions that were asked via phone interview or email to allow the participant the ability to further discuss their experiences in their comforting environment. The probing questions allowed me to gather more information on the topic of the male experience of miscarriage, gain further insight into what men go through, learn how they felt during and after miscarriage, and gain an understanding of what support systems and services were useful and needed to assist men with working through the challenges and difficulties of miscarriage.

I also conducted the data analysis process, which involved thoroughly reading the written open-ended questionnaires and information that was provided to the follow-up questions to conduct a thematic analysis. This thorough reading and review allowed me to familiarize myself with the data and identify patterns, themes, and categories throughout each questionnaire. Throughout the data analysis, I refined and revised themes to ensure each was representing the participant's experiences and accurately captured the essence of the male experience of miscarriage. Documentation was maintained throughout the study and data analysis to ensure transparency. Ethical considerations were important to me as the researcher to prioritize the well-being and rights of the participants throughout the research process. I maintained reflexivity by acknowledging and reflecting upon my own biases, assumptions, and personal experiences throughout the research process. Reflexive journaling was used to document reflections and promote self-awareness and transparency (Jansick, 2007). I critically examined my own personality and how it may have influenced the data collection, analysis, and interpretation of the data. Through fulfilling these responsibilities, I, the researcher, actively contributed to the collection of insightful data on the male experience of miscarriage. My role included participant recruitment, providing questionnaires, analyzing data, ensuring ethical considerations, and maintaining reflexivity. Undertaking these tasks carefully, I aimed to provide a comprehensive and meaningful understanding of the male experience of miscarriage.

Data Collection

Data collection describes the methods and procedures used to gather information from the participants. The data collection process was outlined to include the online, open-ended questionnaires, contacting each participant through phone call or email to ask further and clarifying questions, document analysis of existing literature and knowledge regarding the male

experience of miscarriage, the development of questionnaire distribution, and the strategies employed to ensure data quality and ethical considerations. The primary method of data collection for this study was the use of online, open-ended questionnaires. Questionnaires allowed for flexibility in participant completion; they enabled participants to share their experiences, emotions, and perspectives related to the miscarriage in a comfortable and private environment (Bartram, 2019). The questionnaires were conducted utilizing social media, and the researcher employed thorough reading skills, empathy, and social media posts to encourage participants to provide as much detail to their narratives and reflections regarding their experiences with miscarriage. The researcher also collected participants' personal information, such as their email addresses, to gather clarifying information from participants during follow-up interviews. The questionnaire protocol was developed to guide the questions being asked, how the questionnaires were distributed to participants, and how follow-up interviews were conducted to gather further and clarifying information from each participant. This protocol consisted of a set of open-ended questions that explored the various aspects of the male experience of miscarriage, with the questions focusing on the perspectives, emotions, coping mechanisms, societal expectations, and the long-term impacts miscarriage has on men (Bartram, 2019). The questionnaire protocol provided a framework for consistency across the questionnaires, the development of the questionnaires, and the process of proposing the questionnaires to participants (Bartram, 2019). According to McGuirk and O'Neill (2016), open-ended questions have a higher potential to warrant more in-depth responses for each question, which allows participants to recount their experiences, perceptions, and understanding of the loss through free-form responses. The use of an autobiographical writing element in this study provided the participants with time to reflect and take time for themselves in a society that requires everyone

to be quick to think and act (Aleandri & Russo, 2015). A self-writing element allowed the participants to immerse themselves in each question, reflect on their experiences, and provide meaning to their experiences, which can enhance their self-awareness (Aleandri & Russo, 2015). Questions for the follow-up interviews were written based on information provided in the initial questionnaires and were conducted via phone interview or a follow-up email, depending on what the participant felt comfortable doing.

The use of follow-up interviews during the data collection process allowed me, the researcher, the ability to gather further information and insight into each participant's experiences related to miscarriage. The follow-up interviews were scheduled via email with each participant and were conducted in the manner each participant feels most comfortable with. After the initial questionnaires were received and reviewed, questions were then developed for each participant based on the answers that were provided. These follow-up interviews enriched the data collected to provide myself and the readers with further information about men's experiences and perspectives regarding miscarriage.

Document analysis was also implemented to analyze existing literature and knowledge regarding the male experience of miscarriage. By analyzing existing literature, researchers can start gaining an understanding of the male experience, but the online questionnaires provided to participants furthered our understanding of their experiences and perceptions. Document analysis requires data to be examined and interpreted to extract the meaning of the research, start developing an understanding of male perspectives, and start gathering and gaining knowledge regarding the topic of the male experience of miscarriage (Bowen, 2009). The use of document analysis along with online, open-ended questionnaires and follow-up interviews allowed for the ability to gather more information and provide the readers with a better understanding of the

male experience because they could gain an understanding of the existing literature and knowledge surrounding men's perspectives on miscarriage while reading about current research and knowledge on the topic (Bowen, 2009). The combination of open-ended questionnaires, follow-up interviews, and document analysis provided for a broader range of understandings of male perceptions of miscarriage. This also allowed for guidance related to themes that would and could arise from the interviews and questionnaires.

To ensure the quality and rigor of the data collection, the researcher actively employed thorough reading skills to ensure the accuracy of the participants narratives. I, the researcher, maintained an audit trail to document all decisions made throughout the data collection process, which ensured transparency and accountability. Ethical considerations are most important throughout the data collection process, where informed consent was obtained from all participants, which emphasized their voluntary participation and the confidential nature of their responses. Participants were assured of their rights to withdraw their questionnaires and answers from the interviews from the study without any consequences, and I, the researcher, ensured each participant's anonymity and confidentiality would be protected by assigning unique identifiers to their data and storing their answers to the questionnaires and follow-up questions securely. Ethical guidelines and principles, including privacy, informed consent, and participant well-being, were strictly adhered to throughout the data collection process. Data management procedures were established to organize and store the completed questionnaires, answers to the follow-up clarifying questions, and data securely. All completed questionnaires and other relevant documents were carefully organized and labeled to maintain their integrity and ensure easy and fast retrieval. Data was stored in password-protected electronic files and was only accessible by me, the researcher. Backup procedures were also produced and implemented to

prevent loss or damage to the questionnaires. This section provides a comprehensive overview of the methods, procedures, and strategies employed to gather information from participants in this study. The use of open-ended questionnaires, follow-up interviews, the development of questionnaire protocols, and the measures taken to ensure data quality and ethical considerations are described, and these processes contribute to the robustness and validity of the data collected to enable comprehensive exploration of the male experience of miscarriage.

Questionnaire

1. Demographic Information:

- a. Age
- b. Ethnicity
- c. Marital Status
- d. Email address
- e. Number of previous pregnancies
- f. Do you have any children? If so, how many?

2. Miscarriage Experience:

- a. How many miscarriages have you experienced, and at what stage of pregnancy did the miscarriage(s) occur?
- b. How long ago did the most recent miscarriage occur?
- c. Describe your experiences and perspectives of miscarriage.

3. Emotional Responses and Coping Strategies:

- a. In what ways did the miscarriage affect your overall emotional well-being and mental health?

- b. Describe the help received following the miscarriage to assist with coping. What coping mechanisms helped you cope with the loss?
- 4. Communication and Support:
 - a. How were you able to discuss the miscarriage with your spouse and others?
 - b. Describe the support received following the miscarriage. What support do you feel helped you move forward following the loss?
 - c. If you did not receive support, what support or resources would you have liked to have received during and after the loss?
 - d. What support did you receive from medical professionals during the miscarriage treatment?
- 5. Social and Cultural Factors:
 - a. What do you feel your role was during and after the miscarriage?
 - b. Describe your experiences in the medical setting throughout the miscarriage treatment.
 - c. Describe your experiences with the medical professionals you interacted with during the miscarriage(s). How did the medical professionals make you feel in the hospital setting during the treatment for miscarriage?
- 6. Impact on Relationships and Long-term Effects:
 - a. Describe how the miscarriage impacted your relationship with your spouse. Did it strengthen or strain your relationship?
 - b. What long-term impact has miscarriage had on your overall perspective on life and your approach to parenting?
- 7. Reflection and Advice:

- a. Looking back on your experiences, what advice or insights would you offer to other men who are going through miscarriage or to those who have recently experienced miscarriage?
- b. Is there anything else you would like to share about your experiences or perspectives related to miscarriage?

The first set of questions asks basic demographic questions to gain an idea of who has experienced miscarriage and if they have children. Then we move into the next set of questions, which asks questions regarding their experiences related to miscarriage, the number of miscarriages they have been through, and at what stage the miscarriage occurred. I then wanted to understand their emotional experiences and responses to the miscarriage(s), how the miscarriage(s) impacted their well-being, and the coping mechanisms utilized during and after the miscarriage occurred. Next, I asked questions related to the communication and support received following the reproductive loss, which was to gain an understanding of how men were able to communicate with their spouses and others regarding their experiences, the support received, and what support they would have liked to have received during and after the loss. This provided the researcher and readers with the ability to understand what support men need following the loss and what they perceive as the proper and necessary support. Then we needed to learn more about the male role following miscarriage and their experiences with medical professionals. This set of questions gathered more insight into the perceived male role throughout the miscarriage and their experiences with medical professionals in the hospital setting. Next, we needed to gather more information regarding how the miscarriage impacted participants' relationships with their spouse and the long-term impacts it has had on their lives and approach to parenting. Finally, participants were asked if they had any further advice or

insights to offer men who are going through miscarriage or have recently experienced miscarriage, and if there was anything they would like to add to the questionnaire they may not have been asked.

These questionnaire questions aimed to gather information about the participants experiences, emotions, coping strategies, societal expectations, and the long-term impacts miscarriage has on men. Each question explored various dimensions of male experiences, including emotional responses, communication within relationships, societal and cultural influences, coping mechanisms, and the availability of support and resources following miscarriage. The responses to these questions contributed to a comprehensive understanding of male experiences of miscarriage. After receiving participants answers to the questionnaires, I then reviewed the answers and provided further clarification questions to each participant through phone conversation or email.

Follow-up Questions

1. Please provide further descriptions surrounding your emotional journey following the miscarriage and how you coped with the grief and loss.
2. How did the miscarriage impact your relationship with your spouse? Did the loss bring you closer or introduce challenges?
3. What support was received by those outside your relationship, such as the support received from family and friends, and which types of support were most helpful?
4. How did your experience of miscarriage affect your mental well-being, and did you experience any long-term emotional or psychological effects?

5. Were you able to openly discuss your feelings and emotions related to the miscarriage with others? If you were not able to openly discuss, what barriers or reasons prevented you from doing so?
6. Did you receive adequate information and support from healthcare professionals following the miscarriage, and what do you feel could have been done differently to better meet your needs?
7. Do you feel that society recognizes and understands the male experiences of miscarriage, and how do you think societal attitudes can be improved regarding the male experience of miscarriage?
8. Have you sought professional help, such as counseling, to cope with the emotional impact of miscarriage? If you have sought professional help, what was your experience like? If not, what influenced your decision not to seek out professional help?
9. Did you encounter any misconceptions or stereotypes related to male experiences of miscarriage? If so, how did these affect your journey and interactions with others?

These probing questions aimed to explore the male experience of miscarriage more in depth, including their emotions surrounding the loss, their relationships, support systems, healthcare experiences, societal expectations and pressures, and the long-term impact of the miscarriage. These questions encouraged the participants to reflect further on their personal experiences and provide more details regarding their journey through miscarriage and parenthood. After receiving the initial questionnaires from participants, I reviewed them and then followed up with each participant via email to ask further questions to gather more information and gain more insight into their experiences. The follow-up questions changed based on participant answers to the initial questionnaire.

Documents Analysis

Document analysis on the male experiences of miscarriage involved investigating various documents relevant to the research topic, such as the completed open-ended questionnaires, follow-up interviews, and existing literature regarding the male perception of miscarriage and the support necessary to cope with the reproductive loss. This analysis provided a valuable method to explore existing literature, personal narratives, and other written sources. By analyzing these documents, a comprehensive understanding of the male experience of miscarriage can be gained, which complements the primary data collected through the open-ended written questionnaires and follow-up interviews. The selection of documents for analysis was based on their relevance to the research topic regarding the male experience of miscarriage and the support needed following the loss. A comprehensive literature review was conducted to identify academic articles, books, and peer-reviewed articles and reports related to the male experience of miscarriage. Personal narratives shared by men who have experienced miscarriage will also be included to capture diverse perspectives and experiences. Each document was categorized to identify specific themes, patterns, and insights into the male experiences of miscarriage. I, the researcher, reviewed the documents to identify relevant passages, quotations, and sections that aligned with the identified themes. Themes and patterns that emerged from the document analysis were identified, and a categorical approach was employed to capture both existing theories and new insights from each document. The frequency and recurrence of themes across documents were examined by me as the researcher to determine their importance to the male experience of miscarriage.

The findings from the document analysis were integrated with the primary data collected from the questionnaires and follow-up interviews, which were compared and contrasted with the

themes and insights derived from the documents and the narratives and perspectives shared by the participants. This integration allows for a complete understanding of the male experience of miscarriage, which incorporates both existing knowledge from the literature and the firsthand accounts of men who have experienced miscarriage. The interpretation and discussion of the document analysis findings involve examining the implications of the identified themes and patterns. I explored the connections between the document analysis and the primary data analysis to highlight areas of convergence. Limitations and biases ingrained in the documents were also acknowledged and discussed to provide a balanced interpretation of the findings. To ensure the validity and trustworthiness of the document analysis, transparency and rigor were maintained throughout the process through the use of an audit trail, which documents decisions made during the analysis and reflections on potential biases or assumptions (Slevin & Sines, 1999). The limitations of the document analysis, such as the potential for selection bias or incomplete representation of the male experience of miscarriage, were addressed and discussed. This section provides an overview and comprehensive examination of various written sources to enhance our understanding of the male experience of miscarriage. Through analyzing academic literature and personal narratives, a refined portrayal of the topic of male experiences of miscarriage was achieved, which enriches the overall findings and contributes to the existing knowledge and literature on the subject.

Data Analysis

Throughout the data analysis section of this study on the male experience of miscarriage, I described the procedures and techniques used to analyze the data that were collected by outlining the identification of themes and the strategies utilized to ensure rigor and validity throughout the analysis process. Thematic analysis was conducted to identify patterns, themes,

and categories within the data. The main goal with the utilization of thematic analysis was to identify and interpret all features of the data that are guided by the research questions to indicate that the research questions and themes can evolve throughout the data analysis and development of the themes (Clarke et al., 2015). The analysis involved multiple stages, including familiarization with the data, theme development, and data interpretation (Clarke et al., 2015). Thematic analysis was conducted repeatedly, which involved constant comparison and revisiting of the data to refine the themes found.

The theme identification process utilized a data coding process that involved organizing and categorizing the data to identify patterns, themes, and concepts shown throughout the data. I, the researcher, used a qualitative coding approach using inductive and deductive coding techniques. Data coding refers to the process of examining portions of the data and labeling each portion with a word or phrase to summarize the content of the material collected (Linneberg & Korsgaard, 2019). The data was first reviewed line by line to generate initial codes and themes, then they were compared and grouped together to develop broader categories and themes. Line-by-line coding narrowed down and refined the codes and themes captured, which provided you with a more detailed, accurate, and diverse representation of the data (Linneberg & Korsgaard, 2019). Existing literature and themes were used as a basis for deductive coding to ensure the inclusion of relevant perspectives. According to Linneberg and Korsgaard (2019), deductive coding allowed focus on the issues that were most important in existing literature. With a limited number of codes derived from the literature and theoretical framework, the codes could be adjusted as new and different themes emerged as the data was analyzed (Linneberg & Korsgaard, 2019). I also engaged in the process of data engagement by reviewing the coded data multiple times to identify any recurring patterns, concepts, and perspectives. According to Ellingson and

Sotirin (2020), data engagement enables researchers to focus on what we want to achieve through the data collection and analysis process through the making of data, which involves embracing the lived experiences and documentation of the experiences men face during miscarriage. The goal of this study was to investigate and embrace male perspectives regarding miscarriage and understand their needs and emotions surrounding the loss. The themes were developed through a regularity process to refine and revise them throughout the analysis process to ensure coherence and relevance to the research objectives. Each theme aimed to represent the diverse experiences and perspectives of men who have experienced miscarriage to capture their shared and individual aspects of their narratives surrounding their loss. To ensure rigor and validity throughout the data analysis process, I used and maintained a reflexive stance by documenting personal reflections, biases, and preconceptions that could have influenced the interpretation of the data. Reflexivity practices refer to the researcher's ability and capacity to express their inner thoughts, feelings, and emotions visibly instead of silently (Karagiozis, 2018). By comparing and contrasting findings from different sources (questionnaires, field notes, and existing literature), the credibility and reliability of the analysis were enhanced.

The data interpretation phase involved understanding and making sense of the identified themes and drawing meaningful conclusions from the analysis. I engaged in the process of manufacturing the findings to explore the relationships and connections between the themes and consider their implications within the extensive context of the male experience of miscarriage. The explanations were grounded in the participants narratives and supported by relevant literature and existing research on the topic of male perception and experience of miscarriage. Various stages were implemented to ensure the validity and trustworthiness of the data analysis, such as member checking and reflexive journaling. Member checking allowed the participants to

review and validate the data that was analyzed to ensure the accuracy and credibility of the findings. Reflexive journaling allowed me, the researcher, to document decisions that were made throughout the analysis process and reflect on the potential biases. To enhance the transferability of the findings, a diverse group of participants was included in the study to gain a wide range of perspectives and experiences. This section of the study provides an overview of the procedures and techniques that were used to analyze the data collection process by outlining the data coding process, the identification of themes, the strategies used for rigor and validity, and the interpretation of the data. Each procedure contributed to the strength and comprehensiveness of the analysis by enabling the identification of key themes and insights into the male experience of miscarriage.

Trustworthiness

The trustworthiness of the study on the male experience of miscarriage addressed the measures taken to ensure the credibility, transferability, dependability, and confirmability of the study. As a qualitative researcher, it was imperative to have and maintain trustworthiness to provide and express confidence in the data, interpretation of the data, and methods that were used to collect and interpret the data to ensure the study was of quality and was worthy of the reader's consideration (Connelly, 2016). Credibility is the extent to which findings accurately reflect the experiences and perspectives of the participants (Slevin & Sines, 1999). Several strategies were utilized to enhance the credibility of the study, such as data triangulation, member checking, and maintaining a reflexive stance throughout the research process. Transferability refers to the extent to which the findings of the study can be applicable to other contexts or populations (Slevin & Sines, 1999). To enhance transferability, I aimed to include a diverse range of participants in terms of age, ethnicity, and marital status. Dependability refers to

the consistency and stability of the research findings over time and across different researchers (Wach & Ward, 2013). To ensure dependability, I maintained a detailed audit trail to include documentation of decisions, coding, analysis, and record reflections of the data. Confirmability refers to the degree to which the research findings are grounded in the data rather than the biases or perspectives of the researcher (Linneberg & Korsgaard, 2019). The employment of rigorous and transparent research procedures was utilized to establish confirmability, which included maintaining an open and reflective stance throughout the research process and documenting personal biases, assumptions, and decisions. By addressing each aspect of trustworthiness, credibility, transferability, dependability, and confirmability, the research findings in this study are enhanced. Strategies such as data triangulation, member checking, reflexive journaling, and diverse participation contribute to the overall rigor and validity of the study. These measures ensure that the findings accurately reflect and represent male experiences and perceptions of miscarriage and that they can be applied to other contexts or populations.

Credibility

Throughout this section, I address the measures taken to establish the trustworthiness and credibility of the research findings. As a qualitative researcher, maintaining credibility is important to provide the readers with confidence in the truth of the study and findings through the use of member-checking and reflexive journaling, which are appropriate methods to ensure truth and confidence in the data that was collected (Connelly, 2016). Credibility refers to the extent to which the research findings accurately represent the experiences, perspectives, and meanings conveyed by the participants. Several strategies were employed to enhance the credibility of the study, such as researcher reflexivity, participant selection, data triangulation, member checking, and detailed reporting. Researcher reflexivity was maintained throughout the

research process to reflect on my own biases, assumptions, and preconceptions that could influence the interpretation of the data. A reflexive stance was practiced through the use of documenting personal reflections and acknowledging and addressing potential biases. This way, I was able to ensure the findings accurately reflect the experiences of the participants rather than my own. The credibility of the study was strengthened and maintained through the purposeful selection of a diverse range of participants who have experienced miscarriage. Variation in age, ethnicity, and marital status was considered to capture a wide range of perspectives, and the inclusion of participants from different backgrounds allowed for a comprehensive understanding of the male experience of miscarriage and reduced the potential for biased or limited findings. Data triangulation was utilized to enhance the credibility of the study by collecting data through multiple sources, such as questionnaires and document analysis of existing literature surrounding the male perspective of miscarriage, which allowed for the comparison and cross-validation of findings from different data sets. By examining the themes and patterns across different data sources, I aimed to establish a sound and accurate representation of the male experience of miscarriage.

The use of member checking allowed participants the opportunity to review and validate the data that was analyzed, providing them with the ability and opportunity to confirm the accuracy of their contributions (Candela, 2019). Participants were able to verify the interpretations and findings to ensure that their perceptions, perspectives, and experiences were faithfully represented, which increased the credibility of the research. Detailed reporting was also utilized to enhance the credibility of the research process by including a comprehensive description of the research methodology, data collection procedures, and analysis techniques employed throughout. The use of direct quotations from the participants' narratives was

incorporated to provide readers with concrete evidence of the participants' own words, which further supported the credibility of the findings. By implementing these strategies, the credibility of the research findings throughout this study was strengthened. These measures enhanced the credibility of the research and provided a solid foundation for the meaningful interpretation and application of the findings.

Dependability and Confirmability

The dependability and confirmability of this study were used to address the measures taken to establish the consistency and stability of the research findings and that the findings are grounded in the research instead of any biases or perspectives of myself, the researcher (Connelly, 2016). As a qualitative researcher, it is imperative to maintain dependability and confirmability throughout the study to ensure reliability and consistency throughout the study and analysis of the data being collected (Connelly, 2016). Detailed documentation was utilized to maintain a detailed audit trail regarding the decisions made during the data collection process, coding, and analysis of the data. This documentation allowed for transparency and provided a record of the research procedures to ensure that the study could be replicated or verified by other researchers. I aimed to maintain consistency throughout the data collection process and analysis procedures, which strengthened the dependability of the findings. I also maintained a reflexive stance throughout the data collection and research process by actively reflecting on my own biases, assumptions, and preconceptions. By acknowledging and addressing these biases, I aimed to ensure that the findings were not influenced by my personal perspectives. The coding process was conducted in a systematic and consistent manner by establishing coding frameworks and guidelines to ensure that the interpretations and conclusions drawn from the data were grounded in the participants narratives and experiences. The documentation process allowed for an audit

trail through the collection of notes, memos, and records being maintained to provide transparency and allow for the traceability of the decisions made during the research process (Slevin & Sines, 1999). Participant validation through member checking allowed and offered participants the opportunity to review and provide feedback on the data that will be analyzed and interpreted. By incorporating participant input, the confirmability and dependability of the findings were enhanced because participants could validate or correct my interpretations of their experiences and ensure that their perspectives are accurately represented. By employing these strategies, the dependability and confirmability of the research findings throughout this study on the male experience of miscarriage were enhanced. The documentation of the research and data collection processes was used to maintain consistency in the procedures, reflexivity, coding, auditability, and participant validation, which contributed to the credibility of the findings. These measures allowed for reliable interpretations and conclusions based on the collected data to strengthen dependability and confirmability.

Transferability

Transferability addresses the extent to which the findings of the study can be applicable and relevant to society and refers to the ability to generalize or apply the research findings beyond the specific study participants (Slevin & Sines, 1999). As a qualitative researcher, maintaining transferability is important to the research and study to ensure readers that the findings are useful to those in different settings and situations surrounding the loss of an unborn child and that the findings of the study are applicable to men in different reproductive loss situations (Connelly, 2016). While it was challenging to achieve complete transferability, participant diversity, detailed contextual descriptions, thick descriptions, transparent research methods, comparisons with existing literature, and limitations and caveats will be utilized to

enhance transferability. Participant diversity was utilized to gather information from participants who vary in age, ethnicity, and marital status. By including a wide range of men who had experienced miscarriage, the research aimed to capture a broad and comprehensive representation of the male experience of miscarriage in different contexts. This diversity increased the likelihood that the findings resonated with and were relevant to men facing reproductive loss. A detailed contextual description of the research and setting was provided to include information about the cultural, social, and institutional factors that could influence the male experience of miscarriage. By providing this contextual information, readers can assess the applicability of the findings to their own specific contexts and understand the similarities or differences in the male experience of miscarriage across different settings. The findings of the research were presented using thick descriptions, which provided rich and detailed accounts of the participant experiences with the use of direct quotations, vivid descriptions, and narrative accounts that allowed readers to gain a deeper understanding of the complexities and refinements of the male experiences of miscarriage (Fusch & Ness, 2015). These thick descriptions facilitated a more comprehensive evaluation of the transferability of the findings by allowing readers to compare and contrast their own experiences or the experiences of men in their respective circumstances.

The transparent research methods are described in detail to include the data collection process and analysis techniques, which provide the readers with the ability to evaluate the rigor and reliability of the study and make informed judgments about the transferability of the findings to their own experiences. Clear and explicit reporting of the methods enhanced the trustworthiness of the research and increased the potential for transferability. The data that was collected was compared and contrasted with the existing literature on the male experience of

miscarriage by identifying similarities and differences between current research and previous studies. The transferability of the findings can be assessed, and if the findings align with the existing literature, it suggests a broader applicability of the findings beyond the context of this study.

The limitations and caveats of the research were thoroughly acknowledged and discussed. With every study comes a limitation, and by addressing these limitations, readers can understand the boundaries and constraints of the research findings. The limitations include certain characteristics of the sample of participants, the cultural context of the study, and any biases that can influence the findings. By recognizing the limitations, I provide a clearer understanding of the transferability of the research findings to others who are or have experienced miscarriage. Complete transferability is rare and difficult to achieve in qualitative research, but by employing the strategies of participant diversity, detailed contextual description, thick descriptions, transparent research methods, comparisons, and contrasts with existing literature and addressing the limitations, the transferability of the research findings is enhanced. The measures taken throughout this study provided a framework for readers to assess the relevance and applicability of the findings to their own contexts.

Ethical Considerations

Ethical considerations address the principles and practices that were followed to ensure the protection, welfare, and rights of the participants involved in the research study on the male experience of miscarriage. Ethical guidelines were upheld throughout the research process to maintain high standards of integrity and respect for the participants, with certain ethical considerations given priority, such as informed consent, confidentiality and anonymity, sensitivity and emotional well-being, data security and storage, researcher bias and reflexivity,

and institutional ethical approval. Participants were provided with detailed information about the study, research objectives, procedures, potential risks, benefits, and their rights as participants, and informed consent was obtained from each participant to ensure their voluntary participation. Each participant was provided the opportunity via email or phone to ask questions and clarify any concerns before providing consent, and participation in the study being voluntary was emphasized, along with assuring participants of their rights to withdraw their questionnaires and answers to the follow-up interviews from the study at any time. To protect the participants privacy and confidentiality, all data that was collected was treated with sensitivity, where participant identities were confidential and pseudonyms were used when reporting the results, which ensured confidentiality.

All personally identifiable information that was shared on the questionnaire documents and follow-up interviews was securely stored and accessible only to me, the researcher, and strict confidentiality protocols were followed when it came to handling data, the storage of the data, and the dissemination of the data. Since the nature of this study is sensitive and emotional, I approached participants with empathy, respect, and sensitivity. Care was taken to create a safe, supportive, and private environment for participants to share their experiences openly and honestly. The data that was collected throughout the research process was stored securely and in compliance with data protection regulations, where only authorized persons were allowed and able to gain access to the data. All the data that was collected was stored in password-protected electronic formats, and any physical copies of the data were kept in a locked safe. The data was retained for a certain amount of time, as determined by the institutional policies, and then destroyed securely. A reflexive stance was maintained throughout the research process to actively reflect on personal biases, assumptions, and potential conflicts of interest that could

have influenced the research findings. The transparent reporting of my background, motivations, and potential biases was provided to ensure transparency and allow the readers to evaluate my influence on the research outcomes. I engaged in critical self-reflection to mitigate potential biases. This research project received ethical approval from the institutional review board, and the study was conducted in accordance with the ethical guidelines, standards, and regulations set forth by the institution. Ethical principles were adhered to throughout the research process, with any modification to the research, design, or procedures approved by the ethics committee. By addressing ethical considerations, the study on the male experience of miscarriage upheld the ethical principles of respect, autonomy, confidentiality, and goodwill. All the rights and welfare of the participants were protected, and the research was conducted with integrity and professionalism. The ethical conduct of the study ensures the validity and trustworthiness of the research findings while prioritizing the well-being and rights of the participants.

Summary

Chapter three focused on the data collection strategies and analysis procedures utilized for this study on the male experience of miscarriage, where the research methodology was outlined to include participant selection strategies, the data collection methods, and the analytical approach used to interpret the data that was collected. I begin with an overview of the research design, which utilized a qualitative approach to gain an in-depth understanding of the male experience of miscarriage and how the participant selection process was guided by purposive sampling to ensure a diverse range of men were included. The factors related to participant selection were discussed to include age, ethnicity, and marital status, which provided the study and research with insight into a more diverse sample. The data collection methods utilized throughout the study will be described to focus on the open-ended written questionnaires that

will be completed by participants and follow-up interviews. The rationale for using questionnaires and follow-up interviews was explained to highlight their ability to bring about more in-depth and detailed narratives and capture the men's perspectives and perceptions of their experiences surrounding miscarriage. The questionnaire and follow-up protocols were provided to offer transparency and replicability of the research process, and the analysis of these questionnaires is detailed to emphasize the qualitative nature of the study through key themes and the questions addressed. A thematic analysis will be used to identify recurring patterns, themes, and meanings throughout the data, and the processes of coding, categorization, and theme development were explained to demonstrate the systematic and rigorous approach to the analysis of the data. Attention has been given to the ethical considerations that were taken surrounding the data collection and analysis processes. The steps taken to protect participant confidentiality and privacy are highlighted to include the use of pseudonyms during the written portion of the study and secure data storage, with ethical approval obtained from the institutional review board being acknowledged to ensure the study adheres to ethical guidelines and regulations. Overall, this chapter provides a full account of the data collection and analysis processes and procedures of the study on male experiences of miscarriage. This chapter creates a foundation for the subsequent chapters, where the research findings and their interpretations will be presented.

Chapter Four: Findings

Overview

Chapter Four presents the key findings that have emerged from the comprehensive exploration of the male experience of miscarriage. This chapter will dive into the rich narratives that have been provided by the participants and unveil the complex emotional, psychological, and relational aspects that characterize the male experience in the aftermath of miscarriage. The chapter begins with an introduction to the participants and a look into their journey through miscarriage. Then the chapter moves into the results of the data collection and analysis. Throughout this section, the themes that were identified in the analysis process are presented in an organized manner, with each theme and sub-theme being substantiated through direct quotes and vivid excerpts from participant narratives. This thematic presentation provides a cohesive and comprehensive portrayal of the male experience of miscarriage, which showcases the diversity of perspectives while highlighting common threads that run through the participants accounts. This chapter revisits the research questions that guided the study and summarizes the main findings. The concise review of the research questions serves as a foundation for the broader conclusions drawn from the research, emphasizing the alignment between the findings and the research objectives. Throughout this chapter, the themes are interwoven to create a holistic view of male experiences. Themes related to emotions, coping strategies, communication dynamics, social support, interactions with healthcare professionals, and the impact on relationships are explored in depth. Each theme is illuminated with participant anecdotes and reflections, providing an intimate understanding of the challenges, resilience, and growth that emerge in the wake of miscarriage. Importantly, this chapter acknowledges the individuality of each participant's journey, highlighting the unique ways in which men navigate their grief and

healing processes. The findings offer a textured understanding of how diverse factors such as cultural background, personal beliefs, and social contexts influence the male experience of miscarriage. By the end of the chapter, a cohesive narrative emerges, encapsulating the intricate web of emotions, coping mechanisms, support systems, and personal growth that characterize the male experience of miscarriage. The findings resonate with the theoretical framework established in earlier chapters and contribute to a deeper comprehension of the complex interplay between gender, grief, and societal norms. Overall, this chapter not only presents the findings but also contextualizes and interprets them within the broader scope of the research questions and theoretical underpinnings. This comprehensive exploration enriches our understanding of the male experience of miscarriage and sets the stage for the subsequent chapters, where implications, recommendations, and avenues for further research will be discussed.

Participants

The section comprises a diverse group of individuals who have generously contributed their perspectives and experiences to this research. They represented a diverse range of ages, with participants aged 31, 37, 40, and 59, illustrating that miscarriage can affect men at various stages of life. Their ethnic backgrounds were predominantly Caucasian, and they are all married, reflecting the shared experience of miscarriage within committed relationships. Two of the participants had children prior to experiencing a miscarriage, underscoring the importance of understanding how miscarriage impacts those with existing families. The number and timing of miscarriages varied among the participants, with one individual having experienced two miscarriages at different stages, another having suffered seven miscarriages within the first trimester, one having gone through a single miscarriage in the first trimester, and the most recent miscarriage occurring just one to two weeks before the questionnaire and follow-up interview.

Engaging in open and candid written questionnaires and follow-up interviews, these four participants represent a range of ages, backgrounds, and family structures, reflecting the diverse nature of men's encounters with miscarriage. Their willingness to share their personal journeys has been instrumental in shedding light on the emotional responses, coping mechanisms, communication within relationships, and the long-term impacts associated with miscarriage. Through the insights and narratives of these participants, this study has been able to significantly contribute to our understanding of the multifaceted male experience of miscarriage. Participant information is provided below; however, participant names have been changed to keep their identities private.

Participant 1 – John

John is a 59-year-old Caucasian male who has had four previous pregnancies and experienced two miscarriages. The first miscarriage occurred at fourteen weeks, and the second occurred at thirty-two weeks. The last miscarriage occurred eighteen years ago, and he has two children. John has been unable to be open about the losses, and this is the first time he has discussed the miscarriages openly. He watched his wife blame herself for each loss and tended to busy himself with work and travel to avoid his thoughts, feelings, and emotions surrounding the miscarriages. After each loss, he did not feel like he was able to talk with his wife, and he felt his only role was to be a support and listener for her. These losses put a strain on their relationship for years following the miscarriages, and to help ease this strain, he would have liked to have understood more about what his spouse was going through, but he did not receive any support from medical professionals with his own mental health or education on the topic of miscarriage. Following the losses, he did not receive any outside help, and now that he looks back on these difficult times, he feels he drank and worked too much to reach out for help from professionals

or others. After all these years, he now understands that being a strong Christian has helped him cope and put meaning behind the losses. His faith has put experience in perspective of God's sovereignty and love, and we can rest assured that the children are in heaven with our savior.

Participant 2 – Jamie

Jamie is a 40-year-old Caucasian male who has had three previous pregnancies and experienced one miscarriage. He has two children with his wife and experienced his miscarriage five years ago. This miscarriage occurred in the first trimester, and he found this time to be emotionally challenging. He described being excited to expand his family, but then the sudden loss left him feeling devastated and overwhelmed with grief. After the loss, he struggled with sadness, guilt, and helplessness and found it difficult to process the loss and move forward. Jamie did find comfort and solace in talking with close friends and family; he also turned to activities he enjoyed to help cope with the loss. He was able to discuss the loss with his wife, and he found that leaning on one another for emotional support helped them gain an understanding of one another's grief. Immediately following the loss, it was difficult to discuss the miscarriage with his wife because they were both grieving in their own ways, but they eventually found comfort and solace in each other. They tried to create a safe space to be open with one another and share their feelings and concerns. Jamie also received assistance with coping through counseling, but he feels that there needs to be more specialized support for men who have experienced miscarriage. The medical professionals only provided information regarding the physical aspects of the miscarriage, but the emotional support was limited, and he wishes there was more emphasis placed on the emotional impact miscarriage has on men. Jamie did find that his only role was to be there for his wife and that the miscarriage initially strained his

relationship with her. He has gained a deeper appreciation for the value of family, and the loss has taught him to cherish every moment with his children and spouse.

Participant 3 – Edward

Edward is a 31-year-old Caucasian male who has had eight previous pregnancies and has experienced seven miscarriages. Each miscarriage occurred between six and ten weeks ago, and the most recent miscarriage occurred between one and two weeks ago. He has one child with his wife and found that each miscarriage was a difficult and emotional time for both and that it was natural to remain hopeful after each. Edward expressed that the sadness and grief were overwhelming following each loss. As he witnessed his wife experience the physical and emotional pain of each loss, it made him feel helpless, with not much he could do to alleviate her pain and suffering. The cause of the miscarriages remained unknown for a while, which brought about grief and anger and consumed his thoughts all day, which led to constant research for reasons and potential solutions. As he went through each day, he found that watching others with children caused a sense of emptiness, but the only way to cope with each loss was spending time with his wife and finding ways to escape. In the beginning, he was only able to discuss each miscarriage with his wife, and when they both became comfortable, he opened up to his family and others about the losses for support. As the husband, he did not receive support from the medical professionals and found that his role was to be by his wife's side. These losses strained his relationship with his wife over time, and he says that his wife felt like she had no meaning without being a mom and started looking for other things to fill the void of children. Edward goes on to explain that it saddens him that people will abort healthy babies in the womb and that the miscarriages have made him appreciate his son more compared to those who have never experienced a miscarriage. He wants others to know that it is okay to not have the answers or to

not know what to say, but that being there for and with your wife can be enough to help each other grieve and work through the pain, and that it will take time to heal. Understand that it is okay to grieve, and do not be afraid to seek out and talk with a professional early on. He feels that if he and his wife had sought out counseling sooner, they could have avoided a lot of the strain and stress that was placed on them.

Participant 4 – Jacob

Jacob is a 37-year-old Caucasian male who has had five previous pregnancies and has experienced three miscarriages. Each miscarriage occurred within the first trimester, with the most recent miscarriage occurring six months ago. He and his wife have two children, and he found that the miscarriages were devastating experiences, with each loss being sudden and profound. Each miscarriage was described as dream-shattering and a roller coaster of emotions of shock, sadness, guilt, and confusion. Jacob found it difficult to concentrate and was preoccupied with thoughts of what could have been, and each loss was trying on his mental health and required a lot of support because he experienced deep sadness and grief. He found significant help from his wife, where they leaned on one another and also attended counseling together to have a safe space to discuss their emotions and navigate the complexities of their grief. Jacob also found solace in talking with his family and friends and was able to turn to physical activities to assist with coping. He says his family and friends were some of the best supports because they were always there; they listened, offered condolences, and even helped prepare meals and assisted with taking care of daily responsibilities while they healed. Having access to a broader range of professional services tailored to men who have experienced miscarriage would have also been helpful and would have provided more options outside of the support of family and friends. The medical professionals did not provide any emotional support,

and he feels that they could benefit from more training around miscarriage and emotional support. Following the miscarriages, he felt that his role was to be there for his spouse, and he felt that he had to take on practical responsibilities to ease the burden on his wife. Jacob found that the miscarriages placed a strain on their relationship, but as time went on, he and his wife grew as a couple, and they became more attuned to each other's needs and feelings, and their bond grew stronger. He wants others to know that it is normal to feel a deep sense of loss and grief and that there is no right or wrong way to grieve. Give yourself permission to feel any sadness, anger, or confusion that could arise. Men's grief following miscarriage is real and is an invisible loss for men. Men often play the support role, but it is vital to recognize that you need support as well.

Results

The results section of this dissertation on the male experience of miscarriage unveils a rich tapestry of findings drawn from qualitative data collection. Results from this qualitative research study offer insights into the emotions, coping strategies, and perspectives of men who have confronted miscarriage. Through in-depth written questionnaires, follow-up interviews, and thematic analysis, the narratives of participants unveiled complex experiences. Participants shared deeply personal stories, highlighting the range of emotional responses, from profound grief and sadness to unexpected waves of anger and guilt. The questionnaires and follow-up interviews illuminated the multifaceted nature of the coping mechanisms employed by these men, emphasizing the importance of recognizing individuality in their grief journeys. Moreover, the qualitative findings delved into the dynamics of communication within relationships, revealing diverse patterns of interaction and providing a window into the complexities of providing and receiving support during such challenging times. Overall, the qualitative results

not only underscore the significance of acknowledging and validating the male experience of miscarriage but also offer a deeper understanding of the nuanced ways in which men navigate this emotionally charged journey.

Theme Development

The male experience of miscarriage is profoundly marked by the emotional toll it exacts on those who endure these difficulties. In this study, all participants shared a common thread, which is the experiences of profound grief, sadness, and, at times, guilt following their miscarriages. These emotions reverberated deeply within them, leaving indelible imprints on their lives. The anguish they felt was intensified by the heart-wrenching task of witnessing their spouses' pain and suffering. This empathetic connection to their partners' anguishes further compounded their emotional turmoil. These findings underscore the emotional complexity that men grapple with in the wake of miscarriage, dispelling any notion that they are unaffected bystanders in this deeply emotional journey.

Theme 1: Coping Mechanisms: Varied Strategies for Healing

Coping with the trauma of miscarriage is a deeply personal and nuanced process (Williams et al., 2020). Participants in this study employed a wide array of coping mechanisms as they navigated the turbulent waters of grief. These strategies varied significantly among the participants, reflecting the individuality of their responses to loss. Jamie and Jacob sought solace in spending time with their spouses, cherishing the opportunity to grieve and heal together. While John and Edward sought respite from their emotional turmoil by seeking ways to escape, providing them with moments of reprieve from the relentless sadness.

John stated, "My wife blamed herself for the losses, and to cope with the losses, I busied myself with work and travel. I did not receive outside help to cope with each loss, but I found that I drank and worked too much to get help that I probably needed."

Men often deny themselves support from others in order to sort out and cope with the loss on their own (Rinehart & Kiselica, 2010). This can be seen in the way John chose to try to cope with the loss of his unborn children. Instead of confiding in his wife, family, friends, or seeking support from professionals, John used his work to keep him busy and keep his mind off of each loss. He also looked to alcohol to cope, mask his pain, and not discuss his feelings with others, even though he was struggling mentally.

Edward stated, "My wife and I tried to find ways to escape to help us cope with each loss. We did discuss the miscarriages with each other, but overall, we tried not to discuss the losses and only wanted to escape from the reality of knowing that we lost another baby and will have to watch others with their children while we remain childless."

Although Edward and his wife were able to confide in one another, he mainly used ways of escaping to cope with each loss until they felt comfortable enough to open up about each loss to their family. Once Edward felt comfortable discussing miscarriages with his family, he leaned on them to help him cope.

Jamie, Jacob, and Edward turned to their support networks, which included close friends and family. These trusted confidants served as pillars of strength during their darkest hours, offering solace and understanding. Engaging in physical activities, such as running or hiking, provided an outlet for pent-up emotions and contributed to their healing journey.

Jamie stated, "Talking with close friends and family helped me cope with the loss, but my wife was my biggest support system. I did find that I would have liked to have outside help

that was centered around my experiences with miscarriage. I feel that some outside help would have helped me cope with the loss better and more effectively.”

Jamie’s coping mechanisms included discussions with his family, friends, and wife, along with engaging in physical activities. He would have appreciated more outside help from professionals to assist with coping.

For Jacob, counseling sessions, often attended jointly with his spouse, provided a structured and therapeutic environment to confront their grief and navigate its complexities. The diversity of these coping strategies underscores the importance of recognizing that everyone’s experience of miscarriage is unique, and the path to healing is a deeply personal one.

Jacob stated, “I received significant help from my spouse because we leaned on one another during this difficult time. However, we did attend counseling together because it helped provide us with a safe place to discuss our emotions and navigate the complexities of our grief. We did find that talking with family and friends helped us cope, and I also turned to physical activities to assist me with the grieving process.”

The coping mechanisms expressed by Jacob included discussions with his spouses, family, friends, and attending counseling with his wife. This allowed for the creation of a safe space for them to be as open as possible regarding the loss of their unborn child.

Theme 2: Impact on Relationships: Strain and Resilience

The aftermath of miscarriage has a profound impact on relationships (Hiefner, 2021). Initially, participants in this study reported that miscarriages placed significant strain on their partnerships. The dissonance between coping mechanisms between partners was a common source of tension. Men and women often grieve differently, making it challenging to find common ground during this emotionally tumultuous period.

John expressed that “the miscarriages really strained mine and my wife’s relationship for a number of years. Being overseas, I often had to translate for my wife, which made things even more difficult and strained between us. I remember having to break the news to my wife that our first baby died because she did not understand the doctors. When you have to be the one to break the news of the death and do not have any support in the hospital, it places a burden on you and makes it difficult to try to work through your feelings and the loss.”

Key words: strain, burden, difficulty working through feelings, no support

Edward expressed, “The miscarriages really took a toll on mine and my wife’s relationship. We did our best to try to come together to help each other through, but over time it became very difficult, and she started to pull away from me because it was almost like she was giving up on having children. During this difficult time, she started staying out late after work and drinking to the point where she would come home drunk.”

Edward did not understand what his wife was going through and felt he was losing her, so he started thinking about ways to get her back to him and fix their relationship. “I felt there was nothing I could do to help her and bring her back to me until we finally went to counseling. If we had gone to counseling sooner, maybe after our third or fourth miscarriage, our marriage wouldn’t have been so strained, and I wouldn’t have lost my wife for that period of time.”

Key words: toll, difficulty coming together, lost wife

However, the findings also reveal a compelling narrative of resilience and strength within relationships. Over time, the men in this study recognized the importance of open communication and mutual support in navigating their grief. They created safe spaces for dialogue and shared their feelings and concerns. This process not only allowed for the perception of healing the emotional wounds caused by the miscarriage but also allowed each participant to

strengthen their bonds with their wives. The findings highlight the potential for miscarriages to serve as catalysts for emotional growth and deeper connections within relationships.

Jamie expressed, “At first, my relationship with my wife was strained because our coping mechanisms were different, but we learned to lean on each other and really started to communicate with one another. Once we started communicating, our bond grew, and we became closer than before.”

Key words: strain, different coping mechanisms

Jacob expressed, “After experiencing the loss, my wife and I found it difficult to communicate with one another, which put a strain on our relationship. We kind of did not speak to each other for a while, because all I would want to do is ask her how she was doing and talk about the loss. After a while, we did start to open up to each other and found that talking helped strengthen our bond and helped us learn that open communication was the key to working through difficult times and becoming more attuned to each other.”

Key words: strain, difficult to communicate

Theme 3: Role: Male Role Following Miscarriage

The male role following miscarriage was one theme that stood out among participants. Men often perceive their primary role following miscarriage as being a supporter for their wives without receiving support themselves (Nguyen et al., 2019). This includes the male participants in this study who expressed their immediate role as a source of emotional support for their wives. While grappling with their own grief, men often prioritized being there for their spouses. They recognized the profound emotional pain experienced by their spouses and sought to provide comfort and solace.

Emotional Supporter

One participant described their role following the miscarriage as a “supporter” for their spouses during the initial aftermath of the miscarriage. This theme was echoed by others who found solace in providing a shoulder to lean on and an empathetic ear for their wives. In this role, men attempted to create a safe space for open communication, acknowledging the importance of allowing their spouses to express their feelings and concerns freely.

John stated, “My role was to simply support my spouse. I did not feel that my role was anything else but to support her through this time. I guess I did not know that I should be doing anything else.”

Key words: support spouse, no other role

Edward stated, “I felt that my role following each miscarriage was to be by my wife’s side, even if there was nothing I could do to help. I knew that I needed support as well, but I felt like I needed to place my feelings aside and focus on my wife.”

Key words: be by wife’s side, place feelings aside, focus on wife

Jamie stated, “My role was to be there for my wife. To support her in any way possible.”

Key words: support, be there

Practical Supporter

One participant expressed his role following miscarriage as being more of a practical supporter. Although Jacob found himself being an emotional supporter as well, he mainly found himself supporting his wife through taking on the day-to-day responsibilities that she may typically do daily. He felt that the best way to support her during this difficult time was to make sure she did not have to do anything except heal physically, mentally, and emotionally.

Jacob stated, “My role was to be there for my spouse and support her in any way. I ended up taking on the practical responsibilities around the house to ease her burdens. I would cook

dinner, wash clothes, do dishes, and clean up around the house. I truly did not want her to have to do anything, especially things that I could do. I did not feel like my role was to do anything else but support her.”

Key words: practical responsibilities, support, be there, no other role

The male role following miscarriage is complex, involving immediate support for one's spouse, the navigation of intricate emotions, the employment of coping strategies, and the integration of the experience into long-term perspectives on life and parenting (Horstman et al., 2020). While men often play crucial roles in providing emotional support to their wives, it is vital to recognize that they, too, experience grief and loss. Enhancing awareness and support for men in the context of miscarriage is essential, as their well-being and the strength of their relationships can be profoundly impacted by this shared experience.

Theme 4: Long-term Impact: Profound Shifts in Perspective

The enduring impact of miscarriage was a prominent theme among participants. Miscarriages left lasting impressions on their lives, leading to profound shifts in perspective. The loss of an unborn child that was a desired pregnancy leads to immediate and long-term reactions that include guilt, grief, and depression (Volgsten et al., 2018). Each participant in this study indicated in some way that they had experienced one or all these reactions to the loss. Participants also expressed a heightened appreciation for the preciousness of life and the role of parenting. The experiences imparted a deep understanding of the importance of open communication and emotional support in the journey of parenthood.

Edward stated, “The sadness and grief following each loss were overwhelming, and every miscarriage brought about a lot of grief and anger, especially since I did not receive any outside support. When looking back on the losses, I have found myself saddened that people will abort a

healthy baby in the womb. This lack of respect for human life makes me appreciate my son more. I actually probably appreciate my son more than those who have never experienced miscarriage; at least that is the way I feel.”

Key words: overwhelming, grief, anger, no outside support, appreciation

Jamie expressed, “At first, I struggled with the feelings of sadness, guilt, and helplessness, and it was very difficult to process the loss and move forward. Although I struggled in the beginning, I have found a deeper appreciation for the value of family. I have learned to cherish every moment with my children and wife. The loss taught me to become more aware of open communication and accepting emotional support from others.”

Key words: sadness, guilt, helplessness, difficult, appreciation, cherish, open communication, accepting

Jacob expressed, “I experienced very deep sadness and grief. I felt overwhelmed, and it was difficult for me to concentrate on daily tasks. I found myself preoccupied with thoughts of what could have been, and everything became very trying on my mental health. Throughout my time coping with the loss of my child, I can firmly say that I became more aware of the importance of communication, especially open communication, and I also truly learned to cherish my children. My children have truly helped me work through the loss. I started leaning on them and my wife to cope with the loss, which made me draw closer to them.”

Key words: deep sadness, grief, overwhelmed, difficult to concentrate, preoccupied, trying, mental health, importance, communication, open, cherish

For some, faith played a pivotal role in their coping strategies. Their belief systems provided solace, offering a framework for understanding and finding meaning in their

experiences. The belief that their child is in a better place brought comfort and solace, reinforcing the role of spirituality in the healing process.

John stated, "Being a strong Christian truly helped me work through my grief and emotions. Although I did not try working through the difficulties until later on, when I did start to work through my grief, I turned toward God. The experience of the miscarriages was put into perspective in terms of God's sovereignty and love. I can now rest easy knowing that my children are in heaven with our Savior."

Key words: Christian, grief, emotions, God, God's sovereignty and love, rest easy

Theme 5: Safe Spaces for Dialogue

Jamie, Jacob, and Edward indicated that they worked to create safe spaces for dialogue with their wives. The theme of safe spaces for dialogue emerged as a crucial element in understanding how men cope with and process the profound emotional impact of miscarriage. The experiences shared by participants highlighted the pivotal role of these safe spaces, which provided opportunities for men to openly discuss their emotions, struggles, and grief.

"My wife and I found a way and made an effort to create a safe space in our home for open communication. When we were in this space, we were able to share our feelings and concerns surrounding the miscarriage with each other, which helped us process the loss, especially since we were both struggling. We did attend counseling together, which also assisted with communication and the grieving process," Jamie stated.

Keywords: create, safe, space, home, share, feelings, miscarriage, process, counseling

Edward and Jacob expressed the significance of safe spaces, where they felt free to express their feelings without judgment or pressure to conform to stereotypical notions of masculinity. These spaces, whether they were conversations with their spouses, close friends and

family, or in counseling, allowed men to release pent-up emotions and confront their grief. The participants who shared their experiences with trusted friends and family reported feeling relief in knowing they were not alone in their struggles, and those who attended counseling reported relief in finding their relationship with their wife again.

“Eventually, my wife and I attended counseling, which really helped us come back together and open up about what we had gone through. By having this space outside our home and having an outside party present, we were able to express our feelings and emotions without interruptions and with someone who could simplify what was being said to each of us,” Edward stated.

Key words: counseling, space, outside, express

“We attended counseling sessions together, which provided a safe space to discuss our emotions and navigate the complexities of our grief. We were able to come together to discuss the loss outside of our house and in the presence of someone who has been trained to help those struggling through their difficulties and pain. The therapist helped us express our emotions and learn to communicate them with one another,” said Jacob.

Key words: counseling, sessions, safe, space, discuss, emotions, navigate, outside, express, communicate

This theme underscores the pivotal role that open and non-judgmental communication plays in the male experience of miscarriage. Men found solace in sharing their feelings within trusted relationships, whether with their spouses, friends, or in healthcare settings. Recognizing and enhancing these safe spaces is essential to helping men cope with the emotional challenges of miscarriage. By fostering environments where men can express their grief, society can play a

vital role in supporting the healing process and ensuring that men's experiences are acknowledged and validated.

Theme 6: Support Networks and Advice for Others

Participants' support networks, comprising immediate family, close friends, and, in some cases, medical professionals, played a crucial role in their healing journeys. Jamie, Jacob, and Edward found that turning to their wives, family, and friends brought them the most support, especially since they did not receive the support they needed or wanted in the hospital. "I did not receive support in the hospital that I probably needed, but the doctors and nurses were compassionate," Edward stated, "when comfortable, I opened up about the losses to my family and was provided with the ability to work through my feelings surrounding the losses." "The medical professionals really only provided information regarding the physical aspects of miscarriage and nothing more," said Jamie. John did state, "the medical professionals were very compassionate and helpful about what we were experiencing, which did help during our time in the hospital." These networks offered emotional support, understanding, and practical assistance, which were instrumental in navigating the turbulent seas of grief. The participants in this study indicate that they did not receive the emotional and mental health care that they would have liked and were mainly provided with information regarding miscarriage, which has been shown in previous studies. Previous studies indicate that health care professionals tend to sidestep their involvement or emotional care surrounding miscarriage by offering books, articles, or other help (Rinehart & Kiselica, 2010). Participants emphasized the need for improved emotional support within the medical setting, suggesting that healthcare providers could enhance their training to address the emotional needs of individuals and couples experiencing miscarriage.

Jamie expressed, "I did not receive much support from the medical professionals with anything except for the information regarding the physical aspects of the miscarriage. I did receive support from family and friends, but I would have liked more support outside of family and friends. I encourage the medical professionals to get more training on how to support men following miscarriage, because I would have truly liked specialized counseling or support groups for men who have experienced miscarriage."

Regarding the advice Jamie has for men going through miscarriage, he states, "As far as advice I have, I encourage men who have experienced miscarriage to allow themselves their experiences, to acknowledge their emotions, and to validate their feelings. I also encourage men to allow themselves to grieve and to communicate with their spouse. I also want men to feel okay with seeking professional help to heal, because talking about their feelings can be healing and they will know that they are not alone."

Key words: no support from medical professionals, support from family and friends, more training, allow experiences, acknowledge, validate, grieve, communicate

Jacob stated, "My family and friends were the best support I received during this difficult time and were always there when I needed someone to listen to me. However, I would have liked more outside help. Having a wider range of professional services would have been helpful and would have provided more options outside of family and friends. The medical professionals in the hospital were generally supportive, but I did not receive the proper emotional support I needed and wanted from them. I believe there is an opportunity for enhanced training in addressing the emotional aspects of miscarriage and to create a more empathetic approach to emotional support.

Jacob also expressed, “Miscarriage is an invisible loss for men, but men need to understand that their grief following the loss of an unborn child is real. Although men may play a supportive role for their wives, it is vital to recognize your own need for support as well. The miscarriage will change and impact your approach to parenting and relationships, so you need to break your silence about the struggles you are going through. I encourage society to create a more empathetic and supportive environment for men and couples in general who are dealing with miscarriage.”

Key words: family, friends, would have, outside help, medical professionals, generally supportive, did not, opportunity, enhanced training, grief, recognize, need, support, change, impact, break silence

In offering advice to other men going through the harrowing experience of miscarriage, participants underscored the importance of being supportive listeners for their spouses. They encouraged acknowledging one's own grief, emphasizing that seeking professional help when needed is a sign of strength, not weakness. Each participant highlighted the uniqueness of every individual's grieving process, urging patience and understanding during the healing journey.

John expressed, “I did not receive any support as a husband in the hospital, but some of the professionals were very helpful and compassionate with what we were experiencing as a couple, though there was nothing specifically aimed toward myself. Although our relationship was strained and we did not discuss each loss with each other, I want to urge other men to be there for their spouse, to be a listener, and to give her time to heal emotionally.”

Key words: no support, listener, time

Edward stated, “Although I did not receive support in the hospital setting, at least what I probably should have received, the doctors and nurses were very compassionate about what we

were going through. My wife and I leaned on each other, and we eventually felt okay to open up to family, which really helped me work through my feelings and emotions. Being with my wife helped as well, but for the most part, we worked to find ways to escape the reality of losing a child and the possibility of not being able to have children of our own. This did cause my wife to look outside our marriage to fill the void with alcohol, and we eventually started attending counseling to help us come back together and grieve the losses.”

Regarding the advice Edward would give to other men going through miscarriage, he stated, “My advice to others who are experiencing miscarriage is to not be afraid to speak with a professional early on. If my wife and I had talked with a counselor earlier than we did, we could have probably avoided a lot of stress and strain. I also want to let other men know that it is okay to not have the answers or to not know what to say. Remember that you both are going through this experience, and neither one of you will be able to comprehend or understand at first. Being there with and for your wife can be enough to help both of you through the pain. Miscarriage is a horrible experience, and it will take some time to heal, but make sure you understand that it is okay to grieve the loss. Pregnancy starts at conception, so no matter how far along the pregnancy was, that is your baby, your child, and you are losing a part of you. A loss is a loss no matter what, and it just takes time to work through your feelings.”

Key words: no support, compassion, wife, family, escape reality, do not be afraid, speak, professional, comprehend, understand, help, through pain, time

Theme 7: Hospital Support

The experiences shared by the participants who navigated the profound challenges of miscarriage shed light on a critical aspect of the process often overlooked, which is the lack of sufficient support in the hospital setting, particularly for men. Each participant that volunteered

for this study indicated that they did not receive the appropriate or the necessary emotional support needed in the hospital. John expressed the word “none” and Edward used the phrase “I did not receive support as the husband” when asked about the support received in the hospital. The participants also expressed that they would have liked more emotional support in the hospital or that there is a greater need for emotional support for men in the hospital setting following the loss of an unborn child.

John further explained “we were overseas at a remote location. I had to get my spouse to a military hospital in Germany. I mostly busied myself with the travel requirements. I also worried a great deal about my spouse because she blamed herself for the loss of our child.” He also indicated that he would have liked to have understood what his wife was going through both physically and emotionally and that he did not receive support in the hospital. John did express that the hospital staff was compassionate, but overall, he did not receive any support from the medical professionals.

Key words: none, understood, worry, compassionate

Edward expressed similar views and experiences with the hospital staff. “I was only present at the hospital for 1 miscarriage, and the doctor was very apathetic. Gave us space to grieve.” However, he also indicated “I did not receive any support as the husband” when explaining his emotional and mental health experiences with hospital staff.

Key words: support, apathetic, space, grieve

These poignant accounts unveils that logistical and emotional challenges faced by men during a miscarriage, exacerbated by the absence of tailored support. In these cases, the hospital setting, a place expected to provide solace and guidance, became a stark contrast. The participants

noted that there was no outside help or counseling offered, leaving them to cope with the distress by self-medicating and working for John, and escaping reality for Edward.

The stark revelation of an apathetic medical professional during such a sensitive moment underscores a systemic deficiency in recognizing the emotional needs of couples facing miscarriage. The husband, in these cases, was left to navigate the complex emotions without the crucial support one would expect from healthcare providers.

Jamie indicated “the medical setting was generally respectful and supportive. However, I believe there is a need for greater sensitivity towards the emotional impact of miscarriage and the need for comprehensive support beyond the physical aspects.”

Keywords: respectful, supportive, need, sensitivity, emotional, support

While medical professionals in some instances provided information about the physical aspects of the miscarriage, the emotional dimensions were frequently left unaddressed. Jacob explained “the medical professionals were respectful and understanding of our situation. They provided medical care with professionalism, ensuring our physical well-being. However, I wish there had been more emphasis on the emotional aspect of the miscarriage, given its profound impact on our lives. It would have been helpful if they had offered guidance on coping strategies and available support resources.”

Keywords: respectful, understanding, professionalism, physical, well-being, emphasis, emotional, profound, impact, guidance, coping, support, resources

The shared narratives collectively underscore a critical need for a more empathetic and holistic approach within the hospital setting. The experiences of these men reflect the broader challenge of acknowledging and addressing the emotional intricacies of miscarriage. As the hospital is a pivotal institution in the miscarriage journey, it is imperative to recalibrate the

approach, fostering an environment where medical professionals are not only clinically proficient, but also attuned to the emotional needs of both parents. This shift is vital for transforming hospitals into spaces of genuine support and healing for couples navigating the delicate terrain of miscarriage.

The male experience of miscarriage is a deeply emotional and multifaceted journey. This study has shed light on the profound emotional toll, coping strategies, relationship dynamics, and long-term impacts experienced by men who have faced miscarriages. The findings highlight the critical role of support networks and offer valuable insights and advice for men navigating the complex terrain of miscarriage, ultimately contributing to a more empathetic and supportive environment for those affected by this deeply personal and often unspoken loss.

For further information regarding theme development and the key words and phrases that arose during the data analysis, see Table 1: Theme Development and Table 2: Theme Development Key Words and Phrases below and in the Appendix.

Table 1:*Theme Development*

Name	Theme 1: Coping Mechanisms (Key Words)	Theme 2: Impact on Relationships (Key Words)	Theme 3: Male Role Following Miscarriage (Key Words)	Theme 4: Long-term Impact (Key Words)	Theme 5: Safe Spaces for Dialogue (Key Words)	Theme 6: Support Networks and Advice for Others (Key Words)	Theme 7: Hospital Support (Key Words)
John	Drinking, working	Strain	Emotional supporter: supportive role	Christian perspective	Not discussed	Be there for your spouse, be a listener	No support, explained things medically
Jamie	Talking, physical activities	Devastating	Emotional supporter: emotional support	Shifted perspective	Talking to friends and family	Cherish every moment, open communication	Information of physical aspects, limited emotional support
Edward	Time with spouse, escaping	Overwhelm	Emotional supporter: emotional support	Perspective on parenting	Opening up to family	Be there for your spouse, seek professional help	No support as husband, apathetic
Jacob	Talking, exercise, nature	Initially strained, strengthened	Practical supporter: emotional support	Empathy and understanding	Sharing experiences with others	Seek professional help, be patient, advocate for awareness	Medical procedures explained, limited resources available for emotional support

Table 2:*Theme Development Key Words and Phrases*

Themes	Key Words/Phrases
Coping Mechanisms	Drank and worked too much – Engaged in physical activities – Shared feelings with spouse – Attended counseling – Spent time in nature – Supported each other emotionally
Impact on Relationship	Strained marriage initially – Grew closer over time – learning to navigate emotions together – Strengthened bond as a couple – Shared feelings and concerns
Male Role Following Miscarriage	Offered emotional support to spouse – Shared practical responsibilities – Handled household chores – Supported spouse during the miscarriage – Helped spouse emotionally
Long-term Impact	Shifted perspective on life – Cherished family more – Emphasized open communication and emotional support – Enhanced empathy – Awareness of parenting challenges
Safe Spaces for Dialogue	Created a safe space for open communication with spouse – Leaned on each other for emotional support – Attended counseling together – Shared experiences and emotions with family and friends – Encouraged sharing through counseling and therapy
Support Networks and Advice	Received support from spouse, family, and friends – Attended counseling sessions – Sought support from close ones – Encouraged reaching out to support groups – Advocated for greater awareness and support groups – Advocated for greater awareness and support – Suggested seeking professional help – Highlighted the importance of sharing experiences – Emphasized the uniqueness of each individual's journey
Hospital Support	Supportive – Empathetic – Need for greater sensitivity toward emotional impact – Information about physical aspects provided – Medical procedures explained – Medical care provided with professionalism – Need for an emphasis on emotional support – No support as husband - None

Research Question Responses

Research Question 1: How do men describe their experiences with a miscarriage?

In exploring the male experience of miscarriage, it is essential to consider the deeply personal narratives provided by the participants in this study. These narratives offer valuable insights into the emotional landscape that men navigate when confronted with the loss of a

pregnancy. The responses from the four participants shed light on the diverse ways in which men perceive and articulate their experiences during and after a miscarriage.

John recounted his experience during a challenging period overseas. His primary focus was on ensuring his spouse's well-being, revealing a selfless concern for her emotional state. He expressed worries about his spouse, blaming herself for the miscarriage and highlighting the complex dynamics of guilt and responsibility that often accompany such events.

Jamie described experiencing profound sadness and grief, along with struggles related to guilt and helplessness. His narrative underscores the intensity of emotional responses that men may grapple with in the wake of a miscarriage, suggesting a need for supportive interventions to address these complex emotions.

Edward shared his emotional journey, marked by witnessing his spouse's pain and a profound sense of helplessness. His account vividly illustrated the enduring grief and sadness that can linger in the aftermath of multiple miscarriages, emphasizing the long-term emotional toll such losses may have on men.

Jacob conveyed a sudden and profound sense of loss, accompanied by deep sadness, grief, guilt, and confusion. His description of the emotional turbulence highlights the multifaceted nature of the male experience of miscarriage, encompassing a range of intricate emotions that demand careful consideration.

Research Question 2: How do men describe the support (or lack thereof) they received after the miscarriage?

Understanding the support networks available to men following a miscarriage is crucial to comprehending the broader context in which they navigate this emotional terrain. The

responses from the four participants provide valuable insights into the types of support men receive or lack after experiencing a miscarriage.

John's account reveals a lack of external support, suggesting that some men may find themselves coping with the aftermath of a miscarriage in isolation. His potential reliance on coping mechanisms such as drinking, and work underscores the absence of formal support structures. John also indicated that he did not have the necessary support in the hospital during the time of each loss but would have liked during this difficult time. However, he did find that the hospital staff was compassionate to both him and his wife.

In contrast, Edward's experience demonstrates the importance of familial and social support networks. His receipt of support from family and friends, including financial assistance for fertility treatments, emphasizes the significant role that loved ones can play in helping men and their partners navigate the challenges of miscarriage. Edward did indicate that he received understanding for his emotions that arose at the time of indication of the miscarriages, but he feels there is a greater need for further emphasis on the emotional and mental support provided to men following a miscarriage.

Jamie's narrative also highlights the essential role of family and close friends in providing support during this difficult period. This suggests that interpersonal relationships can serve as valuable resources for men seeking to cope with the emotional aftermath of a miscarriage. Jamie did not receive the support he was expecting after the loss of his child and that there needs to be further training for medical professionals to address the emotional needs of men experiencing miscarriage.

Jacob's experience further reinforces the significance of immediate family and close friends in offering both practical assistance and emotional support. Their involvement, along

with attending counseling sessions as a couple, underscores the potential benefits of formal support mechanisms in facilitating the healing process for men and their partners. Similar to Jamie, Jacob did not receive support in the hospital setting and indicates that hospitals should consider implementing support or counseling services designed for men experiencing miscarriage.

Research Question 3: How do men describe the way they attempted to cope with the miscarriage?

The coping mechanisms employed by men following a miscarriage provide valuable insights into their individual strategies for navigating grief and loss. The experiences shared by the four participants shed light on the diverse approaches' men may take to cope with the emotional aftermath of a miscarriage.

John stated that his coping mechanisms involved drinking too much and diving into his work. This suggests that some men may turn to these activities as a means of distraction or emotional regulation during this challenging period. Whereas Jamie employed coping mechanisms that included talking to close friends and family, engaging in physical activities, and attending counseling sessions with his spouse. This multifaceted approach underscores the complexity of coping with the emotional impact of miscarriage and the value of seeking both emotional and physical outlets.

Edward's coping strategy involved spending time with his spouse and seeking ways to escape from the emotional burden of multiple miscarriages. This highlights the importance of maintaining a connection with one's partner while also seeking respite from grief. Jacob emphasized open and honest communication with his spouse as a central coping strategy. This proactive approach to addressing grief as a couple suggests that mutual support and shared

emotional expression can be integral to the coping process. Additionally, attending counseling sessions and engaging in physical activities further demonstrate the multifaceted nature of coping strategies employed by men.

The responses from the four participants underscore the importance of recognizing the uniqueness of each man's experience when facing a miscarriage. Their narratives reveal a wide spectrum of emotions, support systems, and coping mechanisms, emphasizing the need for tailored and empathetic approaches to addressing the male experience of miscarriage. The participant responses reflect the diverse range of experiences and coping mechanisms that men may employ when dealing with miscarriages. Everyone's experience is unique, and their coping strategies vary based on their personal circumstances and support systems.

See Table 3: Linking Theme's to Research Questions below and in the Appendix for further information regarding which theme's merged from the research questions.

Table 3:

Linking Themes to Research Questions

Research Questions	Linked Themes
RQ1: How do men describe their experiences with a miscarriage?	Theme 2: Impact on Relationships: Strain and Resilience Theme 3: Role: Male Role Following Miscarriage
RQ2: How do men describe the support (or lack thereof) they received after the miscarriage?	Theme 5: Safe Spaces for Dialogue Theme 6: Support Networks and Advice for Others Theme 7: Hospital Support
RQ3: How do men describe the way they attempted to cope with the miscarriage?	Theme 1: Coping Mechanisms: Varied Strategies for Healing Theme 4: Long-term Impact: Profound Shifts in Perspective

Summary

Chapter four of this dissertation is a pivotal section that presents the research findings and analysis based on the data collected. This study's focus shifts from the theoretical and

methodological aspects to the empirical insights derived from the research. The chapter opens with an introduction to the data collected, outlining the research methods, data sources, and demographic characteristics of the study participants. Then the chapter moves into the introduction of the participants. Each participant is provided with their own section to allow for further information on each participant and their story. The study engaged a diverse group of participants, representing a broad range of ages and family structures. The research aimed to capture the experiences of men who had personally encountered miscarriage. The findings from the data analysis revealed a multifaceted landscape of the male experience of miscarriage. The study uncovers a spectrum of emotional responses, including grief, sadness, anger, guilt, and confusion. Men described these emotions as intense and often unexpected, challenging traditional stereotypes of male emotional stoicism. Research also sheds light on various coping mechanisms employed by men following miscarriage. These strategies encompass seeking social support, engaging in activities that provide solace, and seeking professional counseling. The crucial role of communication within relationships is also highlighted throughout the study, where it is found that some men found solace in open dialogues with their spouse, while others faced challenges in discussing their emotions, reflecting the diverse nature of interpersonal dynamics during this time. Miscarriage has been shown to have a lasting impact on men's perspectives on life and parenting. Some participants expressed a heightened sense of vulnerability, while others reevaluated their priorities and aspirations. Through rigorous analysis, several recurring themes emerged, including silent grief, support networks, diverse coping strategies, and reshaping fatherhood. Men often experience a form of silent grief, wherein societal expectations and norms discourage them from openly expressing their emotions, contributing to a sense of isolation. The study also found that men who have access to supportive

networks fare better in coping with the emotional aftermath of miscarriage. Research also showed that men employ a diverse array of coping strategies, emphasizing the importance of recognizing individuality in the grieving process. Miscarriage often reshapes men's perceptions of fatherhood, instigating contemplation about future family planning and the responsibilities of parenthood. The study then provides insightful responses to the research questions to highlight. The research highlights and describes the coping mechanisms utilized by the participants, the support services that were used to cope with the loss of their unborn child, and how they describe their perspectives of miscarriage. This chapter serves as the empirical foundation upon which the subsequent chapters build. The chapter encapsulates the rich and varied experiences of men who have faced miscarriage, contributing valuable insights into the field, and paving the way for practical recommendations and further research.

Chapter Five: Conclusion

Overview

Chapter Five provides a reflective culmination of the research journey, drawing together the research findings, theoretical insights, and practical implications. This chapter offers a synthesis of the key contributions made by the study, reflecting on their significance for understanding the male experience of miscarriage and suggesting avenues for future research and societal change. The theoretical framework is revisited to assess how it informed the research process and supported the interpretation of the findings. The integration of role theory and coping theory is examined to elucidate how these perspectives enhanced the exploration of male experiences within the context of miscarriage. The implications of the research findings are then discussed comprehensively. This includes implications for clinical practice, where insights into the emotional needs and coping mechanisms of men following miscarriage can inform healthcare professionals about providing more holistic and empathetic care. Additionally, societal implications are explored, such as the potential for increased awareness and policy changes regarding support systems for men affected by miscarriage. The chapter also underscores the importance of challenging gender norms and stereotypes that may hinder open discussions around men's experiences of grief and loss. The limitations of the study are candidly acknowledged, recognizing the scope and context within which the research was conducted. Methodological constraints, participant diversity, and political biases are addressed to provide a balanced assessment of the research's boundaries. This chapter reflects on the broader significance of the study in contributing to the existing body of knowledge on miscarriage and male experiences. There is an emphasis placed on the research that not only amplifies the voices of men in this context but also underscores the need for a more inclusive and compassionate

approach to miscarriage support. The chapter is concluded by outlining potential avenues for future research. These include longitudinal studies to explore the long-term impacts of miscarriage on men's mental health, cross-cultural studies to examine variations in the male experience across different societal contexts, and interventions aimed at promoting emotional well-being and communication skills for men facing miscarriage. Ultimately, chapter five serves as the endpoint of the research journey, encapsulating the insights gained, acknowledging their limitations, and offering a platform for further inquiry and positive change. This conclusion solidifies this dissertation's contribution to academia, healthcare, and society by shedding light on a previously understudied and important facet of the human experience.

Summary of Findings

The male participants in this study provided valuable insights into their experiences and perspectives on miscarriage, shedding light on the emotional complexities and challenges they faced. They represented a diverse range of ages, with participants aged 31, 37, 40, and 59, illustrating that miscarriage can affect men at various stages of life. Their ethnic backgrounds were predominantly Caucasian, and they are all married, reflecting the shared experience of miscarriage within committed relationships. Two of the participants had children prior to experiencing a miscarriage, underscoring the importance of understanding how miscarriage impacts those with existing families.

The demographics for each participant are presented in Table 4: Demographics below and in the Appendix.

Table 4:*Demographics*

Demographics	John	Jamie	Edward	Jacob
Age	59	40	31	37
Ethnicity	Caucasian	Caucasian	Caucasian	Caucasian
Marital Status	Married	Married	Married	Married
Number of Previous Pregnancies	4	3	8	3
Number of Children	2	2	1	2
Number of Miscarriages	2	1	7	1
Stage of Miscarriages	14 weeks, 32 weeks	First trimester	6-10 weeks	First trimester
Time Since Most Recent Miscarriage	18 years	5 years	1-2 weeks	6 months
Experiences and Perspectives	Worried about spouse – Blamed spouse – Sought medical help – Drank and worked excessively – Strain on marriage	Profound loss – Grief, sadness, guilt – Struggle to process – Support from spouse and counseling – Strain and then strengthened marriage	Witnessed wife's pain – Felt helpless – Researching causes – Watching other families	Devastating loss – Shattered dreams – Overwhelming emotions – Grief, sadness, guilt – Support from spouse and counseling – Strain and then strengthened marriage

The number and timing of miscarriages varied among the participants, with one individual having experienced two miscarriages at different stages, another having suffered seven miscarriages within the first trimester, one having gone through a single miscarriage in the first trimester, and the most recent miscarriage occurring just one to two weeks before the questionnaire and follow-up interview. These differences highlighted the diverse nature of the male experience of miscarriage, with some facing recurrent losses while others were grappling with a recent and singular event.

Their experiences and perspectives regarding miscarriage were marked by profound grief, sadness, and a sense of helplessness. The emotional impact was evident, affecting their

overall well-being and mental health. Coping mechanisms included seeking support from spouses, friends, and family, as well as engaging in physical activities and attending counseling sessions. Importantly, these men highlighted the significance of open communication with their partners and the importance of patience and empathy during the grieving process.

While some received strong support from family and friends, others expressed a desire for more specialized resources and counseling tailored to men experiencing miscarriage. Their experiences in medical settings varied, with mixed impressions of the emotional support received from healthcare professionals. In some cases, medical teams were described as compassionate and understanding, while in others, there was a perceived need for more emotional sensitivity and support. The impact on their relationships with their spouses was complex, with initial strains giving way to strengthened bonds as couples navigated grief together. In the long term, the experience influenced their perspectives on life, parenting, and the importance of open communication.

As they reflected on their experiences, these men offered valuable advice to others facing miscarriage, emphasizing the normalcy of grief, the significance of open communication with partners, the importance of seeking support, and the need for patience in the healing process. They also highlighted the importance of acknowledging men's grief and encouraged breaking the silence surrounding this often-hidden aspect of miscarriage. The participants' narratives provide a rich and diverse portrait of the male experience of miscarriage, emphasizing the emotional complexity, coping strategies, and pivotal role of support networks in navigating this challenging journey. Their insights underscore the need for greater awareness, empathy, and resources to address the unique challenges faced by men in the context of miscarriage.

Discussion

In the discussion section of this dissertation, it is essential to situate the study's findings within the context of both empirical evidence and theoretical literature. The research findings corroborate and extend existing empirical studies, which have also shown that men experience a wide range of emotional responses following miscarriage. These responses, as revealed by the participants, resonate with prior research highlighting the depth of grief, sadness, anger, guilt, and confusion that men may encounter (Obst et al., 2020). The study's findings further contribute to the theoretical landscape by challenging traditional gender norms that have long minimized or ignored the emotional vulnerability of men. This research underscores the importance of expanding theoretical frameworks within gender studies to encompass the male experience of miscarriage, recognizing the profound impact on their emotional well-being, and providing a basis for further exploration of masculinity, grief, and societal expectations. In essence, this study's alignment with empirical evidence and theoretical literature underscores the validity and significance of acknowledging the male experience of miscarriage, ultimately paving the way for more inclusive and empathetic approaches to support and care.

Empirical

The findings of this study corroborate and build upon previous research in several crucial ways. First and foremost, this research reaffirms that men do indeed experience a wide spectrum of emotional responses following miscarriage, which aligns with existing empirical evidence. The depth and complexity of emotions reported by participants, including grief, sadness, anger, guilt, and confusion, resonate with prior studies (Obst et al., 2020). This consistency highlights the universality of the male emotional experience in the context of miscarriage. However, where this study diverges from previous research is in its qualitative exploration, which offers a more

nuanced understanding of the coping mechanisms employed by men. While prior research has largely focused on quantitative measures, this study delves deeper into the individual and context-specific strategies men utilize to navigate this emotional terrain. This divergence highlights the need for a more holistic approach to researching the male experience of miscarriage, one that combines quantitative and qualitative methods to capture the complexity of their responses (Hiefner & Villareal, 2021). The novel contribution of this study lies in its comprehensive examination of the male experience of miscarriage, emphasizing that miscarriage is not solely a female experience but a shared experience by both the male and female in the relationship.

The male experience of miscarriage is multifaceted, shaped by societal expectations, and influenced by perceptions of one's role (Biddle, 1986). Role theory provides a valuable framework for understanding how men navigate this emotionally challenging experience (Biddle, 1986). The narratives presented highlight the silence, the strength expected from men, and the importance of shifting perceptions toward more open communication. The perception of participant's role as supportive partners in times of distress influenced their initial silence regarding the miscarriages. Furthermore, the impact on their overall perspectives on life and parenting underscores the long-lasting consequences of miscarriage. The importance of recognizing and validating the male experience of miscarriage is evident, and this empirical exploration provides insights for further research and improved support mechanisms. Understanding the male experience is a crucial step in providing holistic care to couples affected by miscarriage. By shedding light on the emotional, psychological, and relational dimensions of this experience from a male perspective, this research extends the existing literature by

advocating for greater recognition, support, and acknowledgment of men's grief and their unique coping mechanisms.

Theoretical

This research study significantly extends the theoretical landscape surrounding the male experience of miscarriage by challenging and expanding upon existing theoretical frameworks. Traditionally, gender norms have dictated that men should remain stoic in the face of emotional adversity, which has led to the underrepresentation of their emotional experiences in the miscarriage literature (Tennenbaum, 2008). My research, however, underscores that men's emotional vulnerability and expression following miscarriage demand a new theoretical perspective. By illuminating the wide range of emotional responses and coping mechanisms employed by men, my study contributes to a redefinition of masculinity in the context of miscarriage.

Role theory offers valuable insights into how societal expectations influence behavior and attitudes (Biddle, 1986). According to this theory, individuals occupy various roles in life, and these roles come with specific expectations and behaviors (Biddle, 1986). When applied to the male experience of miscarriage, role theory can help elucidate how societal expectations shape men's responses to this traumatic event. The narratives revealed that many men initially take on the role of a supportive partner, particularly during and immediately following a miscarriage. This role is driven by the perception that they should provide emotional and physical support to their spouses. These roles are often conditioned by societal norms that expect men to be strong, stoic, and protectors of their families (Tennenbaum, 2008). Men are perceived as the emotional "rocks" who are meant to keep the family together, which can lead to the perception that they must suppress their own emotional responses. The study highlights the need

to broaden theoretical models within gender studies to encompass men's emotional experiences. This expansion extends the theoretical conversation surrounding the intersection of masculinity, grief, and societal expectations, advocating for a more empathetic and inclusive understanding of how men navigate this emotionally charged journey.

This dissertation confirms previous research by affirming the diverse emotional responses men experience following miscarriage. The data diverges from previous work by providing a deeper qualitative exploration of coping strategies, hospital experiences, emotional responses, and overall perspectives of male experiences of miscarriage. The novel contribution lies in its comprehensive perspective, shedding light on male experiences as shared ones within couples. Theoretical implications extend to redefining masculinity and challenging traditional gender norms, emphasizing the importance of acknowledging men's emotional vulnerability in the context of miscarriage.

Implications

Throughout the implications section of this dissertation on the male experience of miscarriage, the theoretical, empirical, and practical implications will be covered to provide a comprehensive understanding of how the study's findings can impact various aspects of research, practice, and policy. These implications can guide healthcare practices, policy development, and societal awareness. The theoretical implications involve gendered perspectives, family-centered models, and coping and resilience theories. Then the empirical implications include healthcare practices, support services, and mental health interventions. Finally, the practical implications are public awareness, policy development, educational initiatives, online support networks, holistic care, mental health advocacy, and familial and interpersonal support.

Christian Worldview

The Christian worldview is deeply rooted in faith and spirituality and significantly informs the interpretation of the findings in the context of the male experience of miscarriage. Within this worldview, the understanding of suffering, loss, and resilience is often framed by spiritual beliefs and the quest for meaning in the face of adversity. Several participants in this study noted the role of their Christian faith in navigating the emotional and existential challenges that follow miscarriage.

For many Christian men, the experience of miscarriage is seen through the lens of divine sovereignty and love. They find solace in the belief that their child is not in the presence of God. This perspective provides a profound source of comfort and healing, grounding their understanding of miscarriage within a larger spiritual narrative. This faith and belief allow them to reconcile their grief with knowing that their child's life, though brief, had a purpose in the divine plan. The findings of this study reflect how faith can offer a framework for making sense of the pain and loss associated with miscarriage, ultimately contributing to participants' ability to find meaning in the experience.

Furthermore, the Christian worldview underscores the importance of community and mutual support. Participants emphasized the role of their faith communities in providing emotional sustenance during the difficult times following miscarriage. This support network often served as a tangible manifestation of God's love and compassion. Within the findings, it becomes evident that the Christian worldview not only helps men process their own grief but also motivates them to provide unwavering emotional support to their spouses, viewing their role as caregivers as a reflection of God's love and grace. Thus, the study's findings underscore the

profound influence of faith on the male experience of miscarriage, demonstrating how it shapes interpretations and responses to loss.

The Christian worldview permeates the interpretation of findings in the male experience of miscarriage, offering a unique lens through which to understand grief, resilience, and the quest for meaning. The belief in divine sovereignty and the presence of God in suffering provides comfort and healing, allowing participants to reconcile their grief with a larger spiritual narrative. Additionally, the emphasis on community and mutual support within the Christian faith underscores the role of faith communities in offering solace and understanding. Ultimately, this study highlights the intricate interplay between faith, loss, and healing, shedding light on the complex ways in which spirituality informs the male experience of miscarriage.

Theoretical Implications

Throughout this study, the research challenges traditional gender roles and norms by highlighting that men also experience profound grief and emotional distress following miscarriage. The theoretical frameworks in gender studies should evolve to include the male perspective on reproductive loss. Family-centered models of the study underscore the interconnectedness of family experiences in the context of miscarriage. The theoretical models should consider family-centered approaches that recognize how the experiences of men, women, and other family members are interrelated. Coping and resilience theory findings suggest that men employ diverse coping mechanisms. Theoretical models in psychology and sociology should incorporate these coping strategies into existing frameworks, expanding our understanding of how individuals navigate grief and loss.

Empirical Implications

The study challenges healthcare practices by suggesting healthcare professionals should integrate the study's findings into clinical practice. Empirical evidence of the male experience of miscarriage can inform the development of support programs and guidelines for healthcare providers. The empirical implications of support services indicate that hospitals and healthcare institutions can use empirical data to create specialized support services for men who have experienced miscarriage, fostering a more inclusive and empathetic environment. The empirical implications of the study imply that empirical evidence of the emotional impact on men emphasizes the need for mental health interventions tailored to this specified population. Research can guide the development and evaluation of these interventions.

Practical Implications

The study's practical implications highlight the importance of public awareness campaigns to destigmatize the male experience of miscarriage. Practical initiatives can facilitate open conversations and provide information and resources for affected individuals and couples. Policymakers can use practical insights to advocate for policy changes related to bereavement leave, workplace accommodations, and healthcare coverage. Recognizing miscarriage as a shared experience can lead to more supportive policies. The practical implications involve educational initiatives where educational institutions should consider practical implications by incorporating the male experience of miscarriage into curricula for healthcare professionals, educators, and counselors, ensuring they are better equipped to provide support. Online support networks implore that practical implications include leveraging online platforms for support and information-sharing. Online communities can serve as practical resources for men seeking peer support and guidance.

One of the primary practical implications is the need for gender-inclusive miscarriage education. Current educational resources and support mechanisms often focus predominantly on the experiences and needs of women. The findings from this dissertation emphasize that men also need information and support during the miscarriage process. There is a need to develop and disseminate educational materials that address the male experience of miscarriage, offering insights into their roles, emotions, and coping mechanisms. This should include information on common emotions and coping strategies for men to better understand and navigate their experiences. Miscarriage education should also emphasize the importance of open communication between spouses by incorporating narratives and testimonials from men into miscarriage education to convey their experiences, the complexities of grief, and coping mechanisms that assisted with their healing process. The education presented should also emphasize that grief is a shared experience, and both partners need support and understanding throughout this difficult time. Miscarriage education is not only needed for men but also for the healthcare professionals that work with those who are experiencing miscarriage, because they play a significant role in the miscarriage experience. Training programs should be developed for healthcare professionals to enhance their understanding of male experiences with miscarriage, include guidance on addressing the emotional needs of men during miscarriage, and offer support through open and compassionate dialogues.

There is also a need for holistic care, where practical applications emphasize the need for holistic care models that address the emotional, psychological, and physical aspects of miscarriage. Practical guidelines can assist healthcare providers in offering comprehensive support. Mental health advocacy is needed for men who have experienced or are currently experiencing miscarriage. Practical efforts should focus on advocating for improved access to

mental health services and reducing the stigma associated with seeking help for grief and loss. Familial and interpersonal support are needed to assist men with moving forward and having others there to lean on during these difficult times. Practical implications include encouraging open communication within families and relationships and promoting a supportive environment for individuals and couples navigating miscarriage.

The implications of this dissertation extend beyond the research itself, with the potential to influence clinical practice, policy, public awareness, and education. By addressing the theoretical, empirical, and practical implications, this research contributes to a more nuanced understanding of the male experience of miscarriage and provides guidance for future research, practice, and policy development in this important area. Recognizing and addressing the male experience of miscarriage, we can contribute to a more compassionate and supportive society for individuals and couples navigating this challenging journey.

Delimitations and Limitations

The delimitations of this dissertation outline the boundaries and specific parameters within which the study operated. These limitations were essential for clarifying the scope of the research and providing a transparent framework for understanding the study's findings. This study specifically focused on the male perspective on miscarriage. The reason for this delimitation was to gather further information from men regarding their experiences with miscarriage, due to the understudied nature of their experiences. The study also limited participant age to those over the age of eighteen. This delimitation excluded the experiences of those younger, due to the younger generation not being married during times of miscarriage. Online questionnaires were the primary method of data collection, which could have excluded individuals who do not have access to the internet, are not comfortable with online

questionnaires, or do not have access to my social media accounts. This could have led to sampling bias but was the appropriate data collection tool for this study due to being a military spouse who is in the process of moving and knows of others stationed in different locations who have experienced miscarriage.

The study utilized self-reported data from participants, which was limited to the perspectives and experiences that participants chose to share, which allowed participants to be as open as they wanted and provided them the ability to share their experiences in the comfort of their home. Throughout the study, various healthcare systems and access to healthcare services were not comprehensively accounted for, which could have significantly influenced the male experience of miscarriage and was not exhaustively explored. The healthcare system and services were not explored exhaustively because miscarriage can be experienced outside of the hospital, and some may have chosen not to utilize healthcare services throughout their miscarriage experiences. Participants in this study were self-selected and have varying levels of comfort in sharing their experiences. This could have resulted in a sample that is not fully representative of all men who have experienced miscarriage. Men often struggle with expressing their thoughts, feelings, and emotions, so allowing them the ability to participate on their own provided them the ability to be open about their experiences with miscarriage and not feel pressured to participate. These delimitations provide a clear framework for understanding the boundaries and limitations of the research on the male experience of miscarriage. They help ensure that the study's findings are interpreted within their specified context and that the research remains transparent in its scope and objectives.

The limitations of this dissertation study are a critical aspect that helps contextualize the study's findings and methodology. The use of online questionnaires for the data collection

process introduced a sampling bias because they were primarily accessible to those with internet access and access to my social media accounts. This could have excluded individuals from certain demographics, potentially leading to underrepresentation or overrepresentation of specific groups. Participants in the online questionnaires were self-selected, meaning they voluntarily chose to participate. This could have led to a bias where those who have strong feelings or experiences related to miscarriage are more likely to participate, potentially skewing the data. The online questionnaires and follow-up interviews may not have captured a full representative sample of the entire male population who have experienced miscarriage. Therefore, the findings may have limited generalizability beyond the specific sample of participants who completed the questionnaire and follow-up interviews.

Achieving a high response rate on online questionnaires can be challenging. Low response rates may result in non-response bias if those who choose to participate differ significantly from those who do not, affecting the representativeness of the sample. Online questionnaires may lack the contextual richness that can be obtained through face-to-face interviews or focus groups. Important details and nuances related to the male experience of miscarriage may be missed. Participants completing the questionnaires may provide responses that are socially desirable or conform to societal expectations, rather than revealing their true feelings and experiences. This can lead to an incomplete or idealized portrayal of the participants' experiences. When participants start thinking about their experiences of miscarriage during the questionnaire process, they may have difficulties accurately recalling and reporting past experiences, especially if the miscarriage occurred some time ago. This could have had an impact on the accuracy and reliability of the data collected.

Online questionnaires may also not allow for the same level of ethical oversight and participant support as in-person research. Ensuring the emotional well-being of participants and their access to support resources can be challenging in an online setting. Since the questionnaires are conducted via the internet, participants could have encountered technical issues with their computers or with the questionnaire. This could have led to incomplete or missing responses, which could have potentially affected the data quality. Online questionnaires are generally used to collect quantitative data, which may not have captured the full depth and context of the male experience of miscarriage. However, the follow-up interviews allowed for the further collection of information regarding the male experience of miscarriage. The online questionnaires could have also resulted in a wide range of response variability due to the differences in interpretations of questions, which could have led to potential measurement error. While online questionnaires offered many advantages, including reach and convenience due to being a military spouse conducting this research, they are not without their limitations. For researchers, it is crucial to acknowledge and address these limitations in their study to provide a balanced interpretation of the findings and to consider complementary research methods to provide a more comprehensive understanding of the male experience of miscarriage.

Recommendations for Future Research

The recommendations for future research section of this dissertation on the male experiences of miscarriage suggests potential avenues for further study and areas where future research could expand upon the current study's findings. Future research could conduct longitudinal studies that follow male participants over an extended period after a miscarriage. This would provide further insights into the long-term emotional and psychological impacts, coping mechanisms, and changes in perspectives over time. Cross-cultural investigations could

also explore how cultural, societal, and regional differences influence the male experience of miscarriage. Comparative studies across diverse cultural backgrounds could uncover unique perspectives and coping strategies. Conducting a quantitative research study with complementary in-depth qualitative research methods, such as interviews and focus groups, would be able to capture the nuanced and context-specific aspects of the male experience of miscarriage.

Conducting comparative studies that include both male and female perspectives on miscarriage within the same research framework would provide a comprehensive understanding of gender dynamics and mutual support. Further research studies should dive further into exploring the effectiveness of various support systems and interventions designed specifically for men who have experienced miscarriage. Through further assessing the impact of professional counseling, peer support groups, and online communities on their mental health and well-being, researchers would be able to gather more information on healthcare professionals and the healthcare system. More in-depth research could investigate the training and education of healthcare professionals to address the emotional needs of men during miscarriage. This research could assess the effectiveness of training programs aimed at improving healthcare providers' sensitivity and support provision. The research could also examine how differences in healthcare systems, including access to care, insurance coverage, and the quality of healthcare, impact the male experience of miscarriage in various regions or countries. Another recommendation for future research aimed at healthcare professionals is to develop and assess the effectiveness of educational programs or resources aimed at raising awareness about the male experience of miscarriage among the public, healthcare professionals, and educators. This future research could study the potential policy implications of recognizing miscarriage as a shared experience for both

men and women. The study would be able to examine how legal frameworks and workplace policies could be adapted to provide support to couples experiencing miscarriage.

Further research could also be done on the impact of miscarriage on men's perceptions of fatherhood and their parenting roles to explore how this experience may affect their future family planning decisions. Any future studies could further investigate the role of online communities and social media in providing emotional support and information-sharing for men who have experienced miscarriage to explore the dynamics of virtual support networks. Researchers could also conduct more in-depth studies on how miscarriage affects the dynamics of intimate relationships to further explore the factors that lead to either strengthening or straining these relationships. These future studies could also evaluate the effectiveness of mental health interventions that are tailored specifically for men who have experienced miscarriage, which could further assess the long-term impact on their mental well-being. These recommendations for future research aim to further deepen our understanding of the male experience of miscarriage, address gaps in the current literature, and contribute to the development of more inclusive and supportive resources and policies for individuals and couples affected by miscarriage.

Summary

Chapter five serves as the culmination of this dissertation on the male experience of miscarriage. This chapter synthesizes the key findings, provides a robust discussion of their significance, implications, and limitations, and offers recommendations for future research in this essential and necessary area of study. This begins by revisiting the significant findings from the research. These findings encompass a range of emotional responses, coping mechanisms, the

impact on relationships, and long-term perspectives. The chapter reaffirms that miscarriage is a profoundly impactful experience for men, challenging traditional gender norms and stereotypes.

The discussion section of this chapter dove deeper into the exploration of the implications and meaning of the research findings and connected the findings to existing literature and theoretical frameworks. This highlights the contribution of this study to the broader understanding of the male experience of miscarriage. The discussion also emphasized the importance of recognizing men's grief and the need for support and acknowledgment.

The implications section outlined the practical and theoretical implications of the research. This underscores the significance of acknowledging the emotional needs of men during miscarriage and the potential impact on healthcare practices, support services, public awareness, and policy development. The study's implications extend to challenging traditional gender norms and fostering open communication within relationships. The delimitations and limitations of the study acknowledge the geographical and cultural boundaries, the choice of research methods, and the potential for bias or limitations in the data collected. This section provides transparency about the study's scope and areas where further research may be required. The chapter concludes with recommendations for future research, which offer a set of recommendations for future research in the field of the male experience of miscarriage. These recommendations encompass various dimensions such as longitudinal studies, healthcare practices, policy development, mental health interventions, online support networks, the impact on relationships, education initiatives, and gender norms.

Longitudinal studies suggest the need for future studies to follow men's experiences over a lengthened period to capture the evolving impact of miscarriage. The cross-cultural investigations encourage research that explores cultural and societal variations in the male

experience of miscarriage. Healthcare practices for future research emphasizes the importance of research into enhancing healthcare practices and training for professionals. Future research could also advocate for policy changes regarding miscarriage support and recognition for men's experiences, along with recommending research on the development and evaluation of mental health interventions tailored to men who have lost an unborn child.

There also needs to be further research on the impact miscarriage has on relationships through investigating the dynamics of relationships and how miscarriage affects them over time and researching the inclusion of miscarriage education in curricula for healthcare professionals. Gender norms could also be included in further advanced studies through the influence of societal gender norms and their impact on the male experience of miscarriage. Chapter five concludes by underscoring the importance of continued research in this area to better understand and support men who have experienced miscarriage. This highlights the potential for positive change in healthcare, policy, and societal norms when the male experience of miscarriage is acknowledged and validated.

References

- Alandri, G., & Russo, V. (2015). Autobiographical questionnaire and semi-structured interview: Comparing two instruments for educational research in difficult contexts. *Procedia-Social and Behavioral Sciences*, 197, 514-524
- Bardos, J., Hercz, D., Friedenthal, J., Missmer, S. A., & Williams, Z. (2015). A national survey on public perceptions of miscarriage. *Obstetrics and gynecology*, 125(6), 1313
- Bartram, B. (2019). Using questionnaires. In *Practical Research Methods in Education* (pp. 1-11). Routledge
- Beutel, M., Willner, H., Deckardt, R., Von Rad, M., & Weiner, H. (1996). Similarities and differences in couples' grief reactions following a miscarriage: Results from a longitudinal study. *Journal of psychosomatic research*, 40(3), 245-253
- Biddle, B. J. (1986). Recent developments in role theory. *Annual review of sociology*, 12(1), 67-92
- Biddle, B. J. (2013). *Role theory: Expectations, identities, and behaviors*. Academic press
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative research journal*, 9(2), 27-40
- Brown, J. (2018). Men and Miscarriage: An Insider's Story from the Outside. *Reflections: Narratives of Professional Helping*, 24(2), 26-30
- Bute, J. J., & Brann, M. (2015). Co-ownership of private information in the miscarriage context. *Journal of Applied Communication Research*, 43(1), 23-43
- Bute, J. J., Brann, M., & Hernandez, R. (2019). Exploring societal-level privacy rules for talking about miscarriage. *Journal of Social and Personal Relationships*, 36(2), 379-399
- Byrne, M. (2001). Sampling for qualitative research. *AORN journal*, 73(2), 494-494

- Candela, A. G. (2019). Exploring the function of member checking. *The qualitative report*, 24(3), 619-628
- Carter, S., & Henderson, L. (2005). Approaches to qualitative data collection in social science. *Handbook of health research methods: Investigation, measurement and analysis*, 1, 215-230
- Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. *Qualitative psychology: A practical guide to research methods*, 3, 222-248
- Chung, A., & Rimal, R. N. (2016). Social norms: A review. *Review of Communication Research*, 4, 1-28
- Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medsurg nursing*, 25(6), 435-436
- Conway, K., & Russell, G. (2000). Couples' grief and experience of support in the aftermath of miscarriage. *British Journal of Medical Psychology*, 73(4), 531-545
- Dennehy, R., Hennessy, M., Meaney, S., Matvienko-Sikar, K., O'Sullivan-Lago, R., Uí Dhubhgain, J., ... & O'Donoghue, K. (2022). How we define recurrent miscarriage matters: A qualitative exploration of the views of people with professional or lived experience. *Health Expectations*
- Due, C., Chiarolli, S., & Riggs, D. W. (2017). The impact of pregnancy loss on men's health and wellbeing: a systematic review. *BMC pregnancy and childbirth*, 17(1), 1-13
- Dugas, C., & Slane, V. H. (2021). Miscarriage. In *StatPearls [Internet]*. StatPearls Publishing
- Eagly, A. H., & Wood, W. (2012). Social role theory. *Handbook of theories of social psychology*, 2

- Efron, R. (1969). What is perception?. In *Proceedings of the Boston Colloquium for the Philosophy of Science 1966/1968* (pp. 137-173). Springer Netherlands
- Eisler, R. M., & Blalock, J. A. (1991). Masculine gender role stress: Implications for the assessment of men. *Clinical Psychology Review, 11*(1), 45-60
- Ellingson, L. L., & Sotirin, P. (2020). Data engagement: A critical materialist framework for making data in qualitative research. *Qualitative Inquiry, 26*(7), 817-826
- Farren, J., Jalmbrant, M., Falconieri, N., Mitchell-Jones, N., Bobdiwala, S., Al-Memar, M., Tapp, S., Van Calster, B., Wynants, L., Timmerman, D., & Bourne, T. (2021). Differences in post-traumatic stress, anxiety and depression following miscarriage or ectopic pregnancy between women and their partners: Multicenter prospective cohort study. *Ultrasound in Obstetrics & Gynecology, 57*(1), 141-148. <https://doi.org/10.1002/uog.23147>
- Fernández-Basanta, S., Coronado, C., & Movilla-Fernández, M. J. (2022). Double-Layer Masking of Suffering After Pregnancy Loss: A Grounded Theory Study from a Male Perspective. *Journal of Midwifery & Women's Health*
- Folkman, S. (2001). Revised coping theory and the process of bereavement
- Freidenfelds, L. (2020). *The myth of the perfect pregnancy: A history of miscarriage in America*. Oxford University Press, USA
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research
- Galeotti, M., Mitchell, G., Tomlinson, M., & Aventin, Á. (2022). Factors affecting the emotional wellbeing of women and men who experience miscarriage in hospital settings: a scoping review. *BMC Pregnancy and Childbirth, 22*(1), 1-24

- Gonzalez, V. M., Goeppinger, J., & Lorig, K. (1990). Four psychosocial theories and their application to patient education and clinical practice. *Arthritis & Rheumatism: Official Journal of the American College of Rheumatology*, 3(3), 132-143
- Hanson, J. L., Balmer, D. F., & Giardino, A. P. (2011). Qualitative research methods for medical educators. *Academic pediatrics*, 11(5), 375-386
- Harty, T., Trench, M., Keegan, O., O'Donoghue, K., & Nuzum, D. (2022). The experiences of men following recurrent miscarriage in an Irish tertiary hospital: A qualitative analysis. *Health Expectations*, 25(3), 1048-1057
- Hiefner, A. R. (2021). Dyadic coping and couple resilience after miscarriage. *Family Relations*, 70(1), 59-76
- Hiefner, A. R., & Villareal, A. (2021). A Multidisciplinary, Family-Oriented Approach to Caring for Parents After Miscarriage: The Integrated Behavioral Health Model of Care. *Frontiers in Public Health*, 9
- Holman, A., & Horstman, H. K. (2019). Similarities and dissimilarities in spouses' narratives of miscarriage: A dyadic analysis of communicated narrative sense-making and well-being. *Journal of Family Communication*, 19(4), 293-310.
<https://doi.org/10.1080/15267431.2019.1628763>
- Homer, H. A. (2019). Modern management of recurrent miscarriage. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 59(1), 36-44
- Horstman, H. K., Holman, A. J., & Johnsen, L. J. (2021). Men coping with miscarriage: How spousal emotional support contributes to the relationship between parenting identity and well-being about pregnancy loss. *Southern Communication Journal*, 86(3), 256-267

- Horstman, H. K., Holman, A., & McBride, M. C. (2020). Men's use of metaphors to make sense of their spouse's miscarriage: Expanding the communicated sense-making model. *Health communication, 35*(5), 538-547
- Horstman, H. K., Morrison, S., McBride, M. C., & Holman, A. (2021). Memorable Messages Embedded in Men's Stories of Miscarriage: Extending Communicated Narrative Sense-Making and Memorable Message Theorizing. *Health Communication, 1-11*
- Huffman, C. S., Schwartz, T. A., & Swanson, K. M. (2015). Couples and miscarriage: The influence of gender and reproductive factors on the impact of miscarriage. *Women's Health Issues, 25*(5), 570-578
- Jaffe, J. (2014). The reproductive story: Dealing with miscarriage, stillbirth, or other perinatal demise. In *Women's reproductive mental health across the lifespan* (pp. 159-176). Springer, Cham
- Jaffe, J., & Diamond, M. O. (2011). *Reproductive trauma: Psychotherapy with infertility and pregnancy loss clients*. American Psychological Association. <https://doi.org/10.1037/12347-000>
- Janesick, V. J. (2007). Journaling, reflexive. *The blackwell encyclopedia of sociology*
- Johnson, M. P., & Baker, S. R. (2004). Implications of coping repertoire as predictors of men's stress, anxiety and depression following pregnancy, childbirth and miscarriage: a longitudinal study. *Journal of Psychosomatic Obstetrics & Gynecology, 25*(2), 87-98
- Johnson, M. P., & Puddifoot, J. E. (1996). The grief response in the partners of women who miscarry. *British Journal of Medical Psychology, 69*(4), 313-327
- Jones, K., Robb, M., Murphy, S., & Davies, A. (2019). New understandings of fathers' experiences of grief and loss following stillbirth and neonatal death: a scoping

- review. *Midwifery*, 79, 102531 Nguyen, V., Temple-Smith, M., & Bilardi, J. (2019). Men's lived experiences of perinatal loss: A review of the literature. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 59(6), 757-766
- Karagiozis, N. (2018). Complexities of the Researcher's Role. *The International Journal of Interdisciplinary Educational Studies*, 13(1), 19-31. <https://doi.org/10.18848/2327-011X/CGP/v13i01/19-31>
- Karali, H. F., Farhad, E. S., Zaigham, M. T., Celine, P. D., Wen, P. Y., Parveena, S., & Siong, T. J. (2021). Male partners' expected response, coping mechanisms, social and health institutions expectations after early pregnancy loss: A systematic review. *International Journal of Clinical Obstetrics and Gynaecology*, 5(6), 22–33. <https://doi.org/10.33545/gynae.2021.v5.i6a.1053>
- Kersting, A., & Wagner, B. (2022). Complicated grief after perinatal loss. *Dialogues in clinical neuroscience*
- Klein, S., Cumming, G., Lee, A., Alexander, D., & Bolsover, D. (2012). Evaluating the effectiveness of a web-based intervention to promote mental wellbeing in women and partners following miscarriage, using a modified patient preference trial design: An external pilot. *BJOG : An International Journal of Obstetrics and Gynaecology*, 119(6), 762-767. <https://doi.org/10.1111/j.1471-0528.2012.03302.x>
- Kong, G. W. S., Chung, T. K. H., Lai, B. P. Y., & Lok, I. H. (2010). Gender comparison of psychological reaction after miscarriage—a 1-year longitudinal study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 117(10), 1211-1219

- Lee, L., Ma, W., Davies, S., & Kammers, M. (2023). Toward optimal emotional care during the experience of miscarriage: an integrative review of the perspectives of women, partners, and health care providers. *Journal of Midwifery & Women's Health*, 68(1), 52-61
- Linneberg, M. S., & Korsgaard, S. (2019). Coding qualitative data: A synthesis guiding the novice. *Qualitative research journal*, 19(3), 259-270
- Lok, I. H., & Neugebauer, R. (2007). Psychological morbidity following miscarriage. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 21(2), 229-247
- Lunnay, B., Borlagdan, J., McNaughton, D., & Ward, P. (2015). Ethical use of social media to facilitate qualitative research. *Qualitative health research*, 25(1), 99-109
- MacGeorge, E. L., & Wilkum, K. (2012). Predicting comforting quality in the context of miscarriage. *Communication Reports*, 25(2), 62-74
- Major, B., Dovidio, J. F., & Link, B. G. (2017). *The Oxford handbook of stigma, discrimination, and health* (Major, J. F. Dovidio, & B. G. Link, Eds.). Oxford University Press.
<https://doi.org/10.1093/oxfordhb/9780190243470.001.0001>
- McCreight, B. S. (2004). A grief ignored: narratives of pregnancy loss from a male perspective. *Sociology of health & illness*, 26(3), 326-350
- McGarva-Collins, S., Summers, S. J., & Caygill, L. (2022). Breaking the Silence: Men's Experience of Miscarriage. An Interpretative Phenomenological Analysis. *Illness, Crisis & Loss*, 10541373221133003.
- McGreal, D., Evans, B. J., & Burrows, G. D. (1997). Gender Differences in Coping Following Loss of a Child Through Miscarriage or Stillbirth: A pilot study. *Stress medicine*, 13(3), 159-165
- McGuirk, P. M., & O'Neill, P. (2016). Using Questionnaires in Qualitative Human Geography

- Meaney, S., Corcoran, P., Spillane, N., & O'Donoghue, K. (2017). Experience of miscarriage: an interpretative phenomenological analysis. *BMJ open*, 7(3), e011382
- Miller, E. J., Temple-Smith, M. J., & Bilardi, J. E. (2019). 'There was just no-one there to acknowledge that it happened to me as well': A qualitative study of male partner's experience of miscarriage. *PLoS One*, 14(5), e0217395
- Miller, S. C. (2015). The moral meanings of miscarriage. *Journal of Social Philosophy*, 46(1), 141-157
- Moscrop, A. (2013). 'Miscarriage or abortion?' Understanding the medical language of pregnancy loss in Britain; a historical perspective. *Medical Humanities*, 39(2), 98-104
- Murphy, F. A., & Hunt, S. C. (1997). Early pregnancy loss: men have feelings too. *British Journal of Midwifery*, 5(2), 87-90
- Nelson, S. K., Robbins, M. L., Andrews, S. E., & Sweeny, K. (2017). Disrupted transition to parenthood: Gender moderates the association between miscarriage and uncertainty about conception. *Sex Roles*, 76(5), 380-392
- Northcott, C. (2014). *Grief and coping post-pregnancy loss: A comparison between men and women* (Doctoral dissertation, Memorial University of Newfoundland)
- Obst, K. L., & Due, C. (2019). Australian men's experiences of support following pregnancy loss: A qualitative study. *Midwifery*, 70, 1-6. <https://doi.org/10.1016/j.midw.2018.11.013>
- Obst, K. L., & Due, C. (2021). Men's grief and support following pregnancy loss: A qualitative investigation of service providers' perspectives. *Death Studies*, 45(10), 772-780
- Obst, K. L., Due, C., Oxlad, M., & Middleton, P. (2020). Men's grief following pregnancy loss and neonatal loss: a systematic review and emerging theoretical model. *BMC pregnancy and childbirth*, 20(1), 1-17

- Obst, K. L., Due, C., Oxlad, M., & Middleton, P. (2021). Men's experiences and need for targeted support after termination of pregnancy for foetal anomaly: A qualitative study. *Journal of Clinical Nursing*, 30(17-18), 2718-2731
- Obst, K. L., Oxlad, M., Due, C., & Middleton, P. (2021). Factors contributing to men's grief following pregnancy loss and neonatal death: further development of an emerging model in an Australian sample. *BMC Pregnancy and Childbirth*, 21(1), 1-16
- Parker, C. J. (2014). Optimism, social support and coping with miscarriage
- Patino, C. M., & Ferreira, J. C. (2018). Inclusion and exclusion criteria in research studies: definitions and why they matter. *Jornal Brasileiro de Pneumologia*, 44, 84-84
- Puddifoot, J. E., & Johnson, M. P. (1999). Active grief, despair and difficulty coping: some measured characteristics of male response following their partner's miscarriage. *Journal of Reproductive and Infant Psychology*, 17(1), 89-93
- Quenby, S., Gallos, I. D., Dhillon-Smith, R. K., Podsek, M., Stephenson, M. D., Fisher, J., ... & Coomarasamy, A. (2021). Miscarriage matters: the epidemiological, physical, psychological, and economic costs of early pregnancy loss. *The Lancet*, 397(10285), 1658-1667
- Rellstab, S., Bakx, P., & Garcia-Gomez, P. (2022). The Effect of a Miscarriage on Mental Health, Labour Market, and Family Outcomes
- Riggs, D. W., Due, C., & Tape, N. (2021). Australian heterosexual men's experiences of pregnancy loss: The relationships between grief, psychological distress, stigma, help-seeking, and support. *OMEGA-Journal of Death and Dying*, 82(3), 409-423

Rinehart, M. S., & Kiselica, M. S. (2010). Helping men with the trauma of miscarriage.

Psychotherapy: Theory, Research, Practice, Training, 47(3), 288–295.

<https://doi.org/10.1037/a0021160>

Roberts, L. R., Sarpy, N. L., Peters, J., Nick, J. M., & Tamares, S. (2022). Bereavement care

immediately after perinatal loss in health care facilities: a scoping review protocol. *JBIR evidence synthesis*, 20(3), 860-866

Rose, S. D. (2015). *The experience of men after miscarriage* (Doctoral dissertation, Purdue University)

Slevin, E., & Sines, D. (1999). Enhancing the truthfulness, consistency and transferability of a qualitative study: utilising a manifold of approaches. *Nurse Researcher (through 2013)*, 7(2), 79

Stack, J. M. (1984). The psychodynamics of spontaneous abortion. *American Journal of Orthopsychiatry*, 54(1), 162

Story Chavez, M., Handley, V., Lucero Jones, R., Eddy, B., & Poll, V. (2019). Men's experiences of miscarriage: A passive phenomenological analysis of online data. *Journal of Loss and Trauma*, 24(7), 664-677

Stratton, K., & Lloyd, L. (2008). Hospital-based interventions at and following miscarriage: Literature to inform a research-practice initiative. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 48(1), 5-11

Sugiura-Ogasawara, M., Ozaki, Y., & Suzumori, N. (2014). Management of recurrent miscarriage. *Journal of Obstetrics and Gynaecology Research*, 40(5), 1174-1179

Swanson, K. M., & Lynn, M. R. (2014). Measuring the meaning of miscarriage: revision of the Impact of Miscarriage Scale. *J Nurs Meas*, 22(1), 29-45

- Tanacioğlu-Aydın, B., & Erdur-Baker, Ö. (2022). Pregnancy loss experiences of couples in a phenomenological study: Gender differences within the Turkish sociocultural context. *Death Studies*, 46(9), 2237-2246
- Tennenbaum, E. A. (2008). *A qualitative investigation of the psychological effects of recurrent miscarriage on male partners*. Fordham University
- Tenny, S., Brannan, G. D., Brannan, J. M., & Sharts-Hopko, N. C. (2017). Qualitative study
- Tian, X., & Solomon, D. H. (2020). Grief and post-traumatic growth following miscarriage: The role of meaning reconstruction and partner supportive communication. *Death Studies*, 44(4), 237-247. <https://doi.org/10.1080/07481187.2018.1539051>
- Tulandi, T. (2019). Patient education: Miscarriage (Beyond the Basics). *UpToDate*, Accessed Oct, 9
- Volgsten, H., Jansson, C., Svanberg, A. S., Darj, E., & Stavreus-Evers, A. (2018). Longitudinal study of emotional experiences, grief and depressive symptoms in women and men after miscarriage. *Midwifery*, 64, 23-28
- Wach, E., & Ward, R. (2013). Learning about qualitative document analysis
- Wagner, N. J., Vaughn, C. T., & Tuazon, V. E. (2018). Fathers' lived experiences of miscarriage. *The Family Journal*, 26(2), 193-199
- Williams, H. M., Jones, L. L., Coomarasamy, A., & Topping, A. E. (2020). Men living through multiple miscarriages: protocol for a qualitative exploration of experiences and support requirements. *BMJ open*, 10(5), e035967
- Williams, H. M., Topping, A., Coomarasamy, A., & Jones, L. L. (2020). Men and miscarriage: a systematic review and thematic synthesis. *Qualitative health research*, 30(1), 133-145

Wilson, A. (2015). A guide to phenomenological research. *Nursing Standard (2014+)*, 29(34),

Appendix A

Male Experiences of Miscarriage Consent

Title of the Project: Men's Experience of Miscarriage: Coping with the Loss of a Life and Future

Principal Investigator: Ginny Anderson, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a man 18 years of age or older and have experienced miscarriage in the past, regardless of the stage of pregnancy. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about, and why is it being done?

The purpose of the study is to investigate and gain a better understanding of the lived experiences of men who have gone through the painful and overlooked phenomenon of miscarriage.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. The first task is to complete an online questionnaire surrounding male perceptions of miscarriage, which will take no longer than an hour.
2. The second task will be a follow-up interview where I will ask you to review the themes developed following the analysis of the questionnaire, which will take no longer than 1 hour.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include increased awareness and understanding of the male experience of miscarriage by shedding light on the unique and different challenges, emotions, and coping mechanisms that men face following miscarriage. The findings of this study can develop and improve support services for men who have experienced miscarriage, enhance partner relationships through the understanding of the male experience by facilitating open and empathetic communication, and stimulate further research and more comprehensive exploration of the male experience of miscarriage.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. These risks could include the distress of having to discuss their thoughts, feelings, and emotions surrounding the loss of their unborn child. You

do not have to complete or submit the survey or the interview if you do not feel comfortable or no longer want to participate in the survey or interview.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not be able to overhear the conversation.
- Data will be stored on a password-locked computer and password protected computer file. After three years, all electronic records will be deleted.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, the data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Ginny Anderson. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Brian Cambra, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845 Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is isirb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

If you consent to participate in the study, please click next.

Appendix B

Questionnaire

Age

Ethnicity

Marital Status

Email address

Number of previous pregnancies

Do you have any children?

How many miscarriages have you experienced, and at what stage of pregnancy did the miscarriage(s) occur?

How long ago did the most recent miscarriage occur?

Describe your experiences and perspectives with miscarriage.

In what ways did the miscarriage affect your overall emotional well-being and mental health?

Describe the help received following the miscarriage to assist with coping. What coping mechanisms helped you with the loss?

Describe how you were able to discuss the miscarriage with your spouse and others.

Describe the support received following the miscarriage.

If you did not receive support, what support or resources would you have liked to have received during and after the loss?

What support did you receive from medical professionals during the miscarriage treatment?

What do you feel your role was during and after the miscarriage?

Describe your experiences with the medical professionals you interacted with during the miscarriage(s).

Describe your experiences in the medical setting throughout the miscarriage treatment.

How did the medical professionals make you feel in the hospital setting during the treatment for miscarriage?

Describe how the miscarriage impacted your relationship with your spouse. Did it strengthen or strain your relationship?

What long-term impact has miscarriage had on your overall perspective on life and your approach to parenting?

Looking back on your experiences, what advice or insights would you offer to other men who are going through miscarriage or to those who have recently experienced miscarriage?

Is there anything else you would like to share about your experiences or perspectives related to miscarriage?

<https://form.jotform.com/231776242741053>

Appendix C

Tables

Appendix Table 1:

Theme Development

Name	Theme 1: Coping Mechanisms (Key Words)	Theme 2: Impact on Relationships (Key Words)	Theme 3: Male Role Following Miscarriage (Key Words)	Theme 4: Long-term Impact (Key Words)	Theme 5: Safe Spaces for Dialogue (Key Words)	Theme 6: Support Networks and Advice for Others (Key Words)
John	Drinking, working	Strain	Emotional supporter: supportive role	Christian perspective	Not discussed	Be there for your spouse, be a listener
Jamie	Talking, physical activities	Devastating	Emotional supporter: emotional support	Shifted perspective	Talking to friends and family	Cherish every moment, open communication
Edward	Time with spouse, escaping	Overwhelm	Emotional supporter: emotional support	Perspective on parenting	Opening up to family	Be there for your spouse, seek professional help
Jacob	Talking, exercise, nature	Initially strained, strengthened	Practical supporter: emotional support	Empathy and understanding	Sharing experiences with others	Seek professional help, be patient, advocate for awareness

Appendix Table 2:*Theme Development Key Words and Phrases*

Themes	Key Words/Phrases
Coping Mechanisms	Drank and worked too much – Engaged in physical activities – Shared feelings with spouse – Attended counseling – Spent time in nature – Supported each other emotionally
Impact on Relationship	Strained marriage initially – Grew closer over time – learning to navigate emotions together – Strengthened bond as a couple – Shared feelings and concerns
Male Role Following Miscarriage	Offered emotional support to spouse – Shared practical responsibilities – Handled household chores – Supported spouse during the miscarriage – Helped spouse emotionally
Long-term Impact	Shifted perspective on life – Cherished family more – Emphasized open communication and emotional support – Enhanced empathy – Awareness of parenting challenges
Safe Spaces for Dialogue	Created a safe space for open communication with spouse – Leaned on each other for emotional support – Attended counseling together – Shared experiences and emotions with family and friends – Encouraged sharing through counseling and therapy
Support Networks and Advice	Received support from spouse, family, and friends – Attended counseling sessions – Sought support from close ones – Encouraged reaching out to support groups – Advocated for greater awareness and support groups – Advocated for greater awareness and support – Suggested seeking professional help – Highlighted the importance of sharing experiences – Emphasized the uniqueness of each individual's journey

Appendix Table 3:*Linking Themes to Research Questions*

Research Questions	Linked Themes
RQ1: How do men describe their experiences with a miscarriage?	Theme 2: Impact on Relationships: Strain and Resilience Theme 3: Role: Male Role Following Miscarriage
RQ2: How do men describe the support (or lack thereof) they received after the miscarriage?	Theme 5: Safe Spaces for Dialogue Theme 6: Support Networks and Advice for Others
RQ3: How do men describe the way they attempted to cope with the miscarriage?	Theme 1: Coping Mechanisms: Varied Strategies for Healing Theme 4: Long-term Impact: Profound Shifts in Perspective

Appendix Table 4:*Demographics*

Demographics	John	Jamie	Edward	Jacob
Age	59	40	31	37
Ethnicity	Caucasian	Caucasian	Caucasian	Caucasian
Marital Status	Married	Married	Married	Married
Number of Previous Pregnancies	4	3	8	3
Number of Children	2	2	1	2
Number of Miscarriages	2	1	7	1
Stage of Miscarriages	14 weeks, 32 weeks	First trimester	6-10 weeks	First trimester
Time Since Most Recent Miscarriage	18 years	5 years	1-2 weeks	6 months
Experiences and Perspectives	Worried about spouse – Blamed spouse – Sought medical help – Drank and worked excessively – Strain on marriage	Profound loss – Grief, sadness, guilt – Struggle to process – Support from spouse and counseling – Strain and then strengthened marriage	Witnessed wife's pain – Felt helpless – Researching causes – Watching other families	Devastating loss – Shattered dreams – Overwhelming emotions – Grief, sadness, guilt – Support from spouse and counseling – Strain and then strengthened marriage