

FAITH AS A WAY TO FIND MEANING IN PREGNANCY LOSS: REPORT FROM THE INTERVIEWS WITH COUPLES AFTER MISCARRIAGE

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Abstract

Child loss is one of the greatest losses reported (Sanders, 2013). A particularly specific form of child loss is loss during pregnancy. Among these types of losses, miscarriage is one of the most controversial. For some people it represents a profound loss; for others it is perceived as biology doing its work. This makes it an especially interesting topic, considering that nearly 20% of all pregnancies end in miscarriage. In his book *Finding Meaning: The Sixth Stage of Grief* (2022), David Kessler expands on Elisabeth Kübler-Ross's (2021) concept of the stages of mourning. He demonstrates that it is quite common for people to move beyond Acceptance. In presented research four couples after the experience of miscarriage were interviewed. The semi-structured interviews were conducted with both partners simultaneously. The Interpretative Phenomenological Analysis (IPA) qualitative method was used to interpret the data as it is particularly well suited to sensitive topics of this kind (Piętkiewicz & Smith, 2012). The couples who believed in God were recruited by the snowball method. God was described as the one who gave the child and had the right to take the child back; as a source of consolation and hope; and as a force that is not entirely understandable. In this article it will be discussed that for couples interviewed, the faith may represent the deeper sense and meaning described by Kessler. The conclusions from the interviews will be used to show how these findings may be particularly useful for therapists working with couples after miscarriage.

Keywords: *Miscarriage, interview, couple, faith, meaning.*

1. Introduction

Talking about loss and grief is difficult. The interviews conducted in this research were the opportunity not only to listen to two perspectives but also to witness a special kind of meeting between the two people who suffered the loss differently. Although the conversations focused primarily on the personal experience of loss and how it affected the relationship between man and woman, faith in God emerged in every meeting by couples themselves. Faith was reported by both partners, although the ways in which it was expressed differed. Many people feel a need to search for meaning and make sense of their experiences, particularly the most difficult ones. In this study there was an impression as if the meaning was held by two people simultaneously and that it was found in faith.

1.1. Child loss

The loss of a child is, in the vast majority of cases, a boundary situation in the sense described by Karl Jaspers (Szalek, 2006). It pushes a person to the edge and forces them to confront something for which no preparation was possible and which exceeds their existing personal resources. The loss of a child during the prenatal period is a particular type of child loss (Sanders, 2001) that evokes a wide range of emotions. Miscarriage, in turn, is a very specific form of prenatal child loss. Extremely common (statistics vary between countries, but it is estimated that 15–25% of all pregnancies end this way) (WHO), miscarriage is experienced very differently depending on the circumstances and the characteristics of the individuals affected. It is especially painful when the pregnancy is desired and experienced as something positive (Gerber-Epstein, Leichtentritt & Banyamini, 2008), when both partners were expecting and preparing for the arrival of a child. The development of modern diagnostics and medicine means that the awareness of “being pregnant” activates all the associated psychological processes even when a miscarriage occurs at 6, 8, or 10 weeks of pregnancy. Piontelli (2013) claims that advances in modern medical technology can, in some cases, make the experience of loss even more difficult. From the perspective of a value system grounded in the Catholic faith, life begins at conception—therefore, it can be expected that believing

couples who lose a pregnancy, even at an early stage, will perceive this experience as the loss of a child (Dziedzic, 2022).

1.2. Terminology

There are at least a few ways to describe a loss of a child during pregnancy. The definitions may differ according to the health system regulations of a given country (especially regarding the period of pregnancy in which the loss occurs.) In Polish terminology there are two basic kinds: (1) miscarriage- death of an embryo or fetus before the 22 week of gestation, (2) Stillbirth - defined as death of a fetus before it is entirely outside of the mother's system (Bręborowicz, 2012).

1.3. Epidemiology

According to the World Health Organization (WHO), between 10% and 15% of all pregnancies in which a woman was aware of being pregnant end in miscarriage worldwide. Each year in Poland more than 40 000 women experience miscarriage (which means around 10% of pregnancies.) 80% of miscarriages occur before the 14th week of gestation, 20% (around 8000) happen later in the pregnancy. 2000 families experience the birth of a stillborn (GUS).

1.4. Psychology connected with loss

The loss of a loved one is one of the most traumatic experiences a person can face. Not without reason, it ranks at the top of the list of stressful life events in the classic Holmes and Rahe scale (1967). The loss of a child, however, is a very specific type of loss that may be associated with even more serious consequences (e.g., a much higher incidence of complicated grief) (Sanders, 2001). But what happens when that child did not exist socially even to the extent of a gradually growing pregnant belly? What if the presence of that child is expressed only by two lines on a pregnancy test and perhaps a blurry image of a tiny gestational sac in the uterus? Miscarriage especially early miscarriage occurring in the first trimester (and therefore the most common) is precisely such a specific kind of loss. It is difficult to define clearly, experienced very differently depending on an individual's beliefs and values, and full of ambivalence. Additionally, it is a type of loss that is often explained in terms of the rules of the world, biological processes, and the laws of nature forces that are, after all, difficult to argue with (Frost, Bradley, Levitas, Smith & Garcia, 2007). And yet, there is substantial evidence that miscarriage can be experienced on a psychological level in a way similar to other losses of loved ones. It seems that even the moment of seeing two lines on a pregnancy test is associated with a range of thoughts, feelings, hopes, and plans in both partners (Raphael-Leff, 2018). All of these processes are suddenly (and usually unexpectedly) interrupted at the moment of miscarriage. For those who experience miscarriage, what often proves most painful is the intense sense of loss (DeFrain, Millspaugh & Xie, 1996).

1.5. The differences between men and women

Women and men differ in how they experience miscarriage. Women are much more likely to experience intense emotions, particularly sadness and anger. They are often self-focused and feel a strong need to occupy themselves, to keep their hands busy. Many of them respond to the experience of miscarriage and hospitalization with an acute stress reaction, and in some cases (especially following negative hospital experiences), PTSD may develop (Neugebauer, Kline, O'Connor, Shrout, Johnson, Skodol, Wicks & Susser, 1992). The loss of a child can also lead to suicidal thoughts or even attempts (McCarthy, 2002). Men tend to experience miscarriage somewhat differently. For them, it is also associated primarily with a profound sense of loss, but more specifically, it is often the loss of future hopes (Frost et al., 2007). They often organize support, communicate with medical staff, handle formalities and administrative matters, seek information, and transport their partner from place to place. They are also more focused on their partner and her way of coping than on themselves and their own emotions. Many report feeling that "someone has to stay strong" (Murphy, 1998).

1.6. Finding meaning

"The will to meaning is the most fundamental motivating force in human beings." These words of the Austrian psychiatrist Viktor Frankl (2009) illustrate why the drive to find meaning can be so powerful, even in the most abstract and difficult circumstances. One such unimaginable situation is the loss of a loved one. David Kessler (2022), a close collaborator of Elisabeth Kübler-Ross (2021), continued the line of thinking about the stages people go through in grief and concluded that many of them do not end their journey at the stage of acceptance. In his book *The Sixth Stage of Grief*, he presents numerous examples supporting the idea that people are capable of doing a great deal in order to find meaning in the death of a loved one. The author notes that "meaning allows us to move beyond mere pain" and recounts stories of individuals who establish foundations, organize events, find meaning in their work, advocate for legal

changes, or create television programs addressing important issues. One of the ways of finding meaning that he mentions repeatedly is through reference to faith and one's relationship with God. He emphasizes, however, that this can take very different forms- from a crisis of faith and arguments with God to a strengthening of faith or even a profound conversion.

2. Method

2.1. IPA

Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, Larkin, 2009) is a qualitative method used in psychology. IPA is a method frequently used in health psychology, as it is well suited to many contexts of individual experience related to suffering or illness. The key goal is acquiring a rich and detailed first person narrative of the experiences and phenomena the study focuses on (Piętkiewicz, Smith, 2012.) An important assumption of the method is the researcher's attentiveness to identifying the individual meaning of the participants' experiences.

2.2. Subjects

The participants in the study were four married couples. All couples had experienced a miscarriage within the two years preceding the interview. Two of the couples had also experienced a previous miscarriage. One of the women was pregnant again following the miscarriage, and all of the remaining couples also had living children. All marriages consisted of individuals who believed in God and practiced within the Catholic Church. Participants were recruited using the snowball sampling method within a community of religious mothers.

2.3. Procedure

The interviews were based on a semi-structured format, allowing for flexibility in following important themes introduced by the participants. In two cases, the interviews were conducted in the participants' homes at a table, and in two cases via the Zoom platform on a computer (the interviews took place around the time of the pandemic, and planned in-person meetings could not be held). The interviews focused primarily on the individual experiences of both spouses, as well as on the impact of the loss on the couple's relationship. An additional question concerning faith was included if such a theme was introduced by one of the partners. The interviews lasted between 40 and 60 minutes and were audio-recorded. Both spouses were encouraged to provide their own personal responses to the questions included in the interview guide.

3. Results

3.1. Greater ambivalence among women and greater clarity among men

Women more frequently describe feelings of rebellion against God, raise questions about why they experienced the loss, and refer to a sense of confusion and periods of being overwhelmed by intense emotions. Men, on the one hand, appear to focus on their partners and tend to limit their own immersion in difficult emotions (which is consistent with the research findings cited above). On the other hand, they seem to be more closely aligned with established religious beliefs and a more structured, logical interpretation of events. They demonstrate greater clarity regarding the role of God in what has occurred and appear to find comfort in such interpretations more readily. Interestingly, women who have experienced miscarriage more than once seem, following a subsequent loss, to adopt an approach somewhat more similar to that of men. Interestingly, grounding interpretations in faith among men does not preclude consideration of medical, biological, or statistical explanations associated with miscarriage.

"(...) during my first miscarriage, it took me a very long time to recover (...) At that time, I went through about three months of very intense struggle; I experienced a crisis of faith. Here [after the second miscarriage], however, I felt a kind of acceptance — that it was okay that it had happened. I felt sadness (...), but overall I did not experience the same level of pain or a sense that everything was collapsing (...). It was easier for me to come to terms with it." M., mother

3.2. The influence of men's faith on women's experience and interpretation of loss

An interesting phenomenon observed in the interviews was the significant influence of the male partner's experience of faith on his partner. Listening to these accounts created the impression that the man's faith-related reflections became, at a certain point, a source of support and a kind of compass for his partner. They seemed to offer something she could hold on to. Ultimately, this form of exchange appeared to bring partners closer together and to strengthen their relationship.

“I think the context of faith is crucial here. (...) I was also struggling with questions about God (...), because I knew that God is good, that God gave Hania life out of love... and I was grappling with the question: ‘So why did He take it away?’ And (...) I began to talk about this with Joachim. I remember being deeply moved when he said to me: ‘You know, from our perspective, we have lost Hania. But from God’s perspective, she is in the happiest place (...). We are, in a way, broken because we are going through this, but she is alive (...).’ This was also something we gained very strongly. Our marriage (...) this loss brought us much closer. I had been carrying this question (...) struggling with it on my own, but when I opened up to Joachim, I found an answer.” A. mother

3.3. God as One who...

In the face of prenatal loss, even at an early stage, couples draw on a shared system of values and the spiritual dimension of this experience. At different paces and sometimes using different language, both partners come to interpret the event in relation to God and their relationship with Him. God is experienced as One who: (1) determines life and death; (2) can give but can also take away; (3) brings forth good even from the most difficult events and circumstances; (4) sees more and further than human beings; and (5) offers a place for the deceased loved one that is better and free from suffering, in contrast to this world. The following excerpts from male participants illustrate this type of thinking:

“(...) the question of how faith helps—I’d specify that it depends on the kind of faith. It actually took me quite a long time to arrive at the way of thinking (...) that everything we have—like it says in the psalms, that the whole world belongs to God—and that everything material we receive is entrusted to us; it is not really ours. (...) We are all children of God, and this child, too, is entrusted to our care. God does not materialize here on earth to take care of the child Himself, but gives the child to us. So, of course, we are directly connected—flesh of our flesh—but ultimately we will return the child. Even for someone who does not believe, this usually ends with the child growing into adulthood, doesn’t it?” M., father

“It was an approach in which faith provided a greater sense of peace—if this happened, then it was meant to happen, and it is good that it happened; it is the best possible outcome for the child in this situation. Perhaps the child was meant to live for nine weeks or six weeks and was needed to come into existence. Its presence—and also its passing—brings a great deal of good into our lives. The second time, faith brought a sense of hope and a strong feeling of meaning in all of this—that there is a larger plan, even if we cannot see it now. We can only see the road up to the first turn, not what lies at the end.” N., father

“There is a kind of trust in God... Because if, for example, I did not believe in God and thought that I was the master of my own fate, I would probably conclude that this makes no sense (...) that the child simply died—why? But since I believe in God, I think I do not have a right to the child; the child is a gift from God. And if I see the child as a gift from God, then I cannot be angry or regret not receiving something that was never mine. I simply concluded that, somehow, this was God’s will—and that is all.” L. father

3.4. Divergence

Another theme emerging from the interviews lies at the intersection of the marital relationship and the emotional–spiritual dimension of miscarriage. At times, women reported a sense of “divergence” or “being out of sync” with their husbands in how the loss was experienced and in their ability to go through it together. This referred to differences in emotional processing, occasional avoidance of shared conversations, and limited mutual sharing of experiences. For one participant in particular, it was difficult to accept what she perceived as a lack of sadness and difficult emotions in her husband, or perhaps an overreliance on logic and a rapid move toward interpretations emphasizing meaning and value in the experience.

“[After the first loss] I did not feel that my husband was a source of support for me; rather, I felt misunderstood... (MHS: Mhm.) ...very much so, because I felt a kind of resentment toward him—that he was not grieving as much as I was (...) And that, for him, it was not as significant a loss as it was for me—it was an enormous loss for me. There is also the matter of faith, as I relate to it somewhat differently than he does (...) when it comes to faith. So I do not involve God in this—I see this world as imperfect, as it is. There is death and, well, I do not know, it remains a mystery to me.” E. mother

4. Discussion

The results of this qualitative study, along with the spiritual reflections and interpretations expressed by participants, can be related to the assumptions formulated by David Kessler (SOURCE), namely that for many individuals, comfort in grief is found through the discovery of meaning within their

system of values and faith. Thoughts related to a higher power may provide a sense of solace and facilitate a deeper understanding of the circumstances surrounding a difficult experience. They may also foster hope and allow individuals to integrate the loss into their existing value system, for example through prayer and by addressing their deceased child within it.

“We are still, in a way, searching, right? We pray through her intercession. We believe that we have, well, a little saint in heaven, so in a sense we have someone of our own there. [laughter]”

A limitation of this study was the relatively homogeneous sample, consisting exclusively of believers affiliated with a single church. It is possible that a larger, quantitative study conducted on a more diverse sample—including both believers and non-believers—would allow for a broader examination of meaning-making processes through various strategies and mechanisms. It would also be valuable to deepen the analysis of the interplay between spiritual and emotional experiences, both at the individual level and within the partner relationship. These two domains appear to interact in multiple ways.

Nevertheless, the findings of the present study may provide useful guidance for practitioners, particularly therapists working with couples following miscarriage. In light of research indicating an increased risk of relationship dissolution after such experiences (Serano & Lima, 2006), it seems particularly important to encourage couples to engage in shared dialogue about their loss. All couples participating in this study expressed appreciation for having had the opportunity to discuss their experience in this format. Additionally, jointly exploring the meaning of this difficult event within a therapeutic context may prove especially valuable.

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