The Experience of Perinatal Loss for Men

A Dissertation Presented for the

Doctor in Philosophy

Degree

The University of Tennessee, Knoxville

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May 2026

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Dedication

I dedicate this dissertation to my family who have continuously supported and believed in me. To my mother, Susan, who taught me the value of persistence, hard work, independence, and who always encouraged me to dream big. Mama, you encouraged me out of my comfort zone many times for my own growth. I could not have believed this was possible without you.

To my children Andrew, Phillip, David, Julia, John Paul, Josiah, and Elizabeth: Anything of merit that I have accomplished in my life has been because of you and for you. I love you and am so honored to be your mother.

To Dave, you are my rock, my Polaris, my love. You came along beside me and believed in me when I could not believe in myself—in all areas of life. Your gentleness, enduring strength, and unfailing steadfastness anchor me. I am forever grateful that our lives intertwined. My heart is eternally yours.

To my sister, Paula: my first best friend, my loyal and very vocal supporter, and one of the finest nurses I have ever known, always and forever, baby sister. To my Grandparents, Paul and Clarice Burrow: your unwavering love and acceptance have been my foundation. You demonstrated unconditional love to me constantly. I am so blessed to have been your granddaughter. To my nieces, Katie, Ellie, and Bonnie: you have always inspired me to be the best Two Mama I could be. To my daughter-in-law, Bailey: thank you for always supporting and encouraging me. To my Stepfather, Pop: your support through this program allowed me to accomplish things that I never thought I could.

Acknowledgements

I would like to thank the men who were willing to trust me as they bravely recounted their stories with perinatal loss. I am deeply honored and humbled by your willingness to allow me to enter into your experiences and tell your stories to others.

I would like to acknowledge my dissertation committee members, Dr. Sandra Thomas, Dr. Amy Alspaugh, Dr. Phyllis Thompson, and Dr. Janet Tucker for their expertise and guidance through this study. Dr. Thomas, my committee chair, you are the reason I chose UTK to complete this degree. Your wisdom and your expertise in phenomenology drew me in. Your support, mentoring, and role modeling have ignited what was an interest in phenomenological study into a passion. You inspired me to become a nursing scientist.

I am so grateful for the wisdom of the Transdisciplinary Phenomenology Research Group. Thank you for your valuable insights and support of this research. I look forward to my continued growth as a researcher in phenomenology with you all.

I have been blessed to have incredible mentors in my life. I would also like to acknowledge those special women who encouraged me to pursue the path to a Doctor of Philosophy degree: Dr. Connie Cupples, Dr. Donna Sachse, and Dr. Janet Tucker. You all saw a desire in me to take this path most certainly before I did. I am grateful that you inspired and supported me to embark on this journey. Finally, I am blessed by the special group that has been with me on this PhD journey. Alisa Poe, Chelsea Horn, Mindy Brown, Bridget Kim, Meredith Shafer, Eddie Petrie, who are all part of my original cohort, and Tiffany Elliot, I am so grateful to have been on this journey with you.

Abstract

Perinatal loss is considered a significant loss for parents. While substantial research in this area has focused on women, men's experiences with perinatal loss remains underexamined. Perinatal loss is a complex experience for men, shaped by limited social recognition of their bereavement, ambiguity surrounding their roles within maternity care, and the complex interaction between grief, support, and masculinity. These factors may contribute to complicated grief, crises of identity, experiences of marginalization, and lack of support for men. Additionally, men can experience posttraumatic stress symptoms (PTSS), posttraumatic stress disorder (PTSD), and avoidant or maladaptive coping mechanisms, which can lead to negative mental and physical health outcomes.

The aims of study integrated in this dissertation were to 1) analyze the concept of connectedness in the context of masculinity; 2) examine the current state of the science regarding men and their experiences with perinatal loss; and 3) explore the lived experiences of men who have faced perinatal loss. The findings from these studies can provide a framework for enhanced understanding of men's experiences with perinatal loss and future research designed to better support men in this nuanced experience. Furthermore, these studies may guide future research to identify men at higher risk for adverse physical and mental health effects from their loss.

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List of Abbreviations

CDC	Centers for Disease Control and Prevention
CINAHL	Cumulative Index to Nursing and Allied Health Literature
HIPAA	Health Insurance Portability and Accountability Act
IRB	Internal Review Board
NIMH	National Institutes of Mental Health
PGS	Perinatal Grief Scale
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PTSD	Post-traumatic stress disorder
PTSS	Post-traumatic stress syndrome
TIC	Trauma-Informed Care
TPRG	Transdisciplinary Phenomenology Research Group

CHAPTER 1: Introduction

Introduction

Perinatal loss represents a significant life event that can have far reaching consequences. However, while much attention has been given to women around their experiences with perinatal loss, men's perspectives have largely remained discounted. Samuelsson et al. (2001) poignantly termed fathers "forgotten mourners," emphasizing the inequity that surrounds men's encounters with perinatal loss. Men often lack a recognized space and defined role within many maternity settings and are frequently seen as merely a support person to the mother in maternity care areas. A lack of societal acknowledgement and social expectations of men, along with traditionally held ideas about masculinity, can further complicate men's grief around perinatal loss. Moreover, there is a current crisis in men's mental health, and perinatal loss can further create distress and exacerbate mental health crises.

Problem

Perinatal loss is the loss of a pregnancy before, during, or after birth, within the first 28 days of life (Charrois et al., 2020). Miscarriage is the loss of a pregnancy before the 24th week of gestation and accounts for approximately 15% of all pregnancy losses (Smith et al., 2020). Stillbirth is a pregnancy loss after the 24th week of gestation (Cnattingius et al., 2020) and is globally estimated at 2 million annually (Peven et al., 2021). These events are often studied collectively as perinatal loss; however, this measure may not always be reliable because the definition of perinatal loss is ambiguous, reporting of such cases may be insufficient, and some regions lack services in maternity care (Allanson et al., 2016; Lee et al., 2017; Steen, 2015).

Regardless of its nature, perinatal loss constitutes a substantial event that may lead to adverse mental and physical health outcomes for affected individuals (Burrow, 2024). Toedter et al. (1988) suggested that perinatal loss represents a unique kind of grief that is incomparable to

other forms of grief. Lang et al. (2011) highlighted that ambiguity surrounds perinatal loss, and some have surmised that this results from a lack of social legitimacy given to perinatal loss. Furthermore, perinatal loss may go unacknowledged by others due to the absence of a tangible object to mourn. This dismissal of legitimate grief can result in complicated grief and further negative physical and mental outcomes (Kersting & Wagner, 2012). Acknowledging the significant consequences that can result from complicated grief, Ramos et al. (2021) emphasized that the need for further research to provide prevention and interventions for those who experience perinatal loss. Therefore, it is crucial to examine the lived experience of men facing perinatal loss to determine short- and long-term implications to physical and mental health, identify those who are most at risk, and expand research to influence evidence-based interventions to support men holistically.

Compared to the research on women, men's experiences with perinatal loss have been consistently overlooked (Huffman et al., 2015; Jones et al., 2019; Meaney et al., 2017; Miller et al., 2019; Nguyen et al., 2019; Obst & Due, 2021; Pearson et al., 2023). Because men do not physically bear the pregnancy, others may assume men are not as affected by pregnancy loss as the mother. Men often lack rights in matters of female reproduction not only in policy, but in decision making within the couple (McCreight, 2004). This can foster a unique experience for men when facing reproductive losses. Studies comparing men's and women's grief after perinatal loss show mixed results, which can downplay the depth of men's grief (Badenhorst & Hughes, 2007). Mixed results may suggest that existing grief measurement tools do not accurately assess men's grief, possibly due to traditional masculine roles and societal expectations complicating how men express their emotions.

Affleck et al. (2018) proposed that life transitions, such as becoming a father, pose a risk factor in men's mental health. Therefore, it is essential to gain an understanding of men's experiences with perinatal loss to better understand what this loss means to men and how it may affect their mental health risks. Furthermore, because men have rarely been the target population for studies involving perinatal loss, there is a lack of research informing supportive measures for men in this situation.

The few studies that have been conducted about men's experiences with perinatal loss were mostly conducted outside of the United States in countries such as Spain, Great Britain, Israel, South America, and Australia. One study performed in the United States included couples who faced perinatal loss and was completed decades earlier (Stinson et al., 1992). Additionally, none of these studies used a phenomenological approach as a method, although some studies implemented a qualitative approach using semi-structured interviews. Employing a phenomenological approach to men's experiences with perinatal loss is essential, as this methodology enables researchers to explore the fundamental nature of the participant's lived experiences. Moreover, phenomenology is suitably used as a method when little is known about a phenomenon, such as with men's experiences facing perinatal loss. Given the complexity of men's experience with perinatal loss, it is crucial to explore the essence of this lived experience, within the discipline of nursing, to determine how to best support men facing this difficult time of transition.

The Population of Interest: Men Who Have Experienced Perinatal Loss

Men's encounters with perinatal loss entail layers of complexity that extend beyond the immediate bereavement associated with the death of a baby and the grieving process that follows. While healthcare providers consistently attend to the needs of the pregnant mother

during a threatened pregnancy, the perspectives of men are frequently discounted (Jones et al., 2019; Meaney et al., 2017; Miller et al., 2019; Nguyen et al., 2019, Obst & Due, 2019; Obst & Due, 2021; Pearson et al., 2023; Riggs et al., 2021; Story-Chavez et al., 2019; Williams et al., 2020). Men often lack a recognized space and defined role within many maternity settings and are frequently seen as merely a support person to the mother in maternity care areas (Lizcano et al., 2019). A lack of societal acknowledgement around men's experiences with perinatal loss can cause men to feel their loss is not legitimate (Johnson & Puddifoot, 1996; Levy & Avitsur, 2022), increasing men's risk for disenfranchised grief (Jones et al., 2019; Miller et al., 2019; Obst & Due, 2021; Story Chavez et al., 2019). Lack of acknowledgement and disrupted grieving can place men at risk for post-traumatic stress symptoms (PTSS) and post-traumatic stress disorder (PTSD) (Levy & Avitsur, 2022).

Some studies show that men are held to societal and heteronormative masculine expectations such as presenting a strong exterior, supporting their partner, and concealing their feelings to spare their partner any undue grief, which complicates their grieving process (Fernández-Basanta et al., 2022; Johnson & Puddifoot, 1996; Levy & Avitsur, 2022). Additionally, societal assumptions that imply that men do not grieve the loss of a baby like women do, may cause men to question whether their grief is as legitimate as their partner's (McCreight, 2004; Nguyen et al., 2019). Further, men often camouflage their grief, which can result in avoidance and maladaptive behavior causing more vulnerability in mental and physical health outcomes (Burden et al., 2016; Fernández-Basanta et al., 2022; Jones et al., 2019; Levy & Avitsur, 2022; Nguyen et al., 2019; Stinson et al., 1992).

Research has shown that many men indeed value the role of fatherhood. Robb and Ruxton (2018) proposed that even in the context of suboptimal family dynamics, many men

express a strong aspiration toward fatherhood and attribute significant value to the responsibilities it entails. Furthermore, Dermott (2008) suggests that embracing the role of father has a positive impact on men's self-identity. It is also crucial to acknowledge the interplay

between masculinities, support, and help-seeking in times of distress, such as when facing the loss of a baby. Maulik et al. (2010) proposed that strong connectedness to others is a protective factor when a person experiences a major life transition, such as the birth of a child. A strong relationship with a spouse or others can reduce psychological distress and panic disorders which can result from negative life experiences (Åslund et al., 2014; Maulik et al., 2010; Raffaelli et al., 2013).

However, robust connectedness in men may be complicated by heteronormative masculine ideas—such as stoicism, self-sufficiency, pain tolerance, and independence—which can reduce men's openness to connectedness and increase their risk for negative mental health outcomes (Bonell et al., 2023; Nordin et al., 2024). Studies indicate that men often mask signs of distress in the face of negative life experiences, and instead demonstrate behaviors typically associated with masculinity, like aggression or substance use or abuse (Magovcevic & Addis, 2008; Michniewicz et al., 2015; Rabinowitz & Cochran, 2008). When faced with emotionally distressing situations, men frequently employ coping mechanisms associated with traditional masculinity, such as distancing themselves from their partners to uphold a "manly" persona (Robb & Ruxton, 2018). This, in turn, can further intensify loneliness and result in maladaptive coping and other negative mental and physical health consequences (Ashbourne et al., 2013). Additionally, heteronormative masculine behaviors, such as masking distress and overusing alcohol, have been linked to an increased risk for suicide (Cleary, 2012). This further illustrates

the complexities of the interplay of masculinity, connectedness, and ultimately valuable support in times of distress.

Overall Aims and Research Overview

Little is known about how perinatal loss affects men's mental and physical health in the short and long-term. Given nursing's commitment to holistic care for individuals and families, addressing this gap is essential. The aims of this dissertation are to 1) analyze the concept of connectedness in men; 2) examine the current state of the science concerning men's experiences with perinatal loss; and 3) explore the lived experience of men who have faced perinatal loss. The findings from this research lay the groundwork for expanding our understanding of how men experience perinatal loss and how men seek and receive support during such loss. Additionally, these findings can increase awareness for the need to compassionately humanize the perinatal loss experience for men, calling upon the strengths of the art and science of nursing to provide holistic care for men and their families.

In this dissertation, I sought to provide a foundation for the need to study the lived experience of men with perinatal loss. I explored the concept of connectedness from the perspective of men, which served as a framework to better understand the role of connectedness, masculinity, and perinatal loss. Finally, I conducted a study of men who have endured perinatal loss. Using these three approaches (1) a concept analysis focused on men and connectedness, (2) an integrative literature review, and (3) an existential phenomenological research study, groundwork was provided to expand knowledge about men's lived experiences with perinatal loss.

Chapter Two presents a concept analysis regarding connectedness in men using Walker and Avant's (2019) method. This concept analysis was performed to clarify the concept of

connectedness, while endeavoring to understand its nuanced interplay with masculinity. Defining attributes of connectedness to men were identified as a sense of belonging and support from others. Antecedents include perceived acceptance, trust, and a willingness to re-examine masculinities. Consequences of connectedness among men were determined, explained, and implications for nursing were provided. The concept analysis illuminated a notable finding concerning men and connectedness. Connectedness not only serves as a protective factor for men when they experience negative life experiences, it could be considered a preventative factor in men's health outcomes. This concept analysis offered valuable insights into the multifaceted nature of masculinity related to support and physical and mental health outcomes within the context of this significant life transition.

Chapter Three details the results of an integrative literature review. The objective of this review was to examine and synthesize the state of the science on men's experiences with perinatal loss. The review yielded eighteen studies. One study was eliminated because it was a duplicate title, six were excluded because they were systematic reviews, and two articles were excluded because they did not otherwise meet the inclusion criteria. Of the nine articles that were kept, one was conducted in the US (United States). Additionally, the number of studies that were available for inclusion were sparse, further elucidating the gap in literature concerning men in this area. Finally, none of these studies used a purely existential phenomenological method of study to capture men's experiences with perinatal loss. However, one study reported using a descriptive phenomenological approach inspired by Husserl and Bonneman (2011) using semi-structured interviews. Three themes were identified in these studies: 1) loss of the role of fatherhood and identity; 2) social and gendered expectations of men; and 3) lack of acknowledgement of the father's grief in perinatal loss. The scarcity of US-based research

studies, coupled with the limited scholarly attention to men as the primary population of interest, underscored the necessity for a descriptive research design aimed at understanding and describing men's lived experiences with perinatal loss.

Chapter Four presents the study undertaken to address the research question, "What is the lived experience of men experiencing perinatal loss?" This investigation employed the existential phenomenological method developed by Pollio et al. (1997) and further refined by Thomas and Pollio (2002) at the University of Tennessee, Knoxville. Phenomenology, which is grounded philosophically in existentialism, offers a framework for examining the lived experience. The method used in this study is informed by the perspective of Maurice Merleau-Ponty (1945/2012) and is relevant because Merleau-Ponty's lens uniquely situates the embodied nature of perception as central to lived experience. Therefore, Merleau-Ponty's emphasis on embodiment provides a meaningful approach through which to explore the essence, or structure, of the deeply distinctive and personal experiences of men facing perinatal loss. Furthermore, this method is suitably used when limited understanding of a phenomenon exists. Additionally, Chapter Four of this dissertation further reviews the purpose, method, results, and discussion of the study.

In Chapter Five, synthesis of the findings from the concept analysis, literature review, and existential phenomenological study are discussed and implications are given for nursing research and practice, education, and policy.

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CHAPTER 2: Concept Analysis

Submission information

A version of this chapter was submitted to *Research and Theory for Nursing Practice.* The author of this article is Rebecca Burrow. There are no other co-researchers or authors affiliated with this article.

Abstract

Background: This concept analysis aims to examine and further explicate the concept of connectedness among men using the method constructed by Walker and Avant. There is a limited amount of current literature on connectedness in men. Additionally, the terms "connectedness" and "connection" are used across multiple disciplines, but are used interchangeably, indicating a lack of clarity. Albeit limited, research examining connectedness among men has been associated with improved mental and physical health outcomes, well-being, life satisfaction, improved quality of life, and longevity. Because research indicates that connectedness with others is impactful on men's mental and physical health outcomes it is essential to analyze this concept for the discipline of nursing.

Methods: An electronic data search using PubMed and CINAHL (Cumulative Index to Nursing and Allied Health Literature) was performed containing the keywords men, support, connectedness, connection, and concept. To capture the historical and current usage of the concept, no publication date limits were set.

Findings: The concept analysis revealed attributes of connectedness among men such as a sense of belonging and support from others. Antecedents of connectedness were identified as perceived acceptance, trust, and willingness to examine masculinities. Consequences of connectedness were also identified and discussed, with implications for nursing practice being underscored.

Keywords: men, connectedness, connection, concept analysis

Exploring the Concept of Connectedness in Men

Connectedness with others is a foundational human need (Itchhaporia, 2021). Connectedness has been shown to positively impact areas of mental health such as substance use, recovery from substance use disorder (Daly & Gargano, 2021), depression, and suicidality (Kleiman et al., 2014; Panagioti et al., 2014) as well as influence help-seeking behaviors in men who experience mental health challenges (Andrea et al., 2016; Gulliver et al., 2010; Spoont et al., 2014). Webel et al. (2016) reported that strong connectedness was associated with increased drug regimen adherence, enhanced functioning, and improved quality of life. Furthermore, individuals who maintain healthy connectedness to others tend to have an increased life expectancy (Holt-Lunstad et al., 2010; Holt-Lunstad & Perissinotto, 2023), and greater life satisfaction (Ambrey et al., 2017). Research has proposed that strong connectedness with others can be protective against unfavorable outcomes after certain life experiences (Åslund et al., 2014; Maulik et al., 2010, Raffaelli et al., 2013). When examining connectedness from the perspective of romantic partnering, Hensel and Fortenberry (2017) reported that close daily romantic connectedness contributes to well-being in men. Affleck et al. (2018) identified various risk factors affecting men's mental health. Among these, family issues and divorce were highlighted, with the disruption of connection with a partner being a significant contributing factor. Similarly, Sullivan et al. (2021), posited that connectedness influences how men experience and navigate transitions in their lives.

There is a current crisis in mental health for men (Affleck et al. 2018). The National Institutes of Mental Health (NIMH, n.d.) has reported that men are at higher risk for certain mental health disorders and are more likely to die of suicide than women. In addition, men have a higher risk for substance use disorders than women (Affleck et al., 2018). The NIMH (n.d.)

also emphasizes that men seek mental health care less often than women. Furthermore, the NIMH (n.d.) underscores that the course of some mental health issues can be affected by gender. Moreover, men face barriers in mental health care access as they have less health literacy than women (Swami, 2012). Furthermore, men can experience more barriers to mental health care as healthcare professionals are less inclined to diagnose men with specific mental health conditions when compared to women (Mahalik & Dagirmanjian, 2019).

The U.S. Surgeon General (2023) reported that the absence of meaningful connectedness can result in poor health outcomes and a shortened lifespan. Holt-Lunstad et al. (2015) indicated that insufficient social connectedness can lead to adverse health outcomes comparable to the effects of smoking 15 cigarettes per day. McCausland and Falk (2012) found that insufficient connectedness has been associated with hypertension, reduced immune function, symptoms of dementia, and an increased risk of diabetes. When robust connection with others is lacking, individuals may face an increased risk of experiencing loneliness, stigma, and various mental health concerns (Brandt et al., 2022).

For men, the concept of connectedness often can be complicated due to nuanced interactions between masculinity and connectedness (Bonell et al., 2023; McKenzie et al., 2018; Nordin et al., 2024). Masculine ideas, such as self-reliance, stoicism, aggression, high tolerance to pain, control, and dominance can limit social connectedness in men and negatively influence men's mental health (Bonell et al., 2023; Nordin et al., 2024). Blazina et al. (2007) found that men who followed traditional masculine norms reported more loneliness than those who did not. Research suggests that men may mask symptoms of depression and other mental disorders, preferring to instead demonstrate symptoms of more socially acceptable masculinities, such as aggressiveness and substance abuse (Magovcevic & Addis, 2008; Michniewicz, et al., 2015;

Rabinowitz & Cochran, 2008). Heteronormative masculine behaviors, such as masking distress and overusing alcohol, have been linked to a risk for suicide (Cleary, 2012). Relatedly, Christenson et al. (2013) reported that an absence of meaningful connectedness is considered predictive for suicidal ideation for men.

In examining the relationship between connectedness and masculinities, it is important to recognize that men's perceptions of masculinity can significantly shape their behaviors. The Precarious Manhood Model (Bosson et al., 2009), suggests the view that manhood encompasses a precarious social status that demands consistent substantiation, that status must be guarded carefully. Men holding to this construct may view help-seeking behavior or seeking connectedness as a sign of weakness and may instead strive to display more socially acceptable forms of masculinity (Vandello & Bosson, 2013). The Positive Masculinity Paradigm (Kiselica et al., 2016) offers a focus on men's strengths and highlights a positive reflection of traditionally held masculinities. For instance, positive masculinity that highlights the importance of fatherhood may drive a man to seek help from others if he thinks his role as provider and protector is threatened (Mahalik & Dagirmanjian, 2019). Therefore, it is essential to understand the intricate subtleties between connectedness and masculinities.

Connectedness in men was chosen as a concept to analyze because connectedness influences physical and mental health. Additionally, there is a mental health crisis among men (Affleck et al., 2018). Men's ideals of masculinity can influence the ways they seek, form, and maintain connections with others (Bonell et al., 2023; McKenzie et al., 2018; Nordin et al., 2024). Furthermore, connectedness is used interchangeably with other terms in literature; therefore, the concept needs clarification. Lastly, nursing is concerned with holistic care of

people and families. The aim of this concept analysis is to build nursing knowledge by clarifying the concept of connectedness in men.

Method

This concept analysis uses the steps in the method designed by Walker and Avant (2019): 1) choose a concept; 2) determine the aims of the analysis; 3) identify the uses of the concept; 4) determine the attributes of the concept; 5) identify a model case for the concept; 6) identify borderline, related, or contrary cases; 7) identify the antecedents and consequences of the concept, and 8) define empirical referents (see Figure 2.1). Databases CINAHL and PubMed were systematically searched with the following terms: *men, connectedness*, *connection, concept, analysis*. No date limits were set to capture historical usage. Further, the search was not limited by discipline to capture the meaning of its use across disciplines. Inclusion criteria were those studies completed in English and that were peer-reviewed journal articles, of which the full-text could be reviewed. Exclusion criteria consisted of those that were not peer reviewed with full-text available, did not address the specified topic, had duplicate titles, and had titles that included women. The result of the search was 24 studies. A further filter was applied to remove all titles that were not specific to men, which resulted in nine studies being preserved for consideration in this concept analysis (see Figure 2.2).

Uses of the Concept

Walker and Avant (2019) explained that a concept analysis is an iterative process used to ensure consistent meaning and a clear understanding of a concept across users. This approach is particularly relevant when analyzing a concept that is ambiguous, applied across various contexts, or has a meaning that has changed. The clarity derived from concept analyses has the

potential to inform theoretical development and shape clinical practice thus, both structural and functional clarity are essential.

Connectedness is a concept in the literature that is often used interchangeably with the terms “connection” or “social connection”. Merriam-Webster (n.d.) defines “connectedness” as it relates to the verb “connected” meaning joined or linked together. It has been used across the disciplines of technology, business, and transportation (Lane & Serafica, 2013). In business, connectedness is seen as a leadership quality that builds and supports others and helps others realize their highest potential (Meschanko, 2016). According to the discipline of engineering, connectedness results in social capital and is crucial to working collaboratively with others (Larsson, 2007). Within horsemanship, connection is defined as a state of mutual attention between human and horse, a shared relatedness that influences and shapes both through embodied responsiveness (Maurstad et al., 2013, as cited in McVey, 2023). In the discipline of social work, Brown (2021) described connectedness as a feeling between people when they are valued, in a relationship that is void of judgement, and they receive strength from that relationship. The U. S. Surgeon General (2023) has stated that connectedness is the result of exchanges and relationships with family, friends, and neighbors. Hare Duke et al. (2019) used the concept of connectedness in reference to the psychological connection that individuals feel with other persons, groups, or communities. The Centers for Disease Control and Prevention (CDC) (2013) noted that connectedness is demonstrated in the interrelationship between people or groups of people and their propensity to share resources.

Defining Attributes

Defining attributes are characteristics that surround a concept and help to differentiate it from another concept (Walker & Avant, 2019). Furthermore, attributes help the researcher obtain

the broadest view of the concept to clarify its structure and meaning (Walker & Avant, 2019). The defining attributes that emerged from reviewing the literature for this concept analysis were a sense of belonging, and support from others.

Sense of Belonging

A sense of belonging is an essential need for humans (Maslow, 1970) that shapes human emotion and cognition, is associated with health and well-being, and motivates a person to obtain meaningful interaction with another (Baumeister & Leary, 1995). Also, a sense of belonging encourages engagement in health-promoting activities and is linked to healthier lifestyle choices (Acton & Malathum, 2000). Moreover, a sense of belonging helps form one's identity and self-worth (Schlachet, 2000) and is linked to greater meaning in life (Lambert et al., 2013).

Support from Others

Support means feeling cared for, valued, and part of a network of communication and mutual commitment (Cobb, 1976). According to Itchhaporia (2021), support from others can enhance health and overall well-being. Support from others influences the relationship between demonstrated emotional restrictedness and mental health outcomes (Wester et al., 2007). Additionally, support from others can help in times of transition and can result in a sense of wellbeing in men (Sullivan et al., 2021). Support from others also has been associated with experiencing decreased odds of psychological distress and panic disorder when a person encounters a negative life occurrence (Maulik et al., 2010). Support from others is the main protective factor against men who are progressing from suicidal thoughts to attempts (Richardson et al., 2023). Additionally, support that offers emotional subsistence, empathy, and a sympathetic listener in a crisis influences men's connectedness (McKenzie et al., 2018).

Model Case of Connectedness

A model case is meant to express the attributes of the concept (Walker & Avant, 2019). Leo is a 50-year-old manager of a sales business. He lives in a rural area with his wife and two teenage children. He also is committed to his community and family life. He spends time serving his community by rebuilding homes for those in need, participating in community food and clothing drives, and organizing the yearly Christmas parade with his wife and children (*sense of belonging*). His family routinely serves Thanksgiving meals at the local homeless shelter. He is involved with his teenage children's activities and regularly engages in outdoor activities with his two sons, such as sports and hiking (*sense of belonging*). At work, Leo often mentors younger employees and often checks in on his employees, offering support for professional and personal matters. His employees view him as a leader and friend (*sense of belonging*). When Leo's father passed away, his friends, community, and colleagues readily came to his support by offering food, taking on extra responsibilities at work so he could be with his family and contributing an honorarium to his father's favorite charity (*support from others*). Leo experienced a healthy life transition through this emotionally disruptive time, having his well-being buffered by his connectedness to family and community.

A Borderline Case

A borderline case is one that displays some of the characteristics of a concept, but not all, or represents them inconsistently (Walker & Avant, 2019). Dominic is a 32-year-old graphic designer who began working remotely three days a week after relocating to a new city. Dominic is independent and self-reliant, rarely asking for help, and enjoys remotely working in his new role. Upon moving to the new city, Dominic joined a group of men who meet weekly to play basketball, and he enjoys this time. However, many of the men have already established

friendships which causes Dominic to occasionally feel like an outsider (*limited sense of belonging*). Dominic has a few close friends from college that he maintains regular video calls with. They update each other on life's happenings, discuss hobbies, and joke with each other, but the physical distance from his friends limits their relationships (*limited sense of belonging*). When his job recently became unusually stressful, a few of his friends from his basketball league noticed and encouraged him to reach out to them if he needed to go out and "blow off some steam" (*limited support from others*) He appreciated this but when no one followed up with him, he felt reticent to reach out to them, causing him to feel isolated in his stress. Dominic experiences vicissitudes of connectedness through a sense of belonging and support, but these are superficial exchanges and lack genuine connectedness.

A Related Case: Social Interaction and Companionship

Related cases highlight similar ideas as the concept being analyzed but do not contain the specific attributes (Walker & Avant, 2019). These cases are relevant as they illustrate differences from the studied concept and should be identified in the analysis to further clarify the concept (Walker & Avant, 2019). Joseph is a 72-year-old widower who retired 2 years ago from auto mechanic work. He lives in the same town in which he and his wife raised their five children. While he misses his wife of 53 years, he finds comfort in his daily routine and casual relationships within his community. Each morning, he gets coffee from a local diner and enjoys friendly banter with the waitress and locals who patronize the diner. On Saturdays, he plays chess with a group of men who have done so for years. They talk about the weather, politics, and general daily activities, but they do not discuss personal matters. His children all live in other cities, and they call him infrequently. Joseph sometimes wishes he had more meaningful talks with his children, but he knows they are busy with their own families and responsibilities. He is

ultimately content with the interaction he receives from his acquaintances in the community. When he recently had a minor medical procedure performed, someone from his chess group helped him get home but no one checked on him afterward or assisted in his recovery. While he did not feel supported, he did not feel totally abandoned. He was satisfied with their help when needed, but the relationships with his acquaintances lacked true connectedness. In his case, support is situational and while he has regular social interaction, there is no depth in relating. Overall, he has social interaction and companionship with others, not connectedness.

A Contrary Case

A contrary case helps clarify a concept by showing what it is not (Walker & Avant, 2019). Henry and his wife recently learned they were expecting their first child. Henry, who had been looking forward to becoming a father, is enthusiastic about the news. Unexpectedly, at full term, his wife delivers a stillborn son. In the following weeks and months, Henry struggles as friends and family reach out to his wife, but not to him, causing him to feel unseen in the loss (*lack of support from others*) and invalidated in the legitimacy in his grief. During this difficult life transition, he quickly returns to work as expected but wishes he could spend time to with his wife during their bereavement following their son's death (*lack of support from others*). Henry avoids discussing their son with his wife because he does not want to upset her. Instead, he works more hours because he feels at least working causes him to be seen as providing for his family. After a while, this does not help him feel better, so he turns to the use of alcohol to cope with his grief (*lack of support from others*). Though he misses connecting with his wife, he struggles to express his feelings, fearing he will seem weak and vulnerable (*lack of a sense of belonging*). His wife perceives this avoidance as lack of proper grieving and assumes he does not care about their son

(*lack of support from others*). This further causes isolation in their relationship during this painful life experience, instead of enhancing their connectedness (*lack of sense of belonging*).

Antecedents to Connectedness

Antecedents describe what characteristics must be present for the concept to occur (Walker & Avant, 2019). In the literature that was reviewed, several antecedents were identified.

Perceived Acceptance

Acceptance, according to Merriam-Webster (n.d.), is a noun linked to the verb "accept" which means to receive something willingly, to take hold of, or to give approval to. Acceptance has historically been considered a foundational influence for personal change and is associated with a sense of well-being (Williams & Lynn, 2010). Acceptance is an element of belonging that is separate from simply having positive interactions with others. Instead, it denotes a sheltered sense of inclusion (Lambert et al., 2013). McKenzie et al. (2018) emphasized that the desire for acceptance constitutes a significant factor affecting men's willingness to seek support. Similarly, connectedness for men is hindered if acceptance is not perceived (Fenn et al., 2024) and is avoided if men fear they will either not be accepted or be outright rejected (Oliffe et al., 2012). Therefore, a sense of acceptance enhances men's ability to achieve and maintain social and emotional connectedness.

Trust

Trust has been described as the bond that connects individuals and motivates people to attain common goals (Van Lange, 2015). Trust is defined as reliance on the ability, character, strength or truth of someone; one in which confidence is placed (Merriam-Wester, n.d.). According to Bi et al. (2025), individuals exhibiting greater levels of trust tend to experience enhanced connectedness, which positively impacts overall well-being. Trust reflects an openness

to be vulnerable with another (Mayer et al., 1995; Rousseau et al.,1998). Men who expressed a readiness to discuss their emotions indicated that this emotional openness was closely linked to their level of trust in that person (Mahalik & Dagirmanjian, 2019). DiTommaso & Spinner (1997) found that a lack of trust in social connections leads to emotional loneliness, further highlighting the emotional side of connectedness for men.

Willingness to Re-examine Views of Masculinity

Finally, an antecedent to connectedness for men includes a willingness to re-examine views of masculinity. Nordin et al. (2024) reported that men who perceive themselves as less masculine may experience stigma, affecting their social status. This often leads them to rely more heavily on conventional masculine norms, which can make them less likely to seek help or foster connectedness with others. Men who hold on to the traditional masculine ideas of self-reliance may choose not to engage in help-seeking which may increase maladaptive coping such as substance abuse, risk-taking behavior, and immersion in work, which may increase suicide risks (Seidler et al., 2016). Bonell et al. (2023) further posited that some traditional views of masculinity are linked with mental illness in men. However, because they may consider the risk too high, some men may be reticent to show the vulnerability needed to step outside generally held masculine ideas (Addis & Mahalik, 2003; Fenn et al., 2024; Mahalik & Dagirmanjian, 2019; McKenzie et al., 2018; Oliffe at al., 2012). However, Nordin et al. (2024) posited that men who redefined traditional masculine roles can experience greater connectedness, which can influence better physical and mental health outcomes. Gabrielsson et al. (2024) suggested that men who critically evaluated traditional masculine norms—such as suppressing emotions and feeling ashamed of seeking support—reported enhanced recovery outcomes. This further

emphasizes the importance of a willingness to engage in re-examining masculinities to seek meaningful connectedness.

Consequences of Connectedness

When connectedness is achieved, men experience a heightened sense of well-being (Sang et al., 2021; Sullivan et al., 2021;), life satisfaction (Sang et al., 2021), and an increased lifespan (Holt-Lunstad et al., 2010, 2015; Hold-Lunstad & Perissinotto, 2023). Connectedness in men promotes positive life transitions and healthy aging (Sullivan et al., 2021). Connectedness also offers men the motivation and ability to seek help when needed (Andrea et al., 2016; Gabrielsson et al., 2024; Spoont et al., 2014; Sullivan et al., 2021). Men who are connected to others have greater compliance to treatment modalities (Daly & Gargano, 2021; Fenn et al., 2024; Sang et al., 2021). According to Gabrielsson et al. (2024) men who perceived connectedness with others were less likely to self-harm and credited strong connectedness with being instrumental in their recovery and well-being. When men achieve and maintain healthy connectedness with others, the result is less mental distress in times of specific life events (Maulik et al., 2010).

When connectedness is hindered, negative physical and mental health outcomes can result. Wester et al. (2007) indicated that reduced social connectedness in men is associated with increased emotional restraint and a greater risk of adverse psychological outcomes. Loneliness leads to chronic stress and adverse cardiovascular outcomes (Holt-Lunstad & Smith, 2016) and an increase in inflammatory system responses (Smith et al., 2020). Without robust connectedness, men may experience feelings of shame (Kharicha et al., 2017) and uselessness (Bindels et al., 2015), which can result from loneliness. These consequences encompass both physical and emotional aspects of connectedness.

Empirical Referents

Determining empirical referents for the defining attributes was the last step of the concept analysis and validates that the concept exists (Walker & Avant, 2019). A sense of belonging (Hagerty & Patusky, 1995) and support (Zimet et al., 1988) have been empirically measured in the literature; however, Walker and Avant (2019) emphasize that empirical referents are intended not for measuring the concept itself, but for pinpointing its defining features.

Men who experience connectedness have enhanced well-being that comes from a sense of belonging and support from others (Sullivan et al., 2021). Men who have achieved connectedness often have experienced a transformative perspective of masculinity (Nordin et al., 2024), sometimes triggered by a notable life event (McKenzie et al., 2018) and connectedness is sustained by relationships that involve acceptance (McKenzie et al., 2018; Nordin et al., 2024), and trust (Mahalik & Dagirmanjian, 2019). While connectedness does not ensure that men will be free from challenges or maladaptive behaviors, it functions as a protective factor in mitigating distressing circumstances. Connectedness in men is associated with an overall sense of well-being and satisfaction in daily life, even in the absence of a negative life event. The empirical referents for connectedness in men are demonstrated in effective coping in difficult situations and self-mobilization of help when needed; increased functionality and adherence to care; and, in the absence of a distressing event, a sense of well-being, satisfaction with life, and greater quality of life. Connectedness among men is realized when a man experiences a sense of belonging and support from others that comes from acceptance and trust in another and that supports a willingness to reexamine views of masculinity to attain a sense of well-being, greater quality of life and enhanced life satisfaction.

Conclusion

This analysis examined the existing literature regarding connectedness in men following adverse life events, as well as their general need for connectedness in everyday contexts. While negative life events can be viewed as antecedents to increased connectedness, limiting the discussion solely to these events overlooks the broader protective role that connectedness plays. Therefore, it is crucial to acknowledge that a negative life event, or other life transition can place men's mental health at risk (Affleck et al., 2018) and that connectedness can offer men protection during these times (Maulik et al., 2010). However, many men may experience challenges in achieving and maintaining connectedness due to the complex interplay with masculinity, which can further increase their vulnerability. This underscores the importance of recognizing connectedness as a fundamental and preventative factor in relation to men's health outcomes. It is also salient that while social connectedness was mostly discussed in the literature, the defining attributes, antecedents and consequences encompassed implicit aspects of emotional connectedness that should not be ignored. An example of emotional connectedness for men is illustrated in Cobb's (1976) conceptualization of support as involving mutuality. Furthermore, Clark et al. (1987) proposed that the willingness to receive support is closely linked to the motivation to offer support. Addis & Mahalik (2003) posited that men are more likely to seek support if they believe they can reciprocate that support, which is an idea emphasized in several normative masculine frameworks. Therefore, it is prudent to recognize that connectedness encompasses both physical and emotional aspects for men.

Strengths, Limitations, and Further Study

This concept analysis is the first to employ Walker & Avant's (2019) method to explore connectedness among men, thereby contributing to the nursing knowledge base, which

represents a significant strength. Because concepts can lose clarity over time, it is important to define what connectedness means to men, as it affects physical and mental health. Another strength of this concept analysis is the enhancement of interdisciplinary understanding of connectedness and its influence on holistic care for men. The findings of concept analyses can help develop frameworks and theories that lead to advancement of interventions. A further strength of this study was that the literature search resulted in studies on heterosexual, sexual minority, and bisexual men. Therefore, this analysis identifies factors that influence connectedness among men not only at this critical time for men's mental health; it also considers further vulnerabilities that exist concerning connectedness within the population of men.

A limitation of this study is the small sample of the literature available for review on this topic. This, however, highlights the essential nature of examining this concept within the context of men and men's overall health. This concept analysis did not seek to parse out aspects of gender and sexuality from masculinities. While the findings remained consistent regarding men in the contexts presented in the studies, more research may be needed to determine degrees of interplay between masculinities regarding heterosexual, gay, and bisexual men and connectedness.

Implications for Nursing

Nurses caring for men should recognize that connectedness affects men's mental and physical health while also remaining mindful of the complex relationship between masculinity and connectedness and its associated risks. The aim for nursing is not to simply challenge male views of masculinity but instead to illustrate how masculinity influences connectedness and the impact this has on the physical and mental health and well-being for men. It is also prudent within the discipline of nursing to support men as they face life transitions from this perspective.

This entails support measures that consider the perspectives of men, in other words, how men seek and receive connectedness and support. Additionally, it is clear from the review of the literature for this concept analysis that a negative precipitating factor is not necessary as an impetus to seek, achieve, and maintain connectedness.

Nurses should support these healthy connections in men at all points of encounters, such as primary care clinics, community-based activities and awareness campaigns, and among in-patient facilities. Because the literature has demonstrated that healthy connectedness supports areas such as medication adherence, recovery program adherence, decreases risk for suicide, and affects men's overall health and well-being, the focus on connectedness can be supported across many patient care settings. A focus on building and maintaining strong connectedness for men should be considered a primary intervention, considering the protective impact it has on those facing difficult situations as well as for men seeking overall well-being, longevity, and life satisfaction.

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Appendix

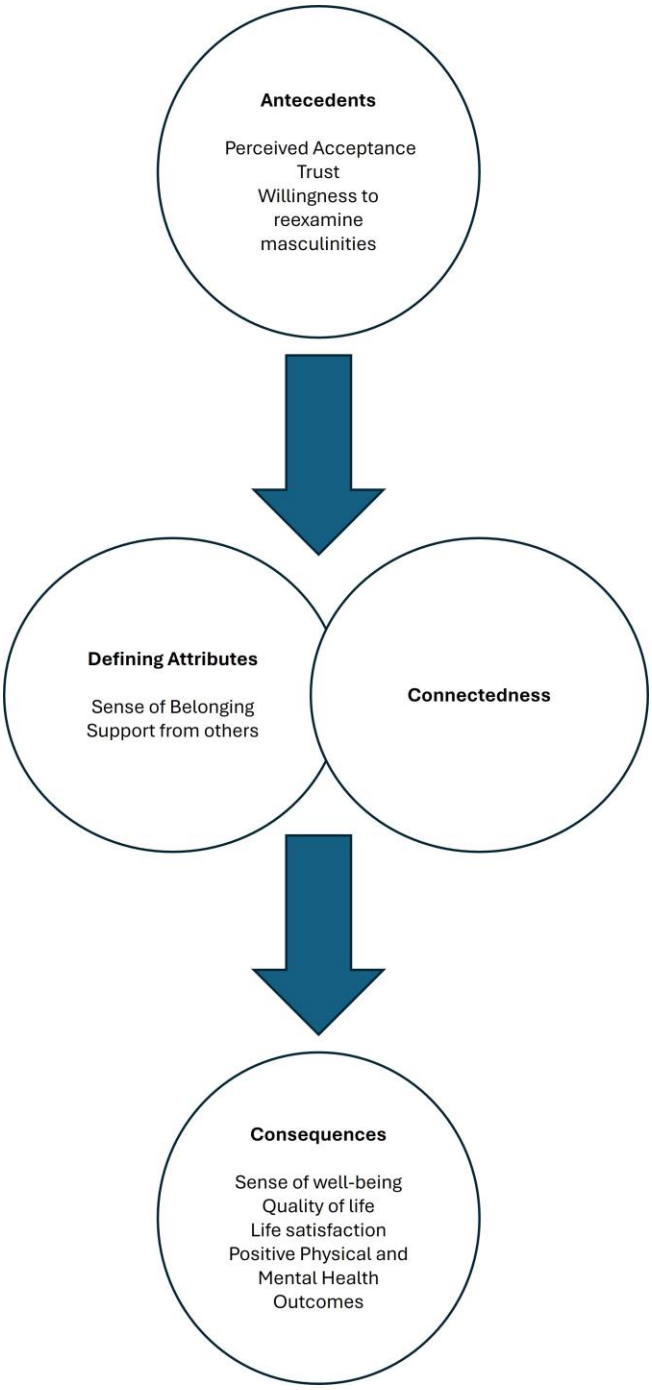


Figure 2.1 Concept diagram *Antecedents for connectedness are percieved acceptance, trust, and willingness to reexamine masculinities. Defining attributes are a sense of belonging and support from others and consequences of connectedness are a sense of well-being, quality of life, life satisfaction, and positive physical and mental health outcomes.*

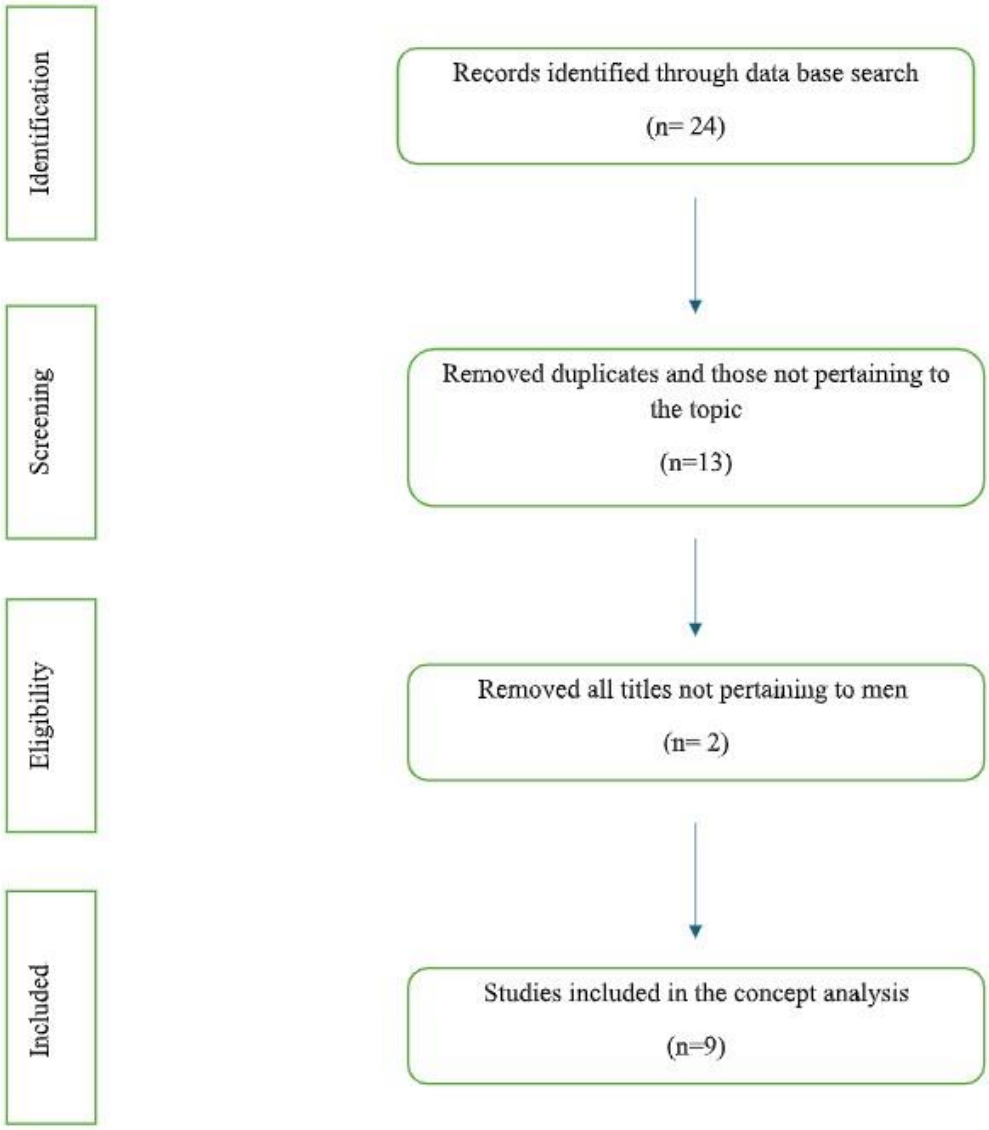


Figure 2.2 Flow diagram of data search and study selection *The flow diagram describes the process of reviewing literature. Initally 24 items were discovered. Once duplicates and those articles not pertaining to the topic were eliminated, the studies included were 9.*

CHAPTER 3: Literature Review

Submission information

A version of this chapter was first published in *Research and Theory for Nursing Practice: An International Journal*. The author of this article is Rebecca Burrow. There are no other co-researchers or authors affiliated with this article. Permission for reuse of this publication has been granted by the Managing Editor of *Research and Theory for Nursing Practice: An International Journal.*

Burrow, R. (2024). Men's experiences with perinatal loss: An integrative review. *Research and Theory for Nursing Practice: An International Journal*, *38*(4), 522-537.

Abstract

Introduction: Perinatal loss is a tremendous loss for many and can have consequences that affect physical and mental health. This topic has been substantially examined among women; however, men's experiences with perinatal loss have lacked attention. Many men report significant grief, self-blame, stigma, loss of self-identity, lack of recognition of their loss, marginalization, and gendered expectations that negate their grieving process. This places men at risk for complicated or disenfranchised grief. Most studies examining perinatal loss have been conducted in countries outside of the United States and outside of the discipline of nursing. As nurses are concerned about holistic care of men and women, the findings resulting from studies with women and other cultural perspectives may not be generalizable to men in the United States.

Purpose: The purpose of this integrative review was to examine the current state of science regarding men's experiences with perinatal loss, what is known about this loss within the nursing discipline, to identify gaps in nursing knowledge, and to expose areas for further research.

Method: Online databases including CINAHL, PubMed, and Scopus were used to perform the initial search. The search terms included “men,” “perinatal loss,” “miscarriage,” “stillbirth,” and “grief.”

Results: Themes were identified through a review of the literature that included that men experienced a loss of the role of fatherhood and identity. Additionally, men reported expectations about socially and gender-specific behavior that influenced their expressions of grief and their coping process. Finally, the lack of recognition of their loss as fathers in perinatal loss resulted in the marginalization and the use of avoidance and distraction to cope with the loss, as well as risks to the health of the partnered relationship.

Keywords: perinatal loss, stillbirth, trauma, miscarriage, grief, partner

Introduction

Perinatal loss is considered a loss of pregnancy before or during birth or within the first 28 days of life (Charrois et al., 2020). Allanson et al. (2016) stated that the accepted definition of perinatal loss includes miscarriage, stillbirth, and neonatal death. Miscarriage is a pregnancy loss that occurs before 24 weeks of gestation and constitutes the most common type of pregnancy loss (Lee et al., 2017). A loss of pregnancy after the 24th week of gestation is considered stillbirth (Smith et al., 2020). Two million stillbirths occur worldwide every year (Peven et al., 2021). Death of an infant that occurs within the first 28 days of life is considered a neonatal death (Cnattingius et al., 2020). Although these are impactful statistics, Steen (2015) emphasized that the overall prevalence of pregnancy loss may be underreported due to the failure to recognize early losses or the lack of women’s health care, thereby increasing the statistics of these losses.

Regardless of type, perinatal loss can be devastating and traumatic (Galeotti et al., 2022; Levy & Avitsur, 2022; Nguyen et al., 2019; Obst et al., 2020). Furthermore, it is often overlooked as representing a serious loss (Story Chavez et al., 2019; Williams et al., 2020). Lang et al. (2011) emphasized that there is ambiguity inherent in perinatal loss and that it generally lacks social legitimacy. This dismissal can lead to disenfranchised grief (Farrales et al., 2020; Jones et al., 2019), which results from the incongruity of the parental experience of loss and society's lack of acknowledgment of the loss (Lang et al., 2011). The perinatal loss also places parents at risk for complicated grief, which occurs when there is an inappropriate or unfinished grieving process (Kersting & Wagner, 2012). Complicated grief can result in negative mental and physical outcomes (Burden et al., 2016; Kersting & Wagner, 2012). Ramos et al. (2021), in agreement with this finding, added that further studies are needed for the prevention of and intervention with parents who have complicated grief.

Although there is substantial literature on how women process perinatal loss, men's experiences with perinatal loss are underexamined (Huffman et al., 2015; Jones et al., 2019; Meaney et al., 2017; Miller et al., 2019; Nguyen et al., 2019; Obst et al., 2020, Obst & Due, 2021; Pearson et al., 2023; Riggs et al., 2021; Story Chavez et al., 2019; Turton et al., 2006). Jones et al. (2019) proposed that men are particularly at risk for disenfranchised grief due to a further lack of social acknowledgment of their loss (Johnson & Puddifoot, 1996; Levy & Avitsur, 2022; Miller et al., 2019; Obst & Due, 2021; Story Chavez et al., 2019). In fact, Samuelsson et al. (2001) used the term "forgotten mourners" to describe men's experiences of perinatal loss. Studies that have included men's experiences of perinatal loss have been conducted in disciplines outside of nursing. Additionally, most of these studies occurred in countries other than the United States. As nurses value the differences between women and men,

exploring perinatal loss from a maternal point of view should not be extrapolated to the father. Similarly, cultural differences could affect how men in the United States experience perinatal loss. Therefore, the generalization from studies conducted in other countries may not be astute. In the United States, acknowledging men's rights in the arena of women's health can be an unpopular political perspective. As stressed by McCreight (2004), fathers often lack rights in matters of female reproduction, not only in policy but also in decision-making within the couple.

However, to provide holistic care for parents who have experienced perinatal loss, we must consider the man's perspective on perinatal loss. It also is prudent to consider the effects of perinatal loss on the mental health of fathers. Affleck et al. (2018) emphasized that there is a current crisis in men's mental health. These authors acknowledge several common risk factors that challenge mental health for men, notably family issues and life transitions, especially the transition to the role of fatherhood (Affleck et al., 2018). When men experience pregnancy loss, their transition to the role of father is lost (Fenstermacher & Hupcey, 2013; Fernández-Basanta et al., 2022; Jones et al., 2019; Lizcano Pabón et al., 2019). Men facing this loss have also reported feeling unacknowledged as grieving fathers (Jones et al., 2019; Miller et al., 2019; Riggs et al., 2021; Williams et al. 2020). Additionally, men have reported experiencing stigma and social shame in the face of perinatal loss (Farrales et al., 2020), which for some resulted in a sense of injustice, marginalization, and a dismissal of their grief, placing them at risk for disenfranchised grief (Azeez et al., 2022). In addition to the loss of a pregnancy, identity as a father, and grief, men have also reported challenges to their intimate relationships with their partner, which can result in more grief (Donegan et al., 2023; Hunter et al., 2017; Jones et al., 2019; Nguyen et al., 2019).

These findings highlight the potential prominent role that nursing could have in promoting the holistic care of men during the transitions that occur in perinatal loss. Meleis et al. (2000), in their transitions theory, stressed that nurses are the essential caregivers when others are going through transitions and that transitions are central to the purpose of nursing. An assumption in transitions theory is that transitions can result in alterations of roles, identities, and relationships. Lizcano Pabón et al. (2019) emphasized that men who are expecting a child begin to create their identities as fathers and alter their lives in expectation of this new role. When perinatal loss happens, a disruption occurs in their view of self, and they must reconstruct their lives (Lizcano Pabón et al., 2019). Another assumption of this theory is that transitions are complex and fluid over time. Fenstermacher and Hupcey (2013) report in a concept analysis of perinatal bereavement that bereavement in pregnancy loss has to be time-limited and may exist in future pregnancies. Additionally, transitions can result in vulnerability that can generate potential harm, hinder recovery, and result in detrimental coping (Alligood, 2022). Thus, nursing care guided by transitions theory could prove beneficial to men as they maneuver the complexities of perinatal loss. Knowing how men experience, process, and cope with perinatal loss is essential to determine the impact on health and well-being. This knowledge is crucial for providing meaningful interventions to support this difficult occurrence.

Purpose

The purpose of this integrative review was to determine the current state of the science on men's experiences with perinatal loss, to explore what is known about this loss within the discipline of nursing, to identify gaps in nursing knowledge, and to expose areas for further research.

Method

This integrative review followed Whittemore and Knafl's (2005) integrative review model. Integrative reviews are comprehensive with the goal of broadening understanding of a phenomenon (Whittemore & Knafl, 2005). The method allows the concurrent inclusion of theoretical literature and empirical evidence, the outcome of which can improve understanding of multifaceted issues that impact nursing care (Whittemore & Knafl, 2005). This method includes the identification of the problem, literature search, data evaluation, data analysis, and presentation (Whittemore & Knafl, 2005). After identifying the phenomenon, the online databases CINAHL, PubMed, and Scopus were used to perform the initial search. Search terms used included "men," "perinatal loss," "miscarriage," "stillbirth," and "grief." Date parameters were not set to capture the broadest view of the topic. The search included the discipline of nursing and related allied health disciplines. The search included peer-reviewed journals, not only online but also those available in print. Excluded from the initial search were books, PowerPoint presentations, systematic reviews, and gray papers.

Once the articles were chosen, they were further scrutinized by assessing their appropriateness to the review. Using a critical appraisal tool helps determine the significance and pertinence of the research topic. The tool used in this review was developed by Pluye et al. (2009) and was designed to determine suitability for inclusion among varying research methodologies. The questions presented using this framework to evaluate qualitative studies are as follows: (a) qualitative objective/question, (b) appropriate qualitative approach or method, (c) description of the content, (d) description of participants, (e) description of data collection and analysis, and (f) discussion of reflexivity (Pluye et al., 2009, p. 540). To evaluate quantitative studies, the questions are as follows: (a) appropriate randomization, (b) allocation

concealment/blinding, and (c) complete outcome data and/or low withdrawal (Pluye et al., 2009, p. 540). For mixed methods, the questions to be examined are as follows: (a) justification of method, (b) combination of quantitative–qualitative data collection–analysis techniques or procedures, and (c) integration of qualitative and quantitative data or results (Pluye et al., 2009, p. 540). These criteria are answered as being present or not.

Results

The search yielded 18 articles that were then reviewed for relevance to the topic (see Figure 3.1). One article was excluded because it was a duplicate title. Six articles were excluded because these were reviews of literature. Systematic reviews were excluded because integrative reviews should capture original research on the topic (Whittemore & Knafl, 2005). One article was excluded because it was a concept analysis and did not meet the criteria of inclusion of Pluye et al. (2009). Finally, one article was excluded because it dealt with the physical health of the father with respect to miscarriage. The articles that were included specifically addressed fathers' experiences with perinatal loss, regardless of the field of study. The articles that were included were read, notes were taken regarding the themes that were discovered, and the themes were combined to allow a succinct examination of what is known about men's experiences of perinatal loss.

Synthesis of Results

According to Whittemore and Knafl (2005), the synthesis of data in an integrative review involves examining the primary sources for themes. During this step of the review, three main themes were discovered after reviewing the literature: (a) the loss of the role of fatherhood and identity, (b) the social and gender expectations of men (which include the gender differences in expressions of grief), and (c) a lack of the acknowledgment of the father's grief in perinatal loss

(also including marginalization and avoidance). These themes will be further discussed regarding what is known and what is lacking from the findings, as well as a discussion about what needs to be known for further nursing knowledge development. Additionally, the importance of the fact that only one study was performed in the United States will also be addressed in the discussion.

Loss of the Role of Fatherhood and Identity

Several studies accentuated that men viewed pregnancy from a perspective of dreams of parenthood and role and identity fulfillment. Fernández-Basanta et al. (2022) emphasized that men experienced distress not only from the actual loss of the baby but also from the loss of the dream of fatherhood. Lizcano Pabón et al. (2019) similarly found that, in perinatal loss, men reported that the dream of becoming a father was shattered. McCreight (2004) stated that because men do not physically bear the child, it is assumed that men only bond with their children after birth. However, studies found that men who had seen their fetuses on ultrasound had higher levels of grief when the perinatal loss occurred (Johnson & Puddifoot, 1996; Obst et al., 2021). Lizcano Pabón et al. (2019) stated that men build their role as fathers by bonding with their unborn child, and when pregnancy is lost, there is a disruption in their role. Puddifoot and Johnson (1997) stressed that men's self-worth and identity were threatened when the role of fatherhood was lost. Furthermore, McCreight (2004) asserted that men suffered from self-blame when faced with perinatal loss, as well as a loss of self-worth and self-identity, and that self-blame can cause chronic grief (McCreight, 2004).

Social and Gender Expectations of Men

Fernández-Basanta et al. (2022) explained that men who experience perinatal loss often reported social and gender expectations that result in an exterior display of emotion incongruent with their feelings of grief. Furthermore, the authors reported that stoicism and an unemotional

exterior are socially accepted perspectives of masculinity. Johnson and Puddifoot (1996) suggested that when faced with perinatal loss, men assume a supportive role, ignoring their own grief to help their partner cope with the loss. Levy and Avitsur (2022) added that men experience social expectations to be supportive of their partner and may neglect their own grief; therefore, the significance of this loss on men can be overlooked. McCreight (2004) stated that men reported expectations to be emotionally strong and to conceal their feelings for the sake of their partners. These expectations discount the meaning of the loss to men and, in turn, can limit the support available to them. Moreover, Fernández-Basanta et al. (2022) proposed that men tend to take on their partner's grief, thus intensifying their own. Additionally, Fernández-Basanta et al. (2022) reported that some men felt that they failed to meet their partners' expectations about dealing with and expressing their suffering. This, according to these authors, resulted in self-blame in men for becoming emotionally distant.

An important aspect of societal expectations is that men tend to express emotions differently than women. Puddifoot and Johnson (1997) reported that men were hesitant to express grief and seek support because discussing their feelings was unacceptable within society's masculine role expectations. Stinson et al. (1992) described that U.S. cultural norms disapprove of expressing emotions and that men reported internalizing feelings or denying these feelings altogether. Many men reported avoiding regular activities to ultimately avoid having to share the loss with others in their lives (Fernández-Basanta et al., 2022). Men also were inclined to express anger more readily than sadness or other grief-related emotions; therefore, measurements of men's grief could be skewed due to gendered stereotypes (Stinson et al., 1992). These authors also noted that men scored higher than women on scores of despair over time and that some men scored higher levels of grief over time. The despair scale is reflective of serious

grief responses such as hopelessness, which is a sign of chronic grief (Stinson et al., 1992). The authors emphasized the negative consequences such as increased mortality, increased use of substances, and suicide exhibited with grieving; therefore, gender differences and societal role expectations could have implications for men's health and well-being.

Lack of Acknowledgment of the Father's Grief in Perinatal Loss

Fernández-Basanta et al. (2022) found that men experienced a lack of recognition of their suffering in the loss of pregnancy, resulting in distancing and isolation from loved ones. Fernández-Basanta et al. (2022) also emphasized that men reported feeling that their partner's loss was more legitimate than their own. Due to the lack of recognition and disrupted grieving process, Fernández Basanta et al. (2022) stated that men's long-term health may be affected. Johnson and Puddifoot (1996) reported that men felt overlooked when the perinatal loss occurred and had little to no support. McCreight (2004) stated that men reported that their loss was dismissed by the larger community. Levy and Avitsur (2022) stressed that the loss of pregnancy can result in long-term grief, despair, and distress and that there is an association between posttraumatic stress symptoms (PTSS) and posttraumatic stress disorder (PTSD) with a loss of pregnancy. Furthermore, Levy and Avitsur (2022) reported that men had difficulty accessing support and emphasized that social support is a key to resilience and recovery in this life event. Additionally, these authors stressed that lack of support can lead to complicated grief, depression, anxiety, and increased PTSS/PTSD.

Another component of lack of recognition is that men have reported feeling marginalized (Lizcano Pabón et al., 2019; McCreight, 2004; Puddifoot & Johnson, 1997) and isolated during perinatal loss (Lizcano Pabón et al., 2019; Puddifoot & Johnson, 1997). Lizcano Pabón et al. (2019) further discussed that the isolation men feel is not only emotional, but they are often

physically separated from their partner during the loss. Obst et al. (2021) reasoned that this physical isolation could be due to the perspectives of many health care providers that men are solely support persons in maternity care. Puddifoot and Johnson (1997) similarly reported that men felt isolated, receiving little care from hospital staff and feeling that they did not have a role to play. This lack of a role in pregnancy loss was reinforced by their interactions with health care providers (Lizcano Pabón et al., 2019; Puddifoot & Johnson, 1997). The lack of recognition and space where men can process their loss further marginalizes men when perinatal loss occurs (McCreight, 2004) and can cause difficulty when returning to work (Obst et al., 2020). Many men reported feeling the pressure to return to work and felt that their employers did not recognize the loss or bereavement they were experiencing (Obst et al., 2020). When prematurely forced to return to work, many men reported feeling emotionally unprepared to do so, torn by the desire to be with their partner, lack of productivity, and burnout (Obst et al., 2020).

Finally, a component of the lack of recognition for men in perinatal loss is the maladaptive use of avoidance and distraction to cope. Levy and Avitsur (2022) reported that men who had experienced perinatal loss scored highly on avoidance scales and were more likely to use and misuse drugs and alcohol. Fernández-Basanta et al. (2022) found that men often used avoidance to cope with loss, which led to more suffering and camouflaging of emotions. Fernández-Basanta et al. (2022) also noted that some men reported using humor and belittling regarding their loss. This use of distraction and, ultimately, the repression of emotions resulted in occasional emotional outbursts; some men reported physical and somatic symptoms (Fernández-Basanta et al., 2022).

Discussion

The themes discovered in this review of the literature are congruent with more recent studies on this topic (see Table 3.1). This is important because several of the articles resulting from the search were dated by as much as 30 years. There remains a lack of literature on men's experiences with perinatal loss as it is an under-examined phenomenon (Jones et al., 2019; Meaney et al., 2017; Miller et al., 2019; Mota et al., 2023; Nguyen et al., 2019; Obst et al., 2021; Williams et al., 2020). Men reported feeling marginalized, and this remains a current finding (Farrales et al., 2020; Miller et al., 2019; Mota et al., 2023; Story Chavez et al., 2019; Williams et al., 2020).

Men reported experiencing clear societal expectations that hinder their ability to cope with their loss (Donegan et al., 2023; Miller et al., 2019; Nguyen et al., 2019; Obst & Due, 2021; Story Chavez et al., 2019; Williams et al., 2020). The lack of recognition, marginalization, and societal expectations may result in disenfranchised grief, avoidance and distraction measures, increased substance use or abuse, and potential negative mental and physical outcomes (Azeez et al., 2022; Burden et al., 2016; Jones et al., 2019; Kersting & Wagner, 2012; Levy & Avitsur, 2022; Miller et al., 2019; Stinson et al., 1992). Therefore, this has implications for the physical and social well-being of men (Nguyen et al., 2019; Stinson et al., 1992). Men can experience intense grief, PTSS, and PTSD related to the loss of a pregnancy (Donegan et al., 2023; Hunter et al., 2017; Levy & Avitsur, 2022; Obst & Due, 2021). Levy and Avitsur (2022) stated that men tend to underutilize mental health services. Men may hesitate to seek medical or mental health services due to appearing weak, especially if they adhere to the traditional gender roles held by society and their culture (Jones et al., 2019; Miller et al., 2019). Additionally, the lack of support from others, which has been reported by men, is congruent with the findings of this review.

Shannon and Wilkinson (2020) stated that acknowledgment and support of grief given by family members and society are crucial following a loss. They expounded by saying that reticence from others to validate the loss can result in ineffective grieving and can have implications for men's long-term mental and physical health (Burden et al., 2016; Kersting & Wagner, 2012; Ramos et al., 2021).

A limitation of this study is the small sample of suitable literature (see Appendix). Whittemore and Knafl (2005) emphasize the importance of search language and note that less literature may result if terminology is variable. Because perinatal loss can be categorized as miscarriage, stillbirth, and abortion, it could be difficult to capture the literature that pertains to this phenomenon. A notable observation is that only one study in the review was performed in the United States. This raises the question of whether findings would apply to men in the United States who experience a perinatal loss.

There is an absence of attention given to men in this area in the United States. It is prudent, therefore, to examine how men in the United States experience and subsequently cope with perinatal loss. This information can result in effective interventions for men who experience perinatal loss. Intervention for men experiencing perinatal loss would aim to enhance coping and promote healthy mental and physical outcomes. It is appropriate for the discipline of nursing to lead the care of men during this major life event. In several studies, men reported that the acknowledgment of their loss by health care providers would have been instrumental to an appropriate grieving process (Farrales et al., 2020; Hunter et al., 2017; Jones et al., 2019; Miller et al., 2019; Mota et al., 2023; Obst & Due, 2021; Williams et al., 2020). To provide holistic care, more information is needed to examine the complexities of men's experiences with perinatal loss within the discipline of nursing. Ethical care would include men in this space and

offer gender-specific interventions, affording each parent dignity in their suffering. Nurses could be instrumental in ensuring adequate recognition, resources, and interventions for men in ways that improve their physical and mental health.

Implications for International Practice

Fenstermacher and Hupcey (2013) highlight that cultural norms impact the experience and expression of perinatal bereavement. Many recent studies highlight the need for a deeper examination of culture as it relates to men and perinatal loss (Azeez et al., 2022; Riggs et al., 2021; Williams et al., 2020). For example, Levy and Avitsur (2022) proposed that in Israel the prominent cultural attitude is pro-family. Fernández-Basanta et al. (2022) provided similar concerns regarding culture as a consideration in future studies by pointing out that in Spain, death is a private matter, and that denial and rejection of emotion are expectations. Therefore, it is not prudent to generalize cultural findings to men in other countries. It is crucial to consider the culture of men who are facing perinatal loss in terms of grieving, coping, and eventually interventions to promote mental and physical health.

Conclusions

In addition to the cultural and international implications of perinatal loss on men, further recommendations encourage the examination of the long-term effects perinatal loss could have on men's physical and mental health (Jones et al., 2019; Stinson et al., 1992). Scrutiny of the effects of camouflaging emotions on men's mental and physical health seems crucial and timely. As mentioned previously, disenfranchised grief can be a result of perinatal loss, especially when recognition of the loss is not given (Azeez et al., 2022; Johnson & Puddifoot, 1996; Levy & Avitsur, 2022; Miller et al., 2019; Shannon & Wilkinson, 2020; Story Chavez et al., 2019). Disenfranchised grief can cause negative mental and physical health consequences (Fernández-

Basanta et al., 2022; Nguyen et al., 2019). Not only is the examination of long-term health consequences prudent due to disenfranchised and complicated grief but also given the reports of maladaptive behaviors used by men to cope with their loss (Burden et al., 2016; Jones et al., 2019; Levy & Avitsur, 2022; Nguyen et al., 2019; Stinson et al., 1992). Furthermore, the examination of the long-term effects of perinatal loss is critical due to the influence this loss can have on the intimate partner relationship (Donegan et al., 2023; Hunter et al., 2017; Jones et al., 2019; Nguyen et al., 2019). Nurses can support men experiencing perinatal loss through this period of transition. By acknowledging the complexity of this experience, and respecting the vulnerability of the transition, nurses can minimize harm, enhance recovery, and assist in healthy coping (Alligood, 2022).

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Appendix

Table 3.1: Literature Table

Author, year	Aim	Participants	Setting	Study design and collection	Findings
Basanta et al., 2022	To explore how men confront the suffering of perinatal loss	22 men	Spain	Grounded theory using interviews	Masking is used by men to deal with the loss of a pregnancy with their female partner
Fenstermacher & Hupcey, 2018	To perform an analysis of perinatal bereavement	N/A	N/A	Concept analysis	Multifaceted and global phenomenon, lacks clarity, a new definition is provided
Johnson & Puddifoot, 1996	To examine the psychological impact on men whose partners lost pregnancies	126 partners of women who lost pregnancies	Great Britain	Qualitative/ questionnaires	Viewing of ultrasound and dating of gestation influenced grief in men, many were in first stages of bereavement
Levy& Avitsur, 2022	To understand the development of PTSS in parents following pregnancy loss	Three groups of men and women aged 20-40	Israel	Three groups, including two control groups/questionnaires were used	Both genders show PTSS responses; social support and causal attributes of loss differs in the genders
Lizcano et al., 2018	To understand the meaning of perinatal death in fathers	15 men	Columbia	Descriptive Phenomenologic study using interviews	Men are forgotten by healthcare staff in the loss, men suffer alone while trying to support partner, need to find meaning in the loss, men felt neglected and marginalized in the loss, healthcare providers should acknowledge men and their roles in this loss
McCreight, 2004	To describe the experiences of men whose partners experienced pregnancy loss	14 men; 32 midwives and nurses	Northern Ireland	Qualitative use of questionnaires	Men experienced self-blame, loss of identity, role of strong protector/ provider, need to have loss validated
Obst et al., 2021	To examine the factors that contribute to the intensity of grief in men who experience perinatal loss	228 men at least 18 years old who experienced perinatal loss in the last 20 years	Australia	Descriptive using questionnaires	Men experienced significant grief, role expectations may interfere with process of grief, grief style determined how grief was expressed

Table 3.1 Continued

Author, year	Aim	Participants	Setting	Study design and collection	Findings
Obst et al., 2020	To examine workplace leave and support for men following this loss	277 men between 19-60 years old	Australia	Mixed methods study using web-based questionnaire	Many men used the leave provided; men reported emotional toll, need to be with partner, work used as a distraction, felt pressure to return to work
Puddifoot & Martin, 1997	To explore the experience of men at the time of miscarriage	20 men	North England	Qualitative/ semi-structured questions	Complex thoughts, feelings, and confusion about expected behavior, men may deny their feelings to support partner
Stinson et al., 1992	To examine the differences in grief in men and women following perinatal loss	56 couples	USA	Qualitative and questionnaires, *Perinatal Grief Scale*	Women scored higher than men on grief scale, men may deny and internalize grief rather than openly express grief due to cultural expectation

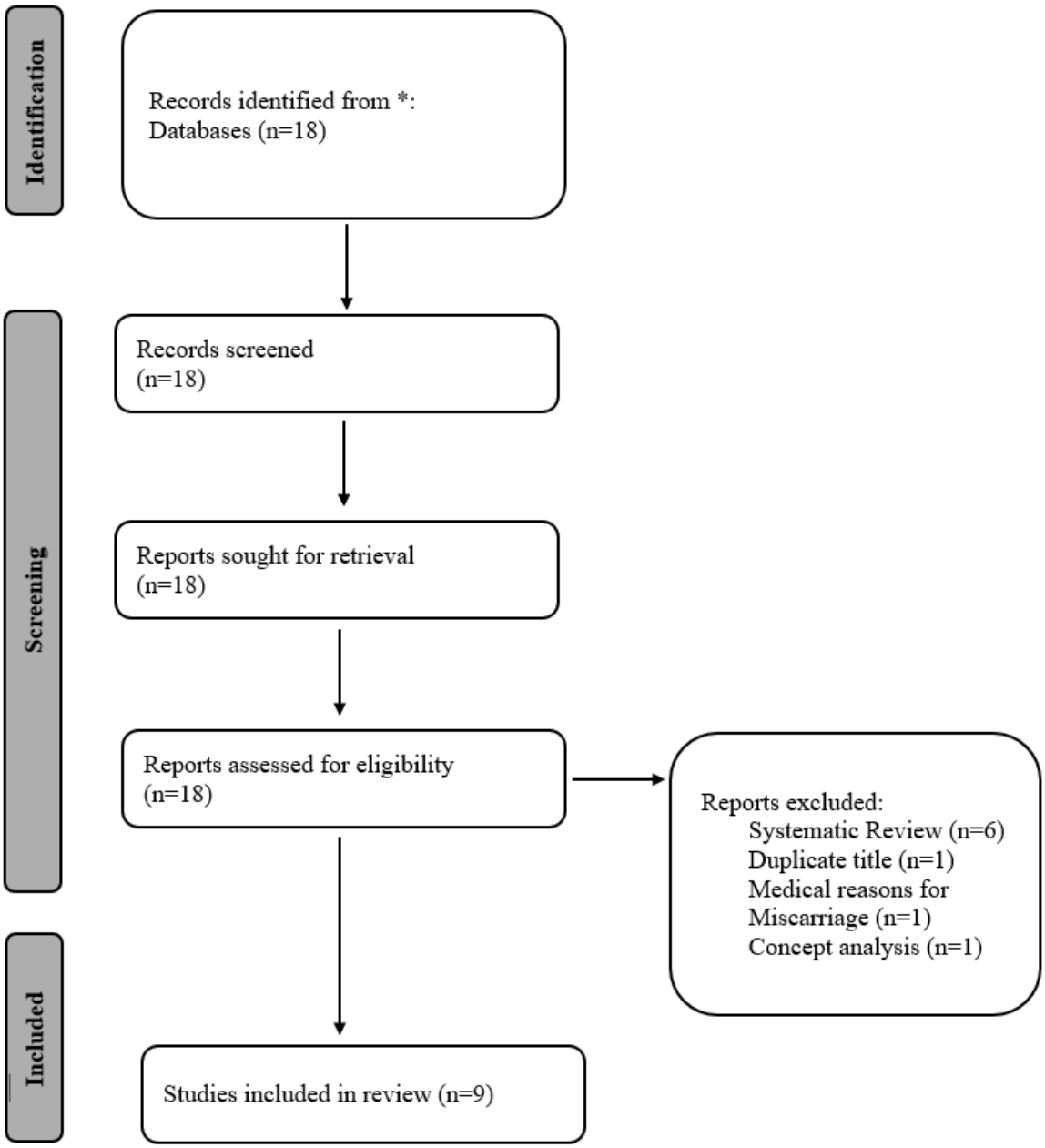


Figure 3.1 PRISMA flowchart *Eighteen articles were populated from the initial search, records were screened for eligibility. Nine were excluded: 6 systematic reviews, 1 duplicate title, 1 about miscarriage, and 1 concept analysis. This left 9 articles included for review.*

CHAPTER 4: "It Was Just Like Falling Blocks, Down and Down and Down:"

A Phenomenological Study of Men's Lived Experiences with Perinatal Loss

Submission information

A version of this chapter will be submitted to the journal, *Maternal Child Nursing*. The authors of this article are Rebecca Burrow, Sandra Thomas, Amy Alspaugh, Phyllis Thompson, and Janet Tucker.

Abstract

Background: When a couple experiences the loss of a baby, the consequences can be significant. However, rarely is the father's experience considered in this loss. Furthermore, little research specifically addresses the father's lived experience of the loss. The aim of this study was to answer the question, "What is the lived experience of men in perinatal loss?"

Method: This study used the applied existential phenomenology method developed at the University of Tennessee Knoxville. Six men experiencing perinatal loss were interviewed for the study.

Results: The essence of this experience for men was Silence in the Shattering, Strength in Rising. Men recounted enduring a shattering experience that produced an unrelenting disempowerment. This complex loss of power created tensions that flooded their lives, making it difficult to navigate their own grief processes. Men expressed a delayed grief response that engulfed them months after the death of their baby, as they sometimes floundered while striving to weather the storm of grief and loss. However, men rose past the remnants of their shattering with acceptance, motivation, and purpose.

Discussion: Implications for nursing research and nursing practice, education, and institutional, local, and national policy were highlighted to better care for men and their families.

Keywords: men, perinatal loss, phenomenology, stillbirth, miscarriage

Background

Perinatal loss represents a significant event that may adversely affect both mental and physical health (Burrow, 2024). Although there has been considerable focus on women's experiences of perinatal loss, the viewpoints of men are often overlooked (Jones et al., 2019; Miller et al., 2019). Samuelsson et al. (2001, p. 125) described fathers as "forgotten mourners," highlighting the unequal experiences men often face when dealing with perinatal loss. Men often lack a clear role or recognized space in maternity settings and are usually viewed only as support for mothers. Men's grief following perinatal loss can be made even more complex by societal norms, expectations, and longstanding beliefs about masculinity that often go unrecognized.

Perinatal loss is the loss of a pregnancy before, during, or after birth, within the first 28 days of life (Charrois et al., 2020). These events are frequently referred to collectively under the term "perinatal loss." It is difficult to provide an accurate estimate of the prevalence of perinatal loss, due to ambiguity in its definition, potential underreporting of cases, and the presence of regions with inadequate maternity care (Allanson et al., 2016). Lang et al. (2011) pointed out that perinatal loss is often surrounded by ambiguity, which may stem from society not granting it full recognition. Toedter et al. (1988) suggested that perinatal loss constitutes a distinct form of grief, which cannot be directly compared to other types of bereavement. Additionally, because there is often no physical object to mourn, others might fail to acknowledge the experience of perinatal loss. Having dismissed legitimate grief may cause complicated grief, which has negative physical and mental effects (Kersting & Wagner, 2012).

While research has focused on women's perspectives of perinatal loss, men's experiences remain largely overlooked (Burrow, 2024; Jones et al., 2019; Miller et al., 2019). Since men do not bear the child themselves, people might assume they are less involved in the experience than

the mother. Men often have limited rights regarding female reproduction, both in policy and in decisions made as a couple (McCreight, 2004). This can create difficult experiences for men when dealing with reproductive loss. Measuring grief in studies comparing men and women has been inconsistent, potentially minimizing men's grief responses (Badenhorst & Hughes, 2007; McCreight, 2004). These inconsistencies indicate that current grief assessment tools may not effectively identify men's grief. Additionally, conventional masculine roles and societal expectations about men's expressions of grief may hinder accurate measurement of their responses.

Affleck et al. (2018) suggested that men's mental health is experiencing a current crisis, and they note that major life changes—like becoming a father—can increase mental health risks in men. Limited research exists concerning the impact of perinatal loss on men's ability to attain fatherhood, and how this may subsequently affect their future mental health. There is also a lack of research examining helpful, supportive measures for men who experience perinatal loss.

The limited research on men that does exist has taken place outside the United States, in places like Spain, Great Britain, Israel, South America, and Australia. No existing research in this area used existential phenomenology as a research method. Existential phenomenology allows an in-depth examination of the meaning of the lived experience and is especially appropriate in topics where little is known.

Method

This study used the applied existential phenomenological method, which was developed at the University of Tennessee at Knoxville (UTK) by Pollio et al., (1997) and later refined by Thomas and Pollio (2002). This method was inspired by the work of the existential philosopher, Maurice Merleau-Ponty (1945/2012) and aims to describe a phenomenon as it is

experienced before scientific or theoretical analysis (Thomas & Pollio, 2002). Merleau-Ponty's philosophical perspective is rooted in embodiment as the core means of experience and consciousness. The existential grounds of body, others, world, and time are the basis for contextualizing the lived experience (Thomas & Pollio, 2002). This method was chosen because it allows a respectful interaction with participants as they give their description of a phenomenon. The aim of this study is to understand the deeper meaning of what it is like for men facing perinatal loss.

An essential feature of this existential phenomenology method is bracketing, which allows the researcher to temporarily put aside personally held ideas about a phenomenon (Thomas & Pollio, 2002). The bracketing process not only offers insight to the researcher about personal assumptions (Thomas & Pollio, 2002), it also enhances reflexivity, which adds to rigor and trustworthiness (Lincoln & Guba, 1985). The bracketing process was undertaken through participation in the Transdisciplinary Phenomenology Research Group (TPRG). The TPRG is a group of interdisciplinary existential phenomenological researchers at UTK. This group has met weekly on Tuesdays since 1994 and currently includes faculty and graduate students from nine universities. Members of this confidential group offer support to fellow researchers by assisting in analyses of the bracketing interview and analytical discussion of research interviews which are read aloud and discussed in the group (Thomas & Pollio, 2002).

Participants were recruited using purposeful and snowball sampling with assistance from an intermediary who held an administrative position in several perinatal loss grief groups on social media, and one intermediary who worked at perinatal bereavement center. This study was conducted in accordance with the ethical guidelines and approval of the Internal Review Board (IRB) at the UTK (UTK IRB- 25-09022-XM) (see Appendix). Men who experienced perinatal

loss with their female partner were at least 18 years old, and proficient in English were included in the study.

Data Collection

The use of existential phenomenology evokes a rich, descriptive, first-person narrative of an experience with a phenomenon (Thomas & Pollio, 2002). In order to reduce a researcher's potential influence on the participant's narrative, interview questions are not predetermined. Instead, a thoughtful opening question is offered with the intention of drawing out rich narratives of the participant's experience (Thomas, 2020). Prior to beginning the interview, study materials were provided, any participant questions were answered, and verbal consent for participation was obtained.

The phenomenological interview began by using questions such as: "When you think back on the experience with perinatal loss, what comes to mind?" Follow-up questions were asked during the interview process when necessary for clarification. When the participant no longer contributed additional information during the interview, a verbal summary of their account was presented for their confirmation to ensure mutual understanding (Polit & Beck, 2017).

Interviews with six men were conducted in-person or remotely, at a time and place preferred by the participant, between August 2025 and January 2026. Audio recordings of the interviews were captured using secure, HIPAA-compliant Zoom teleconferencing software. After completing the interviews, transcripts were generated and cleaned. The interview recordings were listened to a second time for accuracy. Field notes were collected throughout the interview process.

Data Analysis

Prior to beginning data analysis, pseudonyms were used in place of participants names, and identifying information was deleted from the interviews. Each transcript was analyzed by the author, line by line, for meaning units and themes (Thomas & Pollio, 2002). Themes were contextualized against the four existential grounds —Body, Others, World, and Time (Merleau-Ponty 1945/2012). After this analysis, interview transcripts of four participants were selected for presentation to the TPRG (Thomas & Pollio, 2002). Themes from each transcript were then compared across all the transcripts to search for global themes. The TPRG serves in an advisory role to the researcher as interviews are read aloud, analytical discussion of interviews is offered, and thematic structure is derived.

Results

For this study, six men engaged in the interviews, which lasted approximately one hour. During recruitment, demographics were collected to enhance contextual background (see Table 4.1). The study included men from urban and rural areas of the southeast region of the United States. Figural themes were contextualized within the four existential grounds using the transcripts of the interviews (see Table 4.2). The following themes describe the recounting of these men who shared their experiences with perinatal loss. Their voices are represented through direct quotes, which serve as support for the identified themes.

Body

Unrelenting Disempowerment

The body is the primary means through which people experience and make meaning of the world. It is through the body that we are oriented to the world, and it is through this embodiment that we understand experiences in the world before they are consciously scrutinized

(Merleau-Ponty, 1945/2012). Men described an unrelenting disempowerment that was fundamentally overwhelming — a "shattering." This shattering created fragments that pierced through their exterior, creating tensions that influenced their responses and behaviors. The theme that emerged in this ground was "Unrelenting Disempowerment"; described by its five subthemes: The "shattering", "Each day was getting harder and harder", "It was just constant adjusting", "We both lost a child, but she lost something that she grew inside of her", and "I had this all bottled up."

The "shattering"

In this study, men shared descriptive accounts of the time that they realized there was a complication with the pregnancy. This moment was unexpected, overwhelming, and created a sense of loss of control. In these narratives, it was not the doctor's words that were figural to the men, but a sense of foreboding that resonated in their accounts. Men recalled not knowing what they were seeing on ultrasound, adding to the uncertainty and powerlessness.

They said things like "Everything was going well…and then something showed up in her heart", "I don't know what I'm looking at on the screen, so I am waiting on someone else to tell me what I'm seeing, but it was so very quiet", "The ultrasound tech is going around, and you don't know what's wrong, but you could tell…", and "And when he started explaining everything, I broke." This moment of discovery for these men was described as a shattering: "When that happened, there was no more twisting, bending, I just shattered. I couldn't do anything else, I completely shattered." "It is a big event for anybody, its dramatic…this was the thing that broke my back." "It was a big shock…just the overwhelming aspect of it is what really sticks out the most."

The feeling of disempowerment rippled out into other areas of their experiences. They were forced to allow others to see them express emotion: “I’m not a crier… and don’t like crying in front of people.” Informing others about the perinatal loss was necessary, according to one participant, so they were not “getting blindsided” by comments from others who ask about the pregnancy. He recalled these interactions were: “recreating the experience over and over and over again.” "I’m a private person…I didn’t want to talk about it… but we were getting blindsided because she’s still growing, she still has a belly.”

“Each day was getting harder and harder”

While their partners carried the pregnancies that were marked by uncertainty, men carried tensions of uncertainty and expectations. They conveyed heightened uncertainty about how to navigate the emotional and physical aspects of their new reality. “Just the unknowns of the day to day… it was just getting worse and worse news.” “We continued with more tests…It was rapid fire.” After receiving the devastating diagnosis, the men grappled with uncertainty as they tried to decide how to make critical decisions, often while not having enough information. His experience was poignantly reflected in this portrayal:

So, it was just a lot, as the night went on, they were like, ‘yeah, let’s wait and see if she does this, and then she wasn’t doing it. It was just like falling blocks, down and down and down…we didn’t really have our questions answered.

There were also merciless decisions to make regarding the care of the baby, many times with a sense of urgency. “We had to pretty much make a decision within a few hours whether or not to pretty much keep her on the machine or just let her stop suffering.” The weight of second-guessing their decisions added another layer to the uncertainty: “What if she’s special needs? What is that going to look like for our family? What is that going to look like financially?

Men held onto internal uncertainty that bled over into their relationship with their partners, even revealing possible vulnerabilities in this significant relationship. There was lack of communication at times within the couple that created more uncertainty for men. “What is this going to do to mine and my wife’s relationship?” Will she reject me because of this?” “I’m just picking up on little breadcrumbs here and there…I don’t know that we actually discussed it.” “Our conversations didn’t flow well at all… It was never communicated and never has been.”

Men tried to live up to the expectations they felt were required of them. These expectations stemmed from traditional normative masculine traits and roles. The men in this study held to these ideals and it shaped their responses and behaviors, stifling their outward displays of grief and emotion. “As a father and as a husband, I’m supposed to be there for my wife, be there for my children, and be this pillar.” Each man described the heaviness of living up to these expectations amid all the uncertainty: “The uncertainties…the questions…and we are looked at to be confident and to be fearless”, “It is my job as a husband to stay positive”, “I wanted to come across as put together”, and “I struggled, but I did a good job at holding it together. I was trying to be positive, I was trying to be upbeat, because I was trying to make the best of it.”

“It was just constant adjusting”

Men described continuous adjusting that was demanded of them that perpetuated the disempowerment. They pivoted between taking in constant new information and waiting when a lack of information was offered. They adjusted their attitudes to try to find the positive elements of a very negative situation. They described wanting to work “so I don’t keep thinking about it.” Adjustment was constantly required: “Looking back, I would summarize it with one word, it would be adjusting”, “So, it was just adjusting to the new things that they said was going on

versus four hours ago", "Yeah, adjusting like trying to see the positives when there was just really only negatives being shown."

This included adjusting, ultimately, to a new reality. "We were really hoping for a few hours of life," then adjusting to having a stillbirth. Men reported adjusting to the reality of lost fatherhood: "I was ready to be a dad. I was excited to be a dad. I wanted to be a dad," "…Man, I had so much stuff planned", "I've always wanted to be a father; I could not wait to be a father." The idea of fatherhood could be tied to ideas of masculinity for some of these men, however, men who did not have ideal father figures expressed that this drove their desire to be a dad: "I never had that. And that's why I wanted to be the best version of something I never had", "I place a high regard on what I wanted my father to be… I didn't get the father I wanted."

"We both lost a child, but she lost something that she grew inside of her"

Men felt compelled to consider the woman's needs before their own and tended to defer to her as the one primarily defined by the experience. This created tension as they navigated ambiguity and refrained from asserting a position within the experience. Additionally, many of the previous comments that men shared about masculine expectations found rich ground to flourish within this theme — to be supportive, to be strong, to be positive, to be a pillar. This further increased their chances of masking their true grief and emotions: "I'm just trying to be there for my wife…but I don't know, I've never been through this before", "I don't know what to do because it's not my body", "…We both lost a child, but she lost something that she grew inside of her for 7 months." One participant shared, "In those situations, the man is more concerned about the woman I didn't bear the child…I imagine she's probably more sad... So, I led with what she wanted."

"I had this all bottled up"

The tensions men faced in the expectations, uncertainties, adjusting, and deferring to her experience influenced their behaviors, and took priority over their grief. They described efforts to keep their true emotions "bottled up" or described "sweeping it under the rug." "I had this all bottled up and then…" These stifled grief responses began to affect them physically. "The heart palpitations, chest tightness, muscle tension…I feel everything in my body." Another participant said, "it just didn't feel real." Because of the complexities of this lived experience for men, threads of this theme were woven into other existential grounds as well.

Others

The ground of others represents the relational aspects of human existence. It is with others that we co-constitute our experiences in the world (Merleau-Ponty, 1945/2012). Through their descriptions of perinatal loss, what stood out as figural to men was support, or the lack of support, and differences in grief responses and coping in the couple. Themes identified within this ground were: "Intrusive others", The void: "Just no support, no help", "It takes a village to lose one, too", and "You're not grieving correctly."

Intrusive Others

Some interactions concerning support were described by participants as not only insincere, but also intrusive and hurtful. Men shared that there were others in the hospital setting that were insensitive at times when sensitivity was crucial, such as the death of the baby. These moments are described as chaotic, with multiple people in the room while they were trying to have last moments with the baby or trying to make significant decisions. "I think she had passed for 5 minutes, and then they came in and they were throwing funeral papers at us." "I feel like the support was not to support us, but to be nosy."

Another description of this theme emerged as a participant recalled his mother's behavior. "But my mother forced a funeral that was for her…bringing a lot of people together that we didn't want." "So, I'm mad and there are a whole bunch of people there trying to fake support me." The intrusiveness and coercion these men described further complicated the internal tensions of disempowerment and uncertainty, potentially encouraging repression of appropriate grieving and coping. Moreover, these types of interaction resulted in other displays of emotional turmoil, such as anger.

The "Void": "Just No Support, No Help"

Other participants experienced a void: "just no support, no help." Men described needing tangible support such as food, financial help, and transportation, but these were ignored. One man recalled a time when a family member asked if they had eaten, to which he said they had not, and "she didn't respond for another month and a half." Financial needs were ignored: "They're telling us how much stuff is going to cost...I don't have a job, so I won't be able to pay for that…my family is right there…ignoring all of that."

Missing from the accounts of men concerning support is interactions with nurses. Throughout their stories of unrelenting uncertainty and impossible decisions, there were no accounts of support from nurses or other hospital staff. Nurses are briefly mentioned in two interviews as being "nice" or "they did a good job." However, the descriptions of interactions with them are limited. There was a total absence of genuine, meaningful support described by participants, such as caring others coming alongside them to guide them, comfort them, or simply be with them. There is no account of knowledgeable nurses offering education to assist them in decision making. In the absence of this meaningful support, it is difficult to suppose that holistic care was provided to these men and their partners.

Men did recall the interactions they had with doctors. One participant remarked that the doctors, when hearing the news that there was a pregnancy complication, "danced around it." Another described receiving information during a chaotic moment as: "he was throwing a lot on us." One participant recalled a conversation he had with a doctor in which he was sharing concerns about the pregnancy (a pregnancy that ended up with complications, a preterm birth, and ultimately, the death of a baby). He described the doctors as "just brushing it off." This implies a feeling of being discounted and marginalized.

Another participant was disturbed by the doctor not recommending a second opinion: "the doctor came from this extreme sense of confidence." There was a sense of being disregarded as the participant wrestled with the idea of not getting a second opinion, with no rationale being offered. Recall the men who described the sense of impending doom that they experienced at the time of hearing of the pregnancy complication. This feeling was not assuaged by the medical providers in their accounts, it was magnified. These interactions perpetuated the cycle of disempowerment, heightened their uncertainty, and heightened the expectations they felt were placed on them.

"It Takes a Village to Lose One, Too"

Men encountered support through others such as family, friends, and bereavement team members. They reminded the men they were not alone, and they offered them encouragement and hope: "What helped us the most was love and support from everyone…I can vividly remember that…because they say it takes a village to raise a kid, it takes a village to lose one, too", "A friend of ours set up a food train for us," "Her mom came and stayed with our dog so we wouldn't have to think about it," and "People coming out of the woodwork that you didn't expect." Men recalled being grateful for support, even if they admittedly did not want to reach

out for support. “I hold stuff in, I’ll never really ask anybody for help, to be honest with you.” “…I didn’t want anybody to help me because they felt sorry for me.” In these accounts, they revealed that tangible, practical support was meaningful to them.

Bereavement services were available to some participants. These teams consisted of mainly pastoral care and social workers. These teams facilitated memory-making opportunities for the families with their babies. They provided gowns, clothes, photos, hand and footprints and molds, and rooming-in (made possible by a cooling cot). “They were right there…they were there the whole time, comforting us…I can never thank them enough.” “They did an amazing job.” However, one participant, who showed a great amount of appreciation for this team, expressed conflicting emotions about all the memory-making activities and the rooming-in. He reflected: “It was good, but it was also very sad…it was killing us…to stay there and have our baby but not have our baby. This tension reflects the complex emotional response of being able to interact with the deceased baby: bathing, dressing, taking pictures, and rooming-in, while acclimating to the reality of not bringing the baby home.

“You’re Not Grieving Correctly”

Men shared that there were differences in grief and coping responses within their relationships. This discrepancy in displayed grief was construed by others as perhaps the absence of grief. Thus, the standard for measuring men’s grief was based on their outward expressions: “You’re not grieving correctly”. This participant explained that his wife commented: “You don’t want to talk about it; you just want to forget. You’re just keeping it to yourself”. Another participant confessed, “I feel like there was some tension in as far as we grieve differently”. He added, “I don’t want to talk about it. It happened, we experienced it, we’ve been through it, and now I just want to move on”. He also expressed his way of coping with his grief: “I’m doing

these things to cope…like exercise", and "I wanted to go back to work to take my mind off it." Men's narratives illuminate perceived disappointment from their partner when questioned about how they grieved or coped. The expectation for outward displays of grief places men at a disadvantage; especially those who identified with more traditional masculine norms. This also discounts those men who naturally tend to be, as one participant recalled, "more private" in temperament. This recollection also highlights that these men tended to choose to be active as a means of coping.

World

"Chaos…Just Stacked on Top of Each Other"

The existential ground of World is the place of embodied lived experience (Merleau-Ponty, 1945/2012). The World of doctor's offices, clinics, and hospitals for these men experiencing perinatal loss was filled with chaos. "There was so much chaos, just stacked on top of each other, and another thing would explode and explode. It was like being in the middle of war…. deafening." It was disorienting and overwhelming. "It's a blur." "It was a very devastating time." "It was like I was looking at everything through another person's point of view." Their worlds were confusing and foreboding. "Each day was getting harder and harder because we didn't really know what was going on." And the world was filled with interminable waiting, "they were doing a test, and I know that when they do [the] test, we had to wait, so it was just that." These men had been waiting from the moment they found out there was a complication in the pregnancy, "but it was very quiet," and there was a palpable sense of foreboding. They also described a sudden urgency to make decisions: "We had to pretty much make a decision within a few hours."

Time

In Existential phenomenology, time is subjective, and not ordered by a clock, but instead it is by events in our lives that time becomes distinct. Ordinary time usually passes in human experience without conscious awareness. Merleau-Ponty (1945/2012) describes time as "bursting forth" such as a flower would burst into existence. Using this analogy, time will occasionally burst into a person's consciousness. Time for the men in this study was marked on a continuum of interminable waiting: on test results, on information, on the birth, only to be rushed to make decisions, then to be out of time once the birth occurred. They also described the importance of validating the baby's short life. Furthermore, they described a delayed grief response, usually occurring two months after the death of the baby. Verbatim quotes depict the three Time-related themes: "*She was here, she was ours",* "*After it all shook out", and "*Transcending *the Shattering: "Rising from the Remnants."*

"She Was Here; She Was Ours"

Men's stories reveal the meaningful time spent honoring their babies' lives. Their shared sentiment reflected that the brevity of life should not reflect the meaning of the life: "her short life has been such a blessing", "She lived three days… she was here, she was ours", and "It was a hard experience…I just…I remember the baby was born. Her name was Sophie. I remember her name." Men expressed gratitude for memory-making opportunities at the hospitals in which their baby was born. They spoke of activities such as taking photos, making hand and foot molds, and taking finger and footprints of the baby, and even rooming-in with the baby. However, notably absent from their descriptions was the baby's actual appearance. Instead, this meaningful time included accounts of activities —reading stories and other activities with the baby: "I love Formula 1 racing, and so I pulled up this race and we watched it together", and "There were baby

clothes and diapers and bows to dress her up." Another participant shared, "I wanted to hold her, and take pictures with her…while she was here on earth…and have our last moments." This validation of the life lived was a crucial aspect of this experience to men: "We wanted something we could cherish and hold onto." However, these men also described this time as disoriented in their accounts. "…when she came and we lost her, it didn't feel real…it seemed like I was looking at everything through another person's point of view."

These men had spent so much time on the continuum of waiting —waiting on the doctor's words at diagnosis, waiting on test results, waiting on somebody to say something, waiting on to see what happens—and then after the birth, they did not describe the baby itself. The shattering and disempowerment seemed to overshadow the moment the baby arrived: "You know, that's kind of a blur, really", and "You'll have to forgive me because it was all a blur." Nevertheless, men placed significance on validating the baby's short but meaningful life and treasured the moments with them and keepsakes from that time.

"After It All Shook Out"

The men in this study recounted being braced against the unrelenting facets of their experience with perinatal loss until they reached a threshold, often two to three months after the baby's death: "My issues came later…after it shook out", "I think that's where this stems from…trying too much, I do think I grieved her like I should have, but it's almost like I may not have", and "I was trying to push stuff under the rug."

This delayed processing and expression of grief is not surprising, considering the complex layers in the disempowerment and the resulting tensions that men faced. They were instead focused on their partners, experiencing the internal tensions of uncertainty, expectations of being "good man," the incessant adjusting, and the masking of their grief responses: "She was

coming out of her grieving state. That probably happened in a couple of months…when I got my worst." Another participant recalled: "It took about 3 months for me to realize that this is happening." This central thread of delayed grief was common to the men; however, for those who had pre-existing mental health issues, this time signified an exaggerated response, from severe anxiety to maladaptive behaviors, from severe anxiety to maladaptive behaviors.

Men who had mental health issues prior to the perinatal loss demonstrated magnified responses at this time. One noted: "The path I was going was not good. It was… it was very dark." Their experience of perinatal loss was contextualized by experiences they had had over the years, before the pregnancy. Some mental health challenges arose due to repeated trauma. One participant recounted that he had suffered physical and sexual abuse as a young person, he lost his father and brother to drug overdoses, and then he lost his baby. He only found out after the perinatal loss that a question existed about the baby's paternity: "After she had passed, I am going through all of this. I don't know, everything just rained down on me, at that point I started taking drugs."

Another participant described the exacerbation of his anxiety and that it had been "…Building up and building up….my whole body was very tense, heart palpitations, nausea…I just broke." This participant had struggled with anxiety for years prior to this experience. Another participant recalled his experience "two to three months after": "I just started drinking…I had anger issues…I cheated on her."

Transcending the Shattering: Rising from the Remnants

Over time and through endless battles with uncertainty, expectations, adjustments, and disempowerment, these men discovered a path forward out of the fragments left by their shattering. Their stories revealed a core facet of acceptance, which became a precursor for being

able to move forward: “I accept it for what it is and I just leave it at that. I put it in my God’s hands.” Another man recounted how instrumental acceptance was to him: “We figured out how to match our emotions together and deal with is as one… we accepted it, and now we have to move forward from this.”

Moving forward was a common thread in transcending for these men: “…Time keeps moving, and I can’t reverse what happened. I have to keep doing what I’m doing…I use that as my motivation to get it done.” Men’s experiences also illustrated a desire to see something good rise from the ashes of their loss. One described it as an intrinsic need for “trying to see the positives.” Participants shared: “Honestly, while I hate it, I know at the same time, it showed me growth”, and “I tried to use the situation to make me better.” For those men this, their motivation to move forward is not despite the experience but motivated by their experience.

In the transcending, men also described regaining the power that was stripped of them. Recall that their experience was replete with experiences that happened *to* them. Reclaiming their power was born out of finding purpose in their experience. One participant shared this recounting of his empowerment. After years of a troubled relationship with his parents, he found strength after his experience to set healthy boundaries with them: “We’re calling the shots now.” Another participant recalled that even though his struggle with anxiety persists, he is allowing his experience to help him create the life he hopes for: “We’re definitely blessed, but every day, I wake up and I struggle like hell…God is using these things to where I can live a more carefree life… happy and joyful.” He also recalled, “I was ashamed of it; I was embarrassed by it. Now, I am not ashamed to sit down and talk about it and be vulnerable.”

These quotes describe men who became empowered, who found purpose in their shattering. Men recounted a desire to use their experiences to support other men: “As time has

gone on…I see this terrible situation as a way I can help others." Empowerment for these men reflected facets of male identity. Throughout their experiences, men were adjusting to the unexpected loss of their baby and the lost identity of fatherhood. They tried to uphold traditional ideas of masculinity in the face of great uncertainty, expectation, and disempowerment, which impacted their identity as men. They were disregarded and marginalized by health care providers and intrusive and coercive others—pushed to assume the identity of a victim. In these situations, silhouettes of masculinity come into focus at the intersection of self-identity. Finding purpose in their experiences with perinatal loss allowed them to renounce the struggle with identity and reclaim their lost power.

Some people hold onto a lot of this and it's their identity, and I refuse to allow that to me. I've lost a child, I'm a divorced man, I'm a drug addict, I'm a Christian… that's part of who I am, it's not who I am.

Discussion

This exploration of lived experience is made possible by the men who courageously contributed their accounts of perinatal loss. The essence of this experience for men is *Silence in the Shattering, Strength in Rising.* This research reveals new information that has direct implications for nursing and highlights potential areas where further research could be directed. Consistent in these men's narratives was a clearly delayed grief response. This finding is tied to accounts of emotions that were "bottled it up," which was also interwoven with ideas of acceptable masculine traits. Their grief was usually delayed until two to three months after their loss. Moreover, men who had a history of mental health issues described an especially intense grief response during this delayed grief period.

These findings surrounding grief pose a salient implication for nursing. Affleck et al., (2018) discussed the significant mental health crisis facing men today and suggested that for men, life transitions (especially the transition to the role of fatherhood), and family issues (such as grief over losing a loved one) were increased risk factors for negative mental health. This increased risk applies to men not only in the loss of their baby, but also in the loss of the role of fatherhood. However, this finding from Affleck et al. (2018) magnifies another side of this loss for men. If the experience of becoming a father is considered a risk factor for men's mental health, this study demonstrates that not becoming a father could also increase the mental health risks for men. Further research focused in this area is essential so that nurses can identify men who are at increased risk for negative mental health outcomes.

Men's narratives emphasized a sense of lost identity in this study. Men endure uncertainty, expectations, and disempowerment, which can create vulnerability in their masculine identity. Alongside the loss of their baby, they faced the loss of identity that comes with fatherhood. Men also faced marginalization in encounters with *Others* which pushed them to assume the identity of a victim. This could create additional emotional vulnerability for men. Further research could identify support that is specific to understanding masculine and paternal identity, and drive evidence-based practice to implement male-specific supportive measures.

The lack of descriptive accounts provided by men regarding interactions with nurses is disquieting. It is appropriate to examine more closely the importance of nursing in supporting men experiencing perinatal loss. During the long periods of waiting, which created a sense of foreboding, there is no mention of education being given, comfort being offered, or even a sense of someone "being with" them for these men. Nurses can have a direct impact in these

complicated and difficult times for patients and families; this need should be highlighted and supported in facilities that offer birthing services.

Men's descriptions of the lack of communication within the couple added to their sense of uncertainty and powerlessness. It may also ultimately reveal a vulnerability for the couple. Connectedness with a partner for men is especially needed during times of distress, as it can serve as protection against negative life events (Maulik et al., 2010). Nurses are positioned at the point of care to offer resources and education that enhances the interaction within the couple. This is an area fertile for research to guide direct care of men and their partners facing perinatal loss.

Another key area highlighted by this study is the need to examine the time spent with the deceased baby, specifically regarding memory-making and rooming-in experiences. While participants who had this service available to them appreciated this time, one participant revealed the conflict he felt being there and interacting with the deceased baby, knowing he would not be bringing her home. It would be useful to explore the optimal duration of time where these activities are helpful, as well as the point at which they might start to have negative effects.

Men described experiences of the support that was given to them mostly in tangible, practical means of support. It would be prudent to further examine what constitutes meaningful support to men while facing perinatal loss. Using research chiefly focused on what men find supportive would better direct nursing care and drive institutional policy to better offer supportive holistic care to men and their families.

There are congruent findings in this study with other existing literature. Men's prioritization of their female partners has been discussed in other research pertaining to men's experiences with perinatal loss (Fernandez-Basanta et al., 2022; Levy & Avitsur, 2022). This

prioritization could be closely tied to men perceiving their partner as primarily affected by this experience or because they feel this is the appropriately masculine thing to do. However, this influences men to suppress their own grief responses. Men often displayed grief responses and coping differently than their partners and this is congruent with other research findings (Puddifoot & Johnson, 1997; Stinson et al., 1992).

Fernadez-Basanta et al. (2022) found that men often perceived their partners' disappointment due to differences in expressed grief, as echoed in men's accounts in this study; these are likely influenced by masculine norms and ideas (McCreight, 2004). Another result that was consistent with other research findings was men's feelings of marginalization in perinatal loss (Lizcano Pabon et al., 2019; McCreight, 2004; Puddifoot & Johnson, 1997). In this study, men felt marginalized in their accounts of interactions with doctors and disregarded in interactions with intrusive others.

Strengths and Limitations

This study has contributed to the limited research that exists around men's experiences with perinatal loss. Results from this study revealed new findings that can enhance further research and inform nursing practice. This is the first study to include a sample of men in the southeastern United States, employing a phenomenological methodology to elicit the essence of perinatal loss in men. Guidelines for qualitative research were followed to enhance rigor and trustworthiness in a study (Lincoln & Guba, 1985). Transcripts were generated and accuracy was confirmed by the same researcher. Analysis was performed using the participants' words, verbatim, as is described in the method informed by Merleau-Ponty (1945/2012) to capture the lived experience of the participants. Bracketing and transcription analysis for themes and thematic structure were completed and supported by TPRG and field notes, and a reflexivity

journal was kept, thus adding to the rigor and trustworthiness of the study (Lincoln & Guba, 1985).

Limitations of this study

The study sample was limited to men who had access to social media, access through an intermediary in perinatal bereavement, or the administrator to the support groups on social media; therefore, those without access to these resources were not included in the study. Furthermore, because these men did have access to these two groups, these were men who had support resources available to them and used them. As a result, men without extra support might not be included in this sample. Since this study involves a topic that evokes strong emotions and the participants were men who volunteered, it is possible they were more willing to share their feelings compared to others with similar experiences.

Implications

The findings in this study have relevant nursing implications; four priority areas are highlighted here. First, it would be prudent to determine what time frame of memory making and rooming-in is expedient in promoting coping when men face perinatal loss, and at what point it could be detrimental. Knowing this could drive evidence-based nursing interventions to support men within this opportunity while preserving their best mental health outcomes.

Second, it is essential to research the delayed grief response men experience, as well as the added component of the intensified grief response in those who have a mental health history. Research with this focus could inform nursing practice to allow measures to identify those men at increased risk for negative mental health outcomes. Third, conducting nursing research to determine what men consider meaningful support is needed to optimize short- and long-term health outcomes. This recommendation has an additional element. Research focused on

exploring whether the bereavement team's support reduced men's negative feelings of being overlooked could help create better interventions for men in the future. Finally, the lack of descriptive narratives about nurses in the experiences of these men is concerning. This not only offers valuable opportunities for research into how nurses can offer a meaningful presence for men facing perinatal loss but also highlights that delivering such care is essential for nursing professionals.

Nurses at the point of care have a significant opportunity to invest in future health outcomes of men facing perinatal loss. Providing information and education while caring for these men and their families could be instrumental in supporting their grieving and coping processes. Nurses can provide calm, safe spaces for men and their partners when sensitive or difficult information is shared — avoiding chaotic times when taking in new information is less effective. Nurses also have an opportunity to provide support and other resources for couples to ensure their relationship is prioritized through the perinatal loss experience and beyond. This could include education about the differences in how each partner grieves, and sensitivity to the fact that this process can differ within the couple.

Education for nurses about men and perinatal loss is essential. Nursing education should include specific teaching in curricula around the topic of men in this loss. Including theoretical research and evidence-based approaches for nursing care related to this topic is essential to providing holistic care for men and their families. Additionally, in facilities that offer birthing services, education in the form of in-services should be provided to support the role of the nurse in the care of men facing perinatal loss. Nurses can become certified in perinatal bereavement to add to their knowledge and provide excellent care to men facing perinatal loss. Nurses are crucial

members of interdisciplinary teams providing perinatal care and should be leaders in efforts to provide best outcomes for men facing perinatal loss.

Nurses are best able to support men experiencing perinatal loss when their efforts are reinforced by institutional backing and policies specifically designed to address this need. A policy shift that could help with this initiative is implementing Trauma-Informed Care (TIC) across the facility (Harris & Fallot, 2001). The TIC perspective is a systematic approach to structure care, recognizing that trauma may influence the way a client experiences their care. The objective of TIC is to avoid re-traumatizing individuals who have a history of trauma. Integrating TIC within facilities that provide maternity care ensures that interactions experienced by men are guided and supported by this structured approach. This approach would be especially beneficial to those men in the study who had traumatic past and consequently, a magnified grief response.

Conclusion

These men faced a complex experience when experiencing perinatal loss. Woven through their narratives are tensions following disempowerment that intersect with traits of masculinity. However, men found acceptance, motivation, and purpose in their experiences and reclaimed the power they lost. Results of this study revealed new findings regarding men's experiences with perinatal loss. These results underscore the importance of further research and implications for improving nursing education and practice.

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Appendix

Table 4.1 Sample characteristics

Participant	Age	Race	Occupation	Highest Level of Education	Time since Loss	Support Services Used
1	29	Afr. American	Administrator	College graduate	1.5 years	None
2	34	Caucasian	Law enforcement	College graduate	1 year	None
3	27	Caucasian	Graphic designer	College graduate	4 months	None
4	34	Caucasian	Loan officer	College graduate	11 months	Counseling
5	24	Caucasian	Unemployed	High school graduate	1 year	Counseling and medication
6	36	Caucasian	Manager	Some college	9 years	Counseling

Table 4.2 Themes within phenomenological grounds

GROUND: BODY Theme 1: Unrelenting Disempowerment Subthemes: a. The "Shattering" b. "Each day was getting harder and harder" c. "It was just constant adjusting" d. "We both lost a child, but she lost something that grew inside of her" e. "I had this all bottled up"
GROUND: OTHERS Theme 1: "Intrusive others" Theme 2: "The void": "No support, no help" Theme 3: "It takes a village to lose one, too"
GROUND: WORLD Theme 1: "So much chaos, just stacked on top of each other"
GROUND: TIME Theme 1: "She was here, she was ours" Theme 2: "After it all shook out" Theme 3: Transcending the shattering: rising from the remnants

CHAPTER 5: Conclusion

Introduction

The integration of this concept analysis, literature review, and phenomenological study offers a framework to enhance the understanding of the complex experiences of men facing perinatal loss. The aim of the concept analysis was to clarify the concept of connectedness in men; thereby, increasing the understanding of and communication about the concept. Determining a consistent meaning and clear understanding of a concept are essential aspects of the iterative process described by Walker and Avant (2019) and are necessary prior to using a concept for research advancement. The literature review synthesized research studies to determine the state of the science on this topic, and to identify knowledge gaps within the nursing field. The review of literature revealed themes that offered insight about the experiences of men in perinatal loss such as, loss of the role of fatherhood and identity, gendered and societal expectations, and the need for acknowledging the grief of fathers in perinatal loss (Burrow, 2024). The phenomenological study provided rich, descriptive narratives recounting the experiences of men facing perinatal loss. Using these complementary approaches, this work contributes to nursing knowledge, helps to address a gap in literature regarding this topic, and identifies nursing implications concerning the experience of men facing perinatal loss.

Overarching Findings

Concept Analysis

The drive to perform a concept analysis grew out of a review of literature concerning men and their experiences with perinatal loss. While the literature on the topic was scarce, existing research did reveal that men did not receive support that was needed. There was a clear call for more research focused on support for men during and after this loss (Jones et al., 2019; Lizcano-Pabon, 2019; Miller et al., 2019; Nguyen et al., 2019). This resulted in another search

using keywords: men, support, grief, perinatal loss. What was discovered was a thread of the term "connectedness" originating in several article titles. This led to a concept analysis to determine what was meant by "connectedness." The terms "connectedness" and "connection" have often been used interchangeably, and the borders of these terms are often blurred, being used loosely to describe support, social support, or a sense of belonging. The relationship between connectedness and effective support for men undergoing perinatal loss emerged as a notable focus.

The concept analysis was conducted using the method devised by Walker and Avant (2019). As a background, connectedness has been found to influence physical and mental health. The U.S. Surgeon General (2023) stated that a lack of meaningful connections can lead to poor health and shorter life expectancy. McCausland and Falk (2012) linked insufficient connectedness to hypertension, weakened immunity, dementia symptoms, and higher diabetes risk. Additionally, when men experience disconnectedness from the significant other in their lives, they have an increased risk for negative mental health outcomes (Affleck et al., 2018).On the other hand, connectedness can enhance mental health outcomes—improving areas such as substance use/misuse (Daly & Gargano, 2021), and depression and suicide risk (Kleiman et al., 2014; Panagioti et al., 2014). Pertinent to my interest, connectedness also shapes help-seeking behaviors (Andrea et al., 2016; Gulliver et al., 2010; Spoont et al., 2014). Research has suggested that strong connectedness with others can be protective for men against unfavorable mental health outcomes after certain life experiences (Maulik et al., 2010).

These findings may also hold significant implications for men experiencing perinatal loss as connectedness to significant others in their lives could mitigate the negative impact of this loss. The implication of connectedness on mental health is important, especially given the mental

health crisis men currently face (Affleck et al., 2018). The NIMH (n.d.) has underscored that some mental health issues can be affected by gender. Men face barriers in mental health care access as they typically have less health literacy than women (Swami, 2012). Another barrier is the lowered likelihood of healthcare professionals being willing to diagnose men with specific mental health conditions, compared to women (Mahalik & Dagirmanjian, 2019). Therefore, the concept analysis could further understanding about connectedness and its influence as a supportive measure for men's mental health.

There is a complex interplay between connectedness and masculinity (Bonell et al., 2023; McKenzie et al., 2018; Nordin et al., 2024). Traditionally held masculine traits such as self-reliance, stoicism, and control may restrict social connectedness among men and adversely affect their mental health (Bonell et al. 2023; Nordin et al., 2024). Bosson & Vandello (2009) suggested that manhood involves a delicate social status balance that demands validation and must be guarded carefully. Men holding to this construct may view help-seeking behavior or seeking connectedness as a sign of weakness and may instead strive to display more socially acceptable forms of masculinity. Blazina et al. (2007) found that men who followed traditional masculine norms reported more loneliness than those who did not.

Heteronormative masculine behaviors, such as masking distress and overusing alcohol, have been linked to a risk for suicide (Cleary, 2012). Conversely, Christenson et al. (2013) reported that an absence of meaningful connectedness is considered predictive for suicidal ideation for men. Without robust connectedness, men may experience feelings of shame (Kharicha et al., 2017) and uselessness (Bindels et al., 2015). However, when men achieve and maintain healthy connectedness with others, the result is less mental distress during specific life events (Maulik et al., 2010). Connectedness in men promotes positive life transitions (Sullivan et

al., 2021) and offers men the motivation and ability to seek help when needed (Andrea et al., 2016; Gabrielsson et al., 2024; Spoont et al., 2014; Sullivan et al., 2021). These aspects of connectedness could impact men as they face perinatal loss.

Although connectedness does not guarantee that men will avoid difficulties or unhealthy behaviors, it can serve as a protective factor that mitigates the impact of distressing situations. Considering the current mental health crisis among men (Affleck et al., 2018), the benefits of robust connectedness (U.S. Surgeon General, 2023), and the substantial physical and mental health risks associated with perinatal loss (Burrow, 2024), fostering connectedness may play a critical role in support strategies for men.

Literature Review

A review of the literature on perinatal loss revealed a limited number of studies focusing specifically on male participants. Most of the existing research primarily addressed women, and if included at all, men were typically considered within the context of couples. Researchers in this area have strongly encouraged future research to focus on men who have experience perinatal loss (Huffman et al., 2015; Jones et al., 2019; Meaney et al., 2017; Miller et al., 2019; Nguyen et al., 2019; Obst et al., 2020; Obst & Due, 2021; Pearson et al., 2023; Riggs et al., 2021; Story Chavez et al., 2019; Turton et al., 2006).

Existing literature on men's experiences with perinatal loss revealed that men were impacted by loss of their identity as fathers, they experienced societal expectations and gendered roles that impacted their experiences, and many men experienced being unacknowledged by others in their grief (Burrow, 2024). Traditional masculine traits influenced men’s responses when facing perinatal loss, which impacted their displays of grieving (Fernandez-Basanta et al., 2022; Levy & Avitsur, 2022). Men in these studies did not grieve in the same way as their partner

(Puddifoot & Johnson, 1997; Stinson et al., 1992), which resulted in perceived incongruency in grief. This incongruency resulted in men feeling that they have disappointed their partner (Fernandez-Basanta et al., 2022), which perpetuated isolation (Fernandez-Basanta et al., 2022; Lizcano-Pabon et al., 2019; Puddifoot & Johnson, 1997). Fernandez-Basanta et al. (2022) reported that men saw their partner's loss as more legitimate than their own, which further caused a masking of emotions and grieving processes. Camouflaged emotions, disrupted grief processes, and lack of support resulted in negative health outcomes (Fernandez-Basanta et al., 2022), complicated grief, posttraumatic stress symptoms (PTSS) and posttraumatic stress disorder (PTSD) (Levy & Avitsur, 2022).

Lived Experience

Phenomenological research aims to describe lived experiences (Pollio et al., 1997). This method is especially useful when there is limited knowledge about a topic. Exploring the lived experience of a phenomenon provides the foundation for further study, advancement of theoretical frameworks and understanding, and drives eventual evidence-based interventions. This study used the applied phenomenology method that was developed at the University of Tennessee at Knoxville (Pollio et al., 1997) and was further refined by Thomas and Pollio (2002). This study is among the first to use this applied phenomenological method to interview men in the United States about experiences of perinatal loss. The descriptive narratives provided by these participants helped fill gaps in nursing knowledge and have the potential to guide future nursing practice and policy. The essence of the lived experience for men was, *Silence in the Shattering*, *Strength in Rising.*

Unrelenting Disempowerment

Unrelenting disempowerment emerged as a theme that men recalled when enduring perinatal loss. This theme contained five subthemes: “The shattering”; “Each day was getting harder and harder”; “It was just constant adjusting”; “We both lost a child, but she lost something that she grew inside of her”; and “I had this all bottled up.”

The “shattering”

The disempowerment began with the moment of discovery of a pregnancy complication, the Shattering: This shattering resulted in internal tensions that men experienced — relentless uncertainty, expectations, and adjusting. They recalled confusion, chaos, constant bad news, and being completely exhausted. There was a sense of things happening to them, and their agency was taken from them.

“Each day was getting harder and harder”

Men recalled confusion and uncertainty when forced to make decisions with limited information. They recounted chaos in the hospital room, multiple family members demanding from them, and not enough information to make difficult decisions. These unrelenting decisions were required under a sense of urgency and shadowed by the great expectations they felt were upon them.

“It was just constant adjusting”

Their narratives described relentless adjusting while trying to remain positive and making the best of the situation. Their adjusting occurred while still hoping to become a father, “praying for a few hours of life” with the baby, and adjusting to pressure from doctors, family, and others. They described wanting to focus on their wives’ experience, while not fully knowing how to respond or what to expect.

"We both lost a child, but she lost something that grew inside of her."

The men in this study yielded to the woman's experience as they perceived her as the one primarily affected by this loss. They conceded to her wishes about fetal monitoring and endless appointments, even though it recreated the experience for them repeatedly. They assumed a supportive role to their partner, expressed the desire to take some of her stress, suppressed their emotions, and curbed their desires, so that her desires could be prioritized.

"I had this all bottled up"

The uncertainty, expectations, adjusting, and prioritizing her experience caused men to repress their grief responses and emotions to demonstrate qualities they believed to be acceptable as men. It is within this theme that the interplay of masculinity and disempowerment become visible. While their partners carried the pregnancy, they carried tensions, received expectations, and unprocessed grief until it demanded to be released.

Intrusive Others

The narratives shared by the men revealed a continued sense of mayhem while interacting with inconsiderate hospital staff forcing information on them at times when they were unable to process it. They shared accounts of family members who asserted control in situations surrounding the death of the baby, turning the focus onto themselves. They recalled that some support felt insincere or was only to gather information. Not only did they not feel supported, they were also hurt by these encounters.

The Void: "Just no help, no support"

They also experienced an absence of support. Participants recalled needing tangible items of support and receiving nothing. They offered surprise when no family members came to support them, sit with them, or encourage them. Notable was the absence of descriptions of

nurses' interactions with the men. Interactions with doctors within this theme revealed a sense of marginalization because they were dismissed.

"It takes a village to lose one, too"

Some men experienced very supportive others, such as bereavement team members, family, and friends. Men described their support as active and tangible, making memories, receiving food, financial support, and transportation, but also getting texts and knowing others were praying for them felt supportive. Men in the study had access to bereavement team members on some level, though not all participated in the support or resources offered by this team. However, the interaction with the team seemed to validate them in their loss and the support that was offered, even if not used, was appreciated.

"You're not grieving correctly"

Finally, the interactions with their partner regarding grieving and coping were challenging. Men described a perceived disappointment that their partner had towards them for not grieving a certain way. They received comments from their partners about their expressions of grieving and coping that seemed admonishing, dismissing their potential need to handle it differently. Men displayed a forward focus about their coping. They preferred activity, such as exercise or going to work, rather than talking or dwelling on the loss.

These experiences of the lack of support, intrusive support, no support, and being admonished for not grieving correctly, perpetuated further disempowerment. The disempowerment, uncertainty, and perceived expectations conflicted with their identities — lost identity not only as a father, but also calling into question masculinities, and encouraging the identity of being a victim. Marginalization and questions of identity can further threaten the grief

process resulting in disrupted grieving, complicated grief, and PTSS and PTSD (Fernandez-Basanta et al., 2022; Levy & Avitsur, 2022).

Chaos…just stacked on top of each other

Chaos reigned in the worlds of these men. There were limited accounts shared that demonstrated peaceful environments, but the world of hospitals, doctors' offices, and clinics were filled with chaos. Their worlds were confusing, in silence there was foreboding, it was disorienting, and there was no comfort in these spaces. The lack of communication within the couple heightened the chaos and uncertainty. There were excessive appointments, information given at hectic times, havoc in the hospital room, endless decisions, and interminable waiting. The chaotic world of these men perpetuated their disempowerment and uncertainty.

She was here; she was ours

Men placed importance on honoring the baby's short but meaningful life. They cherished moments spent in memory making and rooming-in. They recalled making handprints and footprints, hand and foot molds, taking pictures, and reading to their baby. Men described these activities with their deceased baby; however, they did not describe the baby itself. The disempowerment, uncertainty, expectations, tensions, and chaos that consumed their world seemed to overshadow the actual moment of meeting the baby for these men. Men described this time as disorienting and they had difficulty remembering certain aspects of what should have been a memorable moment, meeting their baby. While the memory making moments were appreciated, some participants highlighted the conflict felt in spending this time with the baby yet knowing the outcome would remain the same. This is described as producing anxiety and magnifying grief.

After it all shook out

Men in the study described a distinct delayed time before they experienced a grieving period —two to three months after the baby's death. After concealing the tensions they faced in uncertainty, expectations, and adjusting, they were finally able to express grief.

An exaggerated grief response was displayed in men who had a history of mental health issues. Men described significant panic attacks with increased physical symptoms. Men who had this history also described maladaptive behaviors, such as drug and alcohol use and misuse, and infidelity in the relationship. One participant shared his history of watching his father "shoot up" as a five-year-old, to seeing him panhandling on a city street a few years after that. He recalled years of physical abuse, bullying, and the deaths of his father and brother to overdoses. He also shared that it was after the death of his baby that he discovered there was a question about her paternity, adding another layer to his experience and grief. These men demonstrated a delayed grief, but it was magnified and potentially life-altering.

Transcending the Shattering: Rising from the remnants

This theme represents the transcendence men experienced in their perinatal loss journey from being shattered to finding acceptance of the baby's death, and motivation to move forward. They attributed motivation to personal growth, faith, and a desire to see something good come from the loss. They also described taking back the power that was stolen from them while enduring the loss. The empowerment they recounted was credited to finding purpose in their loss. Men in the study had a strong desire to help other men who were going through this challenging time. Even though there was a continuing struggle for some, they saw their experience as accomplishing something for good in their lives. Ultimately the men reflected on

restored identity. They no longer saw themselves as victims in the disempowerment they faced, but they instead chose to rise from the remnants.

Implications

This dissertation consists of three parts: a concept analysis, literature review, and a phenomenological study of lived experience. These work together to offer insight into men's experiences with perinatal loss. The findings of the concept analysis and literature review are integrated within the findings from the study. Implications for nursing research and practice, education, and policy will be addressed in this section.

Nursing Research and Practice Implications

In this study, men had a delayed grief response of two to three months after the death of the baby. Men suppressed their grief responses in an effort to uphold masculine norms, and because they were prioritizing their partner's experience. Other studies are congruent with men suppressing their grief responses (Fernandez-Basanta et al., 2022; Levy & Avitsur, 2022; Puddifoot & Johnson, 1997; Stinson et al., 1992). Stinson et al. (1992) conducted a study that measured couples' grief following perinatal loss using the Perinatal Grief Scale (PGS), developed by Toedter et al. (1988). They reported that over time, men's despair increased. Despair is a more significant subscale on the PGS which potentially suggests that men do hold on to suppressed grief longer and it manifests as despair over time. However, the specific time frame of two to three months is a new contribution from this research.

This study also shows that men with underlying mental health histories had magnified responses of grief during this timeframe, something which earlier research has not specified. The concept analysis could hold some implications regarding grief, the magnified responses some men experienced, and connectedness. Connectedness was found in previous studies to offer

protection in negative life events (Maulik et al., 2010), but men who hold traditional masculine ideals have difficulty with connectedness (Bonell et al. 2023; Nordin et al., 2024). Men in the study suppressed their grieving responses, out of a desire to demonstrate masculine traits they considered acceptable, potentially reducing connectedness with their significant other. This could create further risks for men's mental health (Cleary, 2012).

Additionally, it is at this intersection of masculinity and suppressed grieving that concern for complicated grief, PTSS, and PTSD may arise (Kersting & Wagner, 2012; Levy & Avitsur, 2022). This poses a salient implication for nursing. More research is needed to explore this overall delayed grief response and further, the exaggerated one from those who are at risk. Research with this focus can influence empirical evidence that promotes male-specific, meaningful interventions to support men facing this loss. Further, nurses can work to identity men with a history of mental health concerns so that the magnified response may be avoided through supportive measures, education, and follow up. Education and support regarding the couple's relationship is also needed to maintain connectedness and communication. Nurses have an opportunity to provide this care to men and their families.

A second implication for nursing resulting from this study arises out of the time spent with the deceased baby in memory making. Many men found this helpful in the study. This aspect of the finding is congruent with other studies. Lizcano Pabón et al. (2019) found that men found holding their deceased baby helped them to accept their loss. Memory making was also viewed positively and aided in their moving forward and finding meaning. The current study shows that some men felt conflict in memory making activities with the baby, knowing that ultimately, their outcome remained the same. It is prudent for research to focus on this area to explore where this is beneficial and at what point it could be harmful. Nurses should also provide

additional support such as pastoral care, social work, or resources such as support groups to these fathers at the point of care.

A third implication for nursing arises from the overarching aspect of support. Men in the study endured many losses — loss of power, loss of their baby, loss of identity. The encounters men had with intrusive others and in *The Void* of others, caused them to feel discounted and marginalized. Their experience of disempowerment—marked by uncertainty, expectations, and adaptation—further heightened their vulnerability regarding masculine identity. Moreover, the lack of attainment of the role of fatherhood is a concern. Affleck et al. (2018) reported the significance of this role in shaping male identity. This raises important questions regarding the potential impact on men's identity and mental health when the desired role is not attained. Nursing research in this area could help identify what impact this has on men's mental health.

The lack of noted interaction with nurses created even more uncertainty and disempowerment as there is no mention of education, support, or a presence simply being there. Connectedness may be affected by this absence, since it can extend beyond one's partner. When feeling marginalized or discounted, and when masculinity is threatened, connectedness through help-seeking is jeopardized, as has been discussed. There is an implication for nursing to provide a safe space for men to process their losses. This helps build trust, which is a component of connectedness (Bi et al., 2025). Education and information can be offered by nurses, thereby supporting their decision making. Nurses can ensure that information is given at an appropriate time, so that it can be comprehended and understood without urgency. This creates a sense of agency and power for men so they may make well-informed, well thought out decisions. In research, nurse scientists can explore existing masculinity models, or work to theorize a new

model, to determine supportive measures for identity in men. This could help drive scientifically backed interventions for practice.

Men in the study described the support they received in terms of tangible, practical support. Men expressed receiving food, transportation, and financial help in their accounts of support. This type of support is referred to as instrumental support, and research indicates that men generally prefer this type of support in times of need (McKenzie et al., 2018). Masculinity is a thread woven through this finding related to support. Men who have been taught to "take care" of their families may feel depressed, anxious, or frustrated if they believe they aren't meeting those expectations (Rice et al., 2017). Traditional masculine norms and beliefs are seen as some of the men in the study expressed not wanting to ask for help. However, in perinatal loss, men do need support. Nurses can encourage and support men to seek that help when needed.

An additional factor regarding support emerged in situations where certain needs were expressed but ultimately were not fulfilled. This could result in further feelings of being forced into the identity of a victim. Future research could explore and expand what is known about supportive measures for men. Nurses can help men facing perinatal loss by offering support that men find meaningful, such as offering specific interventions, connecting them with needed resources, and providing education and information to best support them. They could also help inform friends and family members what is valued for men and their families during this significant life event.

In other studies men reported being marginalized, but this stemmed from lack of recognition in their loss and being physically isolated at times from their partner in maternity care environments. While men in this study expressed feelings of dismissal and marginalization, they did not specifically express a sense of being under-recognized or unacknowledged in their

loss or in their role as a father. However, it is noteworthy that many of these men interacted with a bereavement team at some point in their perinatal loss journey. Another area of research focus could be to explore the benefits of this team as it relates to their perceptions of being acknowledged and recognized. Nurses are valuable members of the interdisciplinary team. Regardless of available resources, nurses' attitudes and actions towards men as grieving fathers can further allow men to feel recognized and their example can inspire others on the care team to consider these men in their loss.

Educational Implications

Nurses who serve as educators in programs of nursing can ensure that men are considered in perinatal loss. When discussing pregnancy complications such as miscarriage, stillbirth, and neonatal death, sharing the father's perspective should be a priority. This can highlight the nuances in the loss for men. Integrating this focus in undergraduate and graduate courses can raise awareness of men's experiences in perinatal loss for those who are training to become nurses and advanced practice nurses. Nursing programs should highlight the core values of the profession of nursing. Among those, providing holistic care is foundational to our discipline. One way to ensure that holistic care is offered in perinatal care is to consider the individual needs of the fathers who face this loss.

Nurse educators should prioritize dissemination of quality research regarding men's experiences with perinatal loss. Not only is this essential for student nurses, but for nurses who practice in facilities offering maternity care. Nurse educators in the hospital setting can further increase awareness of men's needs in perinatal loss through in-service educational opportunities and by supporting nurses who have an interest in this area to receive additional education and certifications.

Nurse scientists can use their work to educate others about men's experiences with perinatal loss. Opportunities for raising awareness are poster and podium presentations, publishing manuscripts about their study findings, and educating those in positions to affect change in institutions and policymaking. As nurses are change agents, prioritizing the dissemination of their work can be an effective way to influence needed education and interventions for men facing perinatal loss.

Policy Implications

Specific policy and practice changes can occur in individual, interpersonal, community, and public policy levels. At all levels, the fundamental change needed is to address men's experiences with perinatal loss (Azeez et al., 2022; Burden et al., 2016; Jones et al., 2019; Levy & Avitsur, 2022; Miller et al., 2019).

Hospitals and other institutions that provide maternity care could adopt a framework for interacting with parents who experience perinatal loss. When examining existing comprehensive policy frameworks, one that is significant in its ability to address the needs of men experiencing perinatal loss is TIC (Harris & Fallot, 2001). The systematic approach of TIC recognizes that trauma may influence the way a client experiences their care. TIC aims to understand the underlying causes of an individual's behavior by examining past experiences, rather than focusing on inherent deficiencies or issues within the individual (Harris & Fallot, 2001). The goal of TIC is to prevent retraumatizing patients who may have experienced trauma. In addition to being informed by TIC, hospitals and other institutions where maternity care services are available should provide trained perinatal bereavement counselors to be in the facility on all shifts.

At the community level, nurses can work within community organizations, or as change agents individually to raise awareness about men's needs when facing perinatal loss. This represents a domain in which the dissemination of research findings can be strategically employed to inform the public about study outcomes that can be beneficial to men experiencing perinatal loss. This can also be accomplished by working with community leaders, men's organizations, and local mental health providers. By working with men's groups, information about masculinity and connectedness may also be more readily received by men. Working with men to raise awareness of the ways that traditional masculinity shapes their thinking, and ultimately their mental and physical health, could be prioritized among support groups or community events. This foundation is essential because it establishes a strong basis for fostering meaningful connections among men. Having strong connectedness in men helps them maneuver life changes, is protective against negative life events, and can positively influence their longevity and well-being (Holt-Lundstad et al., 2010; Maulik et al., 2010; Sullivan et al., 2021).

At the public policy level, education around men's health is a priority. Advocating for men in ways that are important to them allows men to maintain their agency, while promoting healthy outcomes. Advocating for workplace bereavement leave for men experiencing perinatal leave could provide not only validation, but also necessary financial support and time to process their grief (Obst et al., 2021). Integrating mental health and trauma support for men who score high on assessments following perinatal loss could be an effective intervention offered through employee assistance programs. As future research becomes available, using this evidence to design interventions for men during and after perinatal loss is crucial to caring for men facing perinatal loss holistically.

Conclusion

The results of this dissertation form a framework that offers insight into men's experiences with perinatal loss. The experience is multilayered for men and is intersected at many points by views of masculinity that influence their attitudes and behaviors. It is my sincere hope that this work provides knowledge that promotes further research, so that ultimately, men's lives are supported as they experience perinatal loss and as they move beyond it. These findings reveal several implications for nursing research and practice, education, and policy. These implications were identified to promote holistic care of men as they endure perinatal loss and to influence optimal physical and mental health outcomes.

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Appendix

Consent for Research Participation Research

Study Title: Exploring Men's Experiences with Perinatal Loss

Researchers: Sandra Thomas, PhD, RN, FAAN. University of Tennessee, Knoxville. (Principal Investigator)

Rebecca Burrow, MSN, APRN, FNP-C, CNE, MSCP, RNC-OB, University of Tennessee, Knoxville. (Co-Principal Investigator)

Amy Alspaugh, PhD, CNM, University of Tennessee, Knoxville. (Co-Investigator) Phyllis Thompson, PhD LCSW University of Tennessee, Knoxville (Co-Investigator) Janet Tucker, PhD, RN, FAWHONN (Co-Investigator)

We are asking you to be in this study because you are a man who is at least 18 years old, who has experienced a perinatal loss with a female partner and are English proficient. The information in this consent form is to help you decide if you want to be a part of this research study. Please take your time reading this form and contact the researcher(s) to ask any questions you may have.

Why is the research being done?

The purpose of this study is to describe the experience of perinatal loss from the perspective of the man.

What will I do in this study?

If you agree to participate in this study, we will schedule a time for you to complete a study interview. The interview will be scheduled at a time that is convenient for you. The interview will take approximately one hour and will take place over Zoom secure video conferencing software. If you prefer, the meeting can instead take place in person, face to face, at a mutually agreed upon location that provides

privacy and your confidentiality. Both options for the interview will be audio and/or video recorded.

Following the interview, a transcript will be generated using Zoom technology and will be kept securely in a password protected folder, using a pseudonym that is assigned for you to protect your privacy and information.

You can skip any questions that you do not want to answer.

How long will I be in the research study?

If you agree to participate, your time requirement will be approximately 30 minutes to one hour.

Can I say "No"?

Being in the study is completely voluntary. You can say no now or choose to leave the study at any time later. Either way, your decision is yours and will not affect your relationship with the researchers or the University of Tennessee.

What happens if I say "Yes" but change my mind later?

Even if you decide to be in the study now, but you change your mind later, you may stop at any time. If you decide to stop before the completion of the study, you may contact Rebecca Burrow to inform of your decision. Upon withdrawing from the study, all information and research data that is collected from you will be deleted.

Are there any risks to me?

It is possible that someone could find out that you were in the study or see your study information, but we believe this risk is small because of the procedures we use to protect your information, These

procedures are described later in this form. Further, some individuals may experience unpleasant emotions when recalling memories. Measures will be taken to ensure that any emotional discomfort is minimized.

Are there any benefits to me?

There are no direct benefits related to research participation. Most people find the telling of their story to be a rewarding experience. Your participation may help us learn more about the experiences of men who endure perinatal loss. We hope the knowledge gained from this study will benefit others in the future.

What will happen with the information collected in this study?

We will protect the confidentiality of your information by assigning a pseudonym and unique study number to identify your information in our computer files and data analysis. All data will be stored on a secure computer server owned and maintained by the University of Tennessee. The server (OneDrive) is password protected, and the folders for your information will also be password protected. Information that is collected will be solely for the purpose of the research study. Any information from this study that is published will have all identifying information removed (such as your name and contact information, or any personal information) and will not be used. We will make every reasonable effort to ensure that your information is not accessible to anyone who is not on the research team, or from knowing that you are involved in this research study. Although it is not likely, there are times that others may need to see information we collected about you. These include:

- People at the University of Tennessee, Knoxville who oversee research to ensure it is conducted properly.
- Government agencies and others who are responsible for watching over the safety and effectiveness of research studies.

- If a court ruling or a law requires us to share information, we would follow that court ruling.

What will happen to my information after this study is over?

We will keep your information to use in further research studies. However, your name and any other information that directly associates you to the study will be kept securely away from your research data that was collected as part of the study. We will not share your information with other researchers.

Will I be paid for being in this study?

You will receive a $20 Starbucks gift card for participating in this study. The gift card will be sent to you electronically using the contact information you provide.

What else do I need to know?

Approximately 12 people will participate in this study. Because it is a small study, it is possible that someone could identify you based on the information we collected from you. However, we will make every reasonable effort to protect your privacy and provide confidentiality during the study.

Who do I contact if I have questions about this study?

If you have questions or concerns about this study, please contact Dr. Sandra Thomas, stthomas@utk.edu or Rebecca Burrow at rburrow1@uthsc.edu.or questions about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board

The University of Tennessee, Knoxville Phone: 865-974-7697

Email: utkirb@utk.edu

Statement of Consent

I have read this form, been given the chance to ask questions and have my questions answered. If I have more questions, I have been told who to contact. I understand that I am agreeing to be in this study. I can keep a copy of this consent information for future reference. If I do not want to be in this study, I do not need to do anything else.

Qualtrics screening form

1. Are you interested in participating in this study?

   Yes No

2. What is your age?

3. Did the loss of your baby occur with a female partner?

   Yes No

4. Are you proficient in English?

   Yes No

5. What is your contact information, and which is your preferred method of contact?

   Email:

   Phone:

   Text:

The next questions are optional and do not affect your participation in the study.

6. What is your highest level of education?

- Some High School
- High School Graduate
- Some College
- College Graduate
- Some Post-College Education
- Graduate Education Graduate

7. How do you identify yourself regarding race?

8. What is your occupation? (state unemployed or retired if applicable)

9. How long has it been since the loss of your baby?

10. What support services have you received regarding the loss of your baby (counseling, support groups, specific materials related to pregnancy loss)?

Mental Health Resources

Online Therapy:

www.talkspace.com

www.betterhelp.com

Hotline Numbers:

- 988 Lifeline (or text 988) for immediate help
- Crisis Text Line (text HOME to 741741 to connect with a volunteer crisis counselor)
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Help Line (phone number 1-800-662-4357)
- National Alliance on Mental Health https://www.nami.org/support-education/nami-helpline/

Telephone Script for Participants Who Prefer Telephone Outreach for Scheduling:

My name is Rebecca Burrow, and I am a researcher at the University of Tennessee at Knoxville. I am reaching out to you because you submitted a survey expressing interest in our research study, "Exploring Men's Experiences with Perinatal Loss." The next step for the study is to complete an interview. This interview lasts approximately 30 minutes to one hour and will offer valuable insights that you will contribute to our research. I would like to request your availability for the interview, which can be performed by a virtual Zoom meeting, or an in-person face to face meeting. Could you

offer some potential meeting times, and whether you prefer Zoom or an in-person interview?

[will work through scheduling date/time and meeting preference]

Please be assured that your participation in this study is completely voluntary, and all information shared during the interview will be treated with confidentiality. All identifying information you provide will be removed so that your privacy is protected. I will send you an email following up on our conversation and I will attach a copy of the informed consent form for your review prior to our meeting.

[I will also include the list of mental health resources in this email]

If you have any questions or concern about this study, or if you need to change your interview date/time, please reach out to me by email or phone call. Do you have any questions?

Thank you and I look forward to our interview session.

February 1, 2005

CONFIDENTIALITY AGREEMENT

As a participating member of the Transdisciplinary Phenomenology Research Group at the University of Tennessee, which meets in the College of Nursing or via Zoom videoconferencing technology under the direction of Dr. Sandra Thomas, I agree to guarantee confidentiality to all participants whose audio recorded interview transcripts are read aloud in the group meetings during the 2025-2026 academic year. This means that I will not repeat any words, phrases, or other excerpts from the audio recorded interviews outside of the meetings. I will not publicly divulge the nature of any information learned, or discussions that have taken place, during the group meetings. Additionally, I will continue to adhere to this confidentiality agreement during any related work with interview transcripts that takes place outside the parameters of the group meetings.

Signature: Date:

Participants Needed:
Research Study to Explore Men's Experience With Perinatal Loss

If you have experienced perinatal loss:

- Would you be willing to share your experiences in an interview for a research study exploring men's experiences with perinatal loss?

- Time Commitment: 30 minutes to 1 hour
- Participants will receive a $20 Starbucks gift card for their time
- Interviews will be conducted via zoom or in person (your preference)



Contact Information

- **Principle Investigator:** Dr. Sandra Thomas
- **Co-Principle Investigator & Research Contact:** Rebecca Burrow

Scan QR code to access participation form to see if you qualify for the research study

Research is affiliated with University of Tennessee Knoxville

For any questions regarding the study or for further information, please contact Rebecca Burrow at **rburrow1@uthsc.edu**

IRB NUMBER: UTK IRB-25-09022-XM
IRB APPROVAL DATE: 08/05/2025

Interview Research Questions

Think of the time that you experienced the loss of your baby. What stands out to you about this experience?

After eliciting stories from the father, other questions will be asked to further elicit descriptions of this experience or to clarify statements made by the father, such as: “Can you tell me more about that?” “Take me to the time of X, what was that like?” and “Draw me into that time of…”.

Clarifying or follow up questions would use words the participant used to build on his description of the experience.

Concluding Remarks:

Thank you for taking the time to participate in this study interview. Do you have any questions for me before we end this session? Thank you, and please contact me if you have any questions for me about the study.

Email to be used as follow-up to the Qualtrics Survey Submission

Subject: Invitation to Participate in Research Study Interview

Hello [participant's name]

My name is Rebecca Burrow, and I am a researcher at the University of Tennessee at Knoxville. I am reaching out to you because you submitted a survey expressing interest in our research study, "Exploring Men's Experiences with Perinatal Loss." The next step for the study is to complete an interview. This interview lasts between 30 minutes and one hour and will offer valuable insights that you will contribute to our research. I would like to request your availability for the interview, which can be performed by a virtual Zoom meeting, or an in-person face to face meeting. If you could please provide three potential meeting times, and whether you prefer Zoom or an in-person interview, this would be appreciated. Your participation in this study is completely voluntary, and all information shared during the interview will be treated with confidentiality, and all identifying information you provide will be removed so your privacy is protected. I am attaching a copy of the informed consent form for your review prior to our meeting. I am also including a list of mental health resources for your use if you experience emotional distress during the study.

If you have any questions or concern about this study, please reach out to me at rburrow1@uthsc.edu.

Thank you for your time. I look forward to hearing from you soon, Rebecca Burrow, MSN, APRN, FNP-C, MSCP, RNC-OB

The University of Tennessee Knoxville Rburrow1@uthsc.edu

Follow up email (after phone call)

Dear [participant's name],

I enjoyed our phone conversation [insert time frame for phone call], and as a follow up please see the following information with some study details.

Meeting [Meeting date/time]

I am attaching the research study's informed consent form for your review prior to our interview time. If you have any questions regarding the interview or study, or if you would like to reschedule your interview or withdraw from the study, please email me at rburrow1@uthsc.edu. Your participation is completely voluntary.

I am also attaching a list of mental health resources if you should find yourself in emotional distress due to your participation in the study.

Please let me know if you have any questions.

Sincerely,

Rebecca Burrow, MSN, APRN, FNP-C, MSCP, RNC-OB

University of Tennessee, Knoxville Rburrow1@uthsc.edu

Vita

Rebecca Burrow received her Registered Nurse Diploma from Baptist Hospital School of Nursing in Memphis, Tennessee in October of 1991. Since that time, she has worked in labor and delivery, with a special focus on high-risk labor and delivery. Rebecca received her Bachelor of Nursing Science in 1995. In 2016, Rebecca became a certified perinatal grief counselor. She received her Master of Nursing Education degree in December of 2017, where she was granted the Academic Excellence Award, and was inducted into Sigma Theta Tau International Nursing Honor Society. Rebecca became a full-time faculty member at the University of Memphis as a Clinical Assistant Professor in 2019.

In 2024, she received a post-graduate certificate as a Family Nurse Practitioner and is a board-certified Family Nurse Practitioner through the Americal Association of Nurse Practitioners. Currently, she works as full-time nursing faculty at the University of Tennessee Health Science Center in Memphis, Tennessee.

Rebecca enrolled in a PhD program at the University of Tennessee at Knoxville in August of 2022. In 2022-2023, she received the Sara Ross Croley scholarship award. She was granted the Dean's Vol Nurse Endowed Scholarship in the academic year of 2025-2026. She was chosen to represent the University of Tennessee at Knoxville as a Rising Star in research for the Southern Nursing Research Society in 2026. Rebecca was named by the College of Nursing as a Volunteer of Distinction in 2026.