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# Supporting: Men's Experiences with the Event of their Partners' Miscarriage

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L'objectif de cette étude était d'examiner le vécu des hommes lorsque leur partenaire fait une fausse couche. On a utilisé la méthodologie relative à la théorie à base empirique pour rassembler des données sur huit hommes. C'est grâce à des entrevues informelles et non-structurées qu'on a collecté ces données, desquelles émergent quatre phases séquentielles : (a) reconnaître le(s) signe(s), (b) confirmer la nouvelle, (c) la surmonter et (d) continuer à vivre sa vie. LE SOUTIEN est ressorti comme étant le processus social de base. Quatre concepts majeurs ressortirent à chacune des phases : (a) vivre les émotions, (b) attendre, (c) chercher de l'aide, et (d) accepter la situation. On examine les implications quant à la pratique et on présente des recommandations pour la recherche à venir.

The purpose of this study was to investigate men's experiences with the event of their partner's miscarriage. Grounded theory methodology was employed to gather data from eight men whose partners had experienced a total of 10 miscarriages. Data were collected through informal, unstructured interviews. Four sequential phases emerged from the data: (a) recognizing sign(s), (b)confirming the news, (c) working through it, and (d) getting on with life. Supporting was the basic social process that emerged, and four major concepts arose: (a) living the feelings, (b) waiting, (c) seeking help, and (d) accepting. The implications for practice are examined and recommendations for future research are presented.

Miscarriage remains the most common form of reproductive loss (Wall-Haas, 1985; Whittaker, Taylor & Lind, 1983). Decreased rates of fertility (Blenner, 1990) along with the fact that women are choosing to delay childbearing until they are older may influence the personal significance of both pregnancy and reproductive loss (Campbell, 1988). The developmental stages for a woman's attainment of the maternal role (Mercer, 1986; Rubin, 1967; Stainton, 1985) and the woman's psychological processes throughout a normal pregnancy (Ballou, 1978; Leifer, 1977; Rubin, 1984) have been well documented.

Most writings devoted to the event of miscarriage pertain only to women's experiences (Corney & Horton, 1974; Friedman & Cohen, 1982; Seibel & Graves, 1980; Swanson-Kaufmann, 1986; Wall-Haas, 1985). Swanson-Kaufmann's (1986) work, using grounded theory, has provided the most knowledge on women's perspectives of miscarriage. This author identified six phases associated with women's (N=20) experiences of miscarriage: coming to know, losing and gaining, going public, sharing the loss, getting through it, and trying again. However, these phases reflect women's specific feelings and concerns, and may not include men's perspectives.

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Limited research has looked at couples' experiences with miscarriage (Campbell, 1988; Harris, Sandelowski & Holditch-Davis, 1991; Leppert & Pahlka, 1984; Stinson, Lasker, Lohmann & Toedter, 1992). Stinson, Lasker, Lohmann and Toedter (1992) examined couples' (N=56) grief reactions after a pregnancy loss on a Perinatal Grief Scale. Women reported responses that were more intense than those of their male counterparts. The researchers concluded that men denied their grief and internalized feelings of loss. Campbell (1988) conducted interviews with 30 families and found that men were often protective and supportive of their partners at the time of miscarriage; the women in this study described men as being "strong." Campbell also reported that men suppressed their emotions in their efforts to offer support. Men's experiences may not be accurately reflected in these study findings as the men and women were not always interviewed independently. Moreover, in some instances concurrent professional counselling may have influenced the study findings.

The existing literature indicates that men attach at some time during pregnancy to the fetus (Cranley, 1981; May, 1982), and that they experience perinatal loss differently than do their female partners (Williams & Nikolaisen, 1982). The male version of Cranley's (1981) maternal attachment tool was administered to men (N=100) and found to have a Cronbach's alpha of .80. Cranley reported that these men, who were enrolled in childbirth education classes (times of fetuses' gestations unspecified), demonstrated attachment to their fetuses. In a grounded theory study of 20 couples May (1982) found that men's attachment to their fetuses – the focusing phase – coincided with women's noticeable physical changes at the start of the third trimester. Since the majority of miscarriages occur in the first and early second trimester when the fathers have not yet focused on the fetus, they may experience such losses differently than do their partners. In their retrospective survey Williams and Nikolaisen reported that mother's (N=37) experiences differed significantly from those of fathers (N=17): In response to the sudden death of their infants, they described more of the typical emotional responses found in the literature. However, the number of men who chose to respond to the survey was small. Earlier anecdotal reports (Smialek, 1978; Stitt, 1971) had suggested that mothers perceived fathers to be uncaring because they had a tendency to busy themselves with outside activities.

Men's individual experiences with miscarriage have not been studied. In addition, little research exists on men's experiences with the loss of either a fetus or infant (Hughes & Page-Lieberman, 1989). Health personnel can only provide optimal support and care to couples coping with a miscarriage when they are aware of what the experience means for both men and women.

### *Research Question*

The following research question guided the study: What is the experience of men whose partners have had a miscarriage?

## Method

A retrospective qualitative research approach was taken. Grounded theory (Glaser, 1978; Strauss, 1987) was the qualitative method used to generate explanatory theory about the event of miscarriage from men's perspectives.

### *Sample*

All men included in the current study had partners who had experienced a miscarriage; were able to speak, understand, and read English; and consented to participate. One of the men approached chose not to participate. Five participants were found through an urban teaching hospital and three through snowball sampling (Wilson, 1985) when one subject's partner suggested other subjects. Theoretical sampling for saturation of the emerging categories was used after the second subject. The investigator aimed to do as heterogenous a sampling as possible by looking for variation in men's experiences of miscarriage.

### *Procedure*

Permission to conduct the study was received from appropriate university and hospital ethical committees. Interviews were limited to 45 minutes to avoid subject and investigator fatigue. With the subjects' permission, all interviews were tape recorded. To open the first interview each subject was asked, "Could you tell me about your experience when _____ miscarried?" The unstructured nature of the interviews allowed the men to relate their experiences through their own stories.

Second interviews took place 5 days to 3 weeks after the initial interview. One subject declined a second interview for unknown reasons. The researchers reviewed all transcripts from the first interview, then clarified their impressions with the subjects and sometimes asked them to comment on other subjects' responses. Follow-up phone calls were made 1 to 2 weeks after the second interviews to provide the subjects with an opportunity for additional discussion. Data were collected between July and October 1991.

### *Data Collection, Analysis, and Interpretation*

The investigators used the constant comparative method to develop a grounded theory of men's experiences with the event of miscarriage (Strauss, 1987, Strauss & Corbin, 1990). The data were simultaneously analyzed and coded line by line; data from the second interview were continuously compared to phases and categories that had emerged the first interview (Glaser,

1978). Throughout analyses a coding paradigm (Strauss, 1987) was used to identify recurring patterns from which key concepts and theoretical codes were ultimately derived. The latter helped the investigator to (a) conceptualize how the key concepts related to each other, and (b) integrate them into a theory relating to men's experiences with the event of miscarriage.

### *Credibility of the Generated Theory*

Robinson and Thorne (1988) and Rosenbaum (1988) contend that qualitative research should include documentation of the rigour of the method and its credibility. Several authors (Cook & Campbell, 1979; Lincoln & Guba, 1985) consider truth value to be one required criterion. Truth value was enhanced in the current study by: (a) holding multiple private interviews with each subject, (b) sharing researchers' emerging interpretations with all subjects for verification, and (c) using a specific paradigm to identify recurring patterns and themes (Leininger, 1985). A second criterion of credibility was achieved in this study, where researchers are the instrument (Dobbert, 1982) by (a) limiting the length of interviews to avoid investigator fatigue, and (b) having two researchers independently code the data to check for consistency (Sandelowski, 1986).

A third criterion of credibility, potential for applicability (Lincoln & Guba, 1985), fittingness (Kirk & Miller, 1986), or transferability (LeCompte & Goetz, 1982) of the derived theory in other settings and samples was less well attained in this one setting study of employed men. However, the findings of the current study are derived from rich, detailed, "thick" (Lincoln & Guba, 1985) descriptions of the subjects' experiences.

## Findings and Discussion

### *Description of Sample*

Seven of the subjects' partners had had one miscarriage and one subject's partner had had three; therefore l0 experiences with miscarriage are considered in this report. One man and his partner had experienced a stillbirth after a miscarriage.

At the initial interviews the time elapsed since the miscarriage ranged from 2 months to 2 years. Gestation of the miscarried fetuses ranged from 4-16 weeks. Differences in the number of miscarriages, gestational age of the fetus at the time of miscarriage, and time post-miscarriage at the initial interview did not influence the pattern of concepts that arose from the data. All men were Caucasian, married or living common law with their partners, and held occupations ranging from executives to labourers. Two of the men had emigrated from Portugal and one from Ireland. All subjects' partners had undergone dilation and curettage (D&C) post-miscarriage.

### *The Substantive Theory: Supporting*

The core category identified by the men in this study was supporting. As men did not physically experience the miscarriage, they described their primary role as one of supporting their female partners: "I had to be strong...be there for her." "She needed me...so I needed to keep it together for her." Support was manifested in both tangible ways (e.g., "...getting her the painkillers, helping her wash, [and] she was really tired afterward so I had to help her"), and non-tangible forms (e.g., "...just giving her some time...listening to her... letting her feel sad").

Men talked about supporting their partners throughout the miscarriage event, and four successive phases of supporting were identified: (a) recognizing signs, (b) confirming the news, (c) working through it, and (d) getting on with life. During each of the phases four concepts emerged from the data and indicated how these men went about supporting their partners: (a) living the feelings, (b) waiting, (c) seeking help, and (d) accepting.

### *The Phases*

***Recognizing Sign(s).*** In the first phase some men suspected problems with their partners' pregnancies because of biological warning signs. Seven men recognized a sign as a threat to their partner's pregnancies and lived feelings of worry: "But you know when someone starts bleeding the pregnancy is probably not normal." "She felt pains and I got scared...it's scary." Men described more worry if their partners experienced a lot of physical distress. One man did not describe living feelings of worry until his partner returned from abroad. Some men denied the biological sign in an effort to support and comfort their worried partners. "I told her it [the spotting] was probably nothing...'don't worry.' "

Men also sought support for their partners to deal with the sign(s) of miscarriage from such sources as reading materials, family members, friends or workmates. "We asked her mother – she had one (miscarriage) before – 'Is this O.K?'...'No!' " Men realized the significance of the signs to the outcome of the pregnancies ("We realized...that the bleeding was serious.") and became resigned. Once they had accepted the signs of the impending miscarriage, men began supporting their partners. "I knew what lay ahead...and I sat with her...holding her hand and saying ...'no matter what we'll be all right'. She was crying."

Men described how difficult it was for them to wait during this phase because the outcome of the warning signs was uncertain. "I mean...I didn't know what to expect...what it all meant...what was going to happen next." Men sometimes found themselves waiting to seek help for their partners from

professionals in emergency rooms or doctors' offices. They also sought professional assistance to validate or dispel their worries about the signs. Help was sought in either a rushed, panicky manner ("She was bleeding a lot ...my thoughts were... let's get to the hospital now.") or a deliberate manner ("For a week or so we had been suspecting a problem so we went to the doctor...cause she'd been spotting.").

***Confirming the News.*** In the second phase men learned of their partners' miscarriage or impending miscarriage. Upon having the news confirmed they lived the feelings of worry concerning their partners' physical and emotional well-being and continued to support their partners. "When we found out, I just had to be strong...so that she doesn't have some kind of breakdown." Some described feelings of acceptance; they had grown to expect the miscarriage because of their partners' signs. "I knew it wasn't good...you know it isn't O.K. to be feeling like that. So when the doctor told us we already know ...and I held her when he told us." Other men felt surprised even though their partners had experienced signs. "It (the miscarriage) caught me off guard ...even after all the bleeding...But she needed me now more than ever."

Men waited anxiously for the news to be confirmed. "I was going crazy ...waiting." Supporting occurred as men waited with their partners in doctors' offices and hospitals. "I remember waiting in emergency...talking to her, trying to keep her calm." Other men waited apart from their partners. "She phoned me and told me she wasn't feeling well and she was gonna go to the doctor. I told her I can leave work and meet you there but she said 'No.' I said 'Are you sure?...I'd like to be there.' She said she would call me." Men found the volume of professionals they encountered while waiting overwhelming. "Go here, wait there, people from ultrasound, the emergency department, the doctor's office...Oh man! So many people (Sigh)." Men also found waiting difficult if they were left with little or no information about their partners' condition. "All these people and no one saying anything...It's just hard waiting". Once the news was confirmed men waited facing the unknown, while their partners underwent a D&C. "I was pretty concerned you know...I'd get home and get a call that something's gone wrong with the operation and I'd have nothing." Men lived the feeling of uncertainty as they waited to learn the cause and the implications of the miscarriage. "I didn't know why...what happened...what happens next...I didn't know."

Men sought help from professionals to confirm the news about the miscarriage or impending miscarriage and supported their partners. "In the back of my mind I already know the signs weren't good, but still tried to keep it up for her. Never know it wasn't for sure until the visit from the doctor...it was for sure." Men described being treated by professionals as either outsiders or insiders. Outsiders described feeling unable to support their partners. "They

didn't tell me anything...shoved me in a corner. It made me mad...I felt like a child. I didn't know how to help her." Insiders described feeling included by professionals during the event and had more positive experiences with their supporting efforts. " I felt...like it was important for me to be there with her and for her...and they (the professionals) made me feel like I mattered." One respondent, whose partner had had three miscarriages, consistently described insider experiences. "The people were very good...they laid out all the options it could be. I sat with her and we talked about it. We were sad but...that's life." Insiders, unlike outsiders, did not express feelings of helplessness around the seeking help experience.

After vacillating between hopefulness and hopelessness about the fate of the fetus, men accepted the event once the news was confirmed. They continued to support their partners. "The news was the worst and I knew how she felt, so I stayed with her and just listened." Once men realized the inevitability of the event they expressed feelings about the lost fetus. "It was too bad. I felt bad...I really wanted this kid and I hoped they could save it but there was nothing we could have done...[but] no time for me...she needed me."

***Working Through It.*** The third phase was devoted to men negotiating with their feelings post-miscarriage. Men described living through immediate feelings like anger, sadness, loss, disappointment, and helplessness as they attempted to work through their experiences. The one man who was geographically separated from his partner at the time of her miscarriage expressed immediate feelings of being disconnected. "I didn't feel sad or...I mean I just wasn't connected." One subject expressed feeling relieved and explained that he had not felt ready to deal with a baby yet.

Men attempted to support their partners by sparing them from their own feelings. Instead, they sought help from such sources as friends, workmates, or family members. "If you were dragging a golf cart...sort of could talk about how I felt miserable...But it had to be worse for her. And if I talk to her about it then she's gonng to be more upset." This finding holds significant relevance for couple counselling since previous anecdotal reports (Smialek, 1978; Stitt, 1971) indicated that women whose partners busied themselves outside the home felt that the men did not care about the loss.

In an effort to support their partners some men held back their own immediate feelings because they worried that their partners' reactions would be intensified. This finding suggests men are aware that their partner's grief is more intense than their own, as Stinson et al.(1992) reported. It also corroborates a classic literature review by a social scientist (Veevers, 1973) which concluded that since motherhood is more important to women than fatherhood is to men, "the relationship between childlessness and psychological

maladjustment is expected to be more pronounced for wives than husbands" (p. 303).

All of the men worked through their feelings and then waited for their partners to do the same; they rationalized why it took their partners longer to process their feelings. "It wasn't as deep for me as it was for my wife...because for me it was something that was still off in never-never land." Although men understood the reasons why women took longer, they found supporting difficult if they were expected to continue indefinitely, and expressed some negative feelings if they had to wait too long. "You wonder if it should take so long. What is normal? Sometimes you just want to forget it...and get on with it." "After awhile enough is enough [motions with hands as though he is fed up]...Get on with life...but you know you got to be patient."

Men accepted the miscarriage and supported their partners in accepting the event by trying to find a reason for its occurrence. It was disarming for men if they were told by professionals that the miscarriage could be attributed to no specific cause. "I needed a reason to make sense of it...to help her put it in perspective." Men who were given a cause seemed more willing to accept the miscarriage. "He [the doctor] said that there was something wrong with the baby and that's why the miscarriage happened. We felt a little better... accepting the miscarriage". These findings are consistent with the results of an earlier study (Williams & Nikolaisen, 1982) which showed that men and women accepted the death of their child more readily when the death could be attributed to a diagnosis such as Sudden Infant Death Syndrome.

Other men accepted the miscarriage by realizing that they are common events; this awareness was often gained through their informal networks. "I mean it was learning [from others]: 'Yeh I had one'. It was pretty common, so we didn't feel so bad." Men were able to continue their supporting efforts through sharing such knowledge with their partners. "Now that I knew we weren't freaks – I mean it just happens – I could sort of help her to realize it. We hadn't done anything wrong and it wasn't her fault...because I think she thought that."

***Getting on with Life.*** The final phase found men getting on with their lives after the miscarriage. All the men reported living the feeling of worry about future pregnancies. Those whose wives had conceived again described their worrisome experiences with joyless pregnancies throughout gestation or for short intervals. "The three-month period is sort of the magic date when everything is gone by. Prior to that there were periods of waiting for something to happen." Their naivety had changed to vigilance. "You're conscious [that] it can happen to me. Be on the lookout. It's an ongoing worry."

Seeking help was important for men and their partners when they contemplated having a subsequent pregnancy. Men supported their partners by finding answers to the couple's questions and concerns about miscarriage from professional and informal sources. Information from informal sources sometimes became overwhelming for men so that they turned to professionals for clarification of information. "Oh my God! How am I going to get through this? People telling us we may have two or three miscarriages...so it is back to the doctor. What are the probabilities?". Once they had accepted the miscarriage, men were ready to move on with their lives and were hopeful about the possibility of future pregnancies. "We're still trying to start a family and I'm optimistic. She seems late...maybe we struck gold again [laughs]. Everything's working out fine." "When she gets down I stay up. So we keep trying and I know we can do it. So she feels better."

Men identified their primary roles during the miscarriage experience as supporters to their partners. The concept of support has been studied in various populations. In a longitudinal study Mercer and Ferketich (1988) found that high-risk obstetrical women and their partners reported greater anxiety and depression than did low-risk pregnant women and their mates. Perceived greater support, in these same subjects, was a predictor of less anxiety. Repetti (1989) reported that spousal support moderated the association between air traffic controllers' (N=33) workload and marital behaviours (<.05). Repetti proposed that a spouse's (N=27) emotional support was a necessary condition in the process of recovery from overload. Norris, Stephens, and Kinney (1990) studied subjectively reported interactions with family members that facilitated or impeded the recovery of geriatric stroke patients (N=48). Problematic supportive interactions with the primary caregiver/spouse were described as unsupportive by patients. Negative supportive relationships were associated with slower recovery times for stroke patients.

### *Implications for Practice*

The findings from this study identify a number of implications for health care workers. Men defined their primary role as being supporters to their partners. Couple-centred care during the initial event and couple-centred counselling after the event could help men to maintain this supportive role throughout the miscarriage experience.

After the miscarriage was confirmed, men initially experienced a flood of feelings. Feelings such as helplessness, anger, failure, disappointment, fear, sadness, and loss were intensified if men felt they were being shut out by the professionals from whom they sought help. Also, fear of their partners' mortality during the miscarriage process threatened men's supporting role.

Attending staff need to create a climate for dialogue that addresses men's worries concerning their partners' miscarriages. Some of men's imagined fears may be alleviated by allowing them to stay with their partners throughout the event if their partners so wish. Some of men's negative feelings may be alleviated by including them in all decision-making and information-sharing during and after the event.

As Campbell (1988) had found for women who miscarried, the men in the current study also realized how busy professional staff were, but still felt that they and their partners should have been better cared for. Spending additional time with couples may be difficult for busy professionals, but it is important that all interactions with them be considerate and compassionate. Men were also troubled by the large number of professionals they met throughout their experiences with miscarriage. The various health care providers might explain their respective roles to the couple.

Men identified that they needed follow-up and support and sometimes sought help to answer their questions long after the miscarriage. Follow-up phone calls in the working through it and getting on with life phases might be done by a designated professional to ensure consistency with the couples. Campbell (1988) also found that discussing probable causes and the chances of a repeat miscarriage are very important to couples, but rarely addressed by professionals. If follow-up care is provided by the same professional, consistent and comprehensive information can be provided.

It is important to assess each couple's informal resources; the current study revealed that such resources were not always helpful. In such cases, the professional might enable couples to access appropriate community resources such as support groups or bereavement counselling.

### *Recommendations for Future Research*

Future research could investigate a more diverse group of men than did the current study. A multicentred approach to data collection could better test the credibility of the present theory, and increased size and diversity of the sample would allow the assessment of applicability across settings. In addition, an examination of men's experiences with other kinds of pregnancy loss such as genetic termination might prove useful in determining the transferability of the theory of supporting.

Few studies have examined differences in how men and women experience miscarriage. A retrospective quantitative/qualitative study combining questionnaires with unstructured interviews might help professionals to gain insight into the couples' experiences with miscarriage. Enough information

has been derived from the existing data for the development of an initial questionnaire for men. Further research is needed to define the conditions under which a woman finds her partner to be supportive. This would be very important in both decreasing her anxiety (Mercer & Ferketich, 1988) and shortening her recovery process (Norris, Stephens & Kinney, 1990).

## Conclusion

Miscarriage remains the most common form of reproductive loss. In the current study men described themselves first and foremost as supporters to their female partners. Health care professionals would benefit from an understanding of the meaning of miscarriage for men in order to facilitate their supportive roles.

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