EXPLORING THE MEANING OF THE PATERNAL EXPERIENCE OF PERINATAL LOSS: A PHENOMENOLOGICAL STUDY

by

Meghan E Cholette

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As members of the Dissertation Committee, we certify that we have read the dissertation prepared by Meghan E Cholette entitled Exploring the Meaning of the Paternal Experience of Perinatal Loss: A Phenomenological Study and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Philosophy.

Terry A Badger, PhD, RN, PMHCNS-BC, FAAN  
Professor  
Date: November 8, 2012

Janice D. Crist, PhD, RN, FNGNA, FAAN  
Associate Professor  
Date: November 8, 2012

Kathleen M. May, DNSc, PHCNS-BC, RN  
Clinical Associate Professor  
Date: November 8, 2012

Final approval and acceptance of this dissertation is contingent upon the candidate’s submission of the final copies of the dissertation to the Graduate College.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

Dissertation Director: Terry A Badger, PhD, RN, PMHCNS-BC, FAAN  
Professor  
Date: November 8, 2012
STATEMENT BY AUTHOR

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SIGNED: Meghan E Cholette
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DEDICATION

We abandon the fear and darkness of the night to evoke constant day
Forgetting in our journey, if given the chance, our eyes can adjust to the blackened velvet sky;
   Forgetting that glimmers of light can be seen and await us in the distance.
   The stars have long been a source of guidance, light and hope and
   In this opaque journey, we can surrender ourselves and accede to the majestic stars.
   The stars commandeer our uncertainty and fear
When twilight breaks and a new dawn approaches, we are left with a deepening understanding.
Through having the courage to explore the seemingly vast and weary night, we discovery with
   Opened eyes the perplex meaning, necessity and interconnectedness of both night and day
To all the families who have experienced a perinatal loss. May your spirit never be broken and
   may you never forget the interconnectedness of both night and day.

   Life is a gift
   No matter how short
   No matter how fragile
   To be held in the heart forever

   (Unknown)
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ABSTRACT

The purpose of this study was to gain a better understanding of the paternal experience of perinatal loss. Perinatal loss is a significant life experience for childbearing families and this study helped to reveal the meaning of the paternal experience, how meaning was constructed and what factors both contributed and/or hindered coping following the loss. Although extensive research in grief and loss has been conducted there existed a significant knowledge gap related to the experience of perinatal loss and even more of a paucity concerning the understanding of the paternal experience. A qualitative study with a phenomenological approach was conducted with a purposeful sample of seven fathers who had experienced a perinatal loss. These fathers helped provide a basis for understanding through partaking in interviews conducted in a venue chosen by fathers. Data analysis involved procedures with roots in Heideggerian traditions of phenomenology, to allow for meaning interpretation of the father’s narratives. The analysis resulted in four shared meanings 1) Perinatal Loss – Unexpected Reality, 2) Acknowledgment and Remembrance, 3) Significance and Strength and 4) Crisis, which consisted of 12 themes (World Falling Apart, Absolute Shock, Stoicism, Wishing for Answers, Silent Shelter, Concern for Wife, Communication, Time Heals – Though Never Forgotten, Continued Support and Understanding, Life Changing Moment, Opportunity of Growth and Avoidable Choice). Results indicated that fathers felt ill prepared for this unexpected life event and that they needed to remain strong or to live up to perceived expectations. Although the loss was never forgotten, through reflection, communication and continued support and understanding healing transpired over time and crisis was an avoidable choice.

Further exploration of the paternal experience of perinatal loss with varying socio-cultural backgrounds, younger aged population group as well as different religious and cultural
backgrounds is recommended. Research is also indicated to explore: 1) educational interventions focusing on both short and long term supportive care to bereaved families, 2) the impact of substantive bereavement programs on healing and meaning-making, 3) the impact of a perinatal loss experience on other members of the family unit, and 4) the impact of recurrent perinatal loss to a family.
CHAPTER I: INTRODUCTION

Pregnancy and the birth of a child is revered as being one of the most exciting and joyous time in a family’s life, as it is often associated with the start of new chapter in one’s life and the cherished extension of a couple’s union. Throughout the prenatal months as the fetus grows and develops, so does a family’s hopes, dreams, and ambitions. Parents often begin to connect with and bond with the expectant baby from the moment that the conception of pregnancy is discovered. This inimitable bond has been documented within related literature, heard in the stories of parents throughout the world and has been conceptualized by the attachment theory (Bowlby, 1969). As such, one could postulate that the pregnancy and birth of a child is one of, if not the most special and joyous time in a parent’s life. However, with every new life comes the unthinkable and inevitable truth of impending death. In this chapter, the background and significance of the research, the significance to nursing and health care, as well as the purpose, specific aims, and research questions are described.

Background and Significance

With advancements in population health and the improvements seen in today’s health care system, the incidence of perinatal loss, a term used to denote the profound loss and death of a fetus (early, late, or stillbirth) or a neonate up to the first 28 days of life, has dramatically declined between 1942 and 2003 (MacDorman & Kirmeyer, 2009). Within this time, the incidence of fetal death, with a gestation of 20 weeks or greater, has significantly reduced from 25 to 6.23 per 1,000 live births (MacDorman & Kirmeyer). As a result, the reality of fetal or neonatal mortality is not a common consideration or expectation in today’s advanced society. Sadly, this conception concerning mortality is a fallacy; perinatal loss continues to entrench upon
the lives of many families throughout the world. Since 2003, fetal mortality rates have remained somewhat stagnant (MacDorman & Kirmeyer), however perinatal loss continues to affect the lives of many families. In 2006, it was reported that over 28,000 families in the United States were faced with the unanticipated tragedy and unexpected reality of the death of their infant (CDC, 2010). Similarly, in Canada, reports indicate that between 2006 and 2007, infant mortality rates have increased to 5.1 per 1,000 live births (Statistics Canada, 2010). Both these figures far exceed the Healthy People 2010 objective (March of Dimes, 2002).

When the potential tragic event of perinatal loss becomes a reality, as a result of the emotional investments created, the acuteness, one’s inability of prevent the event, and the deep rooted psychospiritual effects that are often referenced when a child dies, this unique grieving instance becomes absolutely devastating (Colon, 2008). Yet, despite the incidence, the existence of prevalent risk factors, it’s potential of producing both short and long term negative health effects and it’s recognition as being the most arduous life events for a parent (Wagner, Higgins & Wallerstedt, 1997), the phenomenon of perinatal loss itself has only been sparsely scientifically explored. To date, the primary focus of care and exploration has primarily concerned the maternal experience and perspective of perinatal loss, leaving other family members, such as fathers, vulnerable to negative health outcomes and without the essential care and support needed to properly cope and heal therapeutically following such a unique and grave loss. The goal of this research is to not only address the current knowledge gap and to enhance our understanding of the paternal experience of perinatal loss but also to help inform future care and support to bereaved families as a family unit.
Overview

Bereaved Fathers – A Vulnerable Population

In the past, the involvement and role of a father in the life changing experiences of pregnancy, labour and delivery, and child rearing was not clearly defined. The paternal role was often restricted and clouded by not only societal influence(s) of gender roles but was also marginalized by traditional medical tyranny and institutional procedures and practices (McCreight, 2004). It was not until the early 1970’s that fathers were permitted to even bear witness to the birth of their children.

In today’s society, fathers are beginning to take a much more active role in these precious moments of life. As indicated by Marshall (2003), in 2000, only about 3% of husbands planned to claim paid parental benefits, whereas in 2001, just one year later, this figure more than tripled to 10%. This figure is not only statistically but socially significant as it highlights that as society transforms so must our understanding of the experience(s) and our approach to care as it relates to childrearing. Unfortunately, as a caregiver and resource to perinatal families, I have the experience that fathers are often referred to and treated as solely the supporter of their significant other (O’Leary & Thorwick, 2005). As such, fathers are commonly asked to fulfill meaningless tasks while the care, attention, and focus remain maternally and fetal focused. Sadly, little recognition or consideration is ever made concerning what this experience truly means to fathers or how this life changing and joyous event, the birth of their child, represents and symbolizes their hopes and dreams of the future as well.

With the advancements seen in today’s society and in healthcare, death is not commonly associated with children, but rather with those, who for the most part, have lived a full and long life. The death of a child essentially contradicts this basic assumption about life and death, as its
defiance contradicts and opposes the natural and expected cadence of life. In today’s day in age people believe that children are not supposed to predecease their parents. While grief and loss have a strong normative component and are unarguably an inescapable parts of life, it is recognized that limitedly support grief can instigate a higher degree of risk and less than optimal health outcomes, including depression, isolation, ambiguity about life and one’s beliefs, and trauma (Callister, 2006; Hughes & Riches, 2003; Kendler, Myers & Zisook, 2008).

Grief and healing following a unique type of loss, such a perinatal loss, has been described as a dynamic, pervasive, highly complex and individualized process (Ferszt, Heineman, Ferszt, & Romano, 1998) that is contingent on many intra and interpersonal factors. As such, these influential factors must be considered when exploring the relationship between vulnerability and grief, as they all play a pivotal role in how parents as both a dyad and as individuals may cope and grieve the loss of their child. Differentiations and variations in grieving can be related to factors such as culture, race, ethnicity, language and communication, age, life experience, education, gender, and socio-economic status. All of these factors, in their own distinctive ways, can constrict or expand resources, and have the capability to lead to both poor or good physical, spiritual and emotional health outcomes.

I argue that if in the best of times, fathers are too often disregarded and their role overlooked, when the unthinkable occurs and an infant dies, fathers, in their newly bereaved state, are likely left without the essentially needed support and care, in an environment and society that minimally recognizes their needs as significant. When a perinatal loss occurs, when and where then does the role of a father and of the nurse intersect? How do we ensure that this significantly vulnerable population is not forgotten? I believe that exploring the meaning of the
paternal experience of perinatal loss will aid in the determination of which approaches to health promotion and risk prevention will be most meaningful to bereaved fathers.

As with any history, aspects of the past continue to infiltrate current practices. As such, it is my contention that bereaved fathers are a population at grave risk for both short and long term negative physical, emotional and psychospiritual health outcomes. Although, with the changing of time the care and approach related to perinatal loss has greatly improved, perinatal loss and its effect(s) on the entire family remain opaque. At the societal level, public announcement or acknowledgment of such a loss remains rare (Hey, 2009) and parents who have suffered a perinatal loss still do not receive the same type of social support as others who are bereaved (Helmrath & Steinitz, 1978; Malacrida, 1999). Fathers are at particularly a high risk for negative health outcomes, because to date the majority of focus and knowledge surrounding this unique grieving instance concerns the maternal perspective. To mitigate these inconsistencies and gaps within knowledge and care processes, the proposed study will enhance the current state of the science and will prompt and encourage further exploration into this unique grieving instance that is so desperately needed.

**Maternal Risk Factors**

According to the American College of Obstetricians and Gynecologists (ACOG) (2009), there are many factors that increase one’s probability of experiencing a perinatal loss. In developed countries, the most prevalent risk factors of perinatal loss are said to include: obesity, non-Hispanic black race, nulliparity, smoking, drug or alcohol use and advanced maternal age (ACOG). Unfortunately, perinatal loss is not preventable and a number of these risk factors are unchangeable; therefore many families will continue to remain at risk for perinatal loss. As a society, many of these risk factors continue to remain common health concerns and have been
the focus of many health promotional campaigns. For instance, the incidence of obesity has dramatically risen in recent years and as a result of increasing sedentary lifestyles, is said to be and will continue to be a worldwide phenomenon (Statistics Canada, 2010). According to Torrance, Hooper, and Reeder (2002), in Canada the percentage of overweight and obese women have risen from 34% in 1978 to 53% in 2004. Furthermore, in related literature, it is said that obesity in Canadian adolescents rose 100% since 1978 (Statistics Canada, 2010). This poses particular concern to the pregnant population, as the likelihood of obesity in pregnancy has also increased (Lu, Rouse, Dubard, Cliver, Kimberlin, & Hauth, 2001), making this population of women, and their families more likely to endure a perinatal loss.

Maternal age is also an identified risk factor of interest as the age of the mother, both younger and older, is said to play a predictive role in a wide range of birth outcomes, including perinatal loss (Centers for Disease Control and Prevention, 2009). According to the Centers for Disease Control and Prevention (CDC), in developed nations, the average age at first birth has increased by 3.6 years, from 21.4 years in 1970 to 25.0 years in 2006 (2009). Similarly, Statistics Canada (2007) reports that mothers 30 years of age or over who gave birth in 2005, compared to those in 1974, more than doubled to 48.9%. This upward trending of first-time mothers may pose significant implications to the future prevalence of perinatal loss especially as today it is not uncommon for women to delay childrearing to focus on educational and/or employment opportunities.

The significance of perinatal loss and its effects on a family cannot be understated. As illustrated, with the continued prevalence, the changing dynamics of gender roles in childrearing, hand the significant impact losing a child can have on a person and family, there is a dire need to developing a greater understanding of the experience of the paternal experience of perinatal loss.
Furthermore, it is of equal importance to advance the role of nursing in bereavement care and to foster a better understanding of how we as nurses, and as caring healers, can meet the emotional, physically and spiritual needs of bereaved fathers.

**Significance to Nursing and Healthcare**

In those first few raw moments and in the subsequent months and years that follow a tragic loss, parents can benefit from healthcare resources found both within institutions and in the community. However, if access or the availability of resources is limited or if these resources do not mirror the needs of bereaved families, the interventions and resources are futile. The fundamental purpose of healthcare is to essentially meet the health needs of the community in which we serve. Thus, it is only appropriate that we do our due diligence and not only understand but meet the needs of this unique population of fathers who have suffered perinatal loss.

Nurses are in a unique position to not only drive change but also to expand on best practice guidelines because on a daily basis we bear witness to a broad spectrum of emotions our clients’ experience. At times, these are feelings of hope and of joy, in instances where new life is brought into the world or when personal health victories are won. At other times, feelings of despair, defeat, and sadness are all too familiar and wrench all parts of our being. Against all wishes, relentless fighting, and regardless of setting, times of tremendous sorrow and loss are a practice reality. This is undoubtedly the case for perinatal nurses worldwide. In the darkest of hours, when a child leaves this world before he/she has had a chance to enter it, the emotions and experiences of parents left behind to grieve the loss of their hopes, dreams, and symbolic unity wrench every aspect of one’s being and can be truly debilitating. It is nurses that ultimately provide the support and care for these families from the moment the bad news is delivered right
through the continuum of care. Thus, it is vital for frontline nurses, as the largest component of healthcare workers, to understand and recognize the centrality of their role in caring and supporting these families. It is essentially that we, as nurses, understand how we can help mitigate the negative sequelae resulting from such a loss. However, as a result of the paucity of research, we as caregivers and as enablers of healing do not fully understand the full extent of impact of this type of stressor, how one appraises it or its true meaning. In addition, we currently do not understand well what support and coping resources are needed and what coping strategies may help to minimize some of the resulting negative health outcomes. The results of this study will ultimately help nurses be in a better position to help, care and support those fathers who are living the most unimaginable grief and suffering.

**Purpose, Specific Aims, and Research Questions**

The purpose of this research was to attain a better understanding of the paternal experience of perinatal loss to help guide future care and support of fathers who have endured the loss of a child. Although, it is recognized that no intervention(s) can stop a perinatal loss from occurring or can bring back the beloved deceased child, appropriate interventions and care can help promote coping, healing and the construction of meaning following such an arduous life event. This study has three specific aims. **Aim 1** Explore the meaning of the paternal experience of perinatal loss. **Aim 2** Explore how meaning is constructed following a perinatal loss. **Aim 3** Identify not only that factors contribute to but also hinder coping in bereaved fathers. Research questions include the following:

1. What is the meaning of a father’s experience of perinatal loss?
2. How is meaning constructed following a perinatal loss?
3. What factors contribute to and/or hinder coping in bereaved fathers?
The use of hermeneutic phenomenological methods helped to provide in-depth understanding of the phenomenon of interest and helped to illuminate the meaning of the experience of perinatal loss. Through encouraging fathers to share their experiences, the results of this study not only contributed to new understanding(s) of paternal perinatal grief, but will help to inform future best practice guidelines. Additionally, the results of this study will help to illuminate what support and care processes can aid in the management of health needs so that negative health outcomes in grieving fathers can be mitigated. In chapter two, the review of literature is discussed. Specific concepts of interest explored included perinatal loss, the paternal perspective of perinatal loss, meaning-making and coping.
CHAPTER II: LITERATURE REVIEW

Within this chapter a comprehensive review of the concepts of interest is explored. To enhance the depth of this examination of literature, the specific concepts of interest explored within the context of bereavement and loss included: *perinatal loss, meaning-making,* and *coping.* An electronic search was conducted of the OVID, CINAHL, MEDLINE, and psychINFO databases. Databases were explored from 1970 to 2011, as throughout this timeframe, literature on this subject became most prevalent. Key words or phrases such as “*perinatal loss,*” “*father,*” “*paternal,*” “*grief,*” “*coping,*” “*loss,*” “*perinatal death,*” “*bereavement,*” “*perinatal bereavement,*” “*stillbirth,*” “*fetal death,*” as well as a combination of these terms were used. The results from various database searches, in combination with previously identified related literature, were used to produce this synthesis.

**Concepts of Interest**

**Perinatal Loss**

Historically, perinatal loss was regarded as an unfortunate non-event and medical occurrence that simply, in comparison to other losses, was not worthy of a grief reaction. As a result, past standardized practices of care for bereaved mothers and families gave little regard to the management of the emotional or spiritual impact of losing a child (Aldridge, 2008). Care was focused on the physical monitoring, and on identifying the root cause associated with the death (Johnson & Langford, 2010).

To aid in the management of the loss, these women were frequently advised not to see their deceased infant(s), who were often cremated by the hospital and buried in an unmarked grave (Hughes & Riches, 2003) and were transferred to non-obstetrical units following delivery or were discharged from hospital as soon as medical stability was achieved (Johnson &
Langford). Without regard to the impact or anxiety of subsequent pregnancies, the general advice given to parents to help “forget” the loss, was to look to the future, put the loss beyond them, and to become pregnant as soon as possible (Davis, Stewart & Harmon, 1989).

In more recent years and with changing of paradigmatic views in healthcare, perinatal loss has begun to be recognized as not only the most arduous life event for an expectant or new parent (Wagner, Higgins & Wallerstedt, 1997) but also as a considerable and devastating psychological trauma (Sutan, Mohamad Amin, Teng, Kamal & Rusli, 2010). With this recognition, we acknowledged that perinatal loss was not simply a medical occurrence, but that it is in fact a significant event that not only prompts a unique grieving response but that requires special care and attention to not only the physical but also the emotional and spiritual needs of bereaved families. The focus of care has now shifted from one of secrecy, concealment and protection to that of empowerment, acknowledgment and recognition (Lasker & Toedter, 1994). As such, within the past few decades perinatal loss has become a phenomenon worthy of scientific exploration.

Kennell, Slyter and Klaus (1970) were some of the first to examine what factors placed mothers at higher risk for pathological grief reactions. Since this time, the primary focus of perinatal loss literature has remained concerned with the maternal perspective and response of the event (Read, Stewart, Cartwright & Meigh, 2003; Sanchez, 2001; Wheeler & Austin, 2001), the effects of the loss and the interventions and care that are seen as useful to bereaved mothers (Wallersteft, Lilley & Baldwin, 2003).

It has been demonstrated that the response(s) to perinatal loss ranges greatly, shows many variations and can continue over an extended period of time. Parental mourning is complex, can be severe (Cordell & Thomas, 1997) and can range from acceptance to disappointment, to a deep
sense of loss (Sanchez; Wheeler & Austin; Swanson, 1999). When an infant dies, stress is compounded, parents’ abilities to function overall are reduced (Rice, 2000) and their current or future hopes and dreams may dissipate (Widger & Picot, 2008). Other studies have illustrated how the care, treatment and support of women suffering such a loss have improved over the course of time.

Interventions now acknowledged to be associated with positive outcomes following a perinatal loss include such things as: encouraging mothers to take the opportunity to see and spend time with the dying or deceased infant; participating in the post-death, physical care of their child; focusing care on the exploration of meaning-making and spirituality; having bereavement care, including social work consultation, continue following the initial days post-loss; and creating positive memories surrounding both the pregnancy and birth of the infant (Gold, Dalton, & Schwenk, 2007; Field & Behrman, 2003; Robinson, Thiel, Backus & Meyer, 2003; American Academy of Pediatrics, 2000; Lasker & Toedter, 1994).

Uniformly, most qualitative studies that have explored perinatal loss or paediatric palliative care agree that those given the opportunity to see and spend time with their infant found the experience to be valuable. However, as indicated by Hughes and Riches (2003), active encouragement of parental contact with the deceased infant has only been regarded as an intervention to facilitate recovery within the past 25 years. Lasker and Toedter (1994) found that 82% of parents who experienced a neonatal death identified that having the opportunity to see and spend time with their infant considered this act fundamental and essential to the grieving process.

Gold, Dalton, and Schwenk (2007), found that those parents that were hesitant to hold their infant reported that parents reflected that the decision to do so was beneficial and those
parents commonly wished they held their baby longer or one more time. In contrast, when parents did not hold their infant, it is identified that the decision was later regretted (DeFrain, Martens, Stork & Stork, 1991) and that parents in hindsight wished they now had the opportunity to spend private time with their child (Field & Behrman, 2003).

Although sparse, in comparison to other bereavement literature, this expansion of thinking and understanding concerning the maternal experience of perinatal loss is impressive and has aided in improvement of their care. However, it is recognized that to enhance our understanding, further exploration into this phenomenon must continue, and that the focus must be expanded to include the experience(s) and unique perspective(s) of other family members, specifically fathers.

**Paternal Perspective of Perinatal Loss**

The impact of a father’s role during both pregnancy and birth has historically been unclear. As such, institutional practices and procedures have tended to marginalize the father’s role in child rearing (McCreight, 2004). Fathers were often valued merely as the ‘support person’ to the mother. This becomes problematic when a father is faced with a perinatal loss, as their role is even less defined or understood, and as it reinforces barriers that make “accepting and receiving help more difficult and leave fathers more at risk for developing chronic grief” (O’Leary & Thorwick, 2008, p. 79).

To date there is a paucity of literature concerning perinatal loss that specifically focuses on the paternal experience and what care processes or interventions are deemed helpful to fathers (Callister, 2006; Chan, Wu, Day & Chan, 2005; deMontigny, Beaudet & Dumas, 1999; Kavanaugh, 2002; Murphy, 1998). Within the small body of literature that exists, the term “incongruent grief” is used to reflect the gender differences in coping and in their expression of
grief. In two studies conducted by Capitulo (2004; 2005), that sought to enhance the
development of transferable perinatal loss knowledge through exploring the concept of perinatal
grief and evidenced-based healing interventions, it was identified that fathers often experience
shorter or lower levels of grief and are less likely to be self-disclosing, share their feelings or
participate in grief support programs.

Although other studies have confirmed these findings (DeFrain, 1991, Carrol & Shaefer,
1994; Levang, 1998; McCreight, 2004) and have speculated that reasoning could be attributed to
a greater or earlier maternal prenatal attachment (Zeanah, 1985), as a result that fathers suppress
their grief response(s) and/or do not adequately mourn their loss (Klauss & Kennell, 1982), but
there is little evidence to support these speculations. Further exploration and substantiated
evidence is needed to identify the intricate nature of a father’s grief response. What has been
identified is that as a result of these inherent differences, partners of bereaved fathers often
misunderstood their partners’ expression of grief and perceived their partners as being
emotionally distant or uncaring (Capitulo, 2004). This incongruence in understanding can
possibly lead to relationship and communication breakdown, in a crucial time where support and
comfort in the unique and individual expressions of grief is most needed.

Other studies have argued and revealed that the paternal experience and response to
perinatal loss, although different in its expression, is equally as substantive to that of their
partners and is often connected with feelings of failure in the role of protector (Kimble, 1991;
Vance, Najman, Thearle, Embelton, Foster and Boyle, 1995; Worth, 1997), the need to return to
“normalcy” (Capitulo), and a result of a sense of loss of control (Brost & Kenney, 1992). In a
study conducted by Vance, Najman, Thearle et al. that explored the changes in psychological
symptoms of bereaved families, it was identified that although fathers express less intense
anxiety and depression than mothers, they are more likely to be maladaptive and/or use substances, such as alcohol, to cope with their distress.

A limitation noted in the latter study was that although there may be many responses to grief, only depression and anxiety were used as indicators of emotional response. Self-blame, loss of identity, anger, fear, the need to remain ‘strong’ for the family (McCreight, 2004), loneliness, isolation, pain, guilt, denial, and social withdrawal are also identified throughout the literature as recurrent themes among bereaved fathers (Armstrong, 2001; Badenhorst, Richies, Turton & Hughes, 2006; Callister, 2006; Franche & Bulow, 1999). From this review, it becomes apparent that even in death before birth, both parents grieve. Although different in its expression, how a person perceives or copes with the loss of an infant is shaped by not only their past experiences but also influenced by the interconnectedness of their environment. Careful assessment and evaluation of the unique needs of not only the family unit, but also of its individual members, and the factors that may impact or influence their response(s) to the loss is vital. Without further inquiry, how fathers describe their experience(s), and what care interventions may help to remove pre-imposed barriers or help to mitigate potential negative health outcomes and support adaptive coping, following a perinatal loss, will remain opaque.

Meaning-making and Coping

The loss of a loved one can be one of the most profound experiences in a person’s life that often prompts deep reflection of life, its meaning and spirituality. Within the context of bereavement and loss, the nature of meaning-making is considered a vital component to understanding not only the significance of the loss, or what the loss entails but also how healthcare practitioners’ can enhance and tailor their care to help facilitate and cultivate meaning-making in bereaved families. Without uncertainty, healthcare practitioners are in a
unique position to assist bereaved families in their search for meaning by promoting spiritual
growth opportunities, and adaptive responses to loss and through supporting the process of
grieving and coping, when faced with the unanticipated loss of their child.

A review of literature reveals that an event such as perinatal loss, threatens the status quo,
and either provokes a crisis state (Patterson & Garwick, 1994), an unbalance of the mind-body-
spirit, or can trigger an adaptive response (Janoff-Bulman, 1992). According to recent studies,
perinatal loss prompts a variety of responses including depression, anxiety, disturbances of both
sleeping and eating habits, sorrow, and distress (Bu Chi et al., 2009; Gordon, 2009; Hughes &
Riches, 2003; Kendler, Myers & Zisook, 2008;). These are all said to be common reactions to
severe loss and are representative of the unbalance that ensues a perinatal loss. Others contend
that such life events can also contribute to a process of reorganization (Patterson & Garwick) and
can, through inciting a search for meaning (Frankl. 1986), become the impetus for a person to
make sense of their existence (Birckerstaff, Grasser & McCabe, 2003). Yet, it remains somewhat
unclear as to why some families, in comparison to others faced with similar circumstances,
respond more adaptively.

Lazarus and Folkman (1984) indicate that people’s response to the same life event may
differ considerably, as their response(s) is directly dependent on the attributed event meaning.
This belief echoes the underpinnings of a subjectivist standpoint, in that there is no standard of
meaning. Meaning is subjective and therefore varies from person to person. Meaning can also be
shared within a relationship, and made or influenced by such things as culture or past life
experience(s). An event, such as a perinatal loss, would only then be considered truly meaningful
when and if the person (or a couple) who has endured such a loss believes it to be or seeks to
discover its experiential meaning (Frankfurt 1982; Stanford Encyclopedia of Philosophy, 2010).
Similarly, according to Alligood and Tomey (2002), a person finds the significance of their existence through exploring and cultivating the meaning of their dissonance and suffering. Others mimic this thought and state that through an iterative process of reflection, engagement and questioning the interaction of spirituality, beliefs, and suffering, meaning can not only be found in spite of one’s suffering but that meaning-making itself can be a “journey toward life purpose with freedom to choose one’s path in spite of inevitable suffering” (Frankl, 1984; Wright, 2005; Stark, 2008, p. 93).

In those first few raw moments following a perinatal loss, the meaning may not yet be revealed or may be concealed beneath the exquisite pain and suffering that first presents itself. Correspondingly, the desire or drive to explore the experience in search of meaning may be delayed. This makes the need to know the significance of the event and what care interventions are needed for bereaved families all the more crucial. If growth opportunities are not explored, and if adaptive and coping responses are not promoted and supported in the beginning stages following the loss, families are subsequently left vulnerable and at risk for negative health outcomes.

One’s coping or adaptive response to perinatal loss is as diverse and unique as the each individual. According to Folkman (2001), within the context of bereavement and loss, coping is an important concept worthy of consideration and attention, as it directly affects bereavement outcomes. Coping is considered present when there is a change in “cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of a person” (Lazarus & Folkman, 1984, p. 14).

Throughout related literature, there are many concepts identified as being associated with positive coping outcomes such as having the opportunity to see and spend time with the dying or
deceased infant; creating positive memories and mementos, such as footprints and photographs; focusing care on the exploration of spirituality and meaning-making; and having the supportive, bereavement care continue following the moments of the initial loss (Field & Behrman, 2003; Gold, Dalton, & Schwenk, 2007; Lasker & Toedter, 1994). As previously indicated, one’s coping response is highly contingent on the event’s attributed meaning, however it is also highly reliant on other interpersonal and intrapersonal resources such as social or family support, positive and supportive environments, and one’s values or beliefs. These potentially confounding variables must also be further explored to identify not only what factors contribute but hinder coping in bereaved parents.

Within current discourse social support, which is often sought after a perinatal loss, can have lasting effects on a family and on their ability to cope following a loss (Kavanaugh, Trier & Korzec, 2004). Lasker and Toedter (1991) identified that lack of social support has been linked to chronic or complicated grief, yet many parents have self-disclosed or reported a feeling of social isolation following the loss of their child (Kavanaugh, Trier & Korzec; Rajan, 1994). This becomes extremely problematic to bereaved families following a perinatal loss as too often the loss of a child is only minimally recognized within society and care processes have only in recent years begun to acknowledge the depth and impact of the experience. It becomes imperative to displace preconceived notions, misconceptions, and personal anxiety and uncertainly to understand the true nature of perinatal loss.

Emphasis on the person-environment relationship is also essential in developing an understanding of the impact of perinatal loss. For instance, family dynamics and interaction may potentially be portrayed as either a resource or a demand when faced with stressful life event. Families may assist in providing the context for meaning-making in bereavement and may be
considered a person’s first line of support. However, over time the constellation of family may change as their motivation or competence to assist in the grieving process may alter. This may be the case, if a spouse feels their partner’s grief has lasted too long or if the partner has partaken in maladaptive coping behaviors such as substance abuse. In order to meet the standards of care that bereaved parents require it is imperative to evaluate what resources are available to assist in the coping process.

Summary

From this review, the importance of understanding the meaning of such an event and how healthcare practitioners can help engage families in the meaning-making and coping process becomes apparent and abundantly clear. In order to enhance our ability to assist and promote coping following a loss of such magnitude, it is vital that the meaning of the event be further explored and better understood. If a person is able to positively interpret the event, they may also be able to incorporate meaning-based coping strategies (Glanz & Schwartz, 2008), and discover meaning in the most arduous event new parents may face. The next chapter will discuss two theoretical perspectives that have informed my research concerning the paternal experience of perinatal loss.
CHAPTER III: THEORETICAL PERSPECTIVES

This chapter explores and discusses two guiding theoretical perspectives, the Family Stress Theory and Phenomenology, and their benefit(s) to this research concerning the paternal experience of perinatal loss.

Theoretical Perspectives

Family Stress Theory

Reuben Hill first introduced The Family Stress Theory as a result of his exploration of the phenomenon of war induced separation and reunion (Boss, 2003). Stemming from his research, two theoretical perspectives emerged. It was conceptualized that when faced with a stressful event or crisis, a family experiences a “roller-coaster profile of adjustment.” In other words, when confronted by a crisis or stressful life event a family progresses from a declination of family functioning followed by a curve of recovery and a new level of family organization (Artinian, 1994).

Hill also developed the ABC-X model of family stress to identify how factors (A, B, and C) can result in or evade a crisis event (X). The model has been widely tested and accepted and as such has been used to guide a variety of inquiries such as in the exploration of families with chronic illness and disabilities (Anderson Darling, Olmstead, & Tiggleman, 2009; Cacciatore, Schnebly & Froen, 2009; Saunders, 1999) as well as in research that explored a variety of stressors including divorce, work-family conflict, coherence, and loss (Darling, McWey, Howard & Olmstead, 2007; Betz & Thorngren, 2006; Bernas & Major, 2000). The fundamental purpose of this theoretical framework is to explore family adaptation when faced with stress. Although others have attempted to simplify (Burr & Klein, 1994), add (McCubbin & Patterson, 1982) and
build upon (Lazarus & Folkman, 1984) this theory, the basic principles of the theory have remained mostly unchanged (Smith, Hamon, Ingoldsby, & Miller, 2009).

**ABC-X model**

The ABC-X model encompasses three components that predict the likelihood of ‘X’ in the model, including a stressor event(s) (A), resources (B), and meaning or event perception (C). The basic assumptions of the theory are based upon these central components. A stressful event (A), which can either be internal or external, is the first stage of crisis and is considered to be any event that prompts adjustment or change within a family unit (Boss, 2003). External stressors may include a wide range of things such as natural disasters or the loss of employment, whereas an internal stressor may include things such as acute or chronic illness and substance abuse.

Life stressors may be unavoidable or beyond one’s immediate control, however within this model the evaluation of the potential impact to a family is essential. When evaluating the magnitude of influence a stressor has, it is imperative to consider the degree to which the stressor may impact the family. For instance, is the onset of the stressor gradual or did the stressor occur suddenly? Does the family have adequate time needed to adjust and/or cope to the stressor? Is the stressor anticipated, as with the troublesome times often associated with “the terrible two’s” in children or is it unexpected, like the diagnosis of a chronic or acute illness? Considering the degree of impact of the stressor helps to shed light on the degree of impact that the stressor may have and aids in determining how deeply it will affect the family and its members.

Understanding a stressor’s impact may in turn shed light on how it will influence subsequent coping outcomes used to actually manage the stress. Within this model, it is recognized that both positive and negatively perceived events may lead to stress (Smith, Hamon, Ingoldsby, & Miller, 2009). However, a stressful event is considered to be neither negative nor
positive prior to its interpretation. For example, divorce generally is perceived as a negative stressful life event, however in the instance of an emotionally or physically abusive relationship, divorce could be interpreted quite differently and possibly have a positive interpretation. To further explicate this poignant point, another example is presented. In events of bereavement, the loss of the family member may be considered stressful and may be considered a negative time in a person’s life, but death may also be positively interpreted and could be construed as the root cause of celebration for the life lived and memories made.

Once a stressor, the “A” component of the model, has been interpreted and has affected a family, the cohesive unit must attempt to retain balance and learn how to cope with the stress and possible change(s). One method of accomplishing this is by assessing external and internal, as well as tangible and intangible resources, strengths and coping strategies accessible to the family (Anderson Darling, Olmstead & Tiggleman, 2009; Smith, Hamon, Ingoldsby, & Miller, 2009). The “B” component of the model pertains to just this. As a family is confronted by a stressor, the members of the family system must learn to cope, both as being a cohesive unit and as individual members, and must work collaboratively or seek assistance outside the family unit to facilitate coping (Smith et al.).

Boss (2002) indicates that coping within a family is a process that involves cognitive, affective and behavioral realms and that there exists not only a relationship but a positive relationship between resources and coping. Accordingly, one could theorize that the more accessible resources are and the more resources utilized, that a family’s and its members develop a better ability to cope, manage and respond to the stressor. Anderson Darling, Olmstead and Tiggleman (2009) agree that adequate resources will likely cause the stressor to have a lesser degree of impact. According to McCubbin and Patterson (1985), resources are categorized as
individual, family or community based. An individual resource consists of things such as perseverance or past experience. Family resources are behaviors such as being supportive or taking on additional tasks to help alleviate pressure on another family member. Community resources may include accessing extended friends or community-based health programs. Utilizing a combination and a variety of these types of resources is considered to be the greatest and most robust response to stress (Smith, Hamon, Ingoldsby, & Miller, 2009).

The meaning of the stressor to the family is the third component of this model. The perception of the event, whether experienced as positive, negative or neutral in nature, shapes the event meaning (Peterson & Mathieson, 2000) and influences one’s overall response. Some researchers believe that the coping efforts that are initiated following a stressful life event and the cognitive appraisal can be considered the mediators of the effects of stress (Bennett, 2000; Glanz & Schwartz, 2008). This belief suggests that the meaning and/or perception of a stress event and the access to resources are of equal importance in determining how a person or family may react to crisis (Lazarus & Folkman, 1984). It is the appraisal and the perceived magnitude of that stressor that will in essence influence the management of stress, such as which behaviors are used to cope (Smith, Hamon, Ingoldsby, & Miller, 2009). This is an important concept to recognize, especially as it relates to the paternal experience of perinatal loss, as each family member may perceive the stressor differently and may associate more meaning with the loss. The impact of the stressor may diverge based upon its individualized assigned meaning (Anderson Darling, Olmstead & Tiggleman, 2009).

The last component of the framework, “X,” relates to the potential crisis or outcome that follows a stressful event. This component is dependent on the previous components of the model including the interpretation, the coping processes and the utilization of resources following the
event. According to Smith, Hamon, Ingoldsby and Miller (2009), the occurrence of a stress crisis is influenced by the three previous components of the model and occurs when families can no longer “maintain its usual balance of the stressful event” (p. 99).

Children are often seen as the extension of a couple’s union. When this extension is severed abruptly, the substantially increased risks of long-term, negative psychological, social and health outcomes is not surprising (Cacciatore, 2010). Children are often so closely connected to the expectations, dreams and future of a couple’s union, as such it is believed that exploring perinatal loss while being guided by a family perspective is very suitable to the overall research intent. The Family Stress Theory is believed to be very much applicable and potentially useful to my proposed work concerning parental grief and the exploration of the experience(s) of fathers grieving the loss of their child, as it permits a broad systemic approach to inquiry. Utilizing this framework as a guide will undoubtedly illuminate and foster the knowledge, recognition and understanding of this unique grieving experience so that members of families, such as fathers, may harness the resources they both have and need to cope with such a grave loss (Betz & Thorngren, 2006).

Too often society does not recognize or fully comprehend the trauma, depth or implications of such a profound loss to a family, and as such fathers may feel their right to fully grieve has been denied (Wener-Lin & Moro, 2004). The loss of a loved one, and even more specifically the loss of a child, can be one of the most profound and stressful life events a parent may ever have to face. Thus, it is imperative that we gain an understanding of what these events ultimately mean to a bereaved father, as it will assist society and healthcare providers throughout the world recognize and better meet the needs and specific demands resulting from a perinatal loss. Gaining a deeper understanding of this experience will help to illuminate the intrinsic
meaning of perinatal loss and what coping resources and behaviors may aid in the facilitation of adaptation to such a grave loss.

**Origins of Phenomenology**

Scientific inquiry can fundamentally be categorized in two major classifications: qualitative and quantitative. The overall intent of the study and the question(s) that one seeks to explore influences which type of research design and method is used. In essence, how one determines which methodological approach is most appropriate to guide research may differ depending on one’s worldview and philosophical beliefs about reality and the world. According to Crotty (2007), the use of methodology and methods “is something that reaches into the assumptions about reality that we bring to our work…To ask about these assumptions, is to ask about our theoretical perspective” (p. 2). The following is an exploration of the origins of phenomenology as phenomenology will serve as a philosophical approach guiding this study and as the method employed in the design of this study.

**Descriptive Phenomenology**

The beginning of phenomenology as a philosophical approach to knowledge and reality is often attributed to Edmund Husserl (1859-1938). Through a recognition of the human experience as the basis for knowledge and an interest of epistemological questioning Husserl, a German mathematician turned philosopher, founded Descriptive phenomenology as both a philosophy and as an approach to inquiry (Crotty, 2007; Dreyfus, 1988; Munhall, 2007; Wojnar & Swanson, 2007). The aim of phenomenology for Husserl was to describe how the world is experienced through one’s consciousness (Draucker, 1999) and as such was defined as “the science of pure consciousness” (Earle, 2010). Central to this definition and approach is that consciousness is the condition of all human experience(s) (Wojnar & Swanson). Husserl used the term
“intentionality” to signify the human capacity for awareness (Earle) and alludes that the human consciousness is always conscious of something- an object, thought or experience (Crotty, 1996). Our reality, therefore is inseparable from our consciousness (Farmer, 2006). As acknowledged by van Manen (1997), “to know the world is profoundly to be in the world in a certain way… [thus intentionality is] an inseparable connection to the world” (p. 5). Descriptive phenomenology provides a researcher, as well as their consumers, with the opportunity to explore the nature of experience within the milieu of human consciousness (Crotty, 1996).

Husserl with his concern with “what is truth”, otherwise known as Transcendental phenomenology, is epistemological in nature (Cohen & Omery, 1994). Transcendental phenomenology incorporates a fundamental belief that we can explore the experience in its purest form through our ability to set aside our understanding(s) and our natural attitude of the phenomenon (Crotty, 1996). Bracketing or eidetic reduction refers to the process of purifying the human consciousness in hopes of discovering the essence of the phenomenon (McConnell-Henry, Chapman & Francis, 2009a). By focusing on the individual and by the self-reflective process that aims to reduce the phenomenon of interest by means of bracketing, a possibility for authentication and a new or enhanced meaning exists (Cohen & Omery; Crotty). Through engaging in this process of bracketing, a person has the ability to unravel the meaning of the lived experience through one-to-one transitions between the researcher and the objects of interest. However, as a result of this fundamental tenet, a researcher must remain engaged with the participants and the investigator should identify and set aside any preconceived notions or preconceptions of the phenomenon of interest. This process of bracketing prompts the separation of the phenomenon from the world, inspecting and dissecting it to define and analyze to (Wojnar & Swanson, 2007). Tymieniecka (2003) asserts that it is the participants’ description of the lived
experience that provides the universal description of the phenomenon. Furthermore, the researcher uses frames of reference as he/she aims to define the phenomenon of interest including: (1) attempting to achieve neutrality and maintain openness to the reality of others, otherwise termed as “transcendental subjectivity”; (2) the vital interaction between the researcher and participant (live-world plan of interaction) and (3) eidetic essences (universal truths) (Laverty, 2003; Wojnar & Swanson).

**Hermeneutic (Interpretive) Phenomenology**

Hermeneutic was developed through the modifications and critique of Husserl’s phenomenological approach by one his successors. Heidegger (1889-1976), a student of Husserl, sought a more ontological approach to answer questions about the meaning of being (Annells, 1996; Wojnar & Swanson, 2007). Heidegger believed that people were able to reveal the meaning and significance of their lives because they are innately interpretive beings (Draucker, 1999). This focus on the meaning of being is vitally different from Husserl’s focus and it was this fundamental difference that distinguishes these two phenomenological approaches (Earle, 2010). With descriptive phenomenology, the themes was not the context of the experience where Heidegger, in contrast, believed that people could not be understood in isolation of their social context, culture or historical period (Draucker; Laverty, 2003). Agreeably, our consciousness is said to always be conscious of something, however people are beings-in-the-world and as such cannot be described independently from their world, just as their world cannot be described apart from them (Crotty, 2007).

Heidegger also rejected the ideology of bracketing, a central belief in descriptive phenomenology, and espoused the belief that our understandings are never present without presuppositions (McConnell-Henry, Chapman & Francis, 2009b). As such, it was believed that
the beliefs, experiences or views could not be eliminated or bracketed. Rather, while working with participants, it was understood that our personal influences and past experiences is an essential part of the interpretation process. Heidegger reintroduced the concept of a ‘hermeneutic circle’ so that a researcher may reflect on any biases or preconceptions, and may consider any past experiences. Furthermore, while the researcher is engaged in the interpretive process, he/she could also access the participant(s) understanding (Benner, 1994). In this process the researcher is able to move back and forth between the fore-structure of understanding and what is learned (Wojnar & Swanson, 2007). Heidegger ultimately dismissed the notion of intentionality and in turn introduced the existential concept of dasein to stress that one is unable to separate oneself from that which influences one’s choices, gives meaning to our lived experience and shapes how we understand the world and interpret reality (Annels, 1996; Wojnar & Swanson). The dasein and our connectedness essentially forms the basis of the fore-structure of understanding.

According to Benner this pre-understanding consists of fore-having, fore-sight and fore-conception. Fore-having relates to how a person approaches a situation with familiarity to the make the process of interpretation possible (Benner). Fore-sight signifies the sociocultural background that provides a person with a point of view to which interpretation can be made and fore-conception provides the basis for anticipation of what might be found in an investigation (Benner). Interpretive phenomenology uses a team approach in its analysis and interpretation through reading the transcripts, summarizing what was said, analyzing, comparing and contracting to ultimately identify patterns (Laverty).

**Summary**

In summary, following this exploration of the Family Stress Theory and of phenomenology, its roots and variations, it is believed that interpretive phenomenology and the
Family Stress Theory are appropriate theoretical perspectives as they best correspond to my personal beliefs and the overall intent of this research. The next chapter will discuss the methods.
CHAPTER IV: METHODS

Chapter 4 describes the method used in this research. The study’s research design and methods, including discussions of sample, settings, protection of human subjects, and data collection, management, and analysis follow. Also included are considerations of ethical issues and strategies for achieving trustworthiness of the results. The purpose of this study was to gain a better understanding of the paternal experience of perinatal loss. As a result of limited published knowledge concerning this phenomenon, this research helped to provide an introductory evidence base concerning paternal grief resulting from the experience of perinatal loss. The outcome of this phenomenological study aids in guiding future care and support of fathers who have endured the loss of a child, and provides a foundation for future research and exploration.

Research Design

The three research questions for this study included:

1) What is the meaning of a father’s experience of perinatal loss?

2) How is meaning constructed following a perinatal loss?

3) What factors contribute and/or hinder coping in bereaved fathers?

In addressing these questions an interpretative design and phenomenological methodology was employed. A phenomenological approach helps to focus on the phenomenon of interest through the eyes of the individuals themselves, with the belief that the meaning in the experience(s) is valuable (Crist & Tanner, 2003; Lopez & Willis, 2004; Munhall, 1994). Using a phenomenological approach was thought to be appropriate not only due to the lack of understanding concerning the paternal experience of perinatal loss but also because it is believed that to gain a better understanding of what the death of a child truly means for bereaved fathers,
we must first be able to appreciate the intensity of such grief and must cultivate not only the ability comprehend but describe it.

**Use of Theory in Inductive Research**

Within this research study an inductive approach was used. According to Babbie (2010) inductive research first begins with observations and proceeds with an exploration of patterns in what was observed. In contrast, a deductive approach first begins with the identification of a theory, and then is followed by the derivation of hypotheses and testing (Babbie). From my experiences working as a labour and delivery nurse, I have encountered multiple bereaved families and have witnessed firsthand the grave effects of perinatal loss. When I was first exposed to the Family Stress Theory and the ABC-X Model of Family Stress, the model unquestionably spoke to me and helped to begin to solidify what I had observed for years working with bereaved families, that being with adequate resources and a positive perception or meaning of the experience, that a crisis was not necessary and that even possibly perceived good can result. As such, although while using an inductive approach to research, the learning from being exposed to this model did help to guide me to consider what my research questions could be, and did help me to formulate and consider possibilities related to theory development. However, as I encountered the bereaved fathers throughout the research process, my concern was not whether or how the findings could or should fit with the model, but rather was focused on the observations and experiences being expressed by each bereaved father interviewed. Thus, I remained open to new possibilities and was aware of the need not to force the findings to fit the priori model.
Description of Sample

A purposive sample of seven fathers was recruited for this study. Purposive sampling techniques were ideal for this study because the type of sampling presented the opportunity to recruit those who were knowledgeable about the phenomenon of interest (Struempel Speziale, 2006). Furthermore, according to Brink (1991), using purposive sampling helps to establish credibility, as the recruited participants are sought with the intent to share their understanding of the phenomenon being studied. By recruiting fathers who have endured a perinatal loss, they were able to not only share what the death of their child meant to them but were able to provide narrative descriptions about paternal grief. All participants met the following inclusion criteria:

1) Men, over the age of 21.
2) English speaking.
3) Had experienced a perinatal loss.
4) Consented to participate.

Redundancy or data saturation occurs when there is a repetition of themes during the participant interviews (Crist & Tanner, 2003). Sample adequacy was achieved with seven participants, as redundancy was noted in the interview content.

Description of Setting

To ensure privacy and promote participant comfort, interviews took place in an urban setting at locations and times that were convenient and chosen by the participants. These locations included the participants' homes as well as the researcher’s office, both of which offered privacy and a quiet location in which the participants said they felt comfortable in discussing their experience(s) with loss.
Data Collection, Management and Analysis

Data Collection

After obtaining support from my dissertation committee and institutional review board approval, a letter with information about the study were given to selected obstetrical health care providers in the Scarborough and Durham communities who routinely care for bereaved families in their practice within the Scarborough and Ajax area (See Appendix A - Letters of Support). The informational letter (See Appendix B) described the study, its purpose as well as provided the researcher contact information for the participants. The health care providers were asked to present the letters to potential participants and/or post within their office, and were to instruct the potential participants that were interested to contact the researcher. Once the participant(s) contacted the researcher, the researcher ensured that the inclusion criterion were met, obtained verbal consent and explained the nature of the study. At the interview, which lasted approximately 30-60 minutes, the participants were informed of the length of the project and of its details, and were given the opportunity to ask any questions they may have had, and written consent was obtained.

Each single audiotaped interview with the participants began with a general welcoming statement and a data-generating statement. It was felt that using an opening statement presented the opportunity and a starting point for the bereaved fathers to speak of their experience(s) and to tell their own life story. The data-generating statement used to begin each interview is as follows:

Your experience(s) of perinatal loss is of great interest to me. As a father, what were your first thoughts when you heard that your baby had died?

As the participants began to narrate their experiences, they were encouraged to continue until they felt that their complete story had been shared. When needed, to elicit further comments
general prompts were used, such as “What was that like for you?” or “Tell me more about… .”

During the interview brief demographic information (See Appendix C) was collected, including age, months since the loss occurred, gravity and parity, age at the time of the loss, marital status, employment status, ethnicity, cultural background and educational background. Following each interview field notes were written to capture any nonverbal communications, perceived emotional state, physical appearance or anything else that might be useful or pertinent to clarifying the verbal transcripts and the audiotapes were transcribed verbatim.

**Data Management**

Data sources were audio tapes and field notes. Each audiotape and field note was de-identified and labeled with a number and pseudonym of the interviewed father. The tapes were encrypted to protect confidentiality and were stored in a locked location in the researcher’s home. Within approximately one month of the interview, the audio tapes were transcribed, by a professional transcriptionist, assessed for consistency against the audio tape, and then the content was erased. All written materials were stored on the researchers’ personal, password protected computer. Data were recorded, and managed using the Microsoft Word program. Each interview transcript and excerpts were given specific labels such as ‘Participant A.’ Each transcribed interview document was simultaneously compared with the audio tape to assure accuracy. In addition, ten percent of the transcribed audio tapes were randomly selected by the researcher and checked for accuracy by the faculty advisor.

**Data Analysis**

Data analysis involved procedures with roots in Heideggerian traditions of phenomenology, to allow for meaning interpretation of the father’s narratives (Crist & Tanner, 2003). As I do not believe in the necessity or even in a human’s ability to bracket or be totally
blind to our preconceptions and thoughts, as emphasized by Husserlian approach (McConnell-Henry, Chapman & Francis, 2009a), I reflected on my thoughts, beliefs and experiences of perinatal loss, and death, and acknowledged that these preconceptions will undoubtedly influence not only my own personal way(s) of being but will influence my interactions with bereaved fathers, and my understanding and interpretation of the experiences shared (Crist & Tanner; Lopez & Willis, 2004). Throughout the non-linear processes of data collection and interpretation, my assumptions, biases and the participant’s narratives were examined concurrently.

After consultation with Dr. Crist, the procedures outlined by Crist and Tanner (2003), which consists of five phases, were adapted for data analysis. These adaptations included things such as identifying themes, as oppose to central concerns from each participant narrative, and the utilization of narrative summaries, and a few themes with exemplars of each participant, to emphasize and recognize the shared meanings across all stories. The shared meanings were abstracted from various participant themes. The modified phases are described below.

**Phase 1: Early Focus and Lines of Inquiry**

Phase one of the data analysis process helped to guide and focus future interviews with participants, and helped to promote a more in-depth and substantial understanding of experience(s) (Crist & Tanner, 2003). Within this phase, the first two or three participant narratives, the interview and observational techniques, my experiences and my beliefs, thoughts, assumptions about perinatal loss and death were critically reflected upon. Observational and interview techniques became easier with each passing interview as my comfort level as a beginner researcher increased. This resulted in a lesser focus on the process itself but rather truly being the moment, listening to the stories of these bereaved fathers and taking in the non-verbal
and verbal expression of emotions which aided in highlighting the theme(s) and shared meanings of the participants’ narratives. Any potentially unclear or missing data was highlighted and flagged for potential further exploration during and following the interview process.

**Phase 2: Themes, Exemplars and Paradigm Cases**

Within this phase, the themes, as oppose to the central concerns, of each participant’s narratives were identified. These were identified and explored through gaining insight into the past and present experiences that may have affected or shaped the father’s experience with loss, for example a past history with perinatal loss, death and coping mechanisms and perceived resources, as well as through engaging in an interpretive process of writing and rewriting to develop the narrative interpretation of each participant. According to Crist and Tanner (2003), interpretive writing, which is seen as a vehicle for discussion, begins with writing summaries of the themes “with salient excerpts, from each informant’s story” (p. 204). This process was beneficial as I moved initially through the early and subsequent participant narratives to a place where themes could be identified with substantiated exemplars and compared. The summaries of a few themes with exemplars of each participant were then used to identify shared meanings across participants’ stories.

**Phase 3: Shared Meanings**

In the third phase, as the summaries were written, and the participants’ narrative themes acknowledged, the potential shared meanings began to take form. Through using a few themes from each informant, the interpretation developed and I was able to focus, examine and see the connections between and across the stories (Diekelmann, 1993), was able to select key exemplars to illustrate the findings, and was able to recognize the shared meanings.
Phase 4: Final Interpretations

Within the fourth phase of this interpretive process, I continued to explore the interpretive summaries for any possible future or pending themes and meanings (Crist & Tanner, 2003). Exploring the narratives and writing interpretively simultaneously helped to clarify any emerging interpretations while the final interviews are conducted and interpreted (Crist & Tanner). Within this phase the in-depth interpretation of and interpretive summaries, and excerpts were compiled.

Phase 5: Dissemination of the Interpretation

This phase of the interpretation remains to be an iterative, non-linear process between field notes and participant narratives (Crist & Tanner, 2003). The development of the interpretation occurred concurrently with the interviews, observations and writing; however the interpretation is never-ending thus any final interpretations are expected to be developed through the final consumers of the report (Diekelmann & Ironside, 1998).

Protection of Human Subjects

To preserve the rights of the participants in this study, the researcher completed all the necessary procedures required by The University of Arizona including approval from the Institutional Review Board prior to the beginning of participant recruitment and data collection. Furthermore, The University of Arizona requires that all research staff complete the Collaborative Institutional Training Initiative (CITI) human subjects’ research curriculum exam.

After an explanation of the risks and benefits of the study, the researcher obtained informed consent from each participant indicating their willingness to partake in the study. Consent was obtained willingly and without coercion, and all participants were made aware of their right to withdrawal at any point throughout the research process and that the interviews would be audio taped. Participants were also be made aware and cautioned in the initial
consenting process that any disclosures regarding abuse, neglect or danger to themselves or others would necessitate reporting to proper individuals. This was a poignant point to make, as with any form of grief, perceived negative life events and/or emotional distress, may result in negative coping mechanisms.

Furthermore, interviews concerning this potentially stressful life event may be difficult for some to discuss and may in fact resurface negative emotions and feelings. The potentiality of this was great and thus it was important to consider procedures for dealing with emotional distress, threats to self or others and potentially suicidal ideation. To address and manage emotional distress, the researcher planned to pause the interview to allow time for individualized comfort measures and potentially would have stopped the interview if needed. Any ideation of suicide or threats to self or others would be managed by reporting the disclosure to the primary care provider and through assisting the participants to seek and obtain urgent medical care.

The participants were all informed that any revelations would remain confidential and that privacy and anonymity would be maintained. This was achieved through data management procedures including de-identifying the interview audiotapes, encrypting the audio tapes and designating these audiotapes with number codes only. Any identifying information, such as names, hospital or primary care provider was not included in the transcripts. The analysis of the results was completed by the researcher and reviewed by the dissertation committee only. All encrypted audio tapes were stored in a locked location in the researcher’s home, until transcription took place, and all written materials were stored on a password protected computer within the researcher’s home with the only people with access to the transcripts being the researcher and the members of the dissertation committee.
Trustworthiness of Findings

Quantitative and qualitative research differs in many fundamental ways, such as in the ontological or epistemological assumptions; thus it is anticipated that the ways in which data quality is maintained and evidenced amongst these methodologies would also differ. However, in any research, whether it be qualitative or quantitative in nature, it is imperative for a researcher to demonstrate the quality of the data presented. In quantitative research, the evaluation of data quality is represented by the reliability or consistency of measures and by its validity or approximation of truth (Trochim & Donnelly, 2008). This evaluation of quality has been traditionally and widely accepted. In contrast, the issue(s) of quality in qualitative research has a long standing history of discussion and debate (Lincoln & Guba, 1989; Morse et al., 2002; Rolfe, 2006; Sandelowski, 1993). A number of qualitative researchers have argued that the terms reliability and validity are terms that indisputably correspond to the quantitative paradigm and hence do not have applicability to qualitative inquiry (Altheide & Johnson, 1998; Leininger, 1984). Thus, in response, some researchers such as Lincoln and Guba (1985) sought to create criteria that more closely align with the paradigmatic views of qualitative inquiry.

Lincoln and Guba (1985) put forth four essential criteria, dependability, credibility, confirmability and transferability, for establishing quality and trustworthiness in qualitative research. Since this proposition, others have supported the need to adopt new criteria for ensuring trustworthiness, a parallel term used to signify rigor, and to determine reliability and validity in qualitative inquiry (Lincoln & Guba, 1985; Sandelowski, 1993) either by using the criteria put forth by Lincoln and Guba or by suggesting alternative terms to meet similar goals (Morse et al., 2002). To maintain trustworthiness and data quality in my study concerning the
paternal experience of perinatal loss, the criterion and the strategies illustrated below proposed by Lincoln and Guba will be utilized.

In qualitative research, *dependability* is equated to the notion of reliability in quantitative studies. Reliability refers to the consistency, stability and dependability of a test or a testing procedure (Sandelowski, 1986) and is considered a necessary precondition for validity in quantitative research. To establish dependability, field notes, audio tapes and data records were kept. In addition, to ensure accuracy was maintained the researcher read the transcripts multiple times (Tuckett, 2005), and described and reflected on the research processes including the study’s design, its implementation, and data collection methods (Shenton, 2004; Tobin & Begley, 2004). Furthermore, as previous indicated, each transcribed interview document was simultaneously compared with the audio tape to assure accuracy and 10% of the transcribed audio tapes were randomly selected and assessed for accuracy by the faculty advisor.

The congruency of the findings to reality relates to the second component, *credibility*, of the trustworthiness criteria (Lincoln and Guba, 1985). Credibility of the research may be considered to be the most important factor in establishing trustworthiness, as it is through the steps taken to ensure accuracy that credibility can be seen. To promote credibility within this study the researcher engaged in member checks to attain participant validation, and ensured prolonged engagement and persistent observation of the study to help attain rich data (Lincoln, 1995). As stated “if prolonged engagement provides scope [then] persistent observation [will] provide depth” (Lincoln and Guba, 1985, p. 304). Additionally, field notes and audio tapes of my interactions with the participants were kept and were used in auditing the transcriptions to ensure accuracy (Shenton, 2004; Tuckett, 2005). Furthermore, a triangulation of methods including interviews and observations were used, as well as iterative questioning to help identify any
inconsistencies in the participant response(s). Furthermore, the expertise of an experienced researcher in phenomenology, as well as other experienced researchers were consulted throughout the processes of data collection and analysis.

Confirmability is comparable to objectivity in quantitative research. In qualitative research, *confirmability* can be established by maintaining an audit trail, recognizing the limitations of the study and their potential effects and by using a triangulation of methods to decrease investigator bias (Shenton, 2004). In addition to these techniques I maintained an audit trail and provided a detailed methodological description to allow the integrity of the research results to emerge.

*Transferability* refers to the extent to which the findings of one study can be applied to like-situations or populations. There is no true or single interpretation in a naturalistic paradigm, however given a similar context and a similar group, transferability of the study and the ability to generalize the findings is promising (Tobin and Begley, 2004). It is imperative for the researcher to illustrate the richness of the data presented and to convey the relationship between the themes identified and the relationship between the quotes and themes identified to adequately document rigor of qualitative research (Streubert Speziale, 2006). Thus, to demonstrate transferability I have woven thick description(s) into the body of the text to allow for comparison of the study phenomenon with familiar situations and to help illuminate the readers’ understanding (Shenton, 2004).

**Summary**

In summation, this chapter described the study’s research design and methods, including discussions of sample, settings, protection of human subjects, as well as data collection,
management and analysis. Also included were considerations of ethical issues and strategies for achieving trustworthiness of the results. The following chapter discusses the study’s results.
CHAPTER V: RESULTS

Results

Chapter 5 includes a presentation of the demographic information collected during the research interview process, and presents the results of the study including the shared meanings and themes identified.

Sample Description

A demographic data collection sheet (Appendix C) was used to collect demographic information on all study participants. This information is summarized below. This demographic information was collected and utilized for the purpose of better understanding the participants, their current lives, and the potential resources available to the bereaved fathers.

A total of seven participants were interviewed, all of which were male, ranging in age from 34-61 years of age. All participants were married and indicated they had a Christian religious affiliation with varying ethnicities including Macedonian, Jewish, German, Scottish, English, British, and Jamaican. Six of the study participant reported living in Canada and one study participant reported living in the United States of America.

All participants indicated that they had attended college or university level of schooling, and all participants disclosed they are currently employed with the exception of one participant who is now retired. All participants have subsequently had children following their experience with perinatal loss. The participants’ experience with perinatal loss ranged from a miscarriage (two participants), stillbirth (two participants) and neonatal death (three participants). Within the participant group the lowest gestation of loss was eight weeks and the greatest age of loss was three months of age. Duration since the perinatal loss occurred ranged from 3 months to 28 years. The variety presented in this sample population was deemed beneficial as it presented the
opportunity to hear from bereaved fathers from a variety of backgrounds and included all forms of perinatal loss.

TABLE 1. Participant Demographic Data

<table>
<thead>
<tr>
<th>Types of Perinatal Loss</th>
<th>2 miscarriages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 stillbirths</td>
</tr>
<tr>
<td></td>
<td>3 neonatal deaths</td>
</tr>
<tr>
<td>Age</td>
<td>34 – 61 years</td>
</tr>
<tr>
<td>Duration since loss</td>
<td>3 months – 28 years</td>
</tr>
<tr>
<td>Do you have any other children?</td>
<td>Yes – all participants</td>
</tr>
<tr>
<td>Age at time of the loss</td>
<td>8 weeks gestation – 3 months post-birth</td>
</tr>
<tr>
<td>Marital Status</td>
<td>All Married</td>
</tr>
<tr>
<td>Employment Status</td>
<td>All Employed – 1 retired</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Macedonian, Jewish, German, Scottish</td>
</tr>
<tr>
<td></td>
<td>English, British Jamaican</td>
</tr>
<tr>
<td>Religion</td>
<td>All identified as Christian religious affiliation</td>
</tr>
<tr>
<td>Educational Background</td>
<td>University or College educated</td>
</tr>
</tbody>
</table>

Findings

Phase 1: Early Focus and Lines of Inquiry

Within phase one of the data analysis process I was able to reflect upon my experience(s) with the first two or three participant narratives, as well as the interview and observational techniques. It was clear that the observational and interview techniques became easier with each passing interview and that my comfort level as a beginner researcher increased. As a result, during this time, my focus of inquiry concerned truly being in the moment and listening to the stories and expressions of emotion shared by the bereaved fathers. This focus aided in highlighting the theme(s) and shared meanings of the participants’ narratives.

Phase 2: Themes, Exemplars and Paradigm Cases

Within this phase, the themes of each participant’s narratives were explored and began to take form (Crist & Tanner, 2003). Through engaging in an interpretive process of writing and
rewriting the narrative interpretation developed. The summaries of a few themes with exemplars of each participant were then used to identify four shared meanings across participants’ stories.

**Phase 3: Shared Meanings**

The four shared meanings identified within this study included: (1) *Perinatal Loss – Unexpected Reality*, (2) *Acknowledgement and Remembrance*, (3) *Significance and Strength* and (4) *Crisis*. The shared meanings identified through the analysis process are presented and are formatted in adaptation of Reuben Hill’s ABC-X model (Figure 1).

![FIGURE 1. Adaptation of Reuben Hill’s ABC-X Model](image)

As with the original model, “A”, which represents the life event, was identified as being *Perinatal Loss – Unexpected Reality*, which is inclusive of all types of perinatal loss (miscarriage, stillbirth, and neonatal death) experienced by the bereaved fathers interviewed (Figure 1). The life event of perinatal loss and the shared meaning of *Perinatal Loss –*

The life event of a perinatal loss leads to the second and third components of the model Acknowledgement and Remembrance and Significance and Strength, which are deemed to be connected and affected by one another. Therefore a father who has experienced a perinatal loss will move back and forth between his perceived or actual resources and Acknowledgement and Remembrance and the perception or meaning of the experience and Significance and Strength of the experience.

The “B,” which represents the resources in Hill’s model, was identified as being the shared meaning of Acknowledgement and Remembrance, which consisted of three themes Communication, Time Heals- Though Never Forgotten and Continued Support and Understanding. The third component, “C,” of the Hill’s model, pertained to the event meaning and perception, similarly through exploring the participants’ narratives Significance and Strength was identified as the shared meaning and included two themes perinatal loss as a Life Changing Moment” and “Opportunity of Growth.”

The two above mentioned components have the capacity to lead (or not) a bereaved father into a crisis, the last component of the model. The “X” component or “Crisis” remained unchanged; however the shared meaning of Crisis was identified by the bereaved fathers as being an Avoidable Choice. Whether a person enters into a crisis state depends not only on one’s perceived resources and perception of the event but also on how one chooses to react or respond to a stressful life event. If a person chooses to utilize the resources available to them and shapes the meaning surrounding the life event in a meaningful way, then it is likely that a crisis can be
avoided. However, if one chooses to utilize negative or maladaptive coping mechanisms in response to a stressful life event, well that too in itself is a choice that is made.

**Phase 4: Final Interpretations**

Within this phase the final interpretations, including an illustration of all four shared meanings and 12 themes (Figure 2) are discussed in detail and illustrated through the use of poignant exemplars and the incorporation of thick descriptions.

**Perinatal Loss – Unexpected Reality**

*Perinatal Loss – Unexpected Reality* was the first shared meaning identified and was comprised of six themes: *World Falling Apart, Absolute Shock, Stoicism, Wishing for Answers, Silent Shelter and Concern for Wife*. These themes are discussed in the following paragraphs.

**World Falling Apart**

*World Falling Apart* is the first themes identified from the first shared meaning of *Perinatal Loss – Unexpected Reality*. Throughout the course of the interview process, it was identified time and time again that regardless of the type of loss, the significance and impact of such as an unexpected life changing event was unmistakable and resulted in a deep sense of loss that lasts and is remembered always.

Fathers described their pregnancy experience as being a new beginning and a time of happiness, however when faced with the reality of this unanticipated life event, perinatal loss, their world as they knew it and how they hoped and planned for it to be was interrupted and essentially fell apart. As Participant B describes “we were looking at a new beginning and the whole world was falling apart us at the time,” while Participant G explains that “everything that you sort of have been planning for in the course of the last umm 4-5 months of pregnancy as well as you know, the months leading up to it just changed entirely…” and “we get home and and all I
remember from that point was silence the quietness of the house everything that we sort of
looked for and planned for and changed tremendously and wasn’t there anymore.”

In summation, as a result of the unexpected nature of perinatal loss, the reality of the
death of an expectant child is further described as “the worse thing in the world” (Participant E)
and as being something that was never on the radar as a real possibility that expectant parents
should be aware of (Participant G). This unexpectedness resulted in the subsequent theme of
Absolute Shock.

Absolute Shock

Repeatedly in the participants experiences the unexpected nature of perinatal loss and the
surprise of such a loss being a possibility resulted in a lack of preparation that resulted in what
can only be described as the second theme of Absolute Shock. This was identified through
expressing on numerous occasions that “… nobody is prepared for this – not in our society
anyway” (Participant C) and “I just don’t think we were prepared” (Participant F). These fathers
became distinctly aware that perinatal loss was a very real reality and that their expectation that
all pregnancies results in a healthy newborn was indeed a fallacy. This revelation left these once
joyous and expectant families in absolute shock.

One father expressed “there was no uh reason at that point to be of the mind set of that
things might not work out in any other way except for that natural good progression, things that
we had seen so far” (Participant G). As a result of this lack of awareness, these fathers were left
with “… a real mixture of emotions” (Participant B), “not only just of the shock of struggling to
understand what was going on but just for kind of the apprehension of knowing that we were
going to go deliver a baby that was not alive” (Participant F) and felt the experience was
traumatic, debilitating (Participant C) and a difficult thing for anyone to have to go through (Participant D).

In summary, the realization that their child was gone forever truly was “… a moment of absolute shock…” (Participant F). Stemming from this moment of absolute shock when the realization that their baby had died, these fathers began to fulfill their perceived expectations as a father, husband and protector.

**Stoicism**

*Stoicism* was the third theme identified within the shared meaning of *Perinatal Loss – Unexpected Reality*. Throughout the research process the bereaved fathers expressed feelings of a need to live up to the perceived expectations and stereotypes of a father, husband and of the protective man, by demonstrating strength and *Stoicism*. As a result, the paternal grief was commonly left unacknowledged not only by society but by themselves and was, despite the clearly devastating nature of this life event, simply an afterthought for many.

Participant A repeatedly articulated this theme through expressions such as “… I put on a mask just so that if she saw that I was strong then she would be strong too…”, “…I kind felt like I didn’t have the time it was more I’ll deal with myself when I get a moment but I never got the moment (laugh) at the time that was it seemed like” and that there was a “lot of pressure….trying to hold everything together.”

However, Participant A was not alone in feeling that he needed to keep things within the family together. For example, Participant B also described his struggle with the perceived expectations and stated that “…I guess the stereotypes an an and the expectations you know…I think and again you’re looking at stereotypes, expectations, perceived expectations. What I think people would expect of me… umm I felt I had to be the strong one…” (Participant B).
In summary, fathers in this study revealed that because they were men, they needed to “suck it up” (Participant C) and that they “tended to let people think that [they] were fine and ok…. [however they] wished [they] would have just forgotten about what you’re supposed to look or feel like” (Participant F). As indicated by these participants, bereaved fathers felt that they should feel free to express themselves in a manner that is meaningful and honest to their experience of loss, as too often their emotions and their expression of such are clouded by societal and gender expectation(s). Bereaved fathers must find solace in this expression as they are all too often not comforted by explanations as to why this devastating life tragedy has occurred.

**Wishing for Answers**

The forth theme identified within this shared meaning related to need for an explanation or answer as to why this sad and unfortunate life event occurred. Despite the lack of answers obtained, even with the advancements in health care technology, there was a clear delineation that there is power in answers and that these bereaved fathers wish they had some clear inclination as to why their baby had died. As expressed by Participant F, “I guess it just seemed like it was really living moment to moment trying to grasp for an answer or an explanation … .” Other fathers also expressed their need and yearning for answers including Participant A who commented “Why me?” and Participant F who questioned “what does this mean and why did this happen?” and stated that “you’re always your always hoping for answers.”

Unfortunately with perinatal loss there is not always a clear explanation as to why a miscarriage, stillbirth or neonatal death occurs, thus it becomes vital that if there is suspected reasoning for the loss such as genetic reasons, fetal abnormalities or for example in cases of Sudden Infant Death Syndrome (SIDS), that this is discussed thoroughly at the time of the loss to
alleviate some of the questions families may have and perhaps to aid in finding closure following
such a loss. Families must be made aware of the lack of preventability so that they do not blame
themselves for the death of their child. Options for investigations such as an autopsy may be
available and may or may not result in the answers they seek.

Furthermore, as a result of not knowing why this unfortunately life event occurred,
fathers reported a sense of self-blame for the loss. For example, Participant A expressed that “I
think we figure it happened there must have been a reason. Maybe it was ……. Did did I frighten
her one day or something you know and I think we were looking for for that that pin
…something to put that pin in it to say this was the cause you know.”

**Silent Shelter**

On multiple occasions the participants’ narratives related to isolation, bottling up
emotions and the silence both between partners and with their external environment. These
expressions resulted in the fifth theme *Silent Shelter*.

Many of the fathers felt the need to keep their emotions from both their partner and the
outside world, which ultimately resulted in some form of isolation. Some examples of this
include as Participant B expressed “just I kept things inside,” or as Participant G stated:

> I think we both turned inward a lot, I think each of us individually ummm kind of closed
down to the outside world… yeah it was like a a complete shut down in a lot of ways. We
would try to be there for each other, but I think she was feeling a loss and I was feeling a
loss too and it was it did built a wall I would say between us.

Some fathers described that in the days following the loss that “…we didn’t do much…”
(Participant C) and that the “… first two months or so we were probably were just very quiet”
(Participant G), whereas other fathers began to work diligently on uncompleted projects at home
or in their work life. As Participant D described “I would go working 12 hour days, 7 days a
week … umm either at work or at home and maybe I abandoned [wife] a bit by doing that, but I still needed some time on my own…”.

From these accounts it is clear that some solace is found in self-reflection and in the moments of ‘silent shelter’ when initiated by the bereaved, however it also became clear that in these moments and in the moments to following when perceived support or acknowledgement of the loss became sparse that the hurt feelings or feelings of being ignored became abundant.

Participant F expressed this feeling of longing for acknowledgement of the loss and of its effects when he stated “in those moments, we were asking why are so many people that are close to us ignoring us? …like it would be nice if they reached out and cared or you know were concerned. You know I, I understand not only I mean something we didn’t know how to deal with it, and obviously …people around us weren’t prepared to know how to deal with it” or as Participant F continues “…we would be at home wishing that somebody just knew what was really going on.” Society or even a partner may not comprehend to the full extent to which a perinatal loss can affect a person. Thus the participants felt that communication and supporting a bereaved family in the days, weeks and months’ following the loss is essential.

**Concern for Wife**

*Concern for Wife*, which is the last theme identified for the first shared meaning of *Perinatal Loss – Unexpected Reality*, relates to the recurrent concern of their partners’ well-being following the loss.

All of the bereaved fathers interviewed in this study expressed some type of concern for their spouse and that this concern took precedence over their own well-being. As described by Participant A ““my mind was my wife and that she was in a bad place and even though I did have hurt feelings …” or “…the whole time as much as I was hurting I just thought really my
wife.” (Participant A). Other fathers expressed this same concern for example “…the first few hours of that event itself, the first few days really were more dealing with just the situation itself. Making sure that she was okay” (Participant G) or “My thoughts were more focused, more focused with her …” (Participant G), and “… you know kind of knowing that it would be difficult and preparing for the emotion and dealing with the emotion your self was a struggle. And of course my wife was just an absolute wreck and I was trying to deal with my own thoughts and feelings, but then feeling like I needed to be helping her but not really knowing …” (Participant F).

These fathers attempted to shelter their spouses from further upset by taking on additional tasks and decision making responsibilities such as completing paperwork, making decisions especially when related to post mortem care such as organizing funeral arrangements, as well as putting their need of grieving and healing aside or on the back burner. This finding is concurrent with my professional experience of working with bereaved families in a community birthing centre. Often fathers are tending to the needs of their partners which aids in the marginalization of bereaved fathers as simply the ‘support person.’

In summary, Perinatal Loss – Unexpected Reality was the first shared meaning identified and was comprised of six themes including World Falling Apart, Absolute Shock, Stoicism, Wishing for Answers, Silent Shelter and Concern for Wife. These themes help to shed light on what the experience of perinatal loss is truly like for bereaved fathers including the shock and unexpectedness of the event, the effects of not knowing of why the experience occurred, and the need to be stoic and protect or support his partner or family. Furthermore, these fathers highlighted their encounter(s) with isolation, the benefits of self-reflection, and the importance of open communication to coping and healing following the loss.
Acknowledgment and Remembrance

*Acknowledgement and Remembrance* is the second shared meaning identified and was comprised of three themes *Communication, Time Heals – Though Never Forgotten* and *Continued Support and Understanding.* These themes are further described.

**Communication**

The first theme that was identified within the shared meaning of *Acknowledgement and Remembrance* concerns the importance of *Communication* both during the immediate loss period and in the months and years that follow. Throughout the interview process the concept of communication arose time and time again. This indicated the importance of talking about the experience both their partners and with outside resources as a means of coping following the perinatal loss. As Participant E stated “coping wise we just talked about it. We have talked about it with other people…”. One father identified that at the beginning, the loss was not something that he wanted to talk about or realized that he needed to talk about, but then later he came to the realization of the importance and value of communication and its effects on healing. As described by Participant A:

…you really don’t forget about it but then you think umm its not a pleasant thing ... so you just don’t want to talk about it and your thinking its just gonna be swept… What I realized is that as time goes on little memories that do come and surface you sweep it under the rug and then before you know it you have a mount…but talking about it and actually getting that I actually admitted that you know what, I was sad, you know, I wanna cry… umm going through the motions … you know I was upset… you know, I had all these questions why did I do this, why did I do that.

Participant A later expressed that he didn’t initially understand that he also needed to talk to someone but then realized “ that there were like some feelings and questions and all these things that I had internally that I didn’t get a chance to probably voice” (Participant A).
Other fathers also found that communication was crucial to their ability to cope with the death of their children. Participant B described that over the subsequent years following the loss that there was never a hesitation to talk about his son and that there were still pictures of him remaining in their home today. Talking about the loss was essentially a means of remembering and when special occasions such as birthdays or Christmas came around the family took the time to celebrate and remember their son. As expressed by Participant B:

Over the years we never hide umm or hesitated to talk about our son with our girls. There are still pictures of him in the house today they’ll will always be there. Ummm, daughter when she had her first son, named her son after Michael. Umm, and that made me shed a few tears (laugh) but... umm you know and there times you know, his birthday, the day we moved into the house that… we we still take a few minutes, a little bit of time quietly together ….We always celebrate his birthday. We’ve always um taken money and and donated to Sick Kids a around his birthday, Christmas time in memory of him… a the ways we have of remembering.

Other fathers took solace in talking about their experiences with other people outside their family circle including people from community based support programs such as the Compassionate Friends program or at work. As Participant D described “… this group called the compassionate friends and I don’t know if you have ever come across that umm and we went to it for I guess three or four months. But and… I got something out of it, it made me feel a little bit better” (Participant D). Participant D also described his pointed effort to make others around him more comfortable after the loss through communication, “I made a point in going and talking to people that I dealt with on a day to day basis just so that they feel more comfortable around me because it’s kind of a spooky thing…” (Participant D).

Talking with friends, family and coworkers, about the experience(s) of perinatal loss and how this traumatic life event has affected you in many ways, may be a difficult but a valuable endeavor. Society and potentially the support network available to bereaved families are often
unsure as to how to approach the conversation concerning the experience of perinatal loss. With not knowing what to say or how to say it, oftentimes nothing is said. As a result, bereaved families are sometimes left with a feeling that they are being isolated or ignored, when what they truly want is for the loss and its impact to be acknowledged. Participant F describes his experience:

…a lot of people do but a lot of people told us much later that they didn’t know what to say or how to say it so they just said nothing… yet in those moments we were asking why are so many people that are close to us ignoring us?

Participants expressed that there was a need for more consistent and effective communication both with their partners and the outside world. As expressed by Participant F when there seemed to be a communication breakdown in the marriage conversations began with sentences such as “…I just need you to talk to me…” (Participant F). It is evident that keeping the lines of communication open and having a venue in which to safely express how the experience of perinatal loss has and is affecting the person is crucial.

**Time Heals – Though Never Forgotten**

The old saying “time heals all” rang true to the bereaved fathers who participated in this study, however although healing transpired with time and these families moved forward in their lives, it was clear that the loss of their child was never forgotten. To capture this, *Time Heals – Though Never Forgotten* was identified as the second theme.

Throughout the interview process multiple examples were expressed by the participants to exemplify that the loss of their children was made easier in some ways by time but that the loss was never forgotten. Examples of this theme include, “… you really don’t forget about it …” (Participant A), “certainly would never forget umm the experience. You know as the years go by, umm it gets a little bit easier to cope… the years make it a little easier, but it never goes
away” (Participant B), “we never forgot” (Participant C), “you know, that was a tough period for us and even after [son], we had him and he was he became our world. We never forgot [son]” (Participant D), and “…you know certainly you move on and you move past and it’s not on the forefront of your mind but it’s still always… it’s still always there with you, you know even now and there’s certain days that there is raw emotions that get touched…will always stick with us until the last day of our lives I’m sure” (Participant F).

In summary, the sense of remembrance of the loss undoubtedly was a commonality amongst the bereaved fathers who participated in this study. Fathers within this study often described the special activities or rituals that were done within family to remember the lost son or daughter. These little moments of reflection and celebration support the need and importance of continued understanding and support throughout the course of time.

**Continued Support and Understanding**

*Continued Support and Understanding* was identified as the third theme within the shared meaning of *Acknowledgment and Remembrance*. This theme really encapsulates the need for ongoing support and understanding both in the first few days and through the weeks, months, and years following the loss.

The importance of having family and friends to support the bereaved family cannot be understated. Often it was the support received that truly helped with the coping and healing following the loss. As expressed by the participants, “…first of all, I like have a great family, they were just there for me. (Participant A), “and “I don’t know how we could have coped without the help of family and that…people reached out definitely to let you know that they were there but still not knowing what to say or do really…” (Participant B). Participant F also described how his experience with support received by family and friends helped him cope with
the loss, “friends were key pieces” and “…obviously family was a big part of it as well, [wife’s] parents I mean just dropped everything and rushed down and uh couldn’t get to us quick enough”. Participant D describes the support received from friends:

…I’m trying to think of the things that helped, I guess it was good that umm that we had friends and um we also had... actually there was another couple that we knew, we sort of counted our blessings I guess… because of what they had been through. Umm they actually, we actually met them at compassionate friends. … So we could sort of commiserate.

Although some fathers felt that people in their lives say they understand unless they have experienced a similar type of loss in their lives they did not comprehend the magnitude of this type loss. As expressed by Participant A, “They’ll say they understand but you really don’t understand you know…”. Participant B said, “…a lot of people don’t understand…people were very supportive, ummm people are always a little bit uncomfortable about dealing with death at any time, umm and more so in these circumstances I think…” (Participant B).

Furthermore, while others commented that while the support and understanding they received was beneficial, it was not sufficient, as too often the support dissipated too soon following the loss. For example, Participant F stated that “It seemed like longer term there wasn’t a lot of, you know. Everyone kinda gave their condolences and their cards and everything those first number of days and then after that it was kind of unspoken, an un-thought about I think and so … those were the days where it was a kind of difficult to know how to deal with, you know, life…”. Participant F also experienced the dissipation of support, “…a week later, two weeks later when we still needed some touch and attention was a bit of a drop off…”

These fathers have expressed although with time the loss becomes easier to deal or cope with, the loss to them was never forgotten and thus these bereaved fathers felt the need to feel that the needed support could be accessed by themselves, as well as their family members,
whenever it was needed. These exemplars illustrate that these fathers felt the need of having the support of family and friends was beneficial to their ability to cope following a perinatal loss however felt that this support needs to be available not only in the first few days but in the weeks, months and years to follow. As these fathers have expressed, although with time the loss becomes easier to deal or cope with, the loss is never forgotten and thus bereaved fathers and the members of their family need to feel that the needed support can be accessed when needed.

In summary the second shared meaning identified Acknowledgement and Remembrance, consisted of three themes including Communication, Time Heals – Though Never Forgotten, and Continued Support and Understanding. From the participants’ narratives it is clear that open and effective communication both between partners and society is needed, as masking feelings and emotions only results in isolation as well as relationship breakdown. Communication is key in ensuring that people are not only aware of the continued support and understanding that is needed but also will aid in making the supports required available and accessible now and throughout the course of time.

Significance and Strength

Significance and Strength is the third shared meaning identified and was comprised of two themes: Life Changing Moment and Opportunity of Growth. These themes are further described.

Life Changing Moment

From the experience of perinatal loss, the bereaved fathers interviewed described the experience as a life changing moment. As such, this is the first theme identified within the shared meaning of Significance and Strength is Life Changing Moment.
The accounts of the loss previously described easily signify how the death of a child or expectant child can have a profound and significant impact on the lives of those left behind. As stated by Participant F, “…um I feel like for me that was … you hear people talk about a life changing moment, that everything changed in life… I’ve had a few of those through my life but that I would put right you know right as one of the maybe one of the two or three umm experiences in life that have changed me that have changed me you know, the most” or by Participant D “…We have had a lot of ups and downs but nothing as significant as that…” (Participant D).

When there is something in your life that you dream of and plan and hope for, and then suddenly without justification or cause that dream is suddenly no longer a reality the end result can be perceived as quite a negative experience. To the contrary of this, the overall experience was described, although not initially, but eventually and with time as a positive life change. As stated by Participant B “…it didn’t have negative impact other then struggling with the grief and the loss of the child, I think we coped well with it together. You know, we leaned on each other umm… Our families supported us…” (Participant B).

Other fathers indicated that as a result of the loss “… in the end it gave us that strength to be better prepared…” (Participant G), that they learned to “…appreciate every minute everyday with what you do have” (Participant F) and that they had a deeper connection to family and greater sensitivity to those enduring a similar type of loss (Participant F). Other revelations included that without having experienced a perinatal loss the life that is currently lived and cherished would not be the same. For example, “…if that didn’t happen I wouldn’t have [son] now” (Participant E) or “So… now obviously she lost those. We had others and we probably wouldn’t have the same kids as we do today” (Participant C).
In summation, despite the deep seeded grief and extreme loss felt and expressed by the participants, as well as to the contrary of what thoughts and sentiments are initially internalized following the loss by both the bereaved as well as potentially society might expect, overall the experience of perinatal loss was described eventually and with time as a positive life change.

**Opportunity of Growth**

Throughout the interview process it was identified that the bereaved fathers interviewed in this study did believe that their experience with perinatal loss resulted in an *Opportunity of Growth*. As such, *Opportunity of Growth* is the second theme identified. Participant B describes how through his encounter with perinatal loss and through the loss of his son that an opportunity to grow arose and stated that “…it was heart wrenching but it although brought out more of who I am… umm, so it shows you… what your character is…what your made of…what came out of the experience for me. How I was able to cope with things, the worst of things umm and what was really important…” (Participant B).

Other fathers similarly described their experience as their “own sort of personal test of fortitude” (Participant C), that it made them “more prone to action” (Participant F), and that “…if you come out of the other end of it in one piece, then I think it has probably made you a much stronger person. Umm in that you, you become more self reliant.” (Participant D).

The last account of this opportunity to personally grow as a result of a perinatal loss was expressed by Participant G when he stated that:

I think I think the recovery period is something you, you sort of grown naturally yourself and you find out how to get from that position of loss, that position of of being overcome with with despair or or uncertainty and especially when we got to that stage of being willing to try again, that’s where you are still left with that doubt that fear that uncertainty but there’s a willingness or that strength to try and say that it has happened before doesn’t mean that it will happen again and that our decision to to go forward and to have a child is more powerful and more strong than that fear that came before.
I believe that there is always meaning behind the great veil of suffering perhaps even when the natural cadence of life is defied. Furthermore, if a person is able to recognize and embrace the complexity of emotions and their ability to construct meaning in the human health experience, they, metaphorically speaking, can unlock the door to infinite possibilities and to the potentiality for growth and self-authentication. In summary, these fathers through processes of personal attunement and engagement, utilizing personal, family based and community resources, various coping mechanisms and the effects of the self-environment interrelationship, were able to reconnect, thereby making therapeutic healing and personal growth following this traumatic life experience possible.

Crisis

The last shared meaning was identified as a Crisis which consisted of one theme, that crisis is an Avoidable Choice. This theme is further described below.

Avoidable Choice

In thinking about the term ‘choice,’ one may consider a mental process of judging several options and selecting one or more of them perhaps even the best option, however in this context of perinatal loss, the very concept of the term choice is remarkable because perinatal loss was not the option of choice for these fathers nor would it be an option they would wish on anyone (Participant B) and was clearly not something that was avoidable. However, nonetheless the final theme that arose from the participant narratives was that crisis was an Avoidable Choice.

Throughout the narrative accounts, the acuteness and suddenness of this type of life event clearly had a significant impact on these bereaved families and on the perception of the experience. For example, “Participant A” expressed how as a result of this “traumatic” and
“horrifying” event “everything they had [planned] for” changed while others acknowledged that perinatal loss was “never on the radar as a [real] possibility” (Participant F).

Furthermore, it was identified that regardless of the type of loss (miscarriage, stillbirth or neonatal death), that the significance and impact of such a life changing event was unmistakable and resulted in a deep sense of loss that lasts and is remembered. However, despite these unequivocal facts, how these fathers approached and coped with the loss and the death of their children was indeed a choice they made.

From the participants interviewed all bereaved fathers with the exception of one, utilized the resources available to them to positively cope and understand the loss and to shape the meaning of the experience into something they felt was in some form positive in nature. Participant A expressed his understanding that in life both good and not so good things happen and states that he “…felt that even though really there was nothing you could do but you felt like maybe there was something… it was we pretty instrumental in terms of umm recognizing you know that you know it was a loss and that it affects moms as well as…”.

Similarly, other fathers described that the loss happened for a reason and that there was a need to move forward beyond the loss. For example Participant E states that “it happens to a lot of people you know, and I guess things happen for a reason and you know, keep trying…,” that “…it took us a long time to get over that loss, I think it was difficulty, to to, reset ourselves looking forward into what we wanted to do together umm but we did know that we wanted to continue with this idea of us having a family” (Participant G) and “We are both very pragmatic individuals… you know, black and white and you know, we see things and we move forward… [wife] said before I ever did and said is this what we want to do? We’ve got to move forward- we you know - this is not – I don’t want to go through it over and over every week” (Participant D).
Out of the seven bereaved fathers interviewed, one father did describe a period of crisis, however later that his focus shifted to being more involved with the family he has today. As stated “…they had offered counseling for the both of us but I … I didn’t smoked marijuana … and uh…as soon as this happened, I don’t think there was a bag of weed I couldn’t smoke anymore. I beat up people quite a bit … That became my main focus” (Participant C). From his account of his experience it would seem that the coping resources utilized initially could be considered or construed as negative coping mechanisms, but similarly to the other participants he too had a choice to evade a crisis.

In summary, despite the significance, acuteness and suddenness of the experience of perinatal loss bereaved fathers can and do make a choice in how they adapt and cope with the loss. Utilizing the resources available to them, having open lines of communication, and having or asking for continued support and understanding following the loss were all some of the ways in which they could actively choose to avoid a crisis.

FIGURE 2. Shared Meanings and Themes
In summary, Chapter 5 has described the demographic information collected from the seven participants who partook in this qualitative research study. This demographic information provided an overview of the population sample from which the study findings emerged. Additionally, the data analysis process as well the results, based upon the narrative accounts of the participants, have been presented, discussed and linked to Hill’s ABC-X framework. The analysis process resulted in four shared meanings 1) Perinatal Loss – Unexpected Reality, 2) Acknowledgment and Remembrance, 3) Significance and Strength and 4) Crisis).

The first shared meaning identified Perinatal Loss – Unexpected Reality consisted of six themes: 1) World Falling Apart, 2) Absolute Shock, 3) Stoicism, 4) Wishing for Answers, 5) Silent Shelter, and 6) Concern for Wife. Results from this shared meaning and the related themes indicated that fathers truly felt ill prepared for this unexpected life event and that they felt the need to remain strong and to live up to what they internalized as perceived expectations as a father, husband and man.

The second shared meaning Acknowledgment and Remembrance was comprised of three themes: 1) Communication, 2) Time Heals – Though Never Forgotten, and 3) Continued Support and Understanding. It was identified within this shared meaning and these themes that although the loss and death of their children would never be forgotten, through self-reflection and reflection on the experience, open communication and continued support and understanding by both their partners, their support systems (e.g., family) and society, that healing was possible and transpired over time.

The third shared meaning, Significance and Strength, produced two themes: 1) Life Changing Moment and 2) Opportunity of Growth. Within this study, analysis identified that
through processes of engagement, utilizing personal, family based and community resources, existing and acquired coping mechanisms as well as exploring how the experience affected the self-environment interrelationship, that these fathers were able to reconnect, find balance in their lives once again and were ultimately able to cultivate personal growth as a result of both the initial experience of loss and the subsequent events that followed this traumatic event.

The final shared meaning within this study was termed *Crisis* and consisted of only one theme, *Avoidable Choice*. Results indicated that despite feeling ill prepared for the death of their children, their need to remain strong and live up to the perceived expectations that that through utilizing personal, family and community based resources, crisis was ultimately an avoidable choice.
CHAPTER VI: DISCUSSION

Discussion of Results

The purpose of this qualitative phenomenological study was to attain a better understanding of the paternal experience of perinatal loss and to help guide future care and support of bereaved fathers. In this chapter, the study findings are discussed as they relate to each of the three research questions used to guide this research study and the ABC-X Model of Family Stress. The implications for future nursing research, the strengths and limitations of the study as well as the recommendations for further study are also discussed.

Findings Related to Research Questions

Three research questions helped guide the inquiry for this phenomenological study. The findings will be presented and discussed as they relate to each of these three questions.

Research Question 1: What is the meaning of a father’s experience of perinatal loss?

Regardless of religious, philosophical or social circumstances, throughout the course of time, members of society have always longed for, debated and searched for the meaning of life and of life’s experiences. When we consider the event of the death of an expected child, we must recognize that the impact is significant and everlasting. In most cases, when expectant parents discover that they are pregnant and expecting a child, they are often overwhelmed with elation and happiness. This joyous time in their lives becomes the impetus for positive change as well as the basis for the development of future hopes, dreams and plans.

From my personal and professional experience, an expectant mother and father begins planning, and dreaming of what the future holds in moments following confirming the delightful news. These plans only solidify and become more of a real possibility following special events such as seeing their baby for the first time at the first ultrasound appointment, hearing the fetal
heart beat for the first time and sharing the special news with family and friends. As pregnancy is commonly associated with birth, the start of a new life as well as the extension of a couple’s union, it is rare to think of death, in this instance, as a possible reality. Thus, when families are faced with this devastating hardship and are exposed to the unexpected reality of the loss of a child, one must question how this experience is internalized and what is the meaning of this experience of perinatal loss?

It is indicated that events, such as a perinatal loss, that ultimately threaten the status quo and disrupt the natural cadence of life often either provoke crisis (Patterson & Garwick, 1994) or prompt an adaptive response (Janoff-Bulman 1992). One could contend that these momentous life events, such as the grave loss and death of a child, can create a disturbance of the mind-body-spirit balance, affect intimate relationships shared between partners and can be associated with vulnerability, negative health outcomes, distress, depression and chronic sorrow (Bu Chi et al., 2009; Gordon, 2009; Kendler, Myers & Zisook, 2008). In contrast, others have contended and believe that these stressful life events can elicit positive and adaptive responses, and can contribute to the process of reorganization (Patterson & Garwick) and can incite the search of meaning (Frankl, 1986).

I believe that there is that there is always meaning behind the great veil of suffering perhaps even when the natural cadence of life is defied. Furthermore, if a person is able to recognize and embrace the complexity of emotions and their ability to construct meaning in the human health experience, they metaphorically speaking can unlock the door to infinite possibilities and to the potentiality for growth and self-authentication. In summary, these fathers through processes of personal attunement and engagement, utilizing personal, family based and community resources, various coping mechanisms and the affects of the self-environment
interrelationship, were able to reconnect, thereby making therapeutic healing and personal growth following this traumatic life experience possible.

The feelings shared by the fathers within this study did coincide with previous research conducted that identified that fathers are often connected with the feelings of failure in the role of protector (Kimble, 1991; Vance, Najman, Thearle, Embelton, Foster and Boyle, 1995; Worth, 1997). This affirmation highlights that it is vital that we as healthcare providers and as members of society encountering fathers who have suffered a perinatal loss encourage the expressions of grief that too often are hidden from the world and reinforce that perinatal loss is unpreventable in nature. By doing so, we can help bereaved fathers dismiss and banish these feelings of failure that are often reported and promote active exploration and expression of their grief.

Supporting and having a deep seated concern for the wellbeing of their spouse was also a noteworthy aspect to the paternal experience of perinatal loss. One could construe this attentiveness as being a reactive response that possibly could be linked to these feelings of failure in the role of protector. As a result of these feelings, fathers attempted to shelter their spouses from further hurting or upset by taking on additional tasks and decision making responsibilities such as completing paperwork, making decisions especially when related to post mortem care such as organizing funeral arrangements, as well as putting their need of grieving and healing aside or on the back burner. As care providers, we must be cognizant that although there is a desire to be there for and to support their partners, fathers must be encouraged to participate and be included in the bereavement care, not merely as a support person or a decision maker, but as a father whose expected child has died, from the moment the death is identified. By doing so, we will enable communication, resources appraisal and will aid in facilitating their journey of healing following the perinatal loss.
It would appear, in contrast to existing research results that the paternal experience of
grief and the meaning of loss, although expressed sometimes differently, is equally as
substantive as that of their partners. Participants within this study took an approach to the death
of their children that ultimately was positive in nature. Within the study, fathers expressed that
the meaning of the experience of perinatal loss for them was seen as a significant life changing
moment and an opportunity of personal growth and development. Participants expressed
repeatedly that as a result of the experience of loss they became a stronger and more self reliant
person, and that the experience compelled them to explore who they were, who they had become
as well as to develop a deeper appreciation for what they did have in their lives.

These bereaved fathers often spoke of their deeper connection with their partners, family,
friends and the children they have today. These revelations and changes in thinking, which
stemmed from the devastating and debilitating experience of the death of a child, are remarkable
and should be further explored and expanded. Furthermore, meaning in life experience(s) is
central to living and truly authenticating one’s existence, thus we must also attain knowledge and
cultivate the understanding of how following such a heartrending life event meaning is
constructed.

Research Question 2: How is meaning constructed following a perinatal loss?

The second research question that guided this qualitative study was how is meaning constructed following a perinatal loss? The construction of meaning is considered to be a highly
subjective process and is, as stated by Skaggs and Barron (2006), “a product of a unique person –
with values, commitments, and the ability to think and perceive – and the environment within
which the person dwells” (p. 564). Thus, although the meaning of the experience is unique to
each individual person, the processes in which meaning was constructed by the study participants was similar in nature.

Throughout the interview process, the study participants indirectly expressed and shared how, over the days, months and years since their loss, they constructed meaning of the experience. Imbedded within their narratives and recounts of their experience there were many things that were identified that aided in the construction of meaning. For these fathers, meaning was constructed through endeavors and activities such as soul searching, self-reflection, reverence for their need for solidarity, actively reflecting on the experience and its impact on the lives of their family both presently and in the future, and how they worked through and continue to work through their emotions and feelings following the loss.

Other means of constructing meaning included the importance of talking about their child with their partners, family and friends, having mementos such as photographs of their child displayed or by taking part in celebratory and remembrance rituals such as donating money to charity around birthday or death anniversaries.

Feelings of loneliness, isolation and social withdrawal have been identified as recurrent themes amongst bereaved fathers, both within this study as well as in past research (Armstrong, 2001; Badenhorst, Richies, Turton & Hughes, 2006; Callister, 2006; Franche & Bulow, 1999). However, it became clear that although within the healing and coping process there was a need for time to reflect on the loss, what the loss has truly meant to them and how, if at all, they are able to move forward having experienced this traumatic life event, there must also be perceived and actual external supports available, ongoing discussion and recognition of the significant impact of a loss as grave as this can have both on a parent and on a family.
In a study conducted by McSherry and Smith (2007), that explored the spiritual needs and expressions of children, it is said that both adults and children make sense of life events and cope with crisis through drawing on past life experiences and beliefs. Wright (2005) also expressed that meaning in life stems from one engaging and questioning the interaction of beliefs, spirituality and suffering. Thus, one might say that as time passes the meaning, as constructed by these bereaved fathers, will continue to infinitely change and take new form. The construction of meaning following a significant life event is believed and appears to be a continuous, unending and iterative.

This was demonstrated within the narrative of the bereaved fathers as they continuously appraised the experience, established new resources and continued to utilize established resources and as they obtained new information, coping and adaptation responses. In addition as these fathers had more and varying life experiences, the significance and meaning of the event as well as the interpretation of the loss changed over time (Frankl 1988; O’Connor, 2002; Skaggs & Barron, 2006) and aided in the continual construction of meaning. Attig (2001) spoke of the process of healing following the loss of a loved one:

Emotionally, we temper the pain of our suffering. Psychologically, we renew our self-confidence, self-esteem, and self-identity…Behaviorally, we transform our habits, motivations, dispositions, ways of doing things…We blend old and new ways of meeting our biological needs…Socially, we reconfigure our interactions with others…Intellectually, we question and seek answers and meanings. We change our understandings and interpretations. Spiritually, we seek peace and consolation…We deliberately examine and experiment with alternatives…We revive what still works in our selves, families, and communities…We transform ourselves as we reshape and redirect our individual, family, and community life (p. 41).

I believe that by freeing ourselves to appreciate this life experience and through engaging in the processes of constructing meaning(s) will ultimately enable bereaved fathers to see the opportunity to regain their sense of coherence, and oneness within themselves and their
environment. Thus, allowing oneself the opportunity to construct meaning following a perinatal loss perpetuates newfound understandings and awareness of the continually expanding and emerging self.

**Research Question 3: What factors contribute and/or hinder coping in bereaved fathers?**

The third research question that helped to guide this phenomenological study was what factors contribute and/or hinder coping in bereaved fathers? Within related literature, interventions that have been identified with positive outcomes following a perinatal loss included things such as encouraging mothers to take the opportunity to see and bond with the dying or deceased infant; to participate in the post-death, physical care of their child; focusing care on the exploration of meaning-making and spirituality; having bereavement care, including social work consultation, continuing following the initial days post-loss and creating positive memories surrounding both the pregnancy and birth of the infant (American Academy of Pediatrics, 2000; Gold, Dalton, & Schwenk, 2007; Field & Behrman, 2003; Lasker & Toedter, 1994; Robinson, Thiel, Backus & Meyer, 2003). Although these studies have focused their attention on the maternal experience of perinatal loss, from the results of this study it would appear that the experience of loss and the interventions or supports made available to bereaved fathers are equally substantive to fathers as that which has been reported concerning the maternal experience.

Results from this study support the claims that these interventions, such as continued support and involvement in bereavement care, can be associated with positive outcomes and can contribute to coping, however through exploring the paternal experience with perinatal loss it is believed that these interventions are equally beneficial to bereaved fathers as they are mothers.
The interview and analysis process revealed that there were many influential factors identified that contributed and/or hindered the participants’ ability to cope with this life adversity, such as past life experience(s), the availability of effective, as well as the willingness to utilize, support systems and the perceptual meaning and context of the event. Within this study factors such as having effective and ongoing communication, consistent and continual support from family, friends and society as well as the concept of time, in terms of time for reflection and the actual passing of days, months and years, are all factors that contributed to these fathers’ ability to cope following the death of their child.

It is important for bereaved fathers and society to realize the death of an expectant child is no easy feat to overcome and thus there is no right or wrong way to express this grief. However, bereaved fathers should feel free to express themselves in a manner that is meaningful and honest to their experience of loss as too often their emotions and their expression of such are clouded by societal and gender expectation. Bereaved fathers must find solace in this expression as they are all too often not comforted by explanations as to why this tragedy has occurred. These identified factors and recurrent themes identified by these bereaved fathers should be used to help further develop and shape the bereavement care and supports available following a loss.

The factors that were identified as a hindrance in the ability to cope were also identified by the bereaved fathers who partook in this study. Factors that negatively impacted the ability to cope following a perinatal loss amongst participants included the lack of preparedness or knowledge about perinatal loss, the lack of recognition of the severity of the impact of the experience as well as the long term effects of perinatal loss by society, friends and family, and not having the support(s) they did receive continue into the weeks, months and even years that followed the loss. Cultivating knowledge about perinatal loss, as well as an understanding of the
considerable impact of perinatal loss, both with bereaved families and within society is crucial, as this awareness will ultimately impact the bereavement care and supports that are available initially and subsequently to families faced with the perinatal loss.

Other factors that hindered the coping ability of the bereaved fathers in this study included not knowing why this experience happened, feeling pressured to fall into perceived societal expectations of what a father or man should do or act like in these circumstances, and last but not least the masking of feelings and true emotions so that others would feel or think that everything was okay and that they were coping well.

These fathers were received no answers as to why their child had died. As a result that there are often no answers to be given for why the loss has occurred it is important that self-blame or blaming their partner be discouraged as this only results in isolation, bottling up emotions and a breakdown of communication between partners at a time that communication is key to coping and healing.

It is important that society and healthcare providers recognize that although memories may fade with time, fathers will forever changed by the experience, that the loss will be forever ingrained in the lives of the bereaved and will shape who they have become. The identification of the lack of ongoing support following a perinatal loss signifies the grave need and value of support to bereaved families, thus making the need for continued support, understanding and loss recognition an essential component to grieving and healing.

Bereaved families, as well as all expectant parents, must be taught approaches to health promotion and risk prevention to help reduce the likelihood of reoccurrence and must be reminded what personal and community based supports are available to them. It becomes imperative that these discussions occur and perhaps reoccur with bereaved families so that they
can in some way feel empowered and may get the answers and support they so long to have. Discussions should also include the prenatal and postpartum promotion of healthy behaviors that may reduce the risk of perinatal loss including smoking, alcohol or drug cessation.

In summation, society needs to develop empathy for what this experience has meant to the bereaved family and should, regardless of their lack of comfort, offer support and make these families aware that although they may not truly understand what the experience of perinatal loss has been like for them, they are here to support them in whatever means necessary.

**Findings Related to ABC-X Model of Family Stress**

Through the process of this research, it is clear that the widely accepted ABC-X Model of Family Stress was not only applicable to this study and the phenomenon of perinatal loss, but is a framework that could be useful to future research endeavors. The model was undoubtedly helpful in framing the presentation of how bereaved families adapt when faced with such an arduous life event.

Within this study an inductive approach was used, however it is important to denote that my personal and professional experiences with bereaved families and my exposure to the ABC-X model of family stress, did help to shape the development of the research conducted and helped to solidify and piece together my beliefs that life stressors or significant life events were not always internalized as negative in nature.

Perinatal loss is a life stressor that is not only unavoidable but is beyond one’s immediate control. The model components, (A) stressor event, (B) resources and (C) meaning or event perception, did help to highlighted how, with a positive event meaning and adequate resources, the likelihood of (X) crisis was an avoidable choice for the participants. In the original model, “A” represented the life event, which within this study was identified as being the event of
perinatal loss. The experience of perinatal loss ultimately led to the exploration and construction of the second and third components of the model, resources and event meaning or perception. Within this study the bereaved fathers moved back and forth between their resources, and their perception and meaning of the experience. It was identified that these two components were affected by one another. For example, the supports and resources available to help cope with the loss helped to positively shape the event meaning to the bereaved fathers. The two above mentioned components ultimately had the capacity to lead (or not) a bereaved father into a crisis, the last component of the model. In considering the Family Stress Theory, that those bereaved fathers represented in this study and their families did not progress from a declination of family functioning but rather from the narrative expressions of the participants, the majority of bereaved families progressed to the place of recovery and reorganization following the loss.

In summation, this study and the use of the ABC-X model of family stress helped to illuminate and foster the knowledge, recognition and understanding of this unique grieving experience so that in future, fathers may harness the resources they both have and need to cope with such a grave loss.

Implications and Recommendations for Nursing Research and Practice

In healthcare, we often face-those confronted by unexpected life events and in labour and delivery settings worldwide, these unexpected life events often concern the health experience of perinatal loss. As nurses, we are in a unique position to play a crucial role in not only promoting the search for the associated meaning (Skaggs & Barron, 2006) but also to aid in the adaptation and self-actualization process (Roy & Andrews, 1999), and in health promotion. The findings from this research study have provided new insights concerning the paternal experience of
perinatal loss that will help guide and support nursing practice, bereavement supportive care, theory development and future research.

Healthcare providers encountering not only those who are expecting a child but also those who have endured a perinatal loss should discuss the possibility of perinatal loss and the unavoidable nature of the event. Within this study, bereaved fathers repeatedly discussed how the occurrence of perinatal loss was never a common consideration. As a result, perinatal loss was never on the radar as a real possibility. Education concerning perinatal loss as well as health promotion endeavors both prior and following a loss, such as those described by the participants including having effective and open lines of communication, acknowledging the emotions that are felt at the time of the loss, as well as being involved from a paternal perspective in more than a decision maker or supportive role should be reinforced. Hospitals today are taking a family-centered approach to care. As such we strive to get family members involved throughout the continuum of care; however from my experience this endeavor and philosophy to care seems to dissipate with the experience of perinatal loss. We must continue to enforce a family-centered approach so that the entire family, fathers, siblings, and grandparents are included and better prepared to cope with the loss.

It would appear that although social awareness and education are crucial to the healing and coping processes following a perinatal loss, they are lacking in robustness. Further research and potentially enhancing current bereavement programs and practices both within the hospital and in the community are desperately needed to identify how this knowledge and awareness can be cultivated in society. Intervention studies based on the study findings and these suggestions would be ideal to further support how and what supports are needed as a standard for bereavement care both in the initial and subsequent stages of grief.
This phenomenological study provides a foundation for future research with bereaved fathers who have experienced a perinatal loss to continue and expand our knowledge and understanding of this unique health experience and its effects on a father. Further exploration of the paternal experience of perinatal loss with varying socio-cultural backgrounds, younger aged population than that represented within this study, as well as different religious and cultural backgrounds, would further enhance the knowledge and understanding of this unique grieving experience as well as what resources are deemed beneficial to promoting positive coping strategies. It is believed that research in the following areas is indicated: (1) family and community based educational intervention focusing on both short and long term supportive care to bereaved families, (2) the impact of substantive healthcare and community based bereavement programs on healing and meaning-making, (3) the extent of the impact of a perinatal loss experience on other members of the family unit, and (4) the impact of recurrent perinatal loss to a family.

**Strengths of the Study**

I believe that my study concerning bereaved fathers had many strengths including using the participant exemplars to capture the essence of the narratives, as well as the experiential knowledge of this researcher. Throughout the study the participants who partook in the study were quoted extensively to help provide support for the shared meanings and themes identified in the analysis process. This was just one of the examples as to how I maintained trustworthiness throughout the research process.

Having experiential personal and professional knowledge of the experience of perinatal loss was considered to be a strength within this study, as this prior knowledge and experience helped to shape and develop the study from the beginning planning stages. My prior experience
with caring for expectant and bereaved families not only helped in the recruitment of study participants but also helped to engage and gain the trust of the study participants so that they would feel comfortable in expressing their experiences, emotions, feelings, beliefs and perceptions concerning their experience with the death of their child. All of the bereaved fathers who were interviewed during this study truly felt compelled to share their story so that future bereaved fathers in similar situations could benefit.

**Limitations of the Study**

A limitation of this study included the limited experience of the investigator with the research and analytic process may have limited the data collection and analytic process in a way that potentially an expert researcher would not have experienced. To minimize the extent to which this limitation affected the study results, I relied on the expertise of my dissertation committee and shared my process and thinking with the committee members to ensure that my research processes and interpretation of the data was correct. A future, follow-up study is recommended to further support and expand upon this study’s finding. Specifically, it would be beneficial to explore recently bereaved fathers to identify if the need of recently bereaved fathers is different from those who have had years to process and cope with the loss.

**Summary**

Chapter VI presented the study findings as they related to the three research questions of this study and the ABC-X Model of Family Stress. The limitations, strengths and the significance to nursing of the research were discussed. Lastly, recommendations for future research were presented.
APPENDIX A:

LETTERS OF SUPPORT
Terry E. Logaridis, BSc, MD, FRCSC, FACOG.
Obstetrics & Gynecology
2863 Ellesmere Road, Suite 316
Scarborough, Ontario M1E 5E9
Tel: 416-283-8121 Fax: 416-283-8171

Date: January 5, 2012

To whom it may concern:

This letter is to confirm that I am aware of the research study concerning bereaved fathers, purposed by Meghan Cholette, entitled EXPLORING THE MEANING OF THE PATERNAL EXPERIENCE OF PERINATAL LOSS: A PHENOMENOLOGICAL STUDY and that I fully support her in the endeavor.

Sincerely,

T.E. Logaridis MD FRCSC
Program Chief OBGYN RVC
Dr. Adebayo W. Odueke  
M.D., MFFP (UK), FRCOG (UK), FRCS (C)  
Obstetrician & Gynaecologist  
95 Bayly Street West  
Suite 500  
Ajax, Ontario  
L1S 7K8  
Tel – (905) 686-2777  
Fax - (905) 426-5546

30/12/2011

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Sincerely,

Dr. Adebayo Odueke  
AO:mb
APPENDIX B:

INFORMATIONAL LETTER
EXPLORING THE MEANING OF THE PATERNAL EXPERIENCE OF PERINATAL LOSS: A PHENOMENOLOGICAL STUDY

My name is Meghan and I am a nurse researcher from the University of Arizona, College of Nursing. I am interested in studying what the experience of losing a child was like for you and your family.

I am looking to speak with fathers, over the age of 21, who have experienced a perinatal loss, to voluntarily participate in the above titled research study.

If you agree to participate, the study will involve up to two interviews for each of you. The interviews will be held at a place and time convenient for you. I will be asking you about what the death of your child has meant to you, what coping strategies were or were not helpful, and how you found meaning in the experience(s). You can share whatever you feel is important for me to know and what you tell me will be kept confidential.

My goal of this study is to help find better ways to assist families who have endured a perinatal loss, and I would really appreciate your help!

Please contact me if you are interested. I would like the opportunity to discuss the study and answer any questions you may have.

Thank you,
Meghan E. Cholette, RN, MsCN, Doctoral Candidate
Principal Investigator
University of Arizona, College of Nursing
mcholette@nursing.arizona.edu
APPENDIX C:

DEMOGRAPHIC DATA COLLECTION FORM
## DEMOGRAPHIC DATA COLLECTION FORM

**Date:**

<table>
<thead>
<tr>
<th>Age</th>
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<tbody>
<tr>
<td>Duration since loss</td>
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<tr>
<td>Do you have any other children?</td>
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<tr>
<td>Age at the time of death</td>
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<tr>
<td>Marital Status</td>
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<tr>
<td>Employment Status</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>Educational Background</td>
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REFERENCES


