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"In Heaven": Christian Couples' Experiences of Pregnancy Loss

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“In Heaven”: Christian Couples’ Experiences of Pregnancy Loss

by

Grace Ellen Peters

A thesis submitted in partial fulfillment
of the requirements for the degree of
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Department of Communication
College of Arts and Sciences
University of South Florida

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Abstract

This thesis examines how young, married, heterosexual Christian couples talk about and make sense of pregnancy loss, specifically loss before the twentieth week. Studies of pregnancy loss often focus on individual differences in response to pregnancy loss, but this research engages a shared, relational notion of pregnancy loss. Furthermore, this project focuses on Christianity as a tool for making sense of pregnancy loss, not simply a demographic characteristic. I conducted six open-ended interviews with two couples, with one interview together and an individual follow-up interview with each spouse. Following the interviews, I analyzed and interpreted the interview transcripts for symbols of identity and forms, which are communicative practices described by Carbaugh (1996) that construct social identity and cultural scenes, to examine how pregnancy loss is characterized as a “me,” “you” and “we” experience. Through this analysis I observed how multiple agents (God, the couple, the community, family members and clinicians) continually construct what pregnancy loss means for the couple, but also for this cultural scene. This is a transformative experience for all entities as they continually interact with this notion of loss. Significantly, these couples see this experience continuing on past death and know that they will see their baby “in heaven.”

“I’m afraid I don’t have any good news for you. We can’t find a heartbeat.” I remember these words verbatim. I can think of no other words—not even my wedding vows—that I remember so distinctly, so precisely in tone and gravity.

- Weaver-Hightower, *Waltzing Matilda*, 2011, p. 466

In 1997, as I lay alone on the table in the examination room at my doctor’s office where I had just had the D&C for my sixth miscarriage, with lights off and blinds drawn, resting in the cool, dim light until I felt well enough to get up and drive myself home, I had a vision of a butterfly leaving my body, fluttering off, out the window, toward the light

Good-bye Baby

Good-bye...

-Linda Layne, *Motherhood Lost*, 2003, p. 8

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

-Sylvia Plath, *Three Women*, 1968

Not that I am (I think) in much danger of ceasing to believe in God. The real danger is of coming to believe such dreadful things about Him. The conclusion I dread is no, “So there’s no God after all,” but “So this is what God’s really like. Deceive yourself no longer.”

-C.S. Lewis, *A Grief Observed*, 1961, 6-7

Can a mother forget her infant, be without tenderness for the child of her womb? Even should she forget I will never forget you.

-Isaiah 49:50

Introduction

From the time I was a little girl, I have been fascinated by pregnancy. I endlessly cared for my baby dolls, Ashley, Melissa and Emily. One of my favorite television shows in elementary school was TLC's *A Baby Story*. I knew exactly how mommies and daddies made babies from the time I was seven, sperm and all. The best part of any science textbook was the section on Human Reproduction. I loved Sex Ed. But I cannot remember in any of my formal or informal reproductive education stories of pregnancy *loss*. I thought that every pregnancy ended with a baby.

But when I was ten, some friends of my cousins joined our family on our annual vacation. I remember that she, a young blonde in her late twenties, was really pregnant, at least in her third trimester. She, my cousins and I were playing a game of Uno. I lost, and she won. And I said, "I hope your baby dies!" I was punished severely for saying such a horrible thing. But the worst punishment happened a few weeks later, when my mom informed me she lost the baby. And I thought I had somehow, with the magic of my words and the intensity of my sore losing, caused this to happen. I never knew that pregnancy loss was something that could happen to anyone.

Then, one Sunday in January of 2014, I learned this could happen to people I know. My husband Abe and I were in between the pews in church, next to the other young, recently married couples. The usual people were there and we were talking about our weekends. Then I realized our friend Jessica was missing. About a month and a half ago she and her husband, David,

announced they were pregnant and expecting in August. Part of me assumed she was absent because of morning sickness. Then David brought us together with a hushed voice. He whispered, “I just want to let you guys know before the preacher makes the announcement to the whole congregation, but the reason Jessica is not here this morning is because we lost the baby.” We’re all quiet. I had no idea what to say. I honestly don’t remember exactly what any one said next, but I remember the feeling incredibly sad and overwhelmingly confused. I may have said, “I’m so sorry,” because that’s what you say when someone’s family member or friend dies. But I had no idea how to respond to *this* loss. What do you say when a friend miscarries?

This experience of not knowing how to respond is still troubling to me. Why was it that I, a woman who this could happen to (one who studies communication, at that), do not know how to respond to our friends in their loss? I was haunted by the thought of uncertainty for months. I wrote several papers on loss, empathy and stories. I consider my friends’ experience as the match to the fire of my research on pregnancy loss. My shock and uncertainty about how to understand or talk about such a situation was overwhelming. And now I am here.

One in five pregnancies will end in loss before the twentieth week, with most ending before the thirteenth week (Brier, 2008; Griebal, et. al, 2005; Van, 2012; Wright, 2005). Many women who experience pregnancy loss do not realize they are pregnant, leading some to estimate that up to 50% of pregnancies end in loss (Speroff, Glass, & Kaswe, 1999). A number of these are silent losses, where women assume a pregnancy is going along fine until a routine check up (Peel and Cain, 2012). J is the first woman I knew in my adult life that this happened to and it is likely I will know many more.

As I began hearing stories and reading research on pregnancy loss, I learned the timeline is often similar: finding out you are pregnant, suddenly finding out you are not, telling others,

making sense of the loss, dealing with issues of remembrance. In this sequence of events, however they may unfold, communication creates the reality of pregnancy loss. I see this experience as highly relational (Gergen, 2009) and culturally situated, particularly between partners, pregnancies and communities. It is hard for me to imagine how Abe and I would make sense of such a loss. I wonder how other couples, couples like us, manage this situation. Moreover, I wonder how I can help them.

This leads me to my present research question: how do young, heterosexual, Christian, married couples talk about and make sense of pregnancy loss, specifically “miscarriage”?¹ Additionally, how do their stories reveal their situated cultural context (Carbaugh, 1996)? Through this thesis, I seek to understand how couples make sense of pregnancy loss, individually and interactively, and how a couple’s shared Christian beliefs and values influence the overall experience of pregnancy loss. By examining the different ways making sense of pregnancy loss occurs for Christians, I seek to provide insight for people who may not understand the spiritual implications, emotional depth and relational intricacies of pregnancy loss on Christian couples. I hope to use the narratives created in this research to develop pedagogy for clinicians, teaching respectful and compassionate communication practices. By studying young, Christian, heterosexual couples’ communication and processes of making sense of pregnancy loss, others

¹ Throughout, I will use “pregnancy loss” as a less accusatory term to refer to “miscarriage.” I trouble the term “miscarriage,” because I see it as a word that implies a miss-carrying, as if a pregnancy was inappropriately or irresponsibly carried, thus blaming on the carrier (mother). I find this to be a misguided and inappropriate use of language. I recognize the terminology of pregnancy loss is largely used to include a multitude of experiences, including “miscarriage,” “stillbirth,” and “neonatal infant death.” Other terms include, “spontaneous abortion,” “fetal wastage,” “perinatal loss,” “intrauterine mortality,” and “fetal loss.” I find myself accountable to use less pejorative or medicalized language in this research.

who share these values and beliefs can create further solidarity and support. Future research can examine alternative modes of spirituality and show the various ways that spirituality helps others make sense of pregnancy loss.

In this project, I conduct interviews with couples, together and separate, approaching the interview context in search of relational experiences of pregnancy loss. I use Carbaugh's (1996) notion of social identity and situated scenes to further contextualize the interviews, and also analyze content for symbols of identity and forms (p.16). I hope to answer my research questions carefully and respectfully, utilizing a feminist ethic of care throughout the process. A feminist ethic of care emphasizes a communal approach to women and men, an understanding of interdependency in human relationships. Additionally, operating from this position requires humility from the researcher, as researcher and participant are both human beings with their own subjective knowledges to bring to an experience (Tong and Williams, 2014). Care and respect are key to this research, because as we talk I recognize that I will become a part of their narrative(s) of pregnancy loss. Even as we come together to create their story, I seek reflexive engagement with each couple (Jorgensen, 1991). It is my goal that through these encounters I can bring rich knowledge to the subject of pregnancy loss that can contribute to the research literature on communication and pregnancy loss, and that may be used to help those who may encounter it in the clinical context.

The following section examines significant literature on pregnancy loss. My literature utilizes pregnancy loss broadly, including literature on stillbirth, as the experience is often researched across the spectrum of loss. This interdisciplinary subject provides countless angles on the subject, but I plan to focus on four main aspects of pregnancy loss: (1) Pregnancy loss in America, (2) Guilt and Shame, (3) Grief and Other Emotions, (4) Personhood and Making Sense

of Pregnancy Loss. Throughout these sections I will make a case for the significance of this thesis project while establishing a framework of relevant research.

After the literature review I describe the methods used in this research and then explain my interpretations of the interviews. Next, I discuss the implications for those findings and future research on pregnancy loss. I conclude by reflecting and summarizing the journey of this research.

Literature Review

Pregnancy loss in America

I approach experiences of pregnancy loss as highly culturally situated (Carbaugh, 1996), meaning the specific context in which they occur is significant to understandings of occurrences. My research is situated in the American cultural context, particularly in which one's Christian spirituality is of first priority. I use international research, from the United Kingdom, Ireland, Sweden, and Australia (Shaw, 2014; McCreight, 2004; Cecil, 1996; Avelin, 2013), in other parts of this paper to show how pregnancy loss is influenced by culture, which is often more noticeable when looking at different cultures. Layne's book, *Motherhood Lost: A Feminist Account of Pregnancy Loss in America* (2003a) accounts, in detail, the American cultural context based on anthropological research in pregnancy loss support groups. I hope to highlight four major aspects: that it (1) promotes notions of successful pregnancy, (2) values materiality, (3) claims morality implications for loss, (4) and produces a culture of silence. Each of these factors implicates lived experiences of pregnancy loss.

The Successful Pregnancy Norm. In the article, *Unhappy Endings: A feminist reappraisal of the women's health movement from the vantage of pregnancy loss*, Layne (2003b) argues biomedical obstetrics and the women's health movement have negatively impacted cultural notions of pregnancy and pregnancy loss, both claiming reproduction is something that can and should be controlled, promoting the dominant narrative of successful, "happy, healthy"

pregnancies. Biomedical obstetrics refers to the medicalized approach to women's health. Physician-assisted, In Vitro Fertilization (IVF), hospital births, frequent sonograms, check-ups, emergency plans, and monitoring systems all create the illusion of biomedical control, that despite the possibility of something going wrong, there is a way that medicine can control it and overcome it. The women's health movement appears to be the opposite, yet still promotes the same agenda of success. Midwives, natural conception, home births, psycho birthing, and drug-free birthing are all characteristics of this women's health focused movement, where women have "taken back" control over their own bodies and are the agents of success and power. Layne (2003b) notes, however, that neither system is perfect and both create illusions of pregnancy success, whether biomedical or natural, overshadowing the very real possibilities of complications and loss.

In contrast to biomedical and natural models of pregnancy, there is another way to make sense of pregnancy loss that favors the agency of God or Allah (Van, 2012; Shaw 2014). When the pregnancy loss occurs, it is assumed that the pregnancy was "not meant to be" or it happened "for the best" (Brier, 2008, p. 451), thus displacing the power of medicine or the natural. Even though most white, middle-class women, such as the women in this study, practice prenatal care and seek information about pregnancy, they are not often exposed to counter narratives that describe pregnancy loss, which allows narratives of successful pregnancies to remain dominant and unchallenged. This research seeks to further understand these models, searching for characteristics that influence them but also convergent approaches to making sense of pregnancy loss.

Materialism (Memorialization). The materiality of pregnancy, or physical indicators of a pregnancy, are often felt by the mother but are also represented in photographs, biomedical evidence or baby things (Layne, 2003a). Such materiality is prominent in American culture. Following loss these are the limited memorabilia of a pregnancy that are purposefully used to reinforce connectedness and support remembrance.

Layne (2003a) notes that through birth and the rituals thereafter, pregnant women are reincorporated into society; “When a pregnancy ends without a live birth, there are no rites to reincorporate the woman” (p.60). Material objects, in part, substitute for the birth and provide a form of representation or proof for continued existence of the pregnancy, despite the loss.

Keane (2009) notes two images that promote connectedness in online pregnancy loss memorials: sonogram images and angels. These images communicate the unrepresentability of pregnancy loss and reinforce lost pregnancies (babies) presence, now immaterial, and remind families of connections to lost pregnancies. Layne (2003a) highlights how technologies, such as sonograms, prove a pregnancy existed. Other biomedical evidence includes notes from appointments or pregnancy tests. These materials are often kept in a specific box, signifying the importance of this loss in the lives of a family and reinforcing the relationship that exists after loss.

Godel (2007) shows how photographs of a stillborn baby “help[s] create a social identity for the baby... allowing him or her to be remembered, mourned and memorialized” (p. 253). Such images are often used for memorials, proving connection and physical loss for the now immaterial. Couples that experience pregnancy loss of any form strive for material markers in order to account for the loss, attempting to prove that a pregnancy existed and to help make sense of the once material.

Morality. Layne (2003b) argues the women's health movement has promoted control over choices of pregnancy and individualism, both features of a "culture of meritocracy" (p.1888). This culture of meritocracy creates standards of good and bad concerning motherhood, where the good mother produces a happy, healthy baby and the bad mother does not. Furthermore, when a woman chooses to become pregnant and/or decides to keep the baby, she is making deliberate choices that reflect values of selflessness and responsibility. The natural birth movement is also charged with further complicating morality and pregnancy loss, as "prepared" and "natural" are synonymous, therefore anything counter is "bad" (Layne, 1997).

Additionally, a woman's choice to have a baby moves her womanhood into a phase of motherhood, which is historically recognized as woman's unique purpose. This development places pregnant women on a pedestal of fulfillment and embodied productivity. By glorifying particular performances of "natural" and "good," pregnancy loss is defined as "unnatural" and "bad." If women have so much control over pregnancy, then they must have done something wrong to cause the loss of the pregnancy.

Silence. The final theme of the American cultural scene is silence. Many authors claim that pregnancy loss is a silent experience. Peel and Cain (2012) characterize sonogram-diagnosed losses as "silent losses," as there is no awareness of intrauterine death. Cacciatore (2009) argues stillbirth is a silent birth, more so than the lack of cry following delivery. Much is not mentioned surrounding stillbirth, including the birthing process and expressions of grief following loss, thus contributing to overall silence. Cacciatore (2009) hopes that, "by adding stillbirth issues to their agendas, feminist social workers can break the silence around stillbirth, acknowledging these

women as mothers and providing dignity and recognition for their loved-and-longed-for babies” (p.93).

Layne (1997) indicates silence experienced in popular culture, medical discourse, and variability in religious experience regarding pregnancy loss. Reinharz (1988) notes that most women who write about miscarriage mention they do not know another woman who this has happened to (p.234). Wojnar et al., (2011) acknowledge that “silence and dismissal continue to surround this invisible loss in North American culture and beyond” (p. 536).

This issue is further shrouded in silence as it is juxtaposed against dominant narratives, thus making it a topic of taboo in American culture. Layne (2003a) mentions Shore’s (1989) essay on Polynesian pregnancy loss, where women are symbols of power and deity, thus constructing dead newborns as “unwelcome reminders of the fragility of the boundary between order and chaos, life and death” (p.65). In America, it then makes sense that dominant narratives of success make topics of “unhappy endings” unwelcome and therefore, taboo.

I imagine that how American couples talk about pregnancy loss is closely tied to these themes of successful pregnancies, materialism, morality and silence. Couples in this project participate in this assumption of success, leading a failed pregnancy to be “bad.” Situated experiences further construct and promote these ideas, thus making change a challenge. Particularly, that pregnancy loss is a silent experience proves that little discourse surrounding the subject exists, making how the experience is lived and viewed oddly cemented in the present state. The next section will discuss how guilt and shame are constructed in the context and literature of pregnancy loss.

Guilt and Shame

Issues of guilt and shame are closely linked, as they both place negative emotions on the bearer based on the larger moral context experienced within. Additionally, both issues are tied to moral claims, that such women do not meet up to a standard or position of maternity and are therefore to blame or should be ashamed of the experience. Some women do blame themselves for the loss, claiming they did not do everything in their power to ensure a successful pregnancy. They blame themselves for the “miss-carrying,” and are guilty about its occurrence. Adolfson et al. (2004) also note guilt and emptiness following pregnancy loss, that women wonder whether it was something they did or ate that caused the loss. Wojnar et al. (2011) note guilt as a typical response to miscarriage along with “grief, anger, depression, anxiety [and] self-blame” (p. 537).

Feelings of guilt and shame are tied to notions of successful pregnancy and morality, as experiences of pregnancy loss are culturally situated in a space that depicts successful pregnancies as in the realm of biomedical control, where clinicians and mothers do everything in their ability to ensure success. If a pregnancy is lost, blame is often located within the mother, not the clinician. Once pregnancy loss is experienced, it is then moralized in a space that considers ideas of “good” and “bad” motherhood all of which are cloaked under the illusion of “happy, healthy pregnancies.” Additionally, the materialism of fetal monitoring and picturing supports bonds, thus intensifying the reality of the pregnancy and subsequent guilt if all does not go as planned.

Brier’s (2008) review of the literature discusses “not normal grief reactions” (p. 452), based on the DSM-IV, which include, “excessive guilt, suicidal intervention and feelings of worthlessness” (as cited in Brier, 2008, p. 452), as emblematic of intervention worthy responses to pregnancy loss. This location of “normal grief” apart from feelings of guilt is problematic

because it assumes a position of normal and does not consider the cultural context of pregnancy loss. It is important to locate feelings of guilt and blame within the cultural context, specifically in the American cultural context, because assumptions of successful pregnancy, biomedical control, materialism and morality play key parts in how pregnancy loss is experienced.

Grief and Other Emotional Responses

Quantitative studies of male and female grief following pregnancy loss have attempted to create an understanding of “normal” and “abnormal” grief responses in men versus women (Beutel et al., 1995; Brier, 2008; Day and Hooks, 1987; DeFrain, 1991; Hutti, et al., 1998; Hutti, 2005; Kersting and Wagner, 2012; Kong et al., 2010; Potvin, Lasker and Toedter, 1989). Many quantitative studies argue that male and female grief is very different. Females are characterized as always grieving and having more intense and longer grief (Brier, 2008; Leppert & Pahlka, 1984) and men grieve less intensely due to the male supportive role (Black, 1992; Hutti, 1992; Smart, 1992; Stinson et al., 1992). While quantitative studies provide insight into possible characterizations of grief following pregnancy loss, I will examine qualitative, narrative, phenomenological and autoethnographic approaches to grief and other emotions, recognizing that grief emerges in multiple forms and modes.

Qualitative Interviews. Abboud and Liamputtong’s (2003) qualitative study, which interviewed Australian couples following pregnancy loss, highlights, “that women in our study described feelings of devastation, grief, trauma, feeling scared, guilt, and choking with emotion” (p.55), a mix of emotions at various times. This international study provides similar findings to American studies. Van (2012) interviewed 20 married or partnered women regarding coping strategies following pregnancy loss to understand more diverse approaches to living with grief

after pregnancy loss (Van, 2001). The following themes emerge: “being myself, connecting with others, avoiding and pretending” (p. 73). Connectedness is the most significant approach to coping following involuntary pregnancy loss, as “women who talk about their loss experiences tended to cope with their grief more effectively than women who did not” (p. 77). However, Van (2012) does not discuss what qualifies coping as “effective” or “ineffective.” Van’s approach to interviewing women is effective in illuminating larger themes from specific quotes, but not focusing on particularities of lived experiences.

Puddifoot and Johnson (1997) used qualitative interviews to understand how partners of women who recently experienced pregnancy loss are conflicted with regards to grief, as they do not know whether or how they should grieve. They interviewed twenty males from the North of England and based on a content analysis note, men construct bonds through fetal imaging and use imaging to prove a pregnancy exists; yet men feel there is no need to express feelings as nothing could change that loss occurred. Additionally, they do not express feelings to friends, “My mates would only laugh if I broached the subject with them... so it’s best not to” (p.839). Some men felt no emotion in regard to their partner’s loss while others feel jealousy over their wives’ privilege to carry the baby (p. 840), and some men feel anger or futility following loss because they had no control over the situation. Men also note sadness for their partners, “I’m sad for (Barbara). She gets so upset about it...that upsets me” (p.840). This study shows the multiplicity of men’s potential responses to pregnancy loss, with an overall sense of “unfinished business.”

Phenomenological Approaches. In their phenomenological interviews with fifteen Swedish women Adofsson et al. (2004) note “they [women] feel feeble and everything is heavy, they are listless, they take no walks and do little or nothing” (p. 552). Their embodied

experiences of grief are compounded by their physical state, since what occurs as a routine medical visit is often concluded by day-surgery. After recovering from the physical aftermath of pregnancy loss, many women continue to grieve by shutting themselves off from everyday life (p. 552). Many women wish they had more time to grieve their loss before returning to the fast pace of daily life, but even after time, the loss is still remembered. “A few women put their fetuses in a beautiful little box and buried it in a secret place where they sometimes visit and place flowers” (p. 553). Unique approaches to grief, such as burial and remembrance are important to understanding how the loss can be responded to by women *and* men.

O’Leary and Thorwick (2006) use phenomenological approaches to understand fathers’ perspectives of pregnancy loss, and note “they do not have the opportunity to openly grieve,” (p. 79) but men attending support group meetings with their partners are able to share the grief, realizing “they were not alone and their feelings were normal” (O’Leary, 2004; O’Leary et al. 1998; as cited by O’Leary and Thorwick, 2005, p. 84). O’Leary and Thorwick (2006) attribute this to how men learn to grieve, that they must maintain a supportive role during this experience for the sake of their spouse. However, this reasoning may not be true for most men, grief responses may be different based on how the loss is physically or mentally experienced, for him but also her. Whether the male grief response is culturally situated in learning grief is a possible insight to be gained from this research.

Swanson-Kauffman (1983) notes that many women are not told they may grieve following miscarriage, that they will often have a challenging process of coming to know what this loss means, getting through the loss, losing and gaining aspects of identity, having trouble identifying with others or finding supportive relationships and conceiving again. Each of these

themes in phenomenological studies is interesting, but more specific data and analysis of themes is key to my use of phenomenological approaches to pregnancy loss.

Narrative Approaches. McCreight's (2004) interviews with men in pregnancy loss support groups in Northern Ireland highlights "men were able to recall the loss in vivid and emotional detail indicating the loss had deeply affected them, and was an event not to be forgotten" (p. 332). This narrative approach to interviewing allowed the men to disclose feelings of grief in a less limited context, allowing men to make sense through narrating the experience. Their stories match larger cultural narratives of being supportive for their partners, informing family and friends of the loss (Middleton & Quirk, 1990), grieving differently with their partners, and recognizing their baby and new identity of father primarily through fetal imaging (Puddifoot and Johnson, 1999).

Silverman and Baglia (2014) use a narrative approach to understanding pregnancy loss in their recent book, *Communicating Pregnancy Loss: Narratives for Change*. The book is a collection of first-person narratives from scholars and health care providers, articulating pregnancy loss from their perspective, using narrative as a method for changing the way pregnancy loss is understood personally, culturally, and physically.

Autoethnography. Autoethnographic approaches to grief and other emotions following pregnancy loss are epistemologically tied to my approach to understand couple's experiences of pregnancy loss, as they seek individual, lived experiences (auto/co) as related to larger cultural narratives (ethnography). Sell-Smith and Lax (2013) tell their research journey from empiricist approaches, to feelings of anxiety and depression for women pregnant after pregnancy loss, to mixed methods and autoethnography. Sell-Smith and Lax (2013) describe becoming pregnant after completing data collected for a dissertation on mindfulness following pregnancy loss when,

I discovered I was unexpectedly pregnant. While such a pregnancy was unplanned it was certainly wanted and my family and I prepared for the addition of a new member. A series of stressful events culminated in the loss of this pregnancy—a stillborn delivery in the second trimester. A few months later I discovered that I was pregnant again, only to find out that I was carrying an ectopic pregnancy that would need to be terminated. I once again found myself feeling devastated, overwhelmed and in search of a way to understand what happened and to heal myself. (p.2)

As Sell-Smith notes, “I am heavily situated within the context of my own research,” (p.2) the switch is made to a more autoethnographic work. Combined with qualitative interviews, Sell-Smith and Lax (2013) note a range of emotions “from grief, sadness, and fear to anger, resentment, jealousy and sometimes relief” (p.11). Reflecting on one’s own responses to pregnancy loss provides insight to multiple emotional experiences that one experiences.

Sell-Smith and Lax (2014) state that men and women grieve differently, which is present in the literature, but also, “my husband and I were no exception.” (p.13) Typically, women take on the traditional notion of expressing grief while men focus on things that need to be done following a loss (loss orientation and restoration orientation (Stroebe and Schut, 1999)). These insights into experiences of pregnancy loss are significant as I endeavor to engage the subject from a similar position.

Weaver-Hightower (2011) further engages how fathers grieve as he writes about, grieves and makes sense of Matilda, his stillborn daughter. The burden of telling others, the restoration orientation, also fell on him, the father. “Each person, as I said the words, ‘The baby died,’ sounded audibly chopped off at the knees. Stunned silence... Grief and shock seemed somehow

comforting, as if it were right for *us* to have reacted that way” (p. 468). Not only does his wife experience the grief following pregnancy loss, but moreover “she suffered mightily and I could only sit there and help count the pushes...Matilda offered no help as a baby should by wriggling down the birth canal. She was dead so she lingered there in her mother, trying—I prefer to think—to soak up the warmth and perfection for a few minutes more” (p. 468). The mother’s experience of delivering a stillborn child is a memory forever wrapped around and within this grief. Graphic tellings of the birth process further articulate the sense-making process, fully recounting the emotional intensity of the event, much like McCreight (2004).

Even following the loss, “grief comes in flickers and fragments, periodically and unpredictably, in the midst of resuming a ‘normal’ life” (p. 472). Grief does not follow normal stages, but comes in spurts, at unexpected times and in unexpected ways, for both men and women. Witnessing Weaver-Hightower (2011) make sense of this in writing opens up possibilities for a variety of practices to occur within the context of the interview. It is important for details to emerge within the narrative, as they add depth to understanding the process.

While couples experience grief and other emotions, including the lack of emotion, in innumerable ways, it is significant to note that this loss is a marked and noted event in the lives of countless couples. Further understanding even one specific group’s shared beliefs in regards to pregnancy loss adds to the literature, recognizing potentiality and inevitability of pregnancy loss for others.

Personhood and Making Sense of Pregnancy Loss

The process of making sense of loss is emergent within the interview context, as it occurs in communication and narratives emerge in response to story-telling invitations. Couples who

experience pregnancy loss must make sense of their identity, loss, and memorialization, and story is often their best resource for doing so (McCreight, 2004). This process is significantly relational, “as it has been suggested (Miller, 2000) people make sense of what is happening to them in relation to the past and future expectations and in relation to other actors” (McCreight, 2004, p. 343). Personhood is key to the relational function of making sense of pregnancy loss and is often indicative of emotional responses following pregnancy loss. The following section links notions of personhood and making sense, recognizing their culturally situated nature and importance for understanding communication and pregnancy loss.

Personhood. Personhood, or what defines a pregnancy as a baby, is a highly debated topic. This section is not an epistemological marathon through multiple approaches to fetal personhood, but rather advocates a relational feminist approach to personhood². Morgan (1996) argues, “personhood and relationality can be better analyzed as dynamic, negotiated qualities realized through social practice” (p. 47), that personhood is in constant flux and negotiated in communication practices. Carbaugh’s (1996) notion of symbols of identity and forms, the practices that identify human agents and enact social identities, are foundational communication practices that support this approach to personhood. Personhood is accomplished in talk. Specifically, the biological creators of a fetus, the parents, first establish personhood. “Women may now begin to actively construct the personhood of their wished-for child from the moment

² Historically, feminists have not significantly addressed pregnancy loss due to the debate over establishment of personhood. Several feminists have recognized this as an error, arguing that women need to advocate for women, particularly women oppressed by dominant narratives of pregnancy. Therefore, a feminist approach to pregnancy loss “acknowledges the social reality of fetal personhood while remaining critically attuned to the social and political contexts that produce certain forms of personhood and deny others” (Morgan as cited by Keane, 2009, p. 154).

they do a home pregnancy test” (Layne, 2000, p. 322). Many men note recognition with images (McCreight, 2004). Weaver-Hightower (2012) notes, one becomes a father through interactive events, “anticipating the baby, learning of its death, dealing with practicalities, struggling for recognition and maintaining memories” (p. 464). This initial engagement with pregnancy, for many with “child,” is significant in establishing attachment. These interactions construct personhood and affect the entire experience of pregnancy loss, from acknowledgement to thereafter.

Making Sense of Pregnancy Loss. Making sense of pregnancy loss describes the active process of coming to terms with an experience, of understanding oneself in relation to the experience, the loss itself and how or whether to remember it. In order to come to terms with loss, one must first come to terms with a pregnancy. Adolfsson et al. (2004) describe how some women sense they are pregnant and begin preparing themselves for the role of mother (p.550). Other women may be planning for and anticipating pregnancy, “where everything made sense to attempt to have a child” (p.77), creating a heightened sense of awareness (Adolfsson, 2010). Making significant life changes to prepare for pregnancy and parenthood are important moves that mark making sense of the pregnancy. McCreight (2004) suggests, “men acquire a sense of their identity as father partly through the experience of the visual image and that this leads to a reconstruction of the image of self. The loss itself has a powerful effect in terms of damage to their self-identity” (p.346).

Making sense of the loss varies. Depending on one’s relationship to a pregnancy, not that it can be measured or exacted, shows making sense of pregnancy loss occurs variably. Peelen (2012) notes how poems, songs and stories often help parents make sense of pregnancy loss (p.

135). Other couples make sense of pregnancy loss as something they couldn't control, therefore they should not let it control their lives (Van, 2012, p.74).

Kevin (2011) suggests memory and memorialization help make sense of pregnancy loss as it is related to other conventional forms of grief and loss (p. 854). By establishing further material and evidential connections, couples may remember lost pregnancies. Simple practices of remembrance, such as wearing a necklace or getting a tattoo, may also help make sense of pregnancy loss (Peelen, 2012, p. 88)

Shaw's (2014) research on British Pakistani Islamic women's experiences shows the culturally situated nature of making sense of pregnancy loss. Specifically, young Islamic women make sense of pregnancy loss in light of Quaranic and Hadith interpretations of personhood at the beginning and end of life. The "Islamic belief that 'life' begins when the *ruh* (spirit) is breathed into the baby" (p.90), typically seventeen weeks following conception, determines when a fetus becomes a baby. However, women often realize they are pregnant long before *ruh* occurs, and since most loss occurs before the thirteenth week, causing any loss before the seventeenth week is not socially recognized as the loss of a baby, but rather that "the baby was wasted," which is similar use for abortion language. This challenge to language is influential in how couples can then make sense of their loss. Despite the mother's recognition of a baby, a lack of cultural recognition can lead to intensified and disenfranchised feelings of grief. Additionally, in Islam a baby is only recognized by name if it has drawn breath and received *azan*, meaning stillborn babies are not recognized as named life (p. 92).

In Shaw's study, women describe their distress and grief for their babies who cannot receive *azan* because they were not born breathing. Many women describe emptiness if a stillborn child is socially recognized, emphasizing the *still* born reality in their narratives. Other

women describe a combination of anger and grief when a baby is not recognized as a person to be named (p.93). Many women describe the need to cover their grief; otherwise relatives will view them as pathetic (p.93). Each emotional reaction compounds the tensions of making sense of pregnancy loss in context with religious cultural scenes.

Christians and Pregnancy Loss. Religious cultural scenes situate pregnancy loss for Christian couples by offering spiritual resources for understanding life and death. Biblical passages are foundational tools for making sense of pregnancy loss and for comforting the bereaved. Furthermore, Christian imagery outside of Biblical accounts has been appropriated to offer comfort for Christians and non-Christians. The following section will highlight discourses of Christianity and pregnancy loss.

Kavanaugh, Trier and Korzec (2007) provide a transcript of an interview where a boyfriend's mother offered support using the Bible following pregnancy loss, "His mother even came back and she helped me look for scriptures because I wasn't a church member and didn't know anything about the Bible or scriptures. And she helped me look for scriptures that talked about babies..." (p. 10). This small gesture provided comfort for the woman following loss despite her non-Christian identification.

Biblical passages that may be used to provide resources for making sense of pregnancy loss and providing comfort include, Isaiah 49:50, "Can a mother forget her infant, be without tenderness for the child of her womb? Even should she forget, I will never forget you," Psalm 34:18, "The Lord is near the broken hearted, and saves the crushed in spirit," Matthew 5:4, "Blessed are those who mourn for they shall be comforted," and 1 Thessalonians 4:14, "For since we believed that Jesus died and rose again, even so through Jesus, God will bring forth those who have fallen asleep". Each of these passages may provide comfort and hope for the

mourning, for the bereaved parent. Further examining Christian couples use the Bible to make sense of pregnancy loss is something this research would bring to existing literature.

Additionally, loss is made sense of through Christian images and stories. Imagery of angels and heaven assist Christian couples in making sense of pregnancy loss, as these entities “give shape and meaning to their stories of miscarriage,” (Layne, 2003b, 297) that lost pregnancies become angels in heaven spending forever with the Lord, having served their divine purpose and received immediate and eternal peace. Stories with Christian themes of love and redemption provide comfort, as God is comfort and love, providing an eternal safe haven for lost pregnancies. This is informed more by the religious cultural scene than Biblical accounts and is “reminiscent of Christian literature produced for children” (Kevin, 2011, p. 856). Such stories provide answers where it seems there are so few. One woman described how “our baby’s spirit left its body when the heart stopped beating and is now in heaven with all the other angels, watching over us, waiting for the next chance to meet us” (Kevin, 2011, p. 853). These narratives help couples to make sense of their loss, providing culturally situated resources for discussing pregnancy loss.

In reviewing the literature on pregnancy loss, I have used multiple approaches, from mental health counseling to narrative inquiry to nursing, suggesting a widespread relevance of this subject. Using multiple approaches shows the differences in how this experience is explained, methodologically and epistemologically. I see that each of these findings may support this research, as pregnancy loss is a highly situated experience. How couples think, feel and act is simultaneously enacted through and constructing what is pregnancy loss and each varied approach may be apparent in that. For example, though I do not view grief as something that can be quantified or exactly measured, participants in this project might view themselves in this way.

Furthermore, I've paired the academic literature on pregnancy loss with a religious text to supplement and predict how Christianity is part of this experience. Within this study, there is a more specific cultural scene that I argue, experiences pregnancy loss uniquely. The following section explains this sect of Christianity, that I am also part of.

The Church of Christ Context

When I was eleven years old, I became a Christian. My grandfather, who has been a “preacher” for over sixty years, baptized me by fully immersing my body in water at a church building in Temple Terrace, Florida. Before then, I had spent many Sunday mornings, Sunday nights and Wednesday nights at church. I attended a religious summer camp every summer. After high school, I even attended and graduated from a Christian college. Both my parents and my paternal side of the family are part of this group, my dad and grandparents alumni of the same college, but they are not the only reason that I identify as a Christian. I, like many others, was “raised in the church,” but decided to continue my devotion and active participation out of my own desire to serve God, wherever I may be. This section explains this group’s structure and the ideologies regarding the nature of God and the problem of suffering, which are foundational to how couples in this project might make sense of their pregnancy loss.

Christians affiliated with the conservative, non-institutional Churches of Christ are not part of an official organization, they do not pay dues to a head church nor do they profess a creed of faith, but are simply members of local groups whose structure is determined by the authority of the scriptures. The New Testament model of a church is seen as the only basis for this groups formation and continuation and therefore, what identifies these churches as a group is their shared title, practices and doctrine, which structure the local congregations, and the relationships

individual members have with others in various locations. I will focus on their shared doctrine, as I view it to be the most significant factor of this religious cultural scene.

In this scene, the nature of God can only be known through His revelation in the scriptures. The Bible is the ultimate source of authority, as “Every scripture is inspired by God and useful for teaching, for reproof, for correction, and for training in righteousness” (2 Timothy 3:16, New English Translation). Based on this foundational understanding of scriptures, it can be seen that God is the Creator of all things (Genesis 1:1- “In the beginning God created the heavens and the earth.”), holy, or without evil (Psalm 5:4- “Certainly you are not a God who approves of evil people cannot dwell with you”), light (1 John 1:5b- “God is light, and in Him there is no darkness at all”), loyal (Psalm 89:14b- “Loyal love and faithfulness characterize your rule.”), just (Deuteronomy 32:4b –“He is reliable God who is never unjust, he is fair and upright.”), and love (1 John 4:8b- “God is love.”). Moreover, God is the ultimate authority and power over all things because He created all things. Through scriptures, it can be seen that God is still involved with His people (1 John 3:1- “See what sort of love the Father has given to us: that we should be called God’s children”).

Based on this foundational understanding of who God is, the problem of pain and suffering becomes troublesome. The question is—if God is so loving, just and righteous, how can suffering continue to exist? Particularly, why did God make it so that I lost this pregnancy? I am not a Biblical scholar, nor do I want to attempt to answer this question of suffering. But I do want the talk in this project to be situated in these notions of God and concerned with the conflicts that arise because of suffering and pregnancy loss. Further understandings about this cultural scene can be gained from the communication practices used by interviewees and cultural participants.

Methodologies

In this section, I articulate the interviewing methods used to approach couple's communication of pregnancy loss and how it is made sense of. The process of interviewing will include how I gained access to interviewees and the challenges and surprises of interviewing couples about pregnancy loss. Finally, I will discuss how I use Carbaugh's (1996) notion of social identities to analyze interviews and answer research questions.

Open-Ended Interviews

I approach interviews openly, acknowledging that interviews simply facilitate occasions for interactions and that they are exploratory means to further understand this experience of pregnancy loss, not to define typical experiences or standards. This form of interviewing has many names including open-ended, non-standard, unstructured or focused interviewing, all meaning I enter the interview with basic ideas or questions that I hope to address, but not a regimented schedule (Woofit and Woddicome, 2006). I find this type of interviewing useful, as it allows for organic exploration and freedom in interacting with participants.

This project works with two couples over six interviews. Each couple had an interview together and then each member of the couple has a follow-up interview. Interviews with couples begin with the question, "Can you tell me the story of your (pregnancy loss)," inviting a narrative response, but also the ability to respond however the interviewee sees fit (McCreight, 2004). Potential follow-up questions will emerge in the interview depending on how stories unfold, but ideas of follow-up questions include (2) How did you deal with this loss on your own and with

your partner? (3) In what ways did you share your loss with your community? (4) How has this loss impacted your relationships? (5) What is different following this loss? (6) What is the role of your Christian beliefs and values in making sense of pregnancy loss and constructing a narrative both members of the couple can share? These questions are not mandatory markers, rather general subjects I want to explore with the couple.

Overall, it is overall my goal to distance interview interactions from traditional notions of social science research, which may cause the participant to feel objectified or only valuable in terms of what they offer the project. I attempt this by meeting wherever the couple is comfortable, often in their home. For this project, both couples offered their home for interviews and one follow-up interview occurred in an office for convenience. I strive to make initial interactions casual by asking, “how was your day,” to give the sense this is a conversation, not a formal event. I did not take notes during any of the interviews because I did not want a notepad to serve as a physical and symbolic barrier, but I wanted my full engagement to be with what interviewees said in that moment. Finally, I believe each participant should feel like an active contributor and I desire participants to be engaged and committed to the project. I feel fortunate that both couples felt very involved with this project, both asking to read the final paper and restating their commitment and expressing this project is important work.

Interviewing Couples

Deciding to interview couples was one of my first decisions in this project. Much of the literature on pregnancy loss takes either a male or female position on the subject, and often views the couple as having different experiences (e.g., she experiences this, while he experiences that). I want this project to engage both positions, but more so the shared experience, and one of the

ways to achieve this is to interview the couple. Literature on interviewing couples views the approach as valuable to understanding “we-ness,” while providing richness regarding relationship (Torge, 2013; Taylor and de Vocht, 2011). When interviewing couples there is a chance that one will take the lead, while the other sits back and allows the other to talk. This can be insightful for understanding how a couple, together, talks about and makes sense of an issue, as it is done together and variably. However, such a situation could keep particularities about the other spouse’s position or specific criticisms about the other spouse from being disclosed. This is why in addition to interviewing couples I also conducted individual interviews. These follow-up interviews will also be open ended, and their questions will be based on “their side of the story.” Additionally, these follow-up interviews may provide a rich understanding of his, hers and their position in the experience of pregnancy loss.

Interviewing Process

In interviewing, I value respect, openness, and connectivity throughout the process of recruiting, interviewing and reflecting. The context of interviewing couples about pregnancy loss is intimate and challenging, as I ask to be closely part of a couple’s private and often silenced account of loss. Also, many couples do not wish to recount the experience of loss, as it could revive feelings of grief and uncertainty. I recognize that by engaging couples on such an intimate subject I am now a part of their larger narrative of loss and am influencing how this narrative is relived and recounted. However, this involvement is not unnatural. It is no more harmful than everyday interactions and I have no aim to rectify or provide therapeutic consolation regarding their circumstances of loss. Through interviewing I hope for a glimpse into a couple’s experiences.

Navigating the recruiting and interviewing processes proved complex and challenging as each interaction reflected varied comfort and intimacy. First, recruiting proved to be more challenging than I expected. Even though I am only interviewing two couples, it's hard to openly discuss pregnancy loss and wanting people to talk about it felt uncomfortable because of the taboo nature of the subject. Also, to find couples that met the criteria I laid out was challenging. For example, an older man offered that he and his wife be interviewed after hearing about my project, but they exceeded the 45 year old cut off I established. This cut off was established to focus on younger, recently married couples. Also, I had a couple that was very willing to discuss their loss but were part of a different church community, not the community I decided to focus on because of access and cultural familiarity. Furthermore, I was surprised by how difficult it was to ask couples. My first couple had agreed to be part of this project in its very early stages. Their support and involvement from Day 1 has been a huge source of comfort. But finding a second couple was challenging. I had a friend give a flyer to a couple he knew from church and the couple never contacted me. I had several colleagues offer to contact couples they knew who experienced pregnancy loss. But, during a lunch date, a friend openly discussed her and her husband's pregnancy loss. In future recruiting, I would not wait until the end of a lunch date conversation to throw in a business-like exchange question, but I would be honest from the beginning of our encounter with the subject. For a week after I asked them, I was nervous they had no interest and were offended by my asking. But two weeks later, I received a text message saying they would be glad to participate. I'm thankful for their openness and willingness to help me with this project, but I do think I could have approached this process better.

Second, scheduling interviews was more challenging than I anticipated. I knew that not everyone's schedule would bend to the will of my project, but I hoped interviews would be

concluded by the beginning of February. However, because one couple had a baby after our first interview and the second couple agreed two weeks after being asked, I was unable to complete interviews until the end of February. It's hard to know what to expect with a thesis project, but these processes were more challenging than I expected for this project. Through this I realized the very human element of organizing an interview-based research project and that it requires more patience, understanding and compassion than I could have imagined.

Situating Selves

I supplement my investigation with *Situating Selves: The Communication of Social Identities in American Scenes* (1996), in which Carbaugh argues communication occurs in situated cultural scenes and identity itself is communally based, established in shared meanings and then constructed through interaction. *Cultural scenes* refer to any number of physical settings, but also refer to interactions focused on specific subjects, such as in-depth interviews about marital naming practices. Carbaugh (1996) describes two aspects of communicative practices, or “an actual means of expression by a community” (p. 14): symbols of identity and forms. *Symbols of identity* are things that identify human agents, which could also be understood as descriptive characteristics that have meaning based in their cultural scene. *Forms* are things used to enact social identities or the verbs that describe what is being accomplished. Carbaugh (1996) examines and interprets these communicative practices in interaction, at sporting events, work, weddings and in the community, “to hear identities being constituted through participants practices” (p.16). He states the purpose of such research is to “describe particular communicative practices-in-use and to interpret the symbols, forms and meanings that comprise them” (p. 14).

I argue that interviews about pregnancy loss are a significant cultural scene where communication practices can be examined and interpreted. Moreover, the subject of pregnancy loss is often silenced, with limited space for discussion. By creating a space to talk about pregnancy loss, the interview context becomes a scene where social identity can be witnessed through communication practices, or the “patterned means of expression (a recurrent symbol, image or form) and its meanings” (p.14).

In this project, I recognize the symbols of identity and forms within the scene of pregnancy loss to analyze how pregnancy loss is talked about and made sense of in this context. In the spirit of Carbaugh, communication is the focus of this research and brings to light the “social life of communication” and how agents operate in it (p.26). However, I do not plan to go into detail about the larger scene itself. To examine the communication of identities, I focus on the use of “I,” “You,” and “We,” to observe how social relations are constructed together, which also shows how culture is enacted and created.

Results and Interpretations

At the start of each couple's interview, I ask, "*can you tell me the story of your [pregnancy] loss?*" That the couple is side by side as I ask this question could infer that "your" is plural. "You" are she and he. But, "You" is then negotiated:

"You or me?"

"I don't know if you want me to or do you want to?"

This conversation about "your loss," results in a shared story. Bu there is a complexity to sharedness, that in this experience, a complex, shared and separate enactment of social identity occurs. Their story, as articulated together, by sharing responses to interview questions, is entwined with a community of participants, all active in shaping their narrative of pregnancy loss. In this narrative multiple identities are being constructed: you, me and we, which can be inclusive and exclusive. Despite who is present at the interview, all parties are participating with it and all parties continue to shape what pregnancy loss means. Even when individuals are asked to tell "their side," the narrative is still shared because of the shared meanings of the experience.

Each of the couples that participate in this project came to pregnancy loss uniquely. The first couple I interviewed, Jessica and Daniel (who I will call J and D throughout this project), had been married for about five years at the time of their loss. They were both in their mid to late twenties. This was their first pregnancy and they had been trying to get pregnant for a year when

they found out they conceived. They found out they were pregnant shortly before Thanksgiving and found out about their loss on January 17th. We interviewed exactly one year after they discovered their loss.

J and B were both “raised in the church,” and actually grew up together, going to the same church in North Florida. They’ll tell you they hated each other growing up, but in high school they fell in love with one another. After getting married in their early twenties, they moved to several places around central Florida for B’s job, finally locating in the Tampa Bay Area where they currently reside. They faithfully attend a congregation in West Tampa, meeting both Sunday and Wednesday. J and B also participate in a weekly young couples Bible study that my husband and I both attend. I met J and B as soon as they began attending the church in West Tampa and we’ve remained friends ever since.

The second couple I interviewed, Sarah and Rodger (referred to as S and R from now on), had been married for seven years at the time of their loss. Both are in their mid to late thirties and this was their first and only pregnancy. They discovered their pregnancy in early March of 2014 and found out about their loss only ten days later. Both have struggled with infertility throughout their marriage because of medical problems, some of which they knew before they were married and others they found out during. This pregnancy was a huge shock to them because they thought they could never be pregnant.

S and R faithfully attend a congregation in East Tampa. They both grew up going to church and both attended a religious college in the Tampa Bay area, where they met and now both work. They are very closely tied to the college where every faculty member and almost every student is a member of a local Church of Christ, which is the hub of what they refer to as

their “community”. Both S and R are devout to their religion and most of their talk was focused on God in this experience.

In this next section, I describe and interpret the communication practices in this situated scene of pregnancy loss, the interview, showing this experience is highly shared but also uniquely participated in by each member. To accomplish this, I examine symbols of identity and forms, which are how participants characterize themselves, their relationships, their communities and the things done to enact such social identities. I argue these symbols of identity and forms help to make sense of the pregnancy loss, providing tools to explain, “this happened this way because this is how it is.” Lastly, I reconstruct the couple’s transformative journey using identifications to show how the experience of pregnancy loss continues.

Identification: Symbols, Forms, Communication and Pregnancy Loss

How one characterizes oneself and others expands the consciousness of what pregnancy loss means. The words, or symbols, used to symbolize or identify features are imbedded within a larger communal system. Symbols of identity are often justified by specific forms, essentially saying, “S/he is [BLANK] because s/he did [BLANK].” Significantly, pregnancy loss “survivors” are often silenced because of the taboo nature of pregnancy loss; therefore shared meaning occurs more quietly and privately than other experiences, complicating the larger cultural notions of pregnancy loss.

Through this section I hope to make connections between how one views oneself(s) and others to show the larger cultural scene of pregnancy loss and to show how pregnancy loss is made sense of. I begin by examining characterizations of self, the “me.” Then, I look at how

relationships are symbolized, who “you” is. Finally, I discuss the “we,” which is a culmination of all efforts to construct the experience communicated as narrative.

“**Me**”. When individually asked, “What is your side of the story? What is different for you in this experience,” different explanations of self occur. D, the husband in the first couple and spouse of J, characterizes himself as, “*analytical, logical, compartmentalized,*” “*less emotional,*” “*robotic,*” “*more detached,*” and as tending “*to think more data driven.*” He uses these characteristics to explain why he experiences the emotionality of this situation differently from his wife and how he was then able to cope with the loss:

“I’m more analytical, logical, compartmentalized. It’s a terrible experience, I knew that J needed a lot more help than I did, so that just kind of helped me to focus on her and get her through it.”

Focusing on his wife and helping her “*get through it,*” helps him. For D, fulfillment is found by pivoting attention to J. Additionally, through D’s construction of himself as “*more logical and reasonable,*” he justifies that,

“I mean as the dad you never have the same relationship as the mom. Like she’s carrying her and I never got to carry her, never got to do anything and it was not that I didn’t care, it was less of an attachment than I could feel logically and reasonably. Like, I knew that’s my daughter or son and it was awful that I lost her and I still feel that today, but I didn’t have the same inherent reaction she had, but I know that she had it and it amplified it for me too.”

By this, fathers in general are constructed as unable to have the same relationship, and D is like most fathers in this situation, thus normalizing his position and showing what is perceived as normal for fathers regarding emotional attachment and pregnancy loss. Similarly, when R, the husband to S, is asked about “his side,” he also characterizes himself based on being a man. He notes,

“I think the biggest challenge for me in this whole process, and this isn’t me specific but males in general, jus because of the nature of most men, this is something I couldn’t fix.”

R also characterizes himself as, *“protector...because I grew up in an environment where my dad really emphasized his role as protector.”*

Symbols of identity are not only based in gender, but also in familial relationships. This role as “protector” is also important to how he views himself supporting his wife: by protecting her from the *“nonsense and negativity... the knuckleheaded comments.”*

When asked about “her side,” S relates her sense of self to her *“family history,”* and that *“the way I was raised was the vulnerabilities were bad for you and you know, boys don’t cry, nobody cries. It was not acceptable for anyone to feel emotion... and I work to overcome.”* This is in tension with her understanding of self as *“an emotional person.”* S describes herself working through this problem with the help of her husband, R. *“The biggest change it made was making me feel more comfortable being vulnerable to him... but now I willingly go into that with him. It’s ok to be vulnerable with him.”* S’ sense of self changed because of this *“miscarriage”* and her relationship with her husband.

In her individual interview, J symbolizes her identity in this experience through forms. At one point she talks about having the stomach bug during her pregnancy,

“I was kind of worried....but I was walking from our room to the living room at our house.... I just stopped in my tracks and I just felt like something was wrong with the baby. I felt like something wasn’t right.”

Following the loss, J describes, *“I felt like my body had failed me and my baby.”* The embodied nature of this experience, particularly for J, leaves her with feelings in adequacy and failure. Such feelings linger, *“sometimes you can’t make the sad shut up.”*

“You”. Assumed agents in this scene are the couple and the loss. But how others are constructed through the scene shows how certain symbols and interactions are significant. This section will focus on the symbols of identity and forms that describe spouses, the pregnancy, God, clinicians and family members.

How spouses identify their partner’s attributes points to perceived relational challenges and benefits, supporting the construction of “we.” Many of these attributes are portrayed neutrally, that spouses did not make this experience worse, but made it what it is. Spouses are often identified in terms of their uniqueness, which emerge more during individual follow-up interviews than with the couple.

In her follow-up interview, when S is asked about “her side,” S identifies her husband as a *“strong man, but he’s sensitive and he cares a lot and he wants us to be parents so when he looks at the situation he thinks that’s what we lost.”* These symbols of identity are used to explain why she feels R *“still struggles”* with it more than she does, which is the biggest

difference in her side of the story. S talks about how “*every night when we pray together he asks God for a family,*” and how she “*adore[s] that about him.... I just think it’s really sweet that he prays about that every night.*” Conversely, to the same question, R identifies S as a “*patient and understanding wife who believes in what I’m doing,*” to explain how she kept him from “*burying [himself] in work,*” to cope with the loss. Her symbols of identity are what help him cope and work through this loss.

Spouses also identify their partners in individual interviews using comparisons, such as “They are more like this, therefore I am more like that.” D identifies his wife as emotional by saying he is “*less emotional.*” J is attached, because he is “*less attached.*” J is also identified as more “*emotionally fragile...[because] it’s easy for me to just compartmentalize.*” These comparisons set up their relational balance, or as D says, “*It helped us balance out each other out.*” There is a clear connection between, “you” and “we,” in that through their interactions they are mutually constructed.

The absence in “we” and the prompt for this discussion is the loss of pregnancy, a significant “you”. Just as how I symbolize this agent uniquely for this project as a “pregnancy loss,” because I see it as the most neutral symbolizing, couples also symbolize through their discourses. When asked, “tell me the story of your loss,” J and D identify their twelve-week loss as, “*Sweet P,*” “*Ava,*” “*she,*” “*she or he,*” and the “*baby.*” These identifiers persisted in individual interviews, and all terms were used in all three interviews. Such identifiers mark the reality of this figure, the existence and the significance despite a limited time frame. R and A, who experienced a six-week loss, use “*pregnancy,*” “*a six-week pregnancy,*” “*a pregnancy we only knew about for ten days,*” “*miscarriage,*” and “*baby,*” to identify this agent. R goes on to emphasize his “*conclusions on what life really is and when it starts,*” which support why he

symbolizes in this way and also his experiences of grief after. These symbols of identity not only function as labels, but also as ways to make sense of the loss, assisting in the acknowledgement and explanation of agency.

Physical symbols of identity, such as objects that stand for the loss, are also present in interviews. In their interview together, S mentions a keepsake R created for them,

“One of the things on the blogs is that when you lose a baby it’s called an angel baby and when you have a baby after that it’s called a rainbow baby. And so I told R about that and he got online and ordered a pair of wing earrings, like angel wings, and when he got them he took off the earring hook and put on a keychain so now on our key hooks we have an angel wing that represents, the baby I think, but I think it represents what we went through.”

J and D have ultrasound photos, Christmas ornaments, baby clothes, a pregnancy journal, a picture frame and other objects. After they found out about the loss, *“we had a box and it was just kind of robotic like we just started putting all her things in this box because I thought it might be worse for it to be out.”* These objects, which are described as *“her things,”* are symbols of identity for their loss. J and D also mention that a year later, at Christmas, a family member got J’s grandparents, *“a cutting board and a t-shirt with all the grandchildren’s names but there’s one missing and it just really hurt me... it’s like not acknowledging that she ever was.”*

The persistence of identity in physical objects is highly culturally situated. “Baby things” (Layne, 2000) live on to represent existence, and a continued existence. Moreover, these symbols serve as reminders that existence was not purely imagined, but identified with a character. Symbols of a loss persist in dialogue and prompt reoccurring acknowledgment.

God is another active agent in these Christian couple's scenes of pregnancy loss, noted by significant symbols of identity that help couples make sense of the loss. Essentially, "If the character of God is this, then the situation is actually like that." Couples use Biblical passages as sources for identification, directly and indirectly.

J cites, "*Isaiah 41:10, Do not fear for I am with you do not be dismayed for I am your God. I will strengthen you, I will help you, I will uphold you with my righteous right hand*" and "*He is near to the broken-hearted and saves those who are crushed in Spirit,*" to show this is who God is—that He comforts those in distress, "He" upholds "me," and "He" is near to "me," the broken hearted, even after pregnancy loss. R quotes, "*James 1:2-4, count it all joy when you face various trials,*" framing this troubling experience as something that joy can be found in. S discusses "*the verse in first Samuel and Hannah is praying to God and begging Him for a child-- - two things about that chapter, one is when her husband says to her, 'Am I not worth 10,000 babies' ... and the other thing in that section that gets me is Hannah says, 'God, if You will give me a child I will give him back to You.'*" She goes on to say these passages remind her, "*I never want R to wish I'd married someone else,*" because of their experiences with infertility in general, and, "*when I got pregnant, I realized I'm not worthy either so what struck me is that our children aren't our own.*"

When asked "what about spiritual comforts," J says, "*When I started my blog... I have a whole scriptures for miscarriage... [which] has also been really helpful for other people.*" This character of God that is part of all interviews is also active in the larger cultural scene of pregnancy loss, offering others sources for making sense of pregnancy loss.

God is also symbolized in forms, that "*God allowed*" S' sister to answer her phone when she found out she was losing the pregnancy or "*God gave us somebody*" to talk to after the loss.

S talks about how “*you don’t know the talents God wants you to use,*” or what “*God has in mind for us to do.*” R talks about how “*God knows exactly what we need to hear and when we need to be there.*” Most of the forms of God are connected to Him as planner, provider and shepherd for His people. J talks about Jesus, and “*I know specifically, Jesus likes little children,*” which is why she pray to him to watch over “*Sweet P.*”

In the discussion of clinicians, a form is often used to justify a symbol of identity, or why a person was a certain way. J identifies the ultrasound tech she encounters multiple times as, “*super sweet.*” Early on in their pregnancy she “*had given us pictures and typed out ‘hi mommy and daddy.’*” The doctor who performs the surgery following the loss was a “*male doctor*” and she had never seen a male doctor. She identifies him as having seemed, “*genuinely sorry that I was there for that reason.*” Another nurse J encounters is identified as, “*the nurse who came in like kind of introducing herself was really sweet and asking how far along I had been and was saying I’m so sorry and the other nurse was nice because I was crying and she got me like little gauze tissues.*” Niceness, the symbol of identity, is based on forms such as small gestures, such as introducing oneself, asking questions, saying sorry and doing extra things to help make the process at all better.

Similarly, before S’ loss she contacted a birthing center because “*I am into doing things naturally, so I got in touch with a birthing center instead of an OB, and they don’t see you until you’re eight weeks, which at the time I was five.*” Then once she realizes she is experiencing loss she calls the midwife on call, “*and she just said let your body go through the process and she was good and helped calm me down.*” Goodness is based on the support she receives in the moment. But in a later comment discussing the feeling of having a lack of resources, S notes,

“Like when I called the midwife for example, she was very sweet and she calmed me down and she told me what to expect emotionally too, but that was the only resource I could find was a seven minute phone call and outside of that it was me hunting for anything I could find.”

While S characterizes the midwife as a helpful, she only offered a seven-minute phone call when S was seeking more, which is helpful, but not enough.

Husbands identified clinicians differently. I suggest that R does not note any encounters with clinicians because he does not come into contact with a medical site, therefore such presence is absent from his narrative. D discusses his repeated encounters with clinicians, in that *“like certain things with doctors, they ask well like the main question, ‘is this your first?’ and I just try to get out ahead of it for her and just hit those questions with a pass.”* Clinician’s standard questions trigger memories of loss for J, and D responds to guard her. His responses include, *“First one we’re bringing home,” “We lost one before,”* or *“We have one in heaven.”* These interactions with clinicians further complicate this experience. Though clinicians have seemingly standard role, their practices influence how a couple shifts to deflect and to continue on after the loss because of the medicalized nature of pregnancy in America.

Family members are another function of “you” constructed through symbols of identity. Their characteristics shape individual’s personal sense of self, such as S and her *“unemotional”* family who she is *“very different from.”* S says her family is *“very private,”* which is why she was worried how they’d handle the announcement of their loss on Facebook, a very public space. But also, they influence how a partner is characterized. J refers to D’s family as, *“very blunt and different from me, not that they don’t have emotions but they’re different from me.”* Then, in an almost uncharacteristic move, *“she (her mother in law) was very upset.”* J notes, *“ I couldn’t*

break down because I didn't want to make it worse for them [family]." These relationships, regardless of how the other party is symbolized, require an extra effort on part of those experiencing the loss because of the sharedness of the experience, which exists beyond the couple and to the family and larger community, and then persisting in construction as the "we".

"We". Who "we" is can be simply noted as the couple or even the group of people who meet the characteristics of my desired sample: young, married, heterosexual, Christians. But, I argue that "we" is an inclusive and exclusive term that accounts for various culminations of "me(s)," and "you(s)," as well as the scene itself, in which all agents are in varying degrees actively forming what pregnancy loss is and means. The "community," that is described in interviews and included in this section is inclusive of some agents, based on similarities, physical location or closeness. But also, "we" may exclude other agents to refer to a different community. How "we" is talked about and made sense of is also accomplished through symbols of identity and forms that create the story of loss, mutually shaping all perspectives and experiences. This section will articulate the details of "we," focusing on the couple that transforms through this experience along with a variously inclusive "community."

In each couple interview, I asked, "Will you tell me the story of your loss?" allowing the "you," to be interpreted as you or me or we, which presents the couple with a question: who tells the story. This initial negotiation of whose story this is shows the individual and shared nature of the experience, but that this was something we did together and now something we can tell together. In the first couple interview, the husband, D, gestures to his wife to begin, and she says, *"We had had one ultrasound at... how many weeks?"* and he was soon telling with her. The second couple, the husband, R, responds, *"Either way,"* that she or him could tell it. Immediately following his response, his wife, S, begins with, *"We actually tried for years to get*

pregnant unsuccessfully...” In both interviews, the first word after deciding who speaks is “we.” “We” shared this experience and “we” tell this story.

The “you” becomes the “we” as each factor influences. For instance, D and J’s “we” occurs in relationship with one another, but also with the medical community, their family, church community and extended community. The ultrasound is situated in the medical context, where a *“really sweet ultrasound tech”* brings them to the realization that they *“couldn’t find the heartbeat.”* That same day, J goes to the hospital and encounters several other clinicians that influence this experience, making it better or worse. *“They both [doctor and nurse] seemed genuinely sorry that I was there for that reason.”*

Their families are hugely involved in this experience, as J’s parents were present at the hospital for the surgery and went home to take care of her. *“Of course we’ll be there,”* their parents say. The church community is also integral to their sense of self in the story as it was a great source of distress and support. *“We didn’t want for the next time she goes to church for everyone to come up and talk to her all at the same time...and it turned into no one would say anything, which was so much worse because it was like almost nothing was happening.”* Overall, J and D continue to experience the struggle and uncertainty of pregnancy loss as these memories linger with their second pregnancy or as D says, *“When is something bad going to happen?”*

Beyond the immediate connections, J notes the online community, which consists of individuals J has never met, *“I started my blog... and it makes me feel better in a way that I can help people even though I don’t meet them, and it’s not like they talk to me but like even a little bit makes me feel better.”* S also expresses the significance of an online community of pregnancy loss survivors,

“So I was just sitting in bed and reading articles on what to expect when you’re having a miscarriage...because when you experience it for the first time you realize how little you know about what to expect...you kind of want to say let me help you go through the part that I didn’t understand.”

Both couples talk about announcing their loss on Facebook. I view Facebook as a unique community that brings distant and local relationships together in an online space. It is important to note that religious and non-religious people make up this particular community. J says,

“I can’t believe how many Facebook messages I got from women who said I’ve been there... I think I put it on Facebook that same day. A lot of people reached out to me and said if you ever need to talk about this let me know. And we never knew they went through it because a lot of people don’t talk about it at all.”

S talks about why she decided to announce their loss on Facebook,

“People were going to find out. And we actually thought it would be better if people are going to find out anyways, it’s better to hear from us... I don’t want to walk into a room and have people whispering about it... so we posted something on Facebook and I was really afraid to see how it would be perceived. And not everyone talks about it publically and you worry about it coming across like you’re looking for attention...”

The decision to announce this to the Facebook community also considered S' family, "I was really worried about how my family would handle it because my family is very private." S goes on to say, "When you have such a close knit small community you just kind of have to approach things differently. We run into that a lot."

In response to posting the news of their loss on Facebook, S says,

We posted something on Facebook and people were just commenting. I don't remember how many comments. Somewhere between 100-200. A lot of just 'praying for you.' A lot of people put a lot of really heartfelt comments and that almost made it worth it right there because you don't know... it's loss and sudden loss and so you run through the whole gamut for the stages of grief and you don't know what stage you're in when you're in the middle of it and hearing from other people helped validate where we were. And on top of that I had close to 30 people private message me that they'd gone through a miscarriage and if I needed to talk I could call them. And that was amazing. But some of them turned into conversations and most hadn't gone public and a lot of people said this is really hard to deal with and even harder on your own so I'm really happy you went public with it. A lot of people who've been through miscarriage are very willing because they understand and understand how difficult it is they're willing to share their story to make it easier on someone else because it is so infrequently discussed.

That both couples post the news of their pregnancy loss on Facebook is significant to understanding the cultural scene of pregnancy loss, in that both couples chose openness. Additionally, after disclosing pregnancy loss, a dialogue about this experience was able to occur. Both couples describe this community's response as "supportive."

Another community is the religious work community R and S are part of. The college is made up of church members, which form "such a close knit, small community." R talks about

how *“people were amazingly supportive,”* within this particular community. When asked about their community, R notes,

“We had a community that really rallied around us and prayed for us and with us and brought us food and sent notes to try and encourage us, and like I said just the number of people who you wouldn’t have any idea... who experienced it.”

S also talks about her own smaller community of friends she talked to saying, *“it was nice to have people I was close to who were willing to share literally the gory details that nobody is going to post online.”* S’ other online community was also helpful. S talks about several blogs *“I was just pouring over.”* These blogs and friends provided information when information from clinicians was missing. Alternatively, R says,

“I even tried Googling some things just to see what was out there and I didn’t really see a lot of husbands dealing with their wives’ miscarriages just in terms of some support network or information but the... plus side of that is that we had a community.”

However, not all members of communities are supportive. J mentions, *“the many awful things people say to you when you lose a baby,”* but did not specify who said these things. R also talks about *“the knuckleheaded things people say.”* Each of these agents constructs a community and characterizes what a communal response may be. In these interviews, communities are both good and bad regarding responses to pregnancy loss. Their forms influence the overall symbols of identity used to characterize “we” in the experience. D tries to overcome the *“awful things*

people say,” with his own supportive actions, trying to balance out the “*unsupportive*” community,

“People should be careful about what they say. So my job was to be the other side...because instead of being sad or mad or hurt or despondent, it would be like ‘they just don’t mean it, they don’t know any better.’ The people who do know it are so much more supportive and that’s how a lot of people would be.”

Each member of the couple encounters support within their communities differently, as each has their own unique communities and experiences in them. Though both couples are part of the Church of Christ context, the church is not structured in a way for a larger “community” to exist, aside from networks of personal relationships. It is important to note, these couples do not know one another because they attend different local congregations and did not tend the religious college together. But through the similar symbols and forms used, more about this cultural context can be known. Communities can refer to a various number of networks and can be both supportive and unsupportive in varying ways.

Transformation as “We”. Throughout the couple’s interview, “we” transforms and these communicative forms are enacting social identities (Carbaugh, 1996, p.16). This next section discusses how a couple’s identity is communicated in the interview context based on the forms or events of their story, which show how the couple characterizes themselves, both together and apart, regarding this experience. I argue that a couple’s social identity changes throughout the interview scene, as new realizations occur in conversation and the construction of self is

constant. Through these constructions, the transformative nature of interactions regarding social identities is occurring.

R and S show, *“we weren’t trying [to get pregnant],” “we were both just shocked [at finding out S was pregnant],” “we told our parents,” “we only knew for a week,” “we didn’t talk a lot,” “we cried together,” “we weren’t sharing with each other how we were really doing,” “we will be good parents and we tell each other that too,” “we see ourselves and we think those are our talents, but that’s not what God has in mind for us to do,” “we don’t know or understand and we can’t see what He has planned and the hardest part is being okay with that,” “so we’ve tried to look for ways to serve God as a couple without children and we still want to have a family and we’re still working towards that goal, but we don’t want to get caught up,” “we can serve people.. a year ago I was just the person who could be sympathetic... but now it isn’t me being sorry for you, but I understand.”*

R and S’s transformation is a narrative realization, whereby they explain their own sense of themselves as a couple in this experience through the forms enacted. First, how this experience came to them and the excitement because *“we became attached to the idea but partly, I think it’s because we spent years imagining and when it happened we were ready to accept.”* The impact of an imagined role and relationship that is realized came as shock, and when it was gone, a different shock hit hard. This was something that involved them, their parents, their friends, and their God. Perhaps the greatest form here is the search for greater understanding, to know what *“God’s plan”* is and *“to be okay with that.”* Largely, R and S’s pregnancy loss continues in the searching for meaning, where they yearn for the moment of ultimate realization, to know this is why our loss happened. That the *“why”* exists outside of and within their relationship with one another gestures towards their individual and shared relationship with God.

They continue to hope that understanding can be achieved because of their faith in the relationship they describe so significantly.

D and J share their own unique transformation, more focused on the details of each form and identity is wrapped in the momentary endeavor of working through the loss: *“we had one ultrasound,” “we saw in the ultrasound that she measured nine weeks,” “so we left...and we’re walking out crying,” “we had to walk through the waiting room that was full of pregnant women,” “we lost our baby and we’re not coming back,” “we got to the house,” “we called your mom,” “we had a lot break downs and a lot of just robotic walking around the house and doing stuff,” “we finally got to the hospital and we got in,” “I don’t remember what we did that night, we didn’t talk much or do much of anything really,” “we were just left with nothing,” “we made our mistake...we didn’t want for the next time she goes to church for every one to come up and talk to her at the time, but it was a big mistake and one of the biggest mistakes,” “we were afraid people wouldn’t know,” “it means a lot that we’ve had an impact on people’s lives,” “and on August 6th [Sweet P’s due date] we went to the beach and released a couple butterflies,” “we said we weren’t going to tell anybody [when we found out we were pregnant again] and then we told everyone,” “and I think it’ll be helpful when we have this baby here safely.”*

In follow-up interviews, the possible differences in how “we” is constructed continue, further pointing to a position of togetherness. “We” did not occur as often in individual interviews, which makes sense because they were asked to share their side of the story. Individual characterizations of the couple add to the forms by which social identity can be realized.

In response to being asked, “anything else,” D states, *“we’ll see her [Sweet P] again,” “anything we go through we go through together,”* and it is *“always good to know that we can*

help someone else and grieve with them and just help in whatever we can do.” Here he is speaking together even without the other half of “we” by his side, emphasizing a shared hope, closeness and ability to support others in their community. The social identity is centrally focused around the couple, but the couple also extends to others.

D’s wife, J, points to sharedness and closeness as well, but notes them differently. J said, *“we’d prayed for her and we’d wanted her for so long,”* and *“it’s the worst thing we’ve ever been through and just the pain is unimaginable,”* expressing painful yearning and the magnitude of this challenge. Regarding the magnitude of this challenge, D notes, *“our relationship has been defined by bad things,”* with them wondering, *“when is something bad going to happen?”* It’s important to note D doesn’t disagree, but perhaps sees this as another challenge. Together they’re working through and reflecting on their struggle of loss.

R notes coping as important to the experience, *“how do we cope with it, how do I cope with it, how do we cope with it as a couple and how do we cope with it as a community?”* The coping must happen individually, together and communally, and all of these things are interconnected. R notes, *“People were amazingly supportive [to us] through the whole process,”* showing the importance of such connections in making sense of this experience. Near the end of the interview, R expresses his hope, *“I look forward to the day that we can promote her to fulltime mom,”* even though *“we haven’t gotten pregnant again.”*

S is also hopeful as she says, *“we will have children,”* and *“we pray.”* This is something they both desire and are working towards and through together, just as they have. S said, *“We both knew we were losing the baby,”* indicating they shared an awareness of this experience of loss. But why this happens is something she comes to make sense of as a “we” thing, *“we thought it all went to his medical issue... but now we’ve found out it’s more a combination*

thing.” Together this happened and together it will keep happening, even though it may be accomplished for each of them differently.

The work these couples accomplished as they shared their story shows the complexity of this experience. Pregnancy loss can be an experience that not only touches the deepest intimacies of a loving relationship, but it is also something so connected to a larger notion of existence. “Me,” “you,” “we,” and “us” all come together to continue to form this experience in various detail and intricacy. The following section will go on to discuss these interpretations and situate this research within the larger context of research on pregnancy loss.

Discussion

I approach this study of pregnancy loss with the question: how do Christian couples talk about and make sense of pregnancy loss? Throughout all the scenes of pregnancy loss, social identity is the means by which pregnancy loss is discussed. Culturally situated relationships create the scene and conversations focus on who the couple is, who and what they have lost and who and what matters in this experience. Overwhelmingly, the most important identity is “we”—a manifold of culturally situated agents that includes the couple, the loss, the community, culture and God. Each of these agents contributes to the narrative at various times and in unique ways, but their presence at any one moment is significant to how the couple tells and makes sense of this experience.

“We” communicate and make sense using the available resources of language. Story is the invitation I extend, and the mode by which construction occurs. The plot, characters, locations and reasons for everything create and substantiate meaning and dialogue. The story persists as “we” still experience pregnancy loss. Through this discussion, I summarize the communication practices couples use to talk about pregnancy loss. I situate these practices within the larger cultural scene of pregnancy loss, as discussed in the literature review. Then, I conclude with the limitations and projections this research provides.

How these couples communicate and express pregnancy loss is highly patterned, in that it offers many symbols that construct this experience similarly. I structured my interpretations by pronoun uses of “me,” “you,” and “we,” to show the categorical processes of building up a story

through symbols of identity and forms. I see “we” as constructed by “you” and “I”—a shared social identity. “We” occurs throughout this scene by many forces as a couple makes themselves the focal point of the experience.

“Me” is how one views oneself in this experience. This is the most foundational building block to how pregnancy loss is approached. Understandings of self are foundational to how pregnancy loss is made sense of. Character traits, gender identity, family and embodiment are important symbols for showing and understanding oneself in pregnancy loss.

How J discusses her embodied experience in her follow-up interview as, *“I felt like my body failed me and my baby,”* is closely linked to the feelings of guilt and shame the literature review describes. S says, *“When it comes down to it, my body wasn’t ready and I think the reason I feel guilt about that because I felt for so long it wasn’t me.... I could’ve started the investigation earlier.”* Interestingly, the wife experiences feelings of guilt, but the husband does not mention guilt.

Both men describe themselves as, *“supporting”* or *“protective,”* which is similar to O’Leary and Thorwick’s (2006) finding that men must maintain a supportive role within the cultural scene. Additionally, Carbaugh (1996) discusses how identity is often characterized as a static form, either psychological or based on gender, which is part of the larger American scene, though it is not actually the case. It is important to emphasize the fluid and relational nature of identity that Carbaugh suggests (p.24). R does not feel limited to this role, in that he seeks support from another male who experienced pregnancy loss, *“One night I talked to J for a few minutes and he told me people aren’t going to know what to do with you.”* But, R views his masculine role as protector more significantly, *“I’d much rather make sure that S is okay and I’ll figure myself out,”*

Each of these themes contributes to one's sense of self, in that this happened this way because of who I am or because of what I did. I see this most significantly in how D views himself in the situation as "*unemotional*," in that this experience was unique for him and he can deal with it "*unattached*." These symbols of identity are individually unique and are part of what shapes pregnancy loss narratives differently.

Next, "you" is constructed as one interacting with "me." I first focus on the spouse, because of the frequency and significance of their presence. For example, S talks a lot about her husband in her individual follow-up interview because her side of the story is based in how she views him in this experience as being so different from herself. Who he is makes this experience more challenging for her, and S feels "*guilty about it sometimes but I don't think I'm struggling with it now as much as he is*." These differences in experiences also help one spouse handle a situation better, as D says in his follow-up interview, "*I knew J needed a lot more help than I did, so that just helped me to focus on her*." These assumed forms are shaping "we," despite the lack of direct interaction concerning these matters, they still construct the shared nature of the experience.

I was surprised by the significance of "you" in this scene, as I realized that "you" is actually any force of interaction, be it the pregnancy, God, health care practitioners, family members or any other agent. Each of the agents I focus on significantly interacts with the couple and shapes the experience of pregnancy loss. Symbols of identity used to identify the pregnancy itself are linked to the relational feminist approach to personhood (Morgan, 1996), in that the relationship with the pregnancy, at any time is "realized through social practice." In each of the different identifications of the loss, there is a varied amount of relationship, be it closeness or distance. For instance, J refers to their loss as "Ava," as she talks about how D writes cards from

her that say, “*she’s with Jesus and she’s waiting on us.*” The symbol of a name signifies greater closeness than when D says, “*Like I knew that it was my daughter or son and it was awful...but I didn’t have the same sort of inherent reaction.*” These are not absolute, measurable, nor is one better. Rather they are positions in the experience.

Physical objects also serve as symbols of identity for both couples. Layne, (2003a) describes, “baby things,” in the American cultural value of materiality. The objects available, “her things,” or an angel wing keychain are then purposefully used to reinforce connectedness and support remembrance. In addition to these functions, the object can also symbolize the experience, as S describes. I suggest that because of the magnitude of this experience and the transformation that occurs with it, for the individual and the couple, remembrance is significant. Like J says, “*This is the hardest thing we’ve ever been through,*” and that can be worth remembering.

Symbols and forms, many of which are based in scripture, identify God. These symbols are used most often to make sense of and cope with pregnancy loss. R uses the notion of “*God’s plan,*” to find greater contentment with this loss. J talks about how “*Jesus likes little children,*” giving comfort to know that their loss is taken care of. As suggested above, Biblical passages and Christian symbols are tools for dealing with loss, either by making sense of the experience or finding comfort. J, S and R mention specific Biblical passages they now associate with their pregnancy loss. Surprisingly, these passages extend beyond the loss itself and encompass the greater “we,” as S talks about R being worth more than 10,000 babies she further constructs their status without the pregnancy as still valuable. Additionally, greater Biblical themes emerge as important. Forms that “*God allowed,*” “*God gave,*” “*God wants,*” “*God likes,*” are all part of this identity construction. These notions are not tied to specific Biblical passages, though with great

exegetical effort this could be accomplished, but are larger themes of how God is seen as active in this experience.

Clinicians are another “you,” in this relationship, as they actively participate in bringing awareness to the situation and affect responses to it. Similar to Layne’s (2003b) argument about biomedical and “natural” obstetrics, here J and S value different systems of care, yet both buy into the illusions of success each provides. However, the responsibility for this loss does not land on the systems or practitioners, but on each woman who feels the guilt of pregnancy loss.

Various differences with clinicians show the multitude of ways they can be helpful or harmful. It is also interesting that forms justify symbols of identity. J says about her ultrasound tech, “*she was sweet,*” because she printed out the ultrasound picture. Perhaps forms must justify discussions around health care practitioners and pregnancy loss because the cultural scene lacks standards for what a good caregiver is and how they might act in this situation.

Family members are integral to the construction of “I” and “we” because they can be the reason for why someone is a certain way, as with D and S, which influences the couple. But also, family members experience this event with the couple. Parents and siblings are the most often cited family members. S talks about her brother and that “*he sent us the message that touched me the most...and he was so heartbroken.*” J and D both mention their parents and their particular response to the situation. But I did not expect such direct discussion around future family. J and D say they will tell their daughter, H, about their loss when the time is right, and that they will continue keeping “*Sweet P*” involved with their family.

I argue each of the agents discussed builds the “we” that experiences pregnancy loss. “We” is the couple and all who have interacted with this experience, directly or indirectly, even when the actual phrase “we” is not used. “We”-ness is inferred by the situation of the interview

and the nature of the experience. The couple is the focus in this project, because I only have access to the couple and through their communication practices, I have access to culture. Also, this couple is a “we,” which was expressed and recognized as a pregnancy—the culmination of the biological parts each contributes. But with the loss of this culmination, mutual realization occurs, first by the couple and then by those who witness this. Following this realization, couples seem to be striving for reconnection, for understanding and for restoration with all agents, not only the loss but all parts of the constructed relationship that is extinguished when labeled loss. However, due to the culturally silenced nature of this experience, that “silence and dismissal continue to surround this invisible loss in North American culture and beyond,” (Wojnar et al., 2011, p.536), a fuller restoration cannot be experienced because the scripts and forms of recognition are not available.

However, I view this recognition of sharedness as linked to a feminist ethic of care, which recognizes the interdependency of human relationship, in that though we all bring forms of subjective knowledge to this experience, it is still brought to and continually forming its meaning. I see this realization as hopeful, in that if greater recognition of the sharedness can be realized by agents participating in the scene of pregnancy and pregnancy loss, if this event can be seen as something not so private and personal, if this is not limited to she, or he, or they, or the “other,” if greater dialogue and networks of support can be generated, then “we” can change the culture of pregnancy loss through language and interaction. Like D, I consider silence, “*the biggest mistake.*”

“And it turned into no one would say anything, which was so much worse because it was like almost nothing happened.”

Much of the research on pregnancy loss focuses on the differences, between each spouse or between each culture, but there is an inherent sharedness and a mutually constructed identity involving multiple entities that continue to transform. In the scene I participate in, located with these couples and their loss, transformation has not ended. Both couples express hope that they will see their “baby” again, after the final transformation of their death.

“We know it’s not the end. It’s never loss....I really want to get to heaven because I’ll get to see my daughter again.”

“[she’s] in heaven.”

“If I want to see this baby I have to get there [heaven].”

I view this final transformation as the defining feature of this experience because it transcends the negativity, the pain and the lack of understanding and allows couples to feel a greater sense of peace through their relationship with God. The “you” of God, is described as the most influential character in this narrative because He symbolizes what is all-knowing and all-loving, in that:

“God knows exactly what we need to hear and when we need to be there,”

“You can go to God,”

“God is in absolute control and it helps me believe or process that He’s behind what’s happening and I need to accept whatever role in this life is, even if it’s not what I pictured for myself. Not that this is easy,”

and

“[R] is the one who has really taught me unconditional love, which has made my relationship with God stronger because I feel less like I have to earn love.”

In this, the void of loss can be resolved through relationship and the affirmation of a former “we” more fully realized, despite cultural and communal disregard. This is what characterizes this scene above anything else: Christianity as a way to make sense of pregnancy loss allows couples to see hope and experience peace through the involvement of God in their lives. The characterization of God occurs through symbols of identity and forms that are foundational to this cultural experience of pregnancy loss. This is unique to this scene and shows the significance of relationship with all agents throughout the transformative experience of pregnancy loss.

Perhaps I am limited because I participate in the religious cultural scene that I study, able to witness this connection of relationship because I similarly experience peace. But my goal is that I have highlighted how important relationship is to the experience of pregnancy loss and that all communication and making sense occurs in relationship. Whoever the agents in a pregnancy loss narrative are, whether couples are religious or not, it is the reciprocation and

acknowledgement of the experience by those agents that helps. I desire that all who experience pregnancy loss can experience some peace, in whatever form it may occur.

Conclusions, Limitations and Future Research

This thesis explored how Christian couples talk about and make sense of pregnancy loss. I analyzed six interviews, interpreting the symbols of identity and forms described by two married Christian couples to further understand how identity is communally based and constructed through interaction. The relationships highlighted, between “I,” “you,” and “we,” all point to a greater varied communal participation surrounding pregnancy loss that is located within couples talk. Making sense of pregnancy loss occurs through relationships, in that through interactions transformation occurs through forming new perspectives, individually, for couples, in other relationships and in culture.

Strengths of this project are numerous and include that couples will share their story of pregnancy loss, relationships are significant to coping and the interview itself is a site of transformative experience. Recruiting for this project was challenging because the taboo status of pregnancy loss, but once couples agreed to participate in this story, they willingly shared their story. I knew both couples before this project began and I think our established relationships helped them to be more open with me regarding their loss, but also I believe couples would share their story to any one willing to listen. This act of listening is key to the relational nature of pregnancy loss. Communication and acknowledgment regarding pregnancy loss helped cope with the experience. In this study, I believe the way couples understood God significantly helped to feel more at peace with this experience, because as they said, “He” is always listening and “we” can always talk to “Him.” But also, non-religious couples or individuals can feel similar

peace by having their stories heard. By offering a space to listen to narratives of pregnancy loss a transformative experience can occur because it allows couples to articulate relationships between themselves and other agents to further make sense of pregnancy loss. I believe this is something that anybody could provide for a couple that experiences pregnancy loss—a listening ear.

There are also limitations to this project. I believe I jumped too quickly into analyzing communication patterns and shortchanged couple's narratives. I could have been more transparent about their narratives by more fully describing how themes were developed or by including the entire narrative so readers, with the help of my analysis, could see how couples talk about and make sense of pregnancy loss. While using Carbaugh (1996) was a helpful framework of analysis, I do not believe I fulfilled his vision of studying social identities. I succeeded in looking at the specific forms and symbols of identity, but due to the limited scope of this project, I was unable to bring these experiences to a more general application. Additionally, along with the pronoun categories described, I could have included a "they" category that further separates certain agents from the "we." Also, by placing God in the "you" category I was limiting the importance placed on "Him" in the narratives and perhaps there could have been a "He/Him" category because God is not a "you."

I plan to continue research on the subject of pregnancy loss, using the insights gained from this project to discuss interaction in the clinical context, helping clinicians who encounter couples experiencing pregnancy loss to focus on relationship and compassionate acknowledgement with all agents, but particularly clinicians. I'd like to pursue further research on how families enact continuous bonds and re-member a pregnancy loss, such as J and D do with how they'll involve "*Sweet P*" in their family in the future (Hedtke and Winslade, 2004).

Furthermore, interviewing more couples to gain a larger scope of this scene could expand this project and more fully use Carbaugh (1996). Future studies could focus on different couples, differing in religious identities, marital status, sexuality and/or age. Such findings would examine an entirely different social identity and cultural scene. Further research questions might include: What are the most frequently used symbols of identity to characterize oneself regarding pregnancy loss? What other agents are involved in discussions of pregnancy loss? How do different social scenes change discussions of pregnancy loss?

Overall, I view this project as contributing to understandings of communication and pregnancy loss, identifying how this is accomplished through interaction and recognizing the tools used in communication. Similarly, this project expands Carbaugh's theory of Social Identity (1996) in a new cultural scene, adding complexity to the notion of social identity and exposing a relational need for greater communal response. Pregnancy loss is a subject laden with cultural taboo though it is experienced by so many. Through this research I see that "we" can "break the silence" (Layne 2003a) on pregnancy loss through communication, by recognizing the interdependency of human relationship and forming "supportive" communication practices, always offering a compassionate listening ear to those who have a story to tell.



The day after my first interview with Jessica and David, Jessica went into labor with their second pregnancy. In our interview she and David expressed that everything would be much better once their baby was here because the fear of loss continually lingered during this second pregnancy. Two days after our interview, Abe and I went to the hospital to meet their daughter and the moment I entered the room, tears of joy sprung from my eyes as I witnessed their happy, healthy family of three. It was surreal to see them holding their baby, though I always considered

them as being parents after the loss of their first pregnancy. But when I saw them, I thought of how what they had lost could never be replaced. I witnessed how the complexity of pregnancy, love and loss continues. And as Jessica held their newborn baby in her arms, she glowed with incredible joy, but I know that she will always cherish their “Sweet P.”

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