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Pregnancy loss and the disenfranchised grief that can accompany the loss can be difficult for parents to process. Counselors can struggle when counseling clients to find a way to process their pregnancy loss and grief. Jaffe (2017) described the reproductive story as an intervention for therapists to use when working with clients who experience a pregnancy loss. Therapists can use a reproductive story to examine clients' developmental aspects of their childhood and the narrative they developed about what a parent is and what a family look likes. The grief of men will be explored, examining how the reproductive story can be universally applied through different theories to help clients cope with the grief experienced.

Keywords: pregnancy loss, miscarriage, stillbirth, men, grief

According to the American College of Obstetrician and Gynecologists' (2015) research, miscarriage is a common occurrence, stating that approximately 10% of all clinically recognized pregnancies end in a miscarriage**.** Pregnancy loss is not what people envision when trying to start or expand their family, but it can be devastating for those who it becomes reality. This experience comes with a complex grief process, that is different from others in that the person is left to grieve what could have been instead of memories of what was lost. Pregnancy loss is a grief of the future, not the past. When someone loses a friend or loved one, they have memories of them, pictures or potentially other items that hold sentimental value, when someone experiences pregnancy loss those memories are never made, and the grief is focused on what could have been. Counselors working with this population have to be prepared to explore their own reproductive story and the impact it will have on the therapeutic relationship (Jaffe, 2017). Counselors will practice with those who have experienced pregnancy loss due to their own experiences with loss (Marrero, 2013). Particularly, counselors will need to know how to navigate what and when to address their reproductive story with their clients. Utilizing research on pregnancy loss will help counselors learn ad prepare for working with this population's grief and trauma (Jaffe, 2016, 2017).

In 2017, the American Psychological Association dedicated a special research section on psychotherapy for pregnancy loss. Markin (2017) stated the research was meant to address recommendations for counselors, clinical and psychological aspects, societal concerns, and areas for future research. Researchers examined and discussed the disenfranchised grief experienced by parents throughout the section. Doka's (1989) research originated the term, disenfranchised grief, that most accurately describes parents' grief from pregnancy loss. Doka's disenfranchised grief described an experience of loss that is not openly acknowledged, publicly mourned, or socially supported. Society is often dismissive of a parent's grief from a pregnancy loss by not recognizing the significance or depth of the pain associated with the loss, especially in comparison to other losses (Lang et al, 2011).

With 10% of all clinically recognized pregnancies ending in miscarriage, most of us have either experienced a pregnancy loss or know someone that has experienced a pregnancy loss (American College of

Obstetricians & Gynecologists, 2018). This manuscript seeks to add to the literature on pregnancy loss, by helping counselors recognize the versatility in Jaffe's (2017) reproductive story through different theoretical approaches and how it can be utilized with male clients. Jaffe's (2017) reproductive story is the concept that every person has a reproductive story and the story is used to help them frame the trauma when the story has gone in a way they did not expect, like a pregnancy loss.

Counselors can use the reproductive story intervention to help parent's process their grief. Jaffe and Diamond (2011) stated that all people have a reproductive story and their story starts in early childhood. Many factors shape their story, including their own parents, how they were parented, and their desire to have or not have kids. The grief parents' experience can come from a lack of control they feel when their reproductive story takes a turn they did not plan (Jaffe, 2017). The goal of this intervention is to help clients connect with the child they lost, take ownership of their own reproductive story, and to process the grief associated with the loss of the pregnancy.

Literature Review

Kersting and Wagner (2012) conducted a review of the thorough review of the literature and found that men are affected by pregnancy loss but stated there is a limited amount of research in this filed. In one of the few more recent studies, there was a link between grief and depression in men and the gestational age at the time of loss (Riggs et al., 2018). Research conducted by Koert et al. (2019) found that men were adversely impacted by pregnancy loss. In this study, men expressed a desire to be included and acknowledged by healthcare professionals and further resources to assist with support, information or treatment. Research has been done on some approaches as to how counselors should handle clients who have experienced pregnancy loss. Thus, we plan to explore a couple of these approaches and how they can utilize the reproductive story.

Approaches to Pregnancy Loss

When a pregnancy is lost, parents can feel this on deeper levels, feeling that their world has been shaken as the crumbling of their reproductive story is happening around them (Jaffe, 2017). Jaffee developed the reproductive story to assist clients in processing their pregnancy loss. The reproductive story is an intervention that can be integrated within a variety of theories, due to how universal the reproductive story is. Counselors look to different theories and approaches to find the most appropriate ways to help their clients process the loss of their reproductive story. Attachment Theory and Cognitive-Behavioral Therapy were chosen as two examples to show how one can incorporate the reproductive story into theory due to them being used in the treatment of those who have experienced pregnancy loss.

Attachment Theory. Treating pregnancy loss can become complicated when clients are attempting to continue their reproductive story and have another child (Hutti et al., 2013). Emotional distress has been associated with a pregnancy after a previous pregnancy loss (Shreffler et al., 2011). O'Leary (2004) suggests reframing unresolved grief through an attachment model. It is argued that forming an attachment to a new child can be compromised if parents are still struggling with their role with the deceased child. The research states that a new level of grief forms when they are expecting a new baby after pregnancy loss, which can lead to enduring grief if left unacknowledged. Warland et al. (2011) study found that pregnancy and infant loss has long term effects on parents, with participants from their study maintaining a level of detachment with their child into childhood. Warland et al. suggested that the attachment was disrupted by the grief of the loss and bonding with their

subsequent child, with the potential for long-term impacts on parenting the child. O'Leary and Henke (2017) researched the support parents need with helping to form an attachment with a new baby after a pregnancy loss. They found that helping clients bond using attachment theory in individual and group settings supported the relationship with the baby lost during the former pregnancy, while continuing the bond with the current pregnancy. Jaffe (2017) explored how the reproductive story helps facilitate the grieving process. Utilizing the reproductive story intervention could help clients develop a healthier bond and attachment by processing how their reproductive story has not gone as they expected.

Cognitive-Behavioral Therapy. The use of cognitive-behavioral therapy (CBT) in treating pregnancy loss can be very useful (Bennett et al., 2012; Wenzel, 2017). Aspects of CBT like cognitive reframing, journaling, relaxation/mindful activities, and role playing to name a few can be beneficial to clients who have experienced pregnancy loss. Bennett et al. (2012) researched the use of CBT on behavioral and psychological effects on women who experienced grief following a pregnancy loss. Utilizing certain CBT techniques such as emotion regulation, skill building, and exposure, this research saw a decline in reported grief symptoms. While this was a small study, it provided evidence in support of using CBT in working with women who have experienced pregnancy loss. In a later study conducted by Wenzel (2017), they stated that pregnancy loss is accompanied by an intense meaning that interferes with the belief system of those who experienced the loss, and that it can be difficult for them to manage with previous skills. Wenzel argued that CBT has the possibility of being one of the more effective approaches as it targets emotion, behavior, and cognition within the therapeutic relationship. She then asserted that the amount of empirical studies and CBT's approach disrupts negative meanings and beliefs. Wenzel emphasized that these three aspects of CBT were most effective: cognitive restructuring, behavioral activation, and mindfulness and acceptance. An example of this was how cognitive restructuring can help clients address the feelings of guilt or blame they have associated with the loss. Wenzel stated that the balance between those three aspects and the therapeutic relationship targeted the symptoms of grief following a pregnancy loss.

Utilizing CBT, a counselor could help their client process the client's reproductive story, but also assist them in challenging negative thoughts about themselves, using mindfulness and acceptance to focus on the present and accept the next part of their reproductive story. The combination of the reproductive story and CBT could be especially useful in helping men process their pregnancy loss. By helping men to recognize their reproductive story, they can then utilize CBT techniques to assist with client's potential thoughts of shame or guilt and help them to be in the present.

Pregnancy Loss and Men

Pregnancy loss takes many forms, each coming with its own complex grief process. Bonnette and Broom (2012) found that research around stillbirth focused almost exclusively on the experience of women and very little was reported on the experiences of men who experienced pregnancy loss. Typically, pregnancy loss is seen more as a women's issue (McCreight, 2004: Murphy, 1998; Riggs et al., 2018; Rineheart & Kiselica, 2010). Men's perspective on pregnancy loss is an area often under researched or reviewed in literature. Parents often experience enduring grief and emotional distress after a pregnancy loss, but research and guidelines focus on women's care. Current literature does not thoroughly address the complex nature of men's grief (Obst et al. 2019).

The mental health of men who experienced pregnancy loss is an area of concern as they share similar feelings associated with disenfranchised grief as

women (Scheidt et al., 2012). Rinehart and Kiselica (2010) stated that if men have the expectation of shouldering the emotions of their partner, their own emotional wellbeing should be just as important to clinicians. Rinehart and Kiselica examined a case study looking at a 24-year old man, whose girlfriend experienced a miscarriage while he was in prison. This client was seen by the second author, referred to as Dr. K, in which she raised three points of concern when treating him. These points were that he struggled with the pregnancy loss because it was real to him, he had common beliefs about masculinity, and he was incarcerated, placing him in an environment that is far less accepting of emotions. Society still holds the belief that men should be strong, failing to create opportunities that allow men to express themselves in a beneficial way (McCreight, 2004).

Bonnette and Broom (2012) conducted a qualitative study and interviewed 12 men to share their stories of pregnancy loss. They explored the experience of fathers and how they engaged with their unborn and stillborn children and the perception of their grief. Bonnette and Broom (2012) found that ultrasounds help in establishing the father role and bond with the child. Furthermore, they found that the concept of identities, such as being labeled a father, played a large role in the grief process. The participants in this study affirmed that by honoring the lost child helped affirm their identity as a father and the recognition of this identity supported them through their grief, while a lack of recognition only made it harder to grief and display that identity.

Altogether, Attachment theory and Cognitive-Behavioral Therapy are just two approaches that have been used in helping those who have experienced pregnancy loss. While men's experiences still need to be explored more in the research, they do experience pain associated with that loss (Riggs et al., 2018). Jaffe (2017) states that every person has a reproductive story. Counselors learning about the reproductive story and how it could be utilized with male clients, through the counselor's theory of choice, could serve to benefit this unresearched population. Next is a scenario to help explore a male's experience with pregnancy loss to help in conceptualizing the integration of the reproductive story.

Scenario

Michael is a 27-year-old biracial male. He was in his second year of graduate school when his wife experienced a miscarriage at 8 weeks. This was the second pregnancy they have lost, the first occurring when he was dating his wife when she was 19 and he was 21 years old. Michael stated that they did not tell anyone outside of a select few friends about the first loss. He explained how they were afraid of the reaction of family and peers. He shared that their immediate family knew about the second loss and were supportive to his wife but did not know what to say him other than simple condolences. Michael has struggled to talk to his wife about his feelings over the miscarriages, as he feels that he needs to be there for her since she is the one that physically experienced the loss in addition to being emotionally supportive. Michael's wife expressed to him that she feels alone in her grief, as he has not expressed anything to her other than support. Michael stated that he has always wanted a family, as he comes from a very large family. He was excited when he found out his wife was pregnant, as he felt they were in a better place for a child. Michael and his wife eagerly began to plan for their growing family, and he was devastated when the doctor told them about the miscarriage. Michael shared that he does not talk about the first loss and has struggled to express fears over not having a family. It has been approximately nine months since the loss, and Michael does not feel he can discuss his grief as anytime it is mentioned with friends or family, the conversation comes to a stop with an awkward silence. He recently

found out that his wife is four weeks pregnant and stated that he is experiencing a range of emotions, from excitement to fear. Michael stated he wants to find a way to discuss the loss he has experienced while finding a way to have hope that he will have the family he always wanted.

Conceptualization of the Idea

In the scenario, Michael shared similar feelings and experiences to other men who have experienced pregnancy loss. Michael's counselor can incorporate the reproductive story intervention to help Michael process his grief and his feelings about the pregnancy losses he has experienced. There are several aspects of Michael's grief that align with the case study done by Rinheart and Kiselica (2010). Michael felt that the pregnancies were real to him, as he looked forward to becoming a father and shared the belief that he should be strong for his wife through their losses. Michael also felt unable to discuss the losses they experienced due to stigma surrounding the first pregnancy occurring at a younger age and the lack of space created for him to grieve his loss. Michael admitted that his wife was open to discussing the miscarriages, but he felt he needed to be strong for her as society has instilled the notion that pregnancy loss is a woman's issue. Michael is struggling to express the grief he has experienced, because he doesn't feel he has the space or opportunity that allows him to express it (McCreight, 2004).

He is possibly experiencing prolonged or pathological grief due to the unresolved emotional distress from the previous losses experienced, complicated by the new bond he is trying to develop with his wife's current pregnancy (Shreffler et al., 2011). Michael's reproductive story has taken a turn he did not expect and has shaken the concept of what he hoped his family would be. Through attachment theory, helping Michael process this aspect of his reproductive story and processing the attachment he had to the child he lost. Processing the attachment and grief associated with the pregnancy loss could help prevent intergenerational traumas (Diamond & Diamond, 2017). Wenzel (2017) identified three aspects of CBT that could be beneficial in helping a client, such as behavioral activation, cognitive restructuring, and mindfulness and acceptance. Michael could use these components to reframe how he currently views his reproductive story, reframing it in a way that helps him process his grief.

Michael could be experiencing disenfranchised grief. This grief is unrecognized and unsupported, a feeling Michael and other men often experience when it comes to pregnancy loss. Working with clients who have experienced this profound loss is best suited for advanced clinicians, as they will know the best ways to incorporate the reproductive story into the sessions, no matter their theory or approach. This intervention could help the client to fully develop and process their reproductive story, helping them reach a place where they can process the pregnancy loss they have experienced, possibly have a relationship with the baby lost, and still potentially feel confident and available to have a relationship with future children.

Implications for Counselors

As society begins to shift and we begin to acknowledge the depth of pregnancy loss, especially for men, counselors will see these clients' reaching out for the assistance they need in processing their grief. While researching the experience of men, there was limited research on support for them versus research showing interventions for couples or their female counterparts. As more research is conducted in this area, having hospitals offer support groups for men, separate from their partners, might help reduce the stigma and give men a voice to help them reduce the alienation they have with their grief. Counselors can incorporate the reproductive story into their approach in a

variety of ways, using it in the best ways to help the client sitting before them. Research has been conducted from different theoretical approaches, such as CBT and attachment theory, but further research exploring it from other approaches could help expand this work even further. A feminist approach, for example, could further explore pregnancy loss from all genders and potentially help further the research in this field. While the reproductive story is a great tool, counselors' have to keep in mind their own reproductive story.

Jaffe (2017) discusses how counselors have their own reproductive story. It does not matter where they are at in life, their story impacts the therapeutic relationship, as counselors often choose this work because of their own pregnancy loss (Marrero, 2013). Counselors who choose to practice with these clients need to be prepared for how they will address their own reproductive story with clients. Counselors should use clinical judgement to determine when it is most appropriate, as every client is different and what is appropriate for one relationship will not be appropriate for another. Counselors need to find awareness of their own story and reproductive trauma, allowing them to use it effectively without risk of countertransference (Jaffe, 2016, 2017). Counselors need to engage in self-care to prevent compassion fatigue and burnout. Professionals can better serve their clients when they are not compromised from the trauma that they are helping their clients with (Killian, 2008). This is particularly true for those who have experienced pregnancy loss, as working with clients who have experienced this as well could be triggering for counselors.

Conclusion

Pregnancy loss is a common, yet tragic event. The disenfranchised grief that goes unacknowledged or mourned with a lack of support complicates the tragedy of pregnancy loss even more (Doka, 1989; Shannon & Wilkinson, 2020). Until society stops dismissing and minimizing the grief of parents, this unrecognized grief will continue in silence by those who suffer most (Lang et al., 2011). Fathers are particularly left to grieve on their own as society expects them to be strong for their partners. Counselors can use the reproductive story to help clients process feelings from childhood through adulthood, as they work through the hopes of what they expected their reproductive story to be (Jaffe & Diamond, 2011). Processing the reproductive story can help clients feel more in control at a time when their story and family feels out of control (Jaffe, 2017). Helping fathers to connect with their identity of being a father and acknowledging how real the baby was to them, can help them to process their grief outwardly.

More research is being done on pregnancy loss and how we can effectively treat the emotional distress that accompanies such a loss. Attachment theory and CBT were two examples of approaches that explored aspects of the grieving process, as well as how to help counselors use these approaches to best serve their clients. This research has primarily focused on women, as pregnancy loss is still seen as a women's issue (McCreight, 2004: Murphy, 1998; Riggs et al., 2018; Rinheart & Kiselica, 2010). This is a viewpoint that needs to shift in research, application, and societal viewpoint. The expectation that men shoulder the weight of their partner's emotions and wellbeing, means that as counselor we should be just as concerned about the wellbeing of men (Rinehart & Kiselica, 2010). In hopes that as counselors we can create an environment where men feel just as comfortable seeking counseling and begin to process their reproductive story.

Counselors using the reproductive story in their approach to counseling can be advantageous to clients who have experienced pregnancy loss. This allows

counselors to be beneficial to their clients, while also incorporating an intervention into an approach they are comfortable with. Counselors needs to do so with discretion, considering their own reproductive story and the effect it could have on the client and the counselor themselves. A counselor who becomes pregnant while working with a client who has experienced loss should explore how the counselor's pregnancy, and thus her reproductive story, impacts the client and the therapeutic relationship. Counselors also need awareness of their own reproductive story so if a client shares about their experience, the counselor can be aware of potential countertransference (Marrero, 2013). Counselor self-care when working with trauma and/or grief must be a priority, especially because those who chose to work with these clients frequently have their own reproductive trauma (Killian, 2008; Jaffe, 2017).

Pregnancy loss is an area that still has research to be done, especially when it concerns men. Men experience the same depth of emotions and grief that women do over pregnancy loss (Renner et al., 2000). Researchers need to fully explore the male experience, to understand what can help them process their grief, in case there are differences that have not been found in the limited research that is available. The reproductive story is universal in that everyone has a reproductive story, even though they have different parts. This is what makes it an intervention that can be used for men, as it looks at them on an individual level, and gives a voice to their grief and experiences that often go unheard.

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