TRANSITION, TURBULENCE, AND RELATIONSHIP-FOCUSED COPING DURING PREGNANCY AFTER PERINATAL LOSS

by

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ABSTRACT

The findings of clinical studies reveal that the subsequent pregnancy after perinatal loss (PAL) is a stressful experience for parents. However, these studies have mainly focused on stressors related to the pregnancy itself. The dissertation study attempted to understand how couples experience the waiting period before conceiving after a perinatal loss and the timeframe of the subsequent pregnancy. Additionally, the goal of the current study was to address two existing gaps in perinatal loss research within the field of communication and relationship research. First, limited studies illustrate couples' resilience during the period after perinatal loss and subsequent pregnancy. The current study adopts Solomon and colleagues' (2016) Relational Turbulence Theory (RTT) and Coyne and Smith's (1991) Relationship-Focused Model (RFCM) as the theoretical frameworks to explore couples' perception of self, partner, and relationship during the waiting period and subsequent pregnancy. Second, extant research within the field has explored couples' experience of perinatal loss, emphasizing grief and bereavement of the pregnancy. Limited research exists on relationship functioning and maintenance as couples navigate the period after perinatal loss. Nelson and colleagues (2017) conceptualized the waiting period as the time after period loss when couples are ready for another pregnancy. Eight married couples in heterosexual relationships participated in the study. After a Phenomenological Analysis (IPA) (Smith et al., 1999) of the data collected using individual and couple interviews, the findings of Analysis (IPA) (Smith et al., 1999) of the data collected using individual and couple interviews, the findings of my study present how couples make sense of PAL as a

transitional event, issues of relational turbulence and interdependence (Solomon et al., 2016) that characterized their experience. Given the tendency of PAL to create relationship strain and stress, the couples in my study adapted behaviors similar to active engagement and protective buffering (Coyne & Smith, 1991) for navigating the stressors of the subsequent pregnancy. Despite this study's success, the methodological limitation related to its homogenous sample includes the absence of participants involved in committed same-sex relationships and cohabiting couples. Nevertheless, the study presented five practical implications for professionals and individuals and are committed to helping couples navigate the period of PAL as well as several theoretical contributions to RTT and RFCM.

DEDICATION

This dissertation project came to fruition through the sufficient grace of God made available to me, the support and sacrifices of the people dearest to me. Therefore, I dedicate this work to my husband Adebayo Samuel Opayemi, my children Oluwatooni Joshua Opayemi, Elyse Oreofeoluwa Opayemi, and my parents, Mr. Lawrence, and Mrs. Bolatito Babalola.

LIST OF ABBREVATIONS AND SYMBOLS

CM	Congruence model
DC	Dyadic coping
DCCM	Development contextual coping model
EC	Emotional Cushioning
ERM	Emotion-in-relationships models
IPA	Interpretative phenomenological analysis
PAL	Pregnancy after perinatal loss
PTSD	Post-traumatic stress disorder
RFCM	Relationship-focused coping model
RCCM	Relational cultural model
RTM	Relational turbulence model
RTT	Relational turbulence model
RQ	Research question
SID	Sudden infant death
STM	Systemic-transaction model
URT	Uncertainty reduction theory
WHO	World health organization

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CHAPTER ONE

INTRODUCTION

The perinatal period is an experience some couples report as stressful, impacts intimacy, and requires coping efforts from both partners (Condon et al., 2004). Researchers (e.g., Philpott, Warren, Fitzgerald & Savage, 2017) define the perinatal period as the time of pregnancy to the first twelve months after the baby's birth. This time frame also covers the period when parents are likely to experience perinatal loss (miscarriage, ectopic pregnancy, medical abortion, stillbirth) or neonatal death (sudden infant death). According to Armstrong (2001), a perinatal loss can occur during the late or early pregnancy period or within 28 days after birth. Each year, one in five pregnancies or about 750,000 to 1,000,000 pregnancies end in a miscarriage in the United States (LiveScience, 2015). In 2018, a total of 21,467 infants under the age of one year died in the United States (Center for Disease Control, 2020). These data provide evidence that fetal and neonatal deaths are adverse pregnancy outcomes. Regardless of the gestational age of the fetus or newborn, bereaved parents experience grief which is expressed in various ways and for an extended period (Corbet – Owen, 2003).

Additionally, extant research reports the outcomes of grief after perinatal loss have personal and relationship consequences, including depression, hopelessness, guilt, and decrease in sexual activity (DeFrain & Ernst, 1978; Dyregrov & Matthiesen,1987; Wing et al., 2001). Though the World Health Center (WHO, 2005) recommends that parents should wait at least six months after the loss before a subsequent pregnancy, data from existing research reveal women

experience an overwhelming urge to have a subsequent pregnancy as soon as possible, and about 80% of women conceive within the first 18 months after their loss (Dyer et al., 2019).

Unfortunately, for some women, the overwhelming urge to become pregnant after the perinatal loss is replaced by stress, relationship strain, anxiety, concern for themselves and their partners during the period (Bailey et al., 2019). From a systematic review of existing qualitative findings of PAL studies, Brunton and colleagues (2019) recorded some personal and dyadic issues during this period. For instance, there is evidence that couples disagree on the timing and necessity of trying for another pregnancy. Some parents experience stress caused by a lack of support from members of their personal network. Hence, increasing the responsibility of parents to offer support for one another (Brunton et al., 2019). However, there is evidence that this sense of responsibility is unequally shared among partners as society places a greater expectation on men to provide support for their partners –including the need to remain strong and hide their distress from their partner. At the same time, there is the tendency for some men to experience a similar level of stress as women during PAL (Campbell - Jackson, Bezance & Horsch, 2014; O'Leary, 2015). Most of the existing studies on PAL have been conducted as clinical studies, majorly focused on women's experience (e.g., Cote – Arsenault & Donato, 2011), while few studies exist on the experience of men (e.g., O'Leary, 2015). Most of these studies have provided information on how couples cope independently with PAL (e.g., Cote – Arsenault, Bidlack & Humn, 2001; Franche, 2001). To the best of my knowledge, no study has explored the experience of couples as a unit or how PAL impacts relationship functioning. The existing research on relationship transition could serve as a lens for understanding PAL.

A growing body of interpersonal communication research has demonstrated that certain events, including the birth of a child and losing a loved one, facilitate perceptions of turbulence

in romantic relationships (Brisini et al., 2018; Droser, 2020; Tian & Solomon, 2020). One of the markers of turbulence in a relationship is relational uncertainty (Solomon & Knobloch, 2001;2004). Extant studies (Knobloch & Theiss, 2012; Nagy & Theiss, 2013; Steuber & Solomon, 2008) on relational turbulence reveal sources of relational uncertainty include questions about one's involvement in the relationship, questions about a partner's commitment to the relationship, and doubts about the relationship itself. Concurrently, the findings from these studies reveal how specific relationship episodes shape the relational partners' experiences of uncertainty.

Additionally, interdependence between relationship partners causes turmoil. As a characteristic of committed relationships, interdependence allows couples to interfere with the achievement of personal goals and completion of previously independent activities (Solomon & Knobloch, 2001;2004). Researchers (e.g., LeFebvre, 2014) have applied relational turbulence to how couples make sense of stressful experiences; less is known about strategies couples employ to simultaneously navigate stressors that emerge during transitions and maintain relationship functioning. In addition to understanding how couples navigate turmoil and maintain relationship functioning, it is essential to explore exactly how they cope with stressors that emerge during this period using communication. According to Solomon et al. (2016):

> "…communication can influence the relationship parameters that give rise to cognitive appraisals and emotional reactions…these reciprocal influences can exacerbate the deleterious effects of relational uncertainty and interference from a partner or contribute to resilience within relationships" (p. 522).

Researchers have found that maintaining relationship functioning in a committed

relationship during unprecedented times requires dyadic coping efforts (Bodenmann, 1995, 2005; Coyne & Smith, 1991; DeLongis & O'Brien, 1990). Dyadic coping, commonly conceptualized as how couples help each other during a stressful period facilitates relational and personal wellbeing (Bodenmann, 2005). To the best of my knowledge, only a few studies on perinatal loss conducted by communication researchers (e.g., Holman & Horstman, 2019) have focused on how couples make sense of relationship satisfaction. Though Holman and Horstman's study (2019) are relevant, it is essential to consider how parents cope with other stressors that emerge after the loss beside grief. The findings of clinical studies on PAL provide evidence for further exploration of bereaved parents' lived experience even after their loss (e.g., Armstrong, 2004; Nelson et al., 2017). According to Stroebe and Shut (2010), a loss is a primary stressor that births secondary stressors, and bereaved individuals must confront and cope with these challenges.

In this vein, I designed the current study to explore parents' experiences of relationship transition, turbulence, and dyadic coping during PAL. Given this research attempting to illuminate research participants' lived experiences, I discovered an understanding of the meanings individuals make of their existences as couples who experienced PAL. I also explored how couples cope by helping each other navigate relationships and personal stressors. In the absence of research on relationship processes, the extant findings of studies about couples' lived experience after perinatal loss provided the initial insight into how relational uncertainty mechanisms might manifest during pregnancy after perinatal loss (e.g., Dyregrov & Matthiesen, 1987, Feeley & Gottlieb, 1988, Wing et al., 2001). Using the Relational Turbulence Theory (RTT; Solomon et al., 2016) and Coyne and Smith (1990) as a framework, this dissertation study provided contextual information on the changes to relationship functioning couples experience

during PAL and appropriate dyadic coping behaviors enacted during the period. Therefore, findings add an empirical contribution to understanding contextual manifestations of relational turbulence elements in the context of PAL. I anticipate my findings will open up conversations about relationship maintenance after perinatal loss, an under-explored aspect of romantic relationships in communication research. More importantly, the relevance of my findings extends beyond the field of communication and relationship research. Although there is a plethora of research on PAL within clinical studies, findings on parents' relational experience are missing. Therefore, the relationship-focused lens my study brings to the research on PAL also contributes to its significance. Extant findings from research on RFCM report a link between dyadic coping, relationship satisfaction, and wellbeing (e.g., Badr, 2004). Taken together, the transference of my findings to other fields, including counseling, psychology, and clinical studies where PAL has been a phenomenon of interest, presents an opportunity for research within communication studies to contribute to how researchers draw conclusions and understanding of PAL in other fields.

I organized this dissertation study into five chapters. This first chapter offered a rationale for the purpose and heuristic merit of my research. The second chapter reviews the literature on perinatal loss, PAL, and exploration of the two theoretical frameworks that guide the study. The third chapter outlines the methodology for the research. The fourth chapter includes my analysis and interpretation of the data collected from research participants. The fifth chapter presents a detailed discussion of research findings, theoretical and practical contribution, limitations and directions for future research, and conclusion.

CHAPTER TWO

LITERATURE REVIEW

This literature review is divided into three parts. First, a discussion of stress and the perinatal period is presented. Second, parents' stress and individual coping efforts during pregnancy after perinatal loss (PAL) are identified with an emphasis on the need for a dyadic approach to studying this phenomenon. Finally, this review concludes with a discussion of the theoretical approaches guiding the current research: Relational Turbulence Theory (Solomon et al., 2016) and Relationship-Focused Coping (Coyne & Smith, 1991; DeLongis & O'Brien, 1990).

Stress and the Perinatal Period

Researchers acknowledge the perinatal period as a stressful experience for couples and that there are often changes to personal and relationship routines (Condon, Boyce & Corkindale, 2004). However, the research on pregnancy, relational transitions, couple's stress, and combined coping is limited. The existing literature contains clinical studies emphasizing the increase or decline in couples' relationship satisfaction and adjustment after the birth of a child. Baldoni and colleagues (2020) noted one of the factors responsible for researchers' streamlined approach to the study of stress during the perinatal period is evident in the fact that stress during pregnancy is "mostly operationalized as parenting-related stress after childbirth" (p. 1937). Hence, most of the research on the phenomenon focuses on perinatal distress and its impact on parenting dimensions as well as the fetus and child development (e.g., Lazinski et al., 2008) or the adverse effect of

postpartum distress on women's mental health and family functioning (e.g., O'Hara & Wiesner, 2014).

However, the need to focus on relationship functioning, stress, and coping during the perinatal period is evident in research findings that show the emergence of partner-level distress during this period. For instance, scholars (e.g., Baldoni et al., 2020; Condon et al., 2004) report parents experience stress out of concern for one another. Mothers are likely to experience stress when they suspect their partner is exhibiting severe paternal depressive symptoms and vice versa. In addition, fathers experience relationship dissatisfaction because of their stress and the presence of stress and depressive symptoms in their partners (Baldoni et al., 2020). According to Baldoni et al. (2020), researchers have paid less attention to parents' emotional state during pregnancy; it was not until two decades ago that father's role and stress began to gain researchers' interest. Condon and colleagues (2004) argued an overemphasis on the experience of mothers prevented the exploration of the perinatal distress that fathers experience. Fathers experience sparsity in support, reluctance to share emotional problems, and financial concerns about providing for the family. These issues are either not common in women's experience or operate at a lesser degree.

Another gap in the research on stress, coping, and pregnancy is the extended focus on the experience of primiparous (first-time parents) consisting of the majority of the transition to parenthood research. For instance, in a study of Swedish first-time expectant fathers, Finnbogadottir and colleagues (2020) discovered the cause of distress during pregnancy included a feeling of inadequacy and insufficiency. This negative perception of ‘self’ emerges from uncertainty about the future, assuming new roles and additional responsibilities, adjusting to the changes (e.g., physical, mood, sexual activeness) in their romantic partner, and involvement in

social activities. Finnbogadottir et. al. (2020) study and others of its kind have contributed much to advance knowledge about how couples experience pregnancy as stressful. Even more, a prior experience of perinatal contributes another stressor during pregnancy.

Perinatal Loss

A prior experience of perinatal loss is an experience reported as causing distress during subsequent pregnancy irrespective of the number of surviving children (Côté-Arsenault et al., 2001). The research on perinatal loss reveals that child loss is a painful experience that causes changes in couples' relationships and long-term stressors for parents (Dyregrov & Matthiesen,1987). Perinatal loss has been researched as a type of loss caused by miscarriage, stillbirth, newborn death, or sudden infant death (SID). Regardless of the cause of death, parents experience grief and agonizing pain for their loss, and customary coping mechanisms might be inadequate (Dyregrov & Matthiesen,1987). The expression of these negative feelings may take different forms. According to Brier (1999), some mothers who experience miscarriage are overwhelmed for various reasons, including losing: (a) the special attention and care accorded to pregnant women, (b) the motherhood she imagined with the fetus, and (c) self–esteem due to a sense of failure in a task generally considered a basic function of the woman body. In addition, mothers begin to experience doubts about their ability to bring a fetus to full term or give birth in the future.

Additionally, Wing and colleagues (2001) noted the loss of an infant increases a sense of other secondary loss such as loss of hopes and dreams and the experience of raising a particular child. In their analysis of research findings of parents' grief responses to perinatal or infant loss across five cultures (Australia, Great Britain, the Netherlands, Canada, and the United States), Wing et al. (2001) reported parents' reaction to grief after the loss of a child included guilt and

blame. Fathers are also more likely to experience a greater feeling of denial in the first two years after the loss. It is also not uncommon for men within these cultures to feel a sense of failure related to their identity and role as the family's protector. On the other hand, women felt a sense of failure as a mother, wife, and a loss of biological competence if genetic abnormalities caused their loss. In addition, Corbet–Owen (2003) discovered mothers experienced a greater sense of guilt, blamed themselves, and their partner blamed them for the loss. Feeling accused by their partner resulted in devastation for some women and hesitance to seek support from their spouse (Corbet–Owen, 2003).

Drawing from previous studies, Corbet–Owen (2003) also noted underlying factors are responsible for why some fathers blame their partner for a perinatal loss. Fathers tend to mask their grief or feeling of inadequacy with anger when there is: (a) uncertainty about the appropriate behavior at the time of the loss; (b) feeling ignored as a parent who also experienced a loss and (c) helplessness when faced with their partner's pain. Corbet–Owen (2003) noted that for men, masking their grief with anger was a coping strategy, and their partner's lack of understanding behind this emotional expression could have a detrimental effect on the relationship. Even more, gender differences in how mothers and fathers cope with infant and perinatal loss can cause distress for couples. Wing et al. (2001) reported women are more expressive and prefer process-oriented forms of coping by talking to others and immersing themselves in their grief, whereas men are less explicit. Fathers tend to express greater control over painful emotions, preoccupy themselves with work, or subsume themselves in the role of support provider for their wives. This discordance in coping style inhibits couples' communication during the grieving period and increases marital distress.

Additionally, differences in grief duration following perinatal and infant loss also lead to marital distress. In their study of grief across five cultures, Wing et al. (2001) noted wives struggled with understanding how their husbands could easily overcome their grief. On the other hand, husbands expressed bewilderment at the intensity and duration of their wives' grief. Though some men are aware of their wives' expectations to express their grief openly, some fathers refrain from doing so if their wives responded with tears in previous instances.

Furthermore, individuals in same-sex relationships are confronted with additional stressors during a pregnancy loss. These other stressors stem from the narrative around 'normal' pregnancy and same-sex relationships as non-normative. Peel (2010) stated that the narratives around 'normal' pregnancy favor marriage and 'natural' conception associated with the heterosexual relationship. Additionally, compared to heterosexual relationships, same-sex couples rely more on assisted reproduction technologies and services for conception. Peel (2010) reported that due to the complex processes and practices involved in becoming pregnant for lesbian couples–including lengthy period before conception, emotional and material investment in impending motherhood–the negative emotions, feelings, and thoughts associated with perinatal loss are amplified in affected couples. Even more, the mutual desire to conceive may not exist for relationship partners in a same-sex relationship. The woman who experiences perinatal is confronted with two challenges; the grief of both the loss of a pregnancy and the opportunity to become a parent through her partner's successful pregnancy.

To summarize, perinatal loss poses a challenge for relationship functioning and causes emotional and psychological distress in couples. However, this traumatic event does not deter some couples from hoping for a successful pregnancy in the future. There is evidence that subsequent pregnancies are secondary stressors for couples who have experienced perinatal loss.

Unfortunately, the literature on pregnancy after perinatal loss (PAL) have ignored couples' perspective of the phenomenon. The following section discusses the distress that parents who experienced PAL report as part of their experience of the perinatal period.

Pregnancy After Perinatal Loss (PAL)

The existing research on pregnancy after perinatal loss (PAL) reveals that this experience often arouses fear, anxiety and hope (Armstrong, 2004). When some parents report a feeling of hope during PAL, the description involves wishing for the best but planning for the worst (Bailey et al., 2019). Hence, some parents' feelings and emotions during PAL are not usually the expected anticipation and enthusiasm generally associated with the experience of expecting a child. Rather, parents report stress due to pressure from family members to try again and high levels of depressing symptoms caused by a previous loss (Brooteen et al., 2014).

In addition, Nelson and colleagues (2017) noted parents experience elevated anxiety during specific periods between the time of the loss, the subsequent pregnancy, and delivery of a living baby. These periods include (a) the time between perinatal loss and the next conception, (b) waiting to confirm if the couple's attempt at conception was successful, and (c) confirming if the parents' successful attempt will result in a viable pregnancy. However, there is evidence that the anxiety experienced during the waiting period varies among couples. While some couples report overcoming their anxiety from as early as twelve weeks into the pregnancy, others report a much more extended period (Bailey et al., 2019; Ockhuijsen et al., 2013). Although researchers have not investigated the adjustments couples experience in their relationship during the PAL, the individual stressors couples report warrant exploring this perinatal period.

There is evidence that one of the factors responsible for stress in some couples is the length of time between the loss and the subsequent pregnancy (Lewis, 1979). This time frame

overlaps with the period parents are working through the grief of a perinatal loss and in need of social support. However, there are inconsistencies in how the presence of a subsequent pregnancy affects the grieving process of a previous loss. Some research findings (e.g., Lin & Lasker, 1996) show that a next pregnancy could quicken the bereaved parents' acceptance of the loss. In other words, the expecting parents may abandon their grief or adjust their grief response to the previous loss and channel their energy towards the subsequent pregnancy. Other researchers report (e.g., Armstrong, 2004) a subsequent pregnancy does not serve as the panacea for a previous loss. Instead, parents experience an increase in psychological distress and depressive symptoms. Lewis (1979) admonished that irrespective of the circumstance, the transition from unresolved mourning to a focus on the subsequent pregnancy could have long term negative effects for parents. The suppression of strong negative feelings for a previous loss could result in emotional detachment from the new baby, severe depression, and personality disorder due to mixed feelings about the loss.

The possibility of re-living an experience of perinatal loss during a subsequent pregnancy may constitute a more significant stressor for some couples in same-sex relationships than individuals in a heterosexual relationship for vastly different reasons. Although research is missing on individuals in same-sex relationship experience of PAL; the challenges they experience during conception or perinatal loss can provide a glimpse of the issues these individuals will likely navigate. One of the challenges is the response of medical professionals to their loss. In a study of the experience of lesbian couples who experienced perinatal loss, Peel (2010) reported some participants described their experience of perinatal loss as distressing due to the behaviors of medical professionals. Some of them manifested heterosexism by assuming the bereaved mothers are 'straight'.

Another problem was some professionals offered advice that seemed patronizing or treated them problematically in ways such as a lack of acknowledgment of the social/non-birth mother's distress. Additionally, overcoming the financial and social constraints of another pregnancy will perhaps contribute to the anxiety of same-sex couples. For instance, in Ellis' (2014) exploration of conception, pregnancy, and birth experiences in male and gender variant gestational parents, some gay couples experienced concern about feeling discriminated against in their search for surrogates or applying for adoption. Given this challenge, losing the chance at a successful pregnancy presents even more stressors. Besides social and financial constraints, Black (2014) noted lesbians make significant changes to their lifestyle in preparation for pregnancy than straight women. Feeling stuck in a consistent cycle of making substantial changes to lifestyle could facilitate feelings of frustration for lesbian or gender variant women who experience reoccurring loss. Additionally, deciding who should keep trying until a successful pregnancy occurs is not clear-cut within some lesbian relationships. Black (2014) noted one of the critical decisions lesbian couples are confronted with is which partner will try to conceive, especially in relationships where role identities are not rigid.

In addition, since subsequent pregnancies can occur during the grieving period of a perinatal loss, couples may experience challenges in their relationship. The research on the effect of PAL on relationships is limited. However, existing findings reveal the phenomenon is worth further exploration. For instance, according to Hutti and colleagues (2015), mothers spend more time grieving over a loss caused by a miscarriage than fathers. Perhaps, the differences in the length of time needed for grieving may lead to an increased expectation in the kinds and level of support women expect from their partners. In another study on the effect of self-criticism and marital adjustment of parents during PAL, Franche (2001) found that the presence of grief during

a subsequent pregnancy is related to the likelihood of parents developing a self-critical attitude. Women who reported a greater sense of self-criticism experienced more despair and difficulty coping with PAL. This emotional and psychological response prolonged grief for at least two years after the loss.

Furthermore, women's perception of a positive marital relationship with their partner facilitated a decrease in grief intensity after a loss. Based on the findings of the same study, Franche (2001) suggested having open communication about a previous loss and the impact of adjusting to a subsequent pregnancy on marital life may be beneficial for men during PAL. Franche's (2001) recommendation is based on the assumption that since couples' response to grief is not always in sync and this discrepancy leads to distress, discussing these concerns should allow couples to address the differences in their grieving process and facilitate a strategy for mutual dependency.Despite the potential to improve couples' experience during PAL by exploring relationship functioning and coping during this period, decades of research have focused on individual experiences of parents based on gender. The intense focus on women's experience of PAL and their coping strategies continue to dominate this area of research, even though the impact on relationship continue to surface in the data.

Mothers and PAL

When women become pregnant after a perinatal loss, being anxious, scared, and nervous are common ways they describe their feelings and emotions (Cote – Arsenault et al., 2001). Some women are overwhelmed by the fear of the possibility of another failed pregnancy (Broost & Kenney, 1992). Côté-Arsenault et al. (2001) found part of the factors responsible for the fear of women with or without surviving children during PAL emerge from the concern that if the current pregnancy fails, other aspects of their lives, being a parent and a wife, will be negatively

affected. This finding reveals women's perception of a link between the impact of the stressors caused by PAL on other relationships they consider essential. In addition, women whose loss was the first pregnancy expressed additional concern about losing the possibility of having children.

Furthermore, women's description of their experience during PAL reveals this period is marked by a feeling of social isolation (Bailey et al. 2019). Women's report of social isolation during PAL appears not to have occurred due to a lack of support from their personal network. Instead, the women themselves created privacy rules intended to shield them and the pregnancy from the public. Bailey et al. (2019) noted that this attitude during PAL is often perceived as a form of self–protection/preservation if a subsequent loss occurs. There are perhaps two likely outcomes for women who use this coping strategy. The women may experience greater pressure to cope with PAL on their own or become overly dependent on their partner for support. The latter option could pose a problem for their partners as men have also expressed a need for social support during PAL (O'Leary, 2005).

Even more, women who experienced recurrent miscarriages reported greater difficulty in making sense of and expressing their feelings and emotions about a subsequent pregnancy (Ockhuijsen et al., 2013). Their uncertainty emerges from the fact that they could not distinguish whether the subsequent pregnancy period was benign, a challenge, a threat, or harmful. Another challenge women report experiencing during PAL is confronting how the general expectation of pregnancy contradicts their lived experienced (Cote–Arsenault & Freije, 2004). For some women, the societal expectation that pregnancy equals birth is overshadowed by realizing that birth and death exist simultaneously during pregnancy. In other words, the outcome of pregnancy cannot be predetermined, and pregnancy does not always equal a baby. Extant research findings

reveal that a common strategy women use for coping with PAL is emotional cushioning (EC; Cote–Arsenault & Donato, 2011; Cote – Arsenault et al., 2006).

Emotional Cushioning. Women describe their experience of emotional cushioning (EC) as a defensive coping mechanism that involves avoiding emotional attachment and prenatal bonding with the fetus (Cote–Arsenault et al., 2006; Cote–Arsenault & Donato, 2011). According to Cote–Arsenault et al. (2011), the existing findings on women's emotional response to PAL reveal their use of two of Burgess and Clement (1997) defensive coping mechanisms, namely, high adaptive level defenses (e.g., suppression) and mental inhibition level defenses (e.g., intellectualization) as well as avoidance.

Burgess & Clement (1997) proposed defensive coping mechanisms to explain stress activators, reactions, and consequences. Incidents that activate stressors in individuals can be internal or external, sufficiently intense, and cause changes in the individual. These changes can have a prolonged or cumulative effect on wellbeing. According to Burgess and Clement (1997), individuals who use the high adaptive level defense mechanisms show good coping skills and adaptation to managing stressors. Using high adaptive level defenses involves delaying emotional response to a stressful event until the distressed individual is prepared to confront the stressor. Mental inhibition level defense mechanisms, on the other hand, involve pushing feelings, memories, and fears about the stressor into one's subconsciousness. Mental inhibition level defense mechanisms are not effective in coping with a previous trauma such as loss. Burgess & Clement (1997) noted that when cognitive inhibition fails to result in the desired coping outcome, depression is imminent in people who have experienced loss. The depression emerges as a response to the individual's difficulty synthesizing their feeling of anger and anxiety.

Suppression. Burgess & Clement (1997) described suppression as the process of consciously relegating disturbing thoughts and emotions. This strategy seems appropriate for specific stressors, but it is least efficient for coping after an experience of trauma (Armstadter & Vernon, 2008). Perinatal loss is a form of trauma (Armstrong, 2004) and has been found to result in Post-Traumatic Stress Disorder (PTSD) (O'Leary, 2005). According to Armstadter and Vernon (2008), experimental paradigms on thought suppression following a traumatic event reveal this coping strategy ironically leads to unwanted and intrusive thoughts resulting in increased negative emotions and anxiety.

Women report using emotional suppression as a defense mechanism during PAL to prepare themselves for the worst (Huitti et al., 2015). However, in Cote–Arsenault and colleagues' (2001) study of women's concerns during PAL, some participants expressed concern about their emotional stability during this period. Some participants in the study reported their fears revolved around their inability to physically and emotionally go through the pregnancy. This finding reflects women's need for reassurance of their emotional and physical capacity to cope from the earliest period of PAL to the delivery of a live baby – especially since some women are often highly pessimistic in the early weeks of pregnancy (Cote – Arsenault & Donato, 2007).

Intellectualization. Intellectualization involves the excessive use of abstract thinking and generalization as a strategy to control and minimize disturbing feelings (Burgess & Clement, 1997). Cote–Arsenault and Donato (2011) suggested: "intellectualization often includes focusing only on the facts. This strategy is useful in that no emotions is experienced about the subsequent pregnancy, and anxiety is reduced" (p. 83). For instance, a woman experiencing PAL may consciously make attempts to forget a prior loss by reassuring herself that perinatal loss is

common and life has to go on. Although holding an intellectual view appears safer and allows women to focus on the tangible parts of the current pregnancy, intellectualization could serve as the onset of unresolved grief and prevent maternal prenatal bonding (Cote – Arsenault & Freije, 2004; Lewis, 1979).

Avoidance. Cote–Arsenault and Donato (2011) described avoidance as the process of creating a reality in which a stressful event (perinatal loss) is treated as if it never happened. In an empirical comparison between mothers' and fathers' use of avoidance as a coping strategy during PAL, Armstrong (2004) discovered a greater pncesnce for avoidance in women than men. A likely explanation is the intention to "deny the meaning of the previous loss to remain hopeful about the current pregnancy" (p.771). According to Hutti and colleagues (2015), lack of support from members of the bereaved parents' network is one of the circumstances in which parents chose to use avoidance as a form of coping mechanism during a subsequent pregnancy.

However, there are inconsistencies in the effectiveness of avoidance as a form of coping strategy during a stressful event. On the one hand, as Roth and Cohen (1986) noted, avoidance is an effective form of coping strategy when distressed partners do not have control over the outcome of the stressful event. Given the existing findings on perinatal loss, this experience increases women’s feeling of a lack of control over the outcome of a subsequent pregnancy (Cote – Arsenault & Freije, 2004). Also, avoidance can facilitate an increase in hope and courage if maintained during a stressful event. On the other hand, excessive avoidance can prohibit the awareness of the link between trauma, certain reaction, and delay in activating the appropriate course of action (Roth & Cohen, 1986). In the case of PAL, avoidance will perhaps lead to frustration if the affected parent continues to ignore negative emotions related to perinatal loss during a subsequent pregnancy.

Cote–Arsenault and Donato (2011) claimed women experiencing PAL combine different individual coping strategies without preference for one dominating the others. Adopting these coping strategies could lead to other negative consequences (Armstadter & Vernon, 2008; Roth & Cohen, 1986; Armstrong, 2004). In addition, Cote-Arsenault and Donato (2011) discovered EC prevents women from acknowledging their emotional state or sharing it with others due to fear of vulnerability or inflicting emotional pain on their loved ones. In other words, EC provides protection, but there are possibilities of the emergence of different forms of distress, such as the pressure to create and maintain an optimistic persona in a period of distress. There is also the fact that despite women's report of relying on these individual coping strategies and defense mechanisms, women recognize the need for support from other people to cope with the stressors of PAL (Cote–Arsenault & Freijie, 2004). Interestingly, research findings also reveal women experience confusion about which individual coping strategies will be appropriate for their present concern (Bailey et al., 2015). This confusion emerges from uncertainty about the outcome of the subsequent pregnancy.

Fathers and PAL

In general, adjusting to pregnancy has cause psychological stress in fathers (O'Leary, 2015). The existing limited findings on men's PAL experience reveal they could benefit from their partner's mutual dependency. According to Armstrong (2001), fathers experience an increased concern about the outcome of a subsequent pregnancy. They are mindful of the risks and the possibility that something could happen to the current pregnancy. Armstrong (2004) stated the level of anxiety, risk, and hypervigilance that fathers experience during PAL remains high, irrespective of the timing of the previous loss or investment in the prior pregnancy.

In addition, O'Leary (2005) reported that post-traumatic stress disorder (PTSD) is a common phenomenon for fathers experiencing PAL. Fathers are more likely to display symptoms of PTSD during the ultrasound appointments of the subsequent pregnancy. Even more, fathers experiencing PTSD are less likely to show interest or be involved in prenatal activities such as attending doctors' appointments (O'Leary, 2005). Their partners may misunderstand the lack of interest during this time in the absence of open communication about how a prior loss has changed a father's perspective about pregnancy.

Furthermore, the biological, cultural, and societal pressure on men to assume the role of a protector for their partners during a stressful event inhibits men from seeking and accepting support during a time of perinatal loss and grief (Campbell – Jackson et al., 2014). In this role, men are perhaps more likely to become distracted or refrain from addressing unresolved grief before and during the subsequent pregnancy. Given that couples often become pregnant shortly after their loss, the presence of unresolved grief in men will perhaps limit their ability to offer adequate support to their partner during a subsequent pregnancy and even after the baby's birth.

Research evidence suggests that part of the consequences of unresolved grief for fathers include long-term distress for as long as two years and higher grief scores than women twelve to fifteen years post-loss (Dyregrov & Dyregrov, 1999). Another evidence that men's experience after loss contradicts social and cultural expectations is their reliance on better marital adjustment to experience less despair and difficulty coping (Franche, 2001). In other words, men's perception of their partner's better adjustment to a loss facilitates a positive coping attitude. Unfortunately, men continue to report a lack of support after perinatal loss and subsequent pregnancies (O'Leary, 2005).

Gaps in Existing Literature on PAL

Despite the increasing recognition of emotional and psychological challenges unique to PAL experienced by women and their partners, researchers have focused on women's experiences. Given the influence of a prior perinatal loss on the distress couples experience during PAL, the existing approach to PAL research has resulted in two gaps within the current literature. First, a lack of knowledge on couples' strategic and combined resources for coping with PAL as a unit. Second, the relationship transitions couples experience as a result of PAL. Hence, my study proposed it is important to explore a dyadic perspective of coping with PAL, as in some cases, relying on their partner for support is the only option of comfort for some couples (Armstrong, 2004).

Additionally, understanding couples' dyadic–and most importantly–effective coping strategies during PAL will perhaps lead to developing strategic recommendations for how couples can simultaneously experience positive relationship functioning as they respond to and cope with stressful life events as PAL. Even more, the research on how to increase knowledge on strategic interpersonal support for coping with PAL is of importance as "there are no standard or widespread protocol and programs for helping people in pregnancies after loss" (Cote–Arsenault & Freijie, 2004, p. 651).

Furthermore, marital relationships experience changes after a perinatal loss. As previously noted, the distress experienced during PAL can be a secondary stressor from a prior loss. There is evidence that some of these changes result in a misunderstanding between couples because men and women interpret these changes differently, causing a strain on the relationship (e.g., Corbet–Owen, 2003; Wing et al., 2001). However, compared to the number of existing studies on perinatal loss and the impact on a couple's relationship, the research on PAL has not

gained much attention. Hence, there is limited understanding of the changes couples experience in their relationship during PAL.

Given that subsequent pregnancy poses a secondary stressor from a prior loss, it is crucial to understand the couples' experience. For instance, understanding couples' perception of changes to the relationship could provide an insight into romantic partners' perspective of markers of relationship strain or resilience during PAL. The possibility that couples may experience strain or resilience in their relationship during PAL is evident in the conclusions of previous research that a subsequent pregnancy could facilitate quicker recovery from grief (Lin & Lasker, 1996) or pose additional distress (Armstrong, 2004).

The following two sections describe the theoretical and conceptual frameworks that guide the proposed research questions in this dissertation study: Relational Turbulence Theory (Solomon et al., 2016) and Relationship-Focused Coping (Coyne & Smith, 1991; DeLongis & O'Brien, 1990). The first section draws on the literature on relationship transition and turbulence. The second section discusses existing articulations of dyadic coping as relationship-focused coping and its benefits for relationship functioning during incidents similar to relational turmoil.

Transition and Committed Relationships

Relationship partners undergoing transitional moments experience changes in their behavior and define their relationship (Solomon & Knobloch, 2001;2004). The initial studies on transition within communication and relationship research focused on understanding why transitional moments are marked with upheavals. Theiss and Knobloch (2014) noted that this streamlined focus emanated from an interest in couples' experience during transition from casual to committed relationships. Therefore, extending the exploration of transition beyond courtship to established relationship provided a broader understanding of the phenomenon. Solomon and

colleagues (2016) described a transition as the pivotal period in a relationship that can facilitate relationship organization, growth, or decay.

Solomon, Weber, and Steuber (2010) proposed transitions can occur in relationships for different reasons, including relationship partners' responses to changes characterized by varying instabilities and adaptation processes. Therefore, the scholars suggest transition is a complex and multidimensional process that can be better understood within the social context in which it occurs. In other words, the contextual characteristics of transition and different factors could shape how it unfolds. Even more, transitions in relationships prompt "the reorganization and reintegration of identities, roles, relationship or behavior" (pg. 117). In their exploration of types of changes couples experience during the lifetime of their marriage, Brisini and colleagues (2018) reported participants considered the death of a loved one, birth, or adoption of a child as significant incidents that unfold as marital transitions.

In their exploration of how the experience of infertility transforms marital relationships, Steuber and Solomon's (2008) analysis of posts on an online infertility blog revealed some individuals experience contamination of sexual and romantic intimacy during this period. Sex became a routine scheduled in accordance demands of fertility treatments. Thus, having sex felt more like a task than pleasurable. Besides negative changes, the period of transition also can facilitate a positive perception of the relationship. Steuber & Solomon (2008) reported some individuals expressed a clear sense of relationship identity in their posts by adopting a collective orientation through the use of personal and possessive pronouns such as "we" and "our" in the description of their infertility journey. Knobloch and Theiss (2012) reported transition creates opportunities and challenges for relationship partners. For military couples, transition either

facilitated opportunities for closeness or challenges including breakdown in communication and a lack of sexual intimacy.

Similarly, in a study of empty nesters, Nagy and Theiss (2013) reported empty nesters enjoyed increased couple time, quality communication, and privacy during the transition. No research exists to confirm PAL as an experience that can cause a change in relationships; the extant research on perinatal loss and its effect on parent's individual experience during a subsequent pregnancy provides enough evidence to explore how relationships become replete with upheaval during this period. The Relational Turbulence Theory (Solomon et al., 2016) serves as an appropriate theory to guide this exploration.

Turbulence and Committed Relationships

Relational turbulence theory (RTT; Solomon et al., 2016) builds on the assumptions of Solomon and Knobloch's (2001, 2004) relational turbulence model (RTM). According to Solomon and colleagues (2016), RTT advances the existing assumptions of RTM for three reasons – (a) to highlight the distinctive processes through which relational uncertainty and partner interference shape cognition and emotion (b) to elaborate on the causal relationship between emotion, cognition, and communication and (c) to clarify how specific experiences can merge into an overall perception of the relationship as chaotic which in turn affects various outcomes (personal, relational, and social). Although RTT is a theory designed to explain the causal relationship between processes, Solomon and colleagues (2016, p.526) recognized the contributions a phenomenological perspective and findings could contribute to the advancement of the theory:

> Although our theoretical reasoning prioritizes cognitive and emotional processes within people, relational turbulence theory does not incorporate the phenomenological

experience of partners in a meaningful way. Thus, relational turbulence theory offers a particular type of account for communication experiences, and leaves room for scholars to bring a variety of other epistemological frameworks to bear in future work.

In this vein, my adaptation of RTT to the study of PAL is not ab attempt to proffer a causal explanation of processes within romantic relationships undergoing turbulence. Instead, to present findings that illuminate couples' experience of a subsequent pregnancy and turbulence process that characterized the meaning-making of relational episodes. I anticipate the approach will bring to light underlying nuances of human experience in the context of PAL. More specifically, I am not using RTT as a predictive theory to show specific relational processes in the context of transition and uncertainty that manifest communicatively. Still, my effort is to bring to light the underlying essence of these mechanisms in lived experience unaccounted for in quantitative measurements. In other words, my interest is not in how relational mechanisms of turbulence are related but what it is like to experience these characteristics in a specific context.

Before developing the theory, the study of relational turbulence emerged from an initial intent to understand the association between relational uncertainty, partners' interdependence, and level of intimacy (low, moderate, and high) (Solomon & Knobloch, 2001; 2004). In line with this purpose, the initial argument dominant in RTM was that relationships with low (non-committed relationships) and high (well-established relationships) levels of intimacy are less likely to experience turmoil. However, relationships with a moderate level of intimacy are prone to greater and frequent relational turmoil. Knobloch and Solomon (1999) suggested that relationships characterized by a medium level of intimacy transition from casual dating to courtship, cohabitation, marriage, or other forms of committed romantic relationships. Drawing from the findings of existing research, which provides evidence that challenges in these

relationships include verbal aggression, issues of emotional attachment, and jealousy, Solomon and Knobloch (2001, 2004) suggested relational turbulence emerge as a response to the problems. Within the scope of RTM and RTT, relational turbulence is conceptualized as a "variety of tumultuous experiences that occur [in] relationships" (Solomon & Knobloch, 2004, p. 21) and lead to "overall sense of chaos in the relationship" (Solomon et al., p. 518). More specifically, the presence of relational turbulence leads to an overall and consistent evaluation of a relationship as tumultuous, unsteady, fragile, and chaotic by at least one member of a dyad.

Additionally, relationship evaluation resulting in relational turbulence is shaped by two parameters–relational uncertainty and interdependence. According to Solomon and Knobloch (2004), relational uncertainty evolves from a sense of ambiguity about the status of the relationship. This conceptualization of turbulence as a by-product of uncertainty emerged from applying Uncertainty Reduction Theory (URT; Berger & Calabrese, 1975) to the study of relationships. Berger and Calabrese (1975) proposed URT to promote research on understanding the "initial phases of interaction between strangers" (p. 99) with the hope of also explaining the processes of interpersonal communication in established relationships. The central idea within URT was that individuals experience an uncertainty about the self, partner, and relationship at the initial stage of interaction.

Similarly, within the scope of RTM and RTT, the feeling of ambiguity may be connected to the evaluation of self, partner, and relationship. Even more, Solomon and Knobloch (2004) suggested that as relationship partners try to make sense of the ambiguity, questions arise about one's involvement in the relationship (self uncertainty); there is a feeling of doubt about the other person's commitment to the relationship (partner uncertainty) and lack of confidence in the relationship itself (relationship uncertainty). According to Solomon and colleagues (2016),

biased cognitive appraisal, adverse emotional reaction, and polarized communication are reactions to relational uncertainty in relationship partners; these reactions have consequences. Viewing relationship episodes through the lens of biased cognitive appraisal encourages individuals to rely on incomplete information during attempts to make sense of situations (Solomon et al., 2016).

Furthermore, efforts towards mutual commitment in a romantic relationship comes with a price. According to Solomon and Knobloch (2001), the process of establishing and adjusting to interdependence permits romantic partners to influence each other's goals and performance of previously independent activities. This argument is grounded in the assumptions of Berschield's (1983) emotion-in-relationships model (ERM). According to the model, granting others influence on personal goals results in either interference or facilitation of the desired outcome, facilitating negative or positive emotional reactions to situations. Solomon and Knobloch (2001; 2004) argued negotiating partner interdependence and influence contribute to turbulence in relationships transitioning to a moderate level of intimacy. Within the scope of RTM, partners become more interdependent as intimacy increases; therefore, relationship partners have to navigate incidents of disruptions. The lack of knowledge about approaching relationship events coordinated through interdependence leads to friction in relationships. Solomon and Knobloch (2004) noted errors, missteps, and a break in action sequences are factors that lead to tension in the relationship. However, once relationship partners develop a clearer understanding of how their involvement should contribute to relationship functioning, there are fewer disruptive action sequences.

During the earlier stages of the application of RTM to research, researchers (Knobloch Solomon, 2004; Solomon & Knobloch, 2001) explored issues of interdependence related to the

accomplishment of routines and everyday activities. Their finding reveals that incorporating relationship matters in routines and everyday activities leads to interference or facilitation from a partner. According to Solomon and Knobloch (2004), interference from a partner is the extent to which a romantic partner disrupts or makes difficult the achievement of everyday routine and activities. In contrast, facilitation from a partner facilitates daily routine and activities more efficiently. An initial position within the RTM is that of the two elements of interdependence; facilitation from a partner elicits positive emotion, whereas interference from a partner amplifies adverse emotional reaction to relationship episodes (Knobloch & Solomon, 2001; Solomon & Knobloch, 2004). Like LeFebvre (2014), researchers who adopt an inductive approach to understanding the manifestation of partner influence during transition report that under certain circumstances, interference from a partner can paradoxically manifest as facilitation. These kinds of patterns that emerge in relational turbulence research speak to the drivers of subjective meaning relationship partners attach to a transitional event. Similarly, Alan and colleagues (2020) noted the context and type of relationship under study represent some of these drivers.

Other applications of RTM revealed individuals experiencing relational uncertainty and partner interference are (a) less likely to engage in communication about sensitive, important and threatening topics (b) more likely to undertake an increased appraisal of relationship threat (Knobloch & Carpenter–Theune, 2004) and (c) experience negative emotions including fear (Knobloch, 2007). These findings directed researchers' attention to the cognitive, emotional, and behavioral markers of uncertainty and partner interference (Knobloch, Miller & Carpenter, 2007). In addition, due to lack of support and inconsistency in research findings, researchers soon abandoned their interest in the level of intimacy as the core of RTM. Solomon and colleagues noted two of the reasons for this shift are lack of agreed-upon definition of moderate

intimacy and relational uncertainty and partner independence continued to emerge in research findings as a stronger predictor of turbulence.

According to Solomon and colleagues (2016), romantic partners who perceive their relationship is experiencing turbulence are likely to be preoccupied with negative events occurring at the moment. Hence, relational turbulence could inhibit collaborative planning, which is required to address relationships and talk about mundane topics, major undertakings, positive episodes, and costly decisions (Solomon et al., 2016). For instance, couples who are experiencing relational turbulence after perinatal loss or during PAL may be reluctant to discuss concerns such as "what can we do as a couple to get through this pregnancy?" (major undertakings), "How should we celebrate the end of the waiting period?" (positive events) or "when should we try again after the loss?" (costly decisions). Although there are many variables and predictions accounted for and worthy of attention in RTT, the purpose of my interpretive inquiry is not to test the theory's predictions. Again, to understand how relationship partners make sense of relational behaviors, which manifests in ways similar to mechanisms of relational turbulence. Therefore, I propose that the constructs of relational uncertainty, issues of interdependence, communication valence and communicative engagement within the scope of will provide the insights into couples' experience of relationship transitions and specific episodes of relational turbulence during PAL.

Applying RTT to the Study of PAL

According to the tenets of RTT, people's cognitive appraisal of an event and emotional reaction to the situation causally impacts communication (Solomon et al., 2016). As a reaction to relationship episodes, Solomon. et al. (2016) stated individuals engage in two forms of communication behavior–communicative engagement and communication valence.

Communicative engagement refers to communicating versus withdrawal or avoiding and the direct or indirect use of communication. On the other hand, communication valence refers to the tone of the interaction, which ranges from positive responses to negative responses. The findings of how couples make sense of their communication or the essence of specific interactions during PAL do not exist. Understanding how couples experience communication processes and making sense of them for relationship functioning is important given the current findings on couples' communication after perinatal loss. For the purpose of the current study, this understanding should facilitate the recommendation of communicative behaviors relevant is for couple planning for a subsequent pregnancy after loss or already navigating the experience in their relationship along other relational challenges.

For instance, in a study of the differences and similarities between men's and women's prenatal grief following infant loss, Dyregrov and Matthiesen (1987) reported some couples, especially fathers, experienced negative changes in their relationship. Some participants in the study who perceived perinatal loss resulting in positive changes in the relationship reported their ability to communicate about the loss facilitated positive coping. Other couples who experienced a breakdown in communication following their loss reported strain on their relationship and tended to grow apart in their marriages. Similarly, Feeley and Gottlieb (1988) noted fathers' inability to communicate their grief or need for support following infant loss resulted in additional distress, intense mourning, higher levels of anxiety, and depression for their wives. In contrast, women who reported better communication with their partners and a feeling of improvement in sexual relations experienced lower levels of somatic distress and guilt following the loss. Although the application of RTM and RTT to the study of stress and coping is limited, the findings presented in Dygregrove and Mathiesen (1987) and Feeley and Gottlieb (1988) fit

the processes of communicative engagement, communication valence, and topic avoidance discovered in relational turbulence research in other contexts.

The issue of topic avoidance is also of interest to stress, coping and resilience researchers. For instance, Lillie and colleagues (2021) suggested that, in general, when confronted with stress, communication behaviors that align with resilience behaviors diminish relationship uncertainty, vice versa. A similar pattern exists in the finding of studies on perinatal loss. Changes in couples' styles of coping and communication lead to dyadic stress following perinatal loss. In examining the effect of discordant/concordant coping on marital relationship and communication, Feeley and Gottlieb (1988) reported mothers whose partners used discordant coping strategies perceived an increase in negative communication (e.g., hostility and conflict) during interaction with their partner. However, fathers did not report the same effect. Based on similar findings from previous research, Feeley and Gottlieb (1988) concluded mothers are probably more sensitive to the changes in their relationship than fathers. Despite the contribution of Feeley and Gottlieb's (1988) findings, the scholars noted quantitative measures might not adequately tap into the dimension of couples' communication following infant loss.

Sexual difficulty is another change that occurs in a couple's relationship after perinatal loss. Wing et al. (2001) analysis of research findings on changes to couple's relationship following perinatal loss reveal some couples limit or abstain from sexual activities. In some cases, couples perceived their lack of sexual desires during this period was related to fatigue, depression, numbness, preoccupation, and psychological discomfort. In other cases, sex was avoided for reasons including (a) the inhibition of conception memories of the fetus or the baby lost; (b) preventing pregnancy and the possibility of another loss; and (c)programming the mind and body to remain in a mourning state as sexual pleasure resulted in feeling guilt. Even more,

sexual difficulties could also pose a challenge for the relationship due to gender differences in the couple's perception of the role of sex after perinatal loss. Women experience a loss of interest in sex.

In comparison, men used sex as a source of comfort and are less likely to experience a loss of interest in sexual activities (Wing et al., 2001). When these changes in sexual activities result in conflict, bereaved parents may begin to perceive their partner as insensitive, uncaring, and unsupportive, blame or induce guilt on each other and experience an increased sense of isolation (Wing et al., 2001). These findings in Wing and colleagues' (2001) study are similar to the reports of researchers who have explored issues of relational turbulence, sexual intimacy in other contexts, including couples' experience of infertility (Steuber & Solomon, 2008), and depression (Delaney, 2020).

Furthermore, bereaved parents begin to experience greater communication difficulties from the first year after a perinatal loss. Wing and colleagues (2001) noted that communication issues arise from typical misunderstandings caused by unrealistic expectations of the grieving process from one or both partners. Or the assumption that no communication is better than open communication about the loss. For instance, Wing and colleagues (2001) stated husbands might perceive open communication about the loss may arouse pain for them and their partner. While dealing with these stressors, the first year after a loss is also when bereaved parents are likely to become pregnant (Armstrong, 2004). Given the overlap in the existing literature of perinatal loss and relational turbulence, I proposed exploring couples' experience during PAL might illuminate the issues of relational uncertainty and interference, if any, during the period. The information collected in the process should be helpful to professional practitioners or individuals interested in improving couples' experience of PAL. Additionally, this exploration should provide information

on address couples' questions about the personal, relational, and social aspects of their lives that are vulnerable to changes during the PAL. One of the benefits of such interaction is an opportunity to equip couples with information on what to expect during PAL and how to respond communicatively. The information in the following section on relational uncertainty and partner influence contributes to the importance of creating information that will help couples make sense of subsequent pregnancy after loss.

Relational Uncertainty

Extant research findings reveal the causes of relational uncertainty vary depending on the nature of relational turbulence (Nagy & Theiss, 2013; Steuber & Solomon, 2008). For instance, Steuber and Solomon (2008) reported that when husbands felt their wives prioritized becoming a parent over the marriage due to an 'overcommitment' to the process of conception, ambiguity about self and partner emerged. Whereas violation of support expectation contributed to partner uncertainty. Steuber and Solomon's (2008) findings illuminate the possibility for couples to prioritize different goals during a transitional moment. Although each goal's outcome could eventually benefit the relationship, how each member of the dyad makes sense of their current situation facilitates the perception of relational uncertainty. Couples might pursue different yet mutual goals during a subsequent pregnancy. A joint goal might be combined efforts toward having a living baby at the end of the pregnancy. However, the different goals related to couples' commitment to a viable pregnancy may include decisions about birth plans, which can lead to dyad's member of perception of self or partner uncertainty.

Furthermore, changes to familiar roles and identities lead to a sense of relational uncertainty during relationship transition. This feeling of relational uncertainty emerges from concern over how competently relational partners perform in their new roles. For instance, Nagy

and Theiss (2013) discovered empty nesters experience relational uncertainty due to worries about their (in)ability to transition from parent caregivers to spouses and perform adequately in this new role. Scholars, including LeFebvre (2014), report a shift in identity is one of the ways individuals make sense of their experience of transitional moments. Shifts in identity manifest as either a sense of confidence in the relationship (relational identity) or perceptions an evaluation of relationship characteristics. LeFebvre (2014) noted creating a positive narrative of relational identity development during transitional moments is essential during transitional and turbulence events. The extant literature on perinatal loss reveal could experience challenges in their relationship due to this event (Wing et al., 2001). Success at conception does not present a panacea to the stressors parents experience (Armstrong, 2004). These complexities that might emerge couples experiencing PAL also warrants further exploration of how the subsequent pregnancy facilitates couples' sensemaking of their relational identity during the period.

Another issue that emerges during moments of relational uncertainty is message processing. According to Knobloch and colleagues (2007), relational uncertainty makes message processing demanding for individuals; hence, people rely on inferences to make sense of interaction due to a lack of adequate knowledge. Based on previous research findings, Knobloch et al. (2007) stated that negative outcomes of biased message processing for married couples might include embarrassing oneself, hurting one's romantic partner, and disrupting the relationship status quo during high-stress situations. Ambiguity about engaging in open communication about perinatal loss complicates couples' experience of relationship satisfaction after loss (Wing et al., 2001). Perhaps if this ambiguity goes unaddressed until the subsequent pregnancy occurs, the challenges of biased messages and the outcomes presented in the finding of relational turbulence will contribute to couples' stressors during PAL.

Limited research exists on how couples experience relational uncertainty following perinatal loss. However, in Tian and Solomon's (2020) study of women's experience of relational uncertainty due to a miscarriage, their findings show perinatal loss facilitates the emergence or increase in relational uncertainty for women. This finding led to the conclusion that an experience of miscarriage may prompt mothers to question their marital relationship. Though scholars are yet to examine the issues of relational uncertainty in the context of PAL, there is evidence that PAL could facilitate a feeling of strain in the relationship (see. Cote – Arsenault et al., 2001). For instance, couples may harbor concerns that if the subsequent pregnancy after perinatal loss fails, questions about the best decision for the relationship moving forward might arise (i.e., relationship uncertainty). Additional challenges might emerge when available options contradict each member of the dyad's desired goals for conception or facilitate reduced confidence in one's role as a spouse and intimate partner (i.e., self-uncertainty). Thereby contributes to doubts about the other person's desire to support the conception of a subsequent pregnancy (i.e., partner uncertainty). Therefore, I propose that the finding of research that produces contextual information for couples on how PAL might contribute to the sensemaking of relational identity complexities, message processing, evaluation of goals related to conception, and support provision is relevant. Access to this kind of information will prepare couples for what to expect during PAL and maintain positive relationships effectively. The next section reviews the findings of issues of interdependence for relationship partners undergoing transitional moment.

Interdependence

RTT suggests that interdependence between relationship partners causes a reaction (Solomon et al., 2016). However, the nature of the reaction as positive or negative is determined

by how interdependence's contribution to the achievement (facilitation) or inhibition (interference) of personal goals. Extant studies (e.g., Nagy & Theiss, 2013) that have examined interference from a partner during a transition period focused on disrupting day-to-day activities, roles, and responsibility as a primary cause of partner interference. However, there is evidence that issues of interdependence emerge differently in specific contexts. According to Droser (2020), after spousal/parent loss, some parents and children struggled to overcome the loss, leading to additional emotional and physical stress for their relational partners. Some of the challenges of interdependence experienced during this period include the internal conflict of functioning as an individual and being responsible for others. Even more, bereaved relationship partners' (in)ability to talk about their grief created interdependence issues. Droser (2020) reported some partners experienced additional stress due to their relationship partner's unwillingness to participate in conversations related to the loss. Thereby suppression of grief feelings creates relational distancing for some individuals than others. Besides the challenges of relinquishing or gaining autonomy as a source of partner interference, there is evidence that the perception of unequal distribution of tasks causes relationship strain for some couples under certain conditions. For instance, Steuber & Solomon (2008) reported some women described the lack of their partner's involvement in the process of researching and planning a course of action for infertility treatment as a form of interference from their partner.

In 2012, based on the data of their research on the experience of US military couples during deployment, Knobloch and Theiss reported transitions create challenges from interference by a partner including control issues and partner difference. Given how individual describe their experience of PAL (e.g., Cote–Arsenault & Donato, 2011) issues of control might exist between

relationship partner during their PAL experience. For instance, one partner may prefer taking certain cautions whereas the other person feels there is no need to encourage such fear.

Few studies on stress and coping also reveal how the process of interdependence impact coping experience and outcome. For instance, in a study of parents' distress during the perinatal period, Baldoni and colleagues (2020) reported mothers' ability to overcome their stress during this period is dependent on their partner's ability to manage or overcome depressive symptoms. In other words, it is challenging for parents to recover from perinatal stress when their partner continues to show signs of distress. This finding speaks to the original conceptualization of partners' interference and facilitation within the relational turbulence framework. However, findings from research (e.g., LeFebvre, 2014; Tian & Solomon, 2020) suggest facilitative behaviors from a partner are not parallel links to positive emotion. Instead, the nature of circumstances in which facilitation occurs are drivers of emotions. The finding of these research reveals the good intentions of one partner are not sufficient for eliciting positive emotions in another person. For instance, Tian and Solomon (2020) reported that after an experience of miscarriage, there is a likelihood of a father's helpful interruption intensifying women's adverse emotional reactions. For couples experiencing PAL, relying on each other for vastly different reasons may be a common characteristic of the period. Therefore, recommendations of contextual behaviors that are likely to occur during this period is essential to manage relational issues such as situations of unmet expectations.

In sum, on a theoretical level, the findings of this study are relevant due to the additional understanding it provides of processes within relationships in a new context. The review of findings from a handful of clinical studies on the couples' PAL experience suggest some relational episodes could manifest as sources of relational uncertainty and partner interference.

Even more, complexities that characterize how these issues manifest warrant the need of creating knowledge for individuals or professional practitioners who are committed to supporting individuals navigating PAL. In this vein, it is vital to understand the perceptions that shape how couples make sense of PAL as a transitional event prone to turbulence or an opportunity for relationship development. This exploration motivated the first research question of my study:

Research Question 1. How do couples who experienced perinatal loss make sense of the period before and during the subsequent pregnancy as transitional moments?

To summarize, a relational turbulence framework is a suitable theory for exploring parents' experience of PAL mainly because the elements of the theory facilitate the uncovering of how relationship partners make sense of events in their relationship. Even more, the findings of this study make fruitful contributions to the theory in two ways. First, RTT explores the relationship and individual characteristics that pinpoint markers of turbulence. Hence, the theory has the potential of promoting findings that will equip romantic partners with information for addressing any issue that materializes during relationship transition and promote dyadic wellbeing. Second, Solomon and colleagues (2016) acknowledged the existence of relational turbulence has the likelihood to impact couples' ability to enact support behaviors such as disclosing distress and inferring an explanation of another's distress. Scholars (e.g., LeFebvre, 2014) already established relationship partners' perceptions of stressful incidents shape how people make sense of their relationships. More researchers are extending these studies to explore the experience of coping, personal and relational wellbeing (e.g., Crowley et al., 2020; Delaney, 2020; Brisini et al., 2020). However, Tian and Solomon's (2020) study is the only research to explore stress, partner support, and coping during perinatal loss using the relational turbulence framework. In comparison to Tian and Solomon's study (2020), my research extends beyond partner support

during the perinatal loss to the time of a subsequent pregnancy; the period when members of the dyad are reliving a cycle of stressor from the source. Additionally, to develop recommendations from my findings on how couples can help each other attain coping and support goals during PAL, I integrate a dyadic coping lens in my study.

Dyadic Coping Overview

Researchers (e.g., Bodenmann, 1997; Falconier et al., 2015) describe dyadic coping (DC) approaches in stress and coping research as an effort to address a theoretical gap. The initial models of stress and coping focused extensively on individual coping efforts (individual-oriented models). Scholars (e.g., Falconier et al., 2015; Falconier & Kuhn, 2019) attributed the emphasis on stress and coping as an individual cognitive and emotional process to the conceptualization of these phenomena within Lazarus and Folkman's (1994) transactional model. Bodenmann (1997) argued that an emphasis on individual coping strategies minimized the role of social resources, especially relationship partners, in alleviating a stressor. This minimization of family or partner support inhibited researchers from exploring stress and coping from a dyadic perspective even when the interest involved couples. Hence, leading to a gap in stress and coping research and promoting an exaggeration of the efficacy of individual coping strategies. Although researchers (e.g., Revenson, 1994) highlighted the relevance of social relationships during stress and coping, this effort led to the design of different models and conceptualization of the processes that unfold during DC. Falconier and Kuhn (2019) noted that researchers apply one of the models to the study of stress in a relationship, and each model brings a unique perspective to the phenomenon under study; however, significant overlap exist among these models. These overlaps outweigh the differences in the models. To describe some of the differences and similarities of DC models, I compare the models across five components of stress and coping (a) stress appraisal (individual

appraisal, collective appraisal, or both), (b) coping strategies, (c) stress communication and (d) contextual factors (cultural elements and relationship factors). I compiled these components of stress and coping within DC models from Falconier and colleagues (2015), Falconier and Kuhn's (2019) comprehensive comparisons of DC models. See Table 1 for a summary of the similarities and differences of DC models.

Stress Appraisal

Bodenmann (1997) described indirect dyadic stress as distress caused by issues outside of the relationship or initially affects just one dyad member. If the affected individual cannot alleviate the stress, the other dyad member becomes affected by the same stressor. This partner either voluntarily or grudgingly assumes the burden of sharing in alleviating the stressor or completely ignores the stress signal from the distressed partner. When couples are not dealing with stress from outside of the relationship, emotion- or problem-centered stressors can emerge within the relationship, directly affecting the dyad (e.g., PAL). The outcome of such an event is direct dyadic stress, although couples may describe their experience of the stressors differently (Bodenmann, 1997;2005). Nonetheless, an experience of a distressing event–which directly or indirectly affects couples–requires coping efforts from members of the dyad for a specific period and location (Bodenmann, 2005).

Folkman and Lazarus (1980) proposed that when individuals experience stress, the initial response is an appraisal of the situation. Individuals experiencing a stressful situation undertake a primary appraisal of the stressor; this is an evaluation of the stressor concerning what is at stake. The secondary appraisal of the stressor begins with considering resources and options available to the distressed individual. The appraisal process can manifest in one of two ways: one member of the dyad may independently appraise the stress (i.e., separately) or together as a

couple (i.e., collectively). Alternatively, relationship partners may appraise the stressors, such as medical condition, as a shared problem "our" problem." In other words, this DC model illuminates different appraisals of stressors, focusing on the distressed individuals or relationship partners' conclusion of the stressor as personal, shared, or a combination of both. Some dyadic models present how relationship partners appraise a stressor.

Coping strategies

Falconier and colleagues (2015) stated dyadic models differ in terms of their focal areas in the sense that Revenson's (1994) Congruence Model (CM) illustrates the compatibility between relationship partners' coping. Falconier and Kuhn (2019) noted CM is applied in research interested in the degree to which independent coping styles are coordinated and mutually enhance each other:

> Unlike any other DC model, CM focuses on the interplay between partners' individual strategies to cope with their own stress rather than conjoint strategies to cope with common stressors or a partner's coping responses to the other partner's stress. In this regard, it is the only DC model that examines the interpersonal effects of individual coping strategies on couple functioning (p. 3).

In other words, CM set up the approach for understanding how the behaviors of one partner affect coping outcomes and relationship functioning during a stressful period. However, the model is criticized as a less dyadic approach because it highlights strategies each member of the dyad employs in coping with his or her own stress. In comparison to other coping models, Falconier and colleagues (2015) noted other coping models emphasize how couples help each other during a stressful period, whereas research application of CM "attends primarily to the congruence or divergence between partners' individual coping styles." DC coping models also

suggest preferred coping strategies are drivers of how distressed individuals verbalize their stress to relationship partners and the kind of responses they receive.

Support

The goal of obtaining support drives stress communication and specific coping strategies. Therefore, support enactment is at the core of many DC models. This is evident in the focus of these models on how couples help each other during a stressful period. Within DC models, support is conceptualized as either emotion- or problem-focused. Folkman and Lazarus (1980) and Lazarus and Folkman (1984) suggested individuals coordinate coping and support provision after an appraisal of the stressor. Stressors appraised as a challenge that can be controlled or solved require problem-focused coping and support. In contrast, the appraisal of the stressor as requiring emotional management motivates the enactment of emotion-focused support. The perspectives in DC models propose individuals adapt both emotion- and problem-focused support during stressful situations; however, these models distinguish themselves through their focus area of emphasis. For instance, DC models present different explanations of the evaluations that exist when relationship partners participate in DC. Researchers using RFCM suggest the intentions behind relationship-focused coping are evaluated by the support provider and recipient to make sense of its outcomes. The evaluation of well-meaning DC, including an effort to hide negative emotions caused by the stressor from one's partner, is sometimes negatively evaluated. Whereas STM suggests the non-distressed partner's evaluation of the distressed partner, the source of the stress (as either caused by the distressed partner or external factors) impacts response to stress communication. When negative evaluations emerge, hostile or ambivalent responses to the stressor manifest. In the STM approach, Bodenmann (2005) stated the hostile DC is accompanied by negative behavior such as "disparagement, distancing,

mocking or sarcasm, open disinterest or minimizing the seriousness of the partner's stress" (p. 39). Ambivalent DC involves showing support unwillingly or an attempt to convince the other person that offering one's support is unnecessary. In addition, Falconier and Kuhn (2019) stated another difference between the coping models is the "particular forms of partners' negative or positive support they identify" (p. 5). In comparison to other models, STM does not identify particular forms of coping such as overprotection, protective buffering, and active engagement present in RFCM as well as mutual responsiveness, disengaged avoidance, authenticity, and mutuality in RCCM (Falconier & Kuhn, 2019).

Contextual Characteristics

This characteristic of DC models takes into consideration other factors that influence how relationship partners respond to a stressor. Further application of STM with a consideration of other factors that shape couples' DC behavior led to the emergence of the relational-cultural coping model (RCCM; Kayser & Revenson, 2016). This model is unique in its proposition of relational characteristics (mutual awareness, authenticity, and mutuality). Compared to other models but similar to RCCM, the developmental-contextual coping model (DCCM; Berg & Upchurch, 2007) considers the influence of culture, as a contextual factor, on relationship partners' DC responses. The cultural components within DCCM include family boundaries, gender roles, personal control, and independence.

In general, the outcomes of stress communication and positive DC behaviors presented within all these models are the exchange of emotion-, problem-focused, or a combination of these two support types. However, for my study, I selected RFCM due to the model's

Table 1

Similarities and difference between DC models

	[1]Relationship-focused model (RFCM)	[2]Systemic-transaction model (STM)	Developmental-contextual coping model (DCCM)	Relational-cultural model (RCM)	[3]Communal coping model (CCM)	Congruence model (CM)
Stress appraisal						
Independently	✓	✓	✓	✓	✓	✓
Collectively	✓	✓	✓	✓	✓	
Individual	✓	✓	✓	✓		✓
Joint	✓	✓	✓	✓	✓	
Coping strategies						
Individual	✓	✓				✓

1 The conceptualization of protective buffering (Coyne & Smith, 1991) in RFCM reflects the desire of dyad members to appraise the stressor independently. Whereas active engagement requires joint appraisal of the stressor.

2 Bodenmann (1997) suggested that when confronted with a stressor, the distressed individual makes the first attempt to solve the problem independently. The affected individual seeks out dyadic coping when personal resources or capacity is not efficient or sufficient to alleviate the stressor.

3 When people enact communal coping, the focus is not on enhancing the relationship but addressing the stressor (Falconier & Kuhn,2019). This characteristic of communal coping is perhaps linked to the initial application of the model to the experience of stressor that affect communities and illness.

Joint	✓	✓	✓	✓	✓	
Stress communication	✓	✓		✓	✓	
Support						
Emotion-focused	✓	✓	✓	✓	✓	✓
Problem-focused	✓	✓	✓	✓	✓	✓
Contextual characteristics						
Cultural components			✓	✓		
Relationship factors		✓	✓	✓		

characteristic of presenting a clearer understanding of how couples make sense of each dyad's involvement during coping with PAL as not only a stressor that emanates from within-the-relationship but also has the tendency to distress one member of the dyad than the other. More specifically, RFCM's emphasis on intention speaks to how people make sense of the enactment of support and the significance of the behavior. Even more, RFCM distinguishes itself from other conceptualization of DC models because of its greater emphasis on the processes of relationship-focused strategies intended to manage, regulate and preserve relationships adopted during stressful periods (Falconier & Kuhn, 2019; O'Brien & DeLongis, 1996). Falconier and Kuhn (2019) noted RFCM facilitates the knowledge of specific forms of negative and positive support. Additionally, in comparison to STM "that includes most DC dimensions," a popularly used DC model, RFCM focus "on what one partner does to assist the other partner to cope with his or her stress" (Falconier & Kuhn, 2019, p. 4).

Even more, the conceptualizations of the processes of relationship-focused coping in RFCM (overprotection, protective buffering and active engagement) are similar to the relational cues in RTT. Hence, the integration of these frameworks as a guide for my research added richness to the findings of my study.

Relationship-Focused Coping

Relationship-focused coping involves paying attention to the smooth functioning of the relationship while attending to one's stressors and the need of others (Coyne et al., 1990). Revenson (1994) noted the goal of this form of coping is "maintaining the integrity of the marital relationship above either partner's needs" (p. 126). Hence, the role of a partner during direct stress is not limited to an agent of perceived social support provider, but an active participant whose vulnerabilities, goals, and demands are likely to affect coping processes (Coyne et al.,

1990). In addition, O'Brien and DeLongis, (1990) noted the goal of relationship-focused coping encompasses addressing the stressor and interpersonal regulation without causing strain on personal relationships. In their attempt to propose strategies of relationship-focused coping, Coyne et al. (1990) suggested that when couples experience stress, one or both members of the dyad respond to the stressor through active engagement, protective buffering, or overprotection. An overlapping characteristic of these strategies is that one or both members of the dyad enact them to seek or render help during a time of stress.

Coyne and Smith (1991) described active engagement as a process that involves a deliberate conversation between couples about the stressor. Such discussions elicit emotion-focused coping as it allows distressed couples to express their thoughts and feelings about a specific stressor and develop problem-solving strategies (Falconier & Kuhn, 2019). Coyne and Smith (1990) conceptualization of active engagement align with communicative engagement with the scope of RTT (Solomon et al., 2016). For instance, during active engagement, relationship partners can perceive the openness/closed of the dyad members about the stressor. Previous research findings reveal conditions related to the stressor that influence the likelihood of the support-providing partner participating in active engagement. In a study of individuals coping with their partners' illness, Kuijer et al. (2000) discovered active engagement occurs when the caregiving partner perceives the affected individual is positively dealing with the disease, resulting in an increased sense of relationship satisfaction. The data from the same research also revealed that for active engagement to be effective, the initiating partner must experience a high sense of self-efficacy. In addition, Hagedoorn et al. (2000) stated there are gender-based differences in how couples perceive the efficacy of active engagement as a form of

relationship-focused coping. Women, in comparison to men, experience greater marital satisfaction when their partners exhibit active engagement during a stressful period.

One of the unique characteristics of relationship-focused coping is how relationship partners choose to help each other, not limited to emotion- or problem-focused coping as pursued through active engagement. Instead, one or both dyad members could practice protective buffering to maintain relationship functioning during a stressful period. Protective buffering involves pretending the stressor is under control to pursue the interest of the distressed individual, avoid conflict and facilitate support providers' management of stress and coping (Coyne & Smith, 1991). Though it appears there is a positive intention behind the use of protective buffering, there is evidence that this coping strategy can pose a threat to relationship satisfaction or functioning. For instance, in a study of couples coping with cancer, Kuijer et al. (2000) noted that the supporting partners' intention to use protective buffering is usually to improve the distressed spouse's adjustment to the sickness. However, such a gesture was perceived as unhelpful by the distressed spouse. Hence, Kuijer et al. (2000) suggested perhaps couples experience better marital adjustment when there is open communication about worries and concerns related to the stressor.

Similarly, in a study of cancer patients and their romantic partners as caregivers, Langer and colleagues (2009) reported protective buffering resulted in negative consequences for the dyad. The more patients felt their partner hid information from them, and vice versa, the less satisfied the dyad members felt about their relationship and experienced poorer mental health. Hence, Langer et al. (2009) concluded protective buffering results in both intra and interpersonal costs for the dyad members. Overprotection is the third relationship-focused coping strategy usually employed with good intentions but can adversely affect the dyad. According to Fiske

and colleagues (1991), overprotection occurs when members of the dyad underestimate each other's ability to cope with a stressor. Hagedoorn et al. (2000) noted a support-providing partner using overprotection as a coping strategy is likely to offer unnecessary help, engage in flattery, and exert control over a distressed partner. These complexities in enacting protective buffering and overprotection on support and coping outcomes also speak to the paradoxical manifestations of facilitation and interference from a partner in research findings (e.g., Goodboy et al., 2021) on relational turbulence within close relationship.

Emphatic Responding

To expand on Coyne and Smith's (1990) articulation of relationship-focused coping, O'Brien and DeLongis (1990) proposed empathy – a motivation for positive interaction and development of interactive bonds – plays a role in the stress and coping process. According to O'Brien and colleagues (2009), empathic responding requires "efforts to understand another person and efforts to behaviorally respond to the other person in the stressful situation in a supportive, caring manner as a means to defuse interpersonal stress and maintain the relationship" (p. 19). O'Brien and DeLongis (1997) suggested the research on empathic coping should consider the strategies of negotiation, collaboration, accommodation, and affective sharing between individuals experiencing a stressful event. The scholars based their recommendation on the stance that a lack of understanding and support from others in a (chronic) stress context can serve as a barrier to the use of emphatic coping. Empathic coping is more efficient if more than one person affected by the stressor (directly or indirectly) employs it. In order words, the efficacy of empathy during a stressful event is reliant on the support provider and recipient's willingness to empathize with one another.

Though the research examining empathic coping during dyadic distress is limited, O'Brien and DeLongis, (1997) proposed empathic coping can serve different functions in chronic illness and stress contexts. First, empathic coping allows individuals to accommodate the views and feelings that motivate another person's actions. Hence, providing an opportunity for family members to cognitively evaluate the current situation and coordinate their emotional and behavioral response to an episode. For instance, when a support provider expresses frustration about the duration of a stressor or the changes it caused to relationship functioning, the support recipient may respond empathically by not perceiving the frustration as an implicit personal attack. But instead, an opportunity to see how the stressor also affects the support provider emotionally and psychologically. In such a case, the support recipient will perhaps see the need to empathize with the support provider experiencing burnout.

Second, empathic coping allows individuals to reflect on how their actions and behaviors create stress for others and discord in the relationship (O'Brien & DeLongis, 1997). Being aware of how one's emotional and behavioral response negatively affects others can create alternative reactions to the current stressor. For instance, a support recipient who verbally minimizes the help from a support provider because it is not satisfactory may attempt 'to walk in the support providers' shoes' and evaluate their ability to offer similar quality or level of support if roles are reversed. Perhaps such an attempt at empathy could facilitate a better support outcome when the support recipient explains to the support provider how the rendered support can improve.

Third, O'Brien and DeLongis (1997) stated that communicating empathy during a stressful experience reduces tension, conflicts and increases emotional intimacy and connectedness. The ability to accommodate each other's views, feelings and avoiding emotional

and behavioral responses that could increase distress for the other person set the relational atmosphere for this third function of emphatic coping. For instance, in a study of the importance and consequence of relationship-focused coping for couples, O'Brien, and colleagues (2009) reported that the desire for better marital adjustment and diffusion of marital tension is associated with the couple's greater use of empathic responding. However, compared to men, the emotional attunement and communication related to empathic responding may diffuse tension rapidly for wives.

Despite these functions of empathic coping, copers may experience barriers to their attempts to engage in these processes. According to O' Brien and DeLongis (1997), long-standing relationship issues could inhibit the initiation or duration of emphatic coping during an experience of direct or indirect stress. In addition, people's inability or unwillingness to communicate their needs makes it difficult for others involved with the stressor to create accurate empathic perceptions and responses. The outcomes are wrong or distorted perceptions of the other person and adverse coping effects. This outcome of emphatic responding shares nuances with relational cues of partner uncertainty (Solomon & Knobloch, 2004; Solomon et al., 2016).

Support and Relationship-Focused Coping

Studies on relationship-focused coping reveal active engagement and empathic responding facilitate relationship satisfaction and positive coping outcome. Overprotection and protective buffering are presented as maladaptive coping strategies that negatively affect the relationship. However, there are inconsistencies in findings on active engagement on couples' perception of relationship satisfaction. Some scholars (e.g., Badr, 2004) have found that when couples cope with illness – especially one that afflicts the wife – similarities in couples' willingness to use active engagement than the actual amount of DC per se facilitates better

dyadic adjustment. Badr (2004) noted this possibility points to the fact that active engagement may not be an effective coping strategy for all couples. Hence, Badr (2004) proposed that the couple's preference for more open communication and active engagement may facilitate positive perception of the relationship and overall dyadic adjustment for some couples. However, this may not be the case for other couples who prefer to rely on tried-and-true strategies of relating with one another that works for their relationship. Therefore, these couples may choose to refrain from actively discussing the stressor.

On the other hand, the findings of some studies (e.g., Hinnen et al., 2008) reveal the support provider's use of active engagement is sufficient for promoting a perception of relationship satisfaction. For instance, in Hinnen and colleagues' (2008) study of cancer patients, the data reveal women who were hesitant to express their thoughts and feelings or experience high tension levels when doing so reported a decrease in relationship satisfaction over time. In their comparison between women who expressed their feelings and emotions frequently and others who do not, Hinnen et al. (2008) reported that both groups evaluated their relationship as more satisfying when they perceived their partner practiced active engagement during recovery coping. In other words, the active engagement of the support provider elicits a positive coping outcome for the support seeker and the relationship regardless of the distressed individual's (in)ability to communicate coping needs or about the illness.

Though Hinnen et al. (2008) and Badr (2004) finding, as well as others like them, contribute to DC research, they have been criticized for emphasizing how the coping strategies of a member of the dyad – usually the caregiver – affects the other's adjustment to the illness and associated stressors (Kayser et al., 2007). Some qualitative studies have attempted to address this gap by exploring couples' experiences about the same stressor and providing an opportunity

for couples to draw conclusions and make sense of their DC efforts. For instance, Kayser and his research team's (2007) findings revealed romantic partners who appraised breast cancer as a jointly owned stressor or "we stress" perceived and spoke about the experience as an event that positively changed their lives. Additionally, a couple's ability to adequately respond to each other's emotional and physical needs depended on the use of mutually responsive problem-, and emotion-focused coping strategies.

Based on the data from their study, Kayser et al. (2007) noted couples do not have to use either of the problem or emotion-focused coping simultaneously. However, different but coordinated coping strategies, the dyad's willingness to support and accept each other's effort could result in the desired outcome, including growth – individually and as a couple – and prioritizing the relationship. On the other hand, Kayser et al. (2007) reported couples who avoided conversation about the disease tended to focus on preventing cancer from taking center focus in their lives. The result of adopting this avoidance coping strategy led to a focus on the present rather than the future and an emphasis on problem-focused coping than sharing and managing emotions. In addition, this approach inhibited couples' ability to see how the experience affected relationship functioning in any way.

Furthermore, there is evidence that gender influences distressed dyads' enactment of relationship-focused DC strategies. Hence, Badr (2004) stated the process of DC when coping with sickness-related stress is determined by who is sick–the husband or the wife. Based on a study's finding of health and coping in marital dyads, Badr (2004) reported women engaged in avoidance coping, protective buffering and are reluctant to seek support from others when dealing with an illness. Men explored the resources available to cope with their condition, such as soliciting help from personal network members and actively engaging their wives. However,

this is not the case when men offered support to their sick wives. Men seemed to assume a 'protective guardian' role and engaged in protective buffering (Badr, 2004).

Taken together, the research on DC as relationship-focused coping has brought a significant contribution to couples' stress and coping research. However, the exploration of active engagement, protective buffering, and overprotection has received greater attention from researchers interested in relationship-focused coping when couples are navigating the period of chronic disease. In sum, the approaches to the DC study discussed so far provide significant knowledge on how couples coordinate coping efforts for personal wellbeing and relationship functioning. However, most of what we know about the elements and processes of active engagement, protective buffering, and overprotection are based on findings of the experience of couples or family members in which one person has a chronic disease.

Expanding DC and Relationship-Focused Coping Research

Folkman and Moskowitz (2004) argued that "a full account of coping effectiveness must consider characteristics of the context, the fit between those characteristics and various types of coping." (p. 755).

The current study is the first to explore parents' use of DC during pregnancy as a stressor after perinatal loss. Therefore, my study expands DC research in two ways. First, taking an interpretive research approach, my study extends the primarily quantitative work on DC by creating a platform through which distressed parents due to PAL can elaborate on their unique experiences. According to Folkman and Moskowitz (2004), a narrative approach to the study of coping allows the researcher to uncover, in detail, participants' perspectives of what happened during the stressful event, the emotions they experienced, their thoughts, and reactions to the situation. Additionally, narrative approaches provide a lens into other stressors linked to the

phenomenon under study that participants may be coping with besides the specific events named by the researcher or missing from coping inventories (Folkman & Moskowitz, 2004). Therefore, in the context of PAL, a qualitative approach to the study of DC provided insight into stressors participants consider relevant or important to shaping their experience of relationship transitions during this period.

Second, many coping concepts exist due to the numerous models that explain DC (Falconier & Kuhn, 2019). However, most of these concepts have emerged within the same context–illness and caregiving. Folkman and Moskowitz (2004) argued the emergence of promoting specific coping nomenclatures might facilitate the synthesis of findings across studies; but, the risk of masking the important differences within categories exists. This dissertation study built on Folkman and Moskowitz's (2004) argument to propose that promoting specific assumptions about coping processes based on research from a particular context inhibits an understanding of dyadic dynamics in other contexts. Especially about how participants describe the coping strategies as relevant or essential for navigating a lived stressful experience. Hence, this dissertation study proposed understanding how behaviors similar to active engagement, overprotection, and protective buffering emerge for individuals who experience PAL will add to the richness of the scope of relationship-focused coping during moments of transition. In this vein, I propose the second research question:

Research Question 2. How do couples who experienced perinatal loss make sense of behaviors similar to relationship-focused coping during pregnancy after perinatal loss?

For the second chapter of this dissertation, I reviewed existing research on perinatal loss to illuminate the challenges couples experience due to the event. My discussion on PAL focused

on how parents made sense of the subsequent pregnancy independently. To ground my research theoretical, I integrated two theories –RTT (Solomon et al., 2016) and DC (Coyne & Smith, 1990, 1991; O'Brien & DeLongis, 1991). The next chapter presents the method of analysis I applied to my data.

CHAPTER THREE

METHODOLOGY

An Interpretive Phenomenological Qualitative Inquiry

"An interpretive researcher attempts to walk in the shoes of their subjects."

- (Pietkiewicz & Smith, 2014, pg. 8)

This study sought to explore couples' experience of PAL as a transitional event. More specifically, the sense-making of relational uncertainty and interdependence issues and behaviors similar to relationship-focused coping.

Research Question 1. How do couples who experienced perinatal loss make sense of the period before and during the subsequent pregnancy as transitional moments?

Research Question 2. How do couples who experienced perinatal loss make sense of behaviors similar to relationship-focused coping during pregnancy after perinatal loss?

Phenomenological qualitative inquiries are interested in answering the question “what is the nature or meaning of this phenomenon?” by exploring the firsthand experiences of affected individuals (Matua & Van Der Wal, 2015). Pietkiewicz and Smith (2014) noted that this focus provides insight into important aspects of a phenomenon or experience that people consider relevant or distinguished from other events. In addition, phenomenology adds value to qualitative inquiry due to prioritizing and investigating how human beings experience the world (Patton, 2014). Hence, a phenomenological study explores people’s experience by capturing and interpreting “how the perceive it, describe it, feel about it, judge it, make sense of it, and talk

about it with others" (Patton 2014, p. 253). Edmund Husserl (1913/1954) developed phenomenology as an eidetic method. At the time, the method was applied to understand how things make sense to people during an experience. Husserl's (1913/1954) interest in how people make sense of an experience is based on the assumption that our knowledge about an experience is shaped by the perceptions and meaning attached to the event (Patton, 2014). Hence, in place of describing events and objects based on existing categorical systems, concepts, or scientific criteria, the primary focus of a phenomenologist is to understand how people perceive and talk about an experience. Techniques such as 'bracketing' or 'phenomenological reduction' help researchers to consider their preconceptions about the phenomenon under study and allow the data to speak for itself (Patton, 2014; Pietkiewicz & Smith, 2014). Patton (2014) stated bracketing or phenomenological reduction grants researchers an insight into the essence of the significance of the experience under study.

To access participants' perception of the essence of an experience, the researcher needs to bracket prior theoretical and personal knowledge of the phenomenon and pay full attention to the phenomenon from currently available information or data. Some researchers (e.g., Bryne, 2001) believe Husserl's incorporation of bracketing (to describe a phenomenon objectively) as a characteristic of phenomenological methodology stemmed from his background in mathematics. However, Husserl's students and colleagues have made changes to some of his recommendations. These changes and new perspectives facilitated an expansion and advancement of Husserl's views; however, they led to confusion. Giorgi (1985) recommended the solution merging contrasting within the same study is "choose one methodologist and stick with the logic proposed by the methodologist" (p. 355). In this vein, I adopted the logic of Martin Heidegger (1962) in the current study.

Martin Heidegger (1962), Husserl's junior colleague, expanded his work on understanding the essence of an experience. But, they criticized Husserl's emphasis on consciousness with the argument that an objective approach to knowing or understanding limits phenomenology to a descriptive method. Hence, Heidegger proposed an alternative perspective of bracketing, Dasein (living being or being there), intended to facilitate incorporating the interpretation of experience (Horrigan – Kelly, Millar & Dowling, 2016). Bryne (2001) noted Heidegger's perspective was a means to promote the idea that the meanings we make of our experiences are codeveloped through our existence and being a part of this world. Hence, factors such as the phenomenologist's prior experience of the phenomenon under study prohibit the possibility of attaining objectivity. Instead, a researcher's experience facilitates interpreting phenomena that have shared meaning and practices in specific contexts. Additionally, Heidegger's contribution included an emphasis on the importance of understanding the mindset of people and how language mediates their experience of the world to make sense of their account (Pietkiewicz & Smith, 2014). Horrigan – Kelly et al. (2016) noted Heidegger's contribution to phenomenological research inspired a variety of interpretive research methods, including Interpretative Phenomenological Analysis (IPA; Smith, Flowers & Larkin, 2009).

Rationale for Using Interpretative Phenomenological Analysis (IPA)

IPA (Smith et al., 2009) is a type of qualitative method of inquiry that combines the fundamental principles of three methods– phenomenology, hermeneutics (interpretation), and idiography (in-depth case by case analysis to discover unique perspective of individuals about a specific event) (Pietkiewicz & Smith, 2014). Hence, IPA is suitable for understanding how people experience significant transitions in life and important decision-making processes (Smith et. al, 2009). In addition, IPA requires a double process of meaning-making which involves

reflection, thinking, and feeling on the participant's part and the researcher's sense-making of how participants make sense of their experience. Smith et al. (2009) referred to the process as engaging in double hermeneutic:

> It can be said that the IPA researcher is engaged in a double hermeneutic because the researcher is trying to make sense of the participants trying to make sense of what is happening to them…He/she is employing the same mental and personal skills and capacities as the participant, with whom he or she shares a fundamental property–that of being a human being (p.3)

Smith et al. (2009) noted a reference and application of the principle of the hermeneutic circle is relevant for understanding the research that shares its underpinnings. The major argument associated with the hermeneutic circle is that to make sense of the part, there is a need to understand the whole and vice versa. In other words, how people make sense of an experience can only become apparent within the context it occurs. Matua and Van Der Wal (2015) noted a researchers using the hermeneutic method in a phenomenological approach investigates the meaning and interpretation of an experience considered to have implications for a specific group of people. Given how these characteristics of IPA align with the purpose of the current study – to explore how parents make sense of PAL as a source of relationship transition and coping with the stressor unique to this event – I consider this analysis method appropriate for my research. Besides interpretation, IPA is also committed to a case by case (ideographic) analysis of lived experience. Smith et al. (2009) stated the case-by-case characteristics of IPA aimed at knowing "what the experience for this person is like, what sense this particular person is making of what is happening to them." (p. 3). There are theoretical and practical benefits to the case-by-case analysis of data. According to Platt (1988), an ideographic analysis provides a clearer insight into

how an experience occurs. Therefore, it provides an avenue to identify theoretical claims that contradict a specific population's experience and open up the conversation about revising a theory. Additionally, the case-by-case study can disconfirm prior beliefs or affirm unexpected findings (Campbell, 1975).

To summarize, IPA's fusion of multiple perspectives poses an advantage for qualitative research. IPA contributes to the knowledge generated within a discipline by promoting information that facilitates understanding a poorly understood phenomenon (Matua and Van Der Wal, 2015). Extant studies on PAL have focused on independent coping strategies. Hence, the current generated new knowledge about DC in the context of PAL.

Additionally, Solomon and colleagues (2016) expressed the need for a phenomenological approach to the study of uncertainty and interdependence in a meaningful way:

> …our theoretical reasoning prioritizes cognitive and emotional processes within people, relational turbulence theory does not incorporate the phenomenological experience of partners in a meaningful way. Thus, relational turbulence theory offers a particular type of account for communication experiences, and leaves room for scholars to bring a variety of other epistemological frameworks to bear in future work (p. 526)

Furthermore, researchers using IPA are not required to ignore their prior knowledge about the phenomenon. Instead, researchers are encouraged to consider prior knowledge and apply them as a guide to make the research finding more meaningful (Matua & Van Der Wal, 2015). Drawing from Heidegger's proposition that people's interpretation is framed by being a part of the world, Matua and Van Der Wal (2015) concluded the interpreter cannot transcend this prior knowledge. Instead, IPA researchers exploit this knowledge, let it shape research inquiries, and employ it for fruitful understanding (Eatough & Smith, 2017). These characteristics of IPA

are evident in the design of my study. I reviewed the literature on relational turbulence and DC to shape how I might understand how couples make sense of their PAL experience.

Though researchers using IPA know their prior knowledge or experience may shape a prospective study, employing reflexivity during analysis allows researchers to put their preconceptions in check (Finlay, 2009; Horrigan – Kelly et al., 2016). Reflexivity involves processes such as:

1. Identifying and addressing factors that influenced the researcher's motivation or need to study a specific lived experience.
2. Being conscious of participants' responses or behavior that may inhibit deeper exploration.
3. Avoiding influences or preconceptions that could facilitate drawing premature interpretation and conclusions from the data.

The following section describes the process of data collection and analysis tailored to my study's purpose.

Research Procedure

This section describes in detail the procedures I completed before implementing my research, data collection, and analysis.

Participant Recruitment

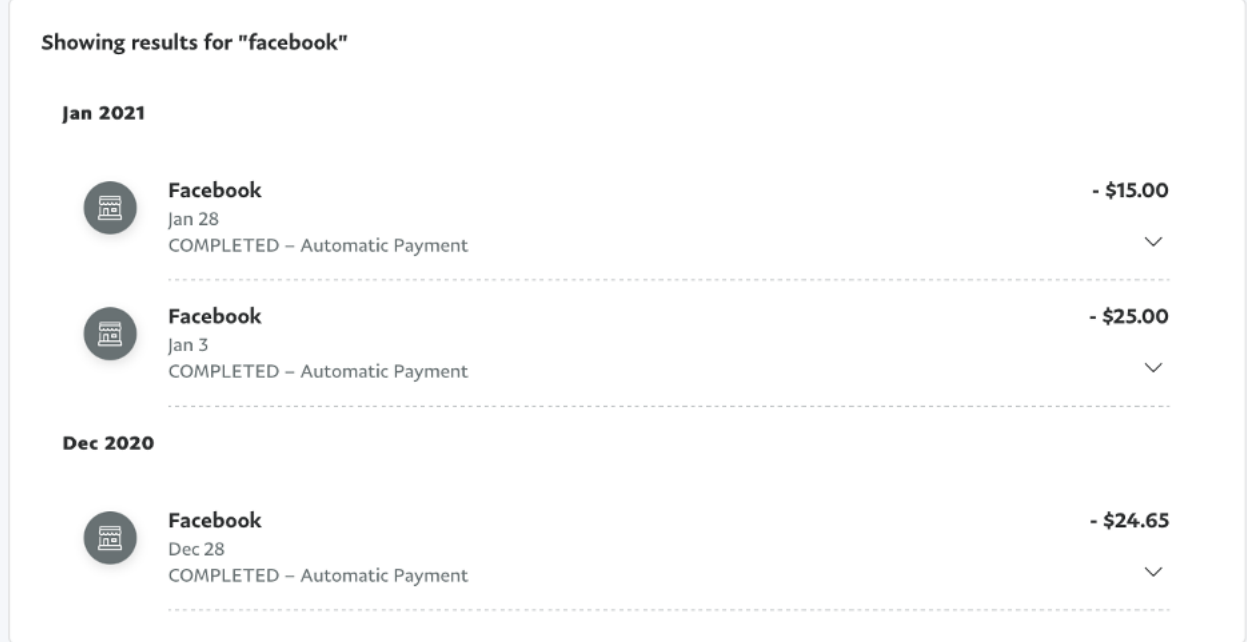
Participants' recruitment for this research began after the university's Institutional Review Board (IRB) approved my research proposal. I used the purposive sampling method during participant recruitment. This sampling method fits the criterion for using IPA as it facilitates the selection of participants who consider the topic as relevant and of personal significance (Pietkiewicz & Smith, 2014). Digital copies of research recruitment flyers

(Appendix A) containing the researcher's information and a research statement (Appendix B) were posted on two social media platforms–Reddit and Facebook. I created an account on both platforms specifically for my research with the profile names QueenDulce and Perinatal Loss Research, respectively. The recruitment process started on Facebook. I created a paid advert that ran from December 28th, 2000, to January 28th, 2021 (See Figure 1). Most of the participants who responded to my Facebook post did not meet the recruitment criteria related to being pregnant after the loss or are currently not in a relationship with their partner who shared the loss. Perhaps, other people who reached out to me for inquiries about the research signed up via Qualtrics and are part of the group who did not complete the study.

Of the 22 individuals who filled the Qualtrics form, four participants indicated they saw the recruitment call on Facebook; six people did not complete that section of the form and others selected Reddit. I posted my research statement on five subreddit groups: r/InfertilityBabies, r/Rainbow_Babies, r/CautiousBB, r/raisingkids, and r/waiting_to_try. In a way to verify the platform on which participants were interacting with my research call the most, I asked participants to indicate where they came across the research statement in their Qualtrics form (Appendix C). The two multiple choice options on the form were Facebook or Reddit. Although this approach facilitated the achievement of my desire for verifying the source of participant recruitment, additional options with a list of the subreddit where I posted the recruitment statement would have provided more accurate information of participants' recruitment source.

Figure 1

Facebook participant recruitment advert receipt



Additionally, I ask interested participants to provide their contact information in the Qualtrics form. Participants were given the option to select a preferred form of contact for themselves and their spouse, i.e., an email, phone call, or text message. A total of twenty-two individuals completed the state with the required information. I sent an email to each of these individuals containing the details of the research purpose, a summary of research questions, and the amount for participant compensation. Once participants indicated their interest in the research, I requested their spouse/partner's email and shared the same information with them. After receiving an email from both dyad members confirming their interest to continue with the research, I emailed a copy of the consent form (See Appendix C) to them; then, we agreed on the dates for the interviews. Participants read and signed two copies of the consent form. They kept a copy for their record and emailed the other one to me before the dates of their first (individual) interviews.

Participants. Participants in my study identified with various ethnic groups but declared their race as white. The ethnic groups represented in the study are two Jews, one Lebanese American, two Hispanics, two Dutch/English/American, and the rest are Caucasian. Table 1 presents a visual representation highlighting the diversity in couples and includes their pseudonym, age, length of the relationship, type(s) of loss, number of loss, length of the waiting period, number of living children, and pregnancy status.

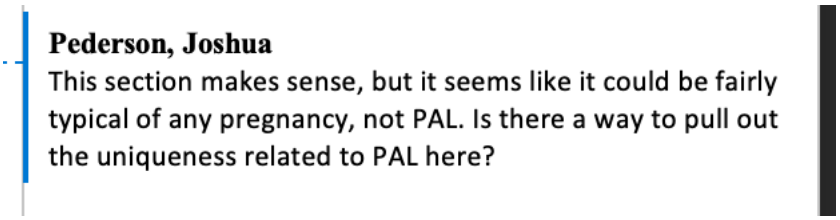
The inclusion criteria for my sample included individuals 18 years or older and who experienced a subsequent pregnancy after perinatal loss. I selected this group of participants to achieve the goal of a homogenous sample. Eight couples in heterosexual married relationships who experienced pregnancy after a perinatal loss participated in my study. According to Pietkiewicz and Smith (2014), recruiting a small number of participants from a homogenous group for an IPA study is appropriate as this provides an opportunity to examine similarities and differences between accounts and prevent the researcher from feeling overwhelmed during the data analysis process. Additionally, a small sample size allows the researcher (1) to focus on depth rather than breadth, (2) learn more about participants' thoughts and feelings about a specific event, and (3) make connections between the different aspects of a person's account.

My goal during the design of this study and participants' recruitment was to interview individuals whose narratives about their experience of PAL will represent a perspective. The number of couples who completed my study was appropriate for achieving my goal due to how their narratives granted me access to a particular perspective of PAL related to transition, turbulence, and relationship-focused coping. I realized the importance of Pietkiewicz and Smith's (2014) recommendation - to recruit a small sample - once I started the data analysis of my data. This process was rigorous for several reasons. When participants talked about their experience of

PAL, there were aspects of their description that were similar to the experience of any pregnancy, irrespective of the incident of a prior perinatal loss. Therefore, to bring out the uniqueness of PAL, the data went through multiple cycles of analysis. I remember my advisor's comment on the first excerpts of themes I shared with him. See Figure 2. In addition, I analyzed the transcript of each interview like a single case to attain a closer look at how participants make sense of their lived experiences. More participants in the study would have created a situation where the single transcript analysis would have been overwhelming.

Figure 2

Sample evidence of multiple cycles of analysis



Of the twenty-two individuals who responded to my research advert, only nine individuals over 18 years participated in the study alongside their spouses. Others withdrew their interest without giving a reason. Once the number of participants willing to commit to the study became known to me, I assigned pseudonyms to their names. However, I did not analyze the data collected from one pair of the nine couples I eventually interviewed for the study. During the design of this study, I was particularly interested in how couples make sense of the time after the waiting period. This interest emerged for two reasons. First, my desire to understand the stressors and challenges people experience after as a result of a loss. In ither words, my interest is not in the loss itself, including the grief period, but the lived experience afterwards. For example, if my study was about the experience of individuals who experienced spousal loss, my interest would be in how these individuals make sense of their new identity from a wife/husband to a

widow/widower, the financial or parental challenges that exist as a result of spousal loss and how widow/widowers adapt communication for the purpose of support enactment from members of the personal network. Adapting the same understanding of my analogy to my study, although loss is the source of the challenge, it is not my phenomenon of interest. Another reason I was interested in PAL was a plethora of studies already exist on perinatal loss within communication and relationship research. To avoid reinventing the wheel and digression from the phenomenon of interest through the data I analyze and present in my findings, it was important that participants in my study clearly articulated their experience of the time after the waiting period. Nelson and colleagues (2017) coined the term 'waiting period.' This concept emerged from an exploration of parents' experience of uncertainty about the conception of the subsequent pregnancy after perinatal loss. The online questionnaire used for data collection in the study asked participants to describe the psychological adjustments they experienced during their effort to conceive after loss. From the data collected in the study, Nelson and colleagues (2017) conceptualized the waiting period as a time when parents who have experienced perinatal loss are actively working towards another pregnancy.

The ninth couple in my study could not clearly articulate their experience of the time after the waiting period for several reasons. First, from my understanding of their narratives, the couples were more interested in talking about their loss. This pattern continued even during the couple interview. The data provided by Couple 9 could have been of utmost relevance if the perinatal loss is my phenomenon of interest. It is important to note I was open to incorporating information about other periods couples described with a strong connection to their experience of

Table 2

Couple's demographic, summary of perinatal loss and pregnancy information

Unit of Analysis	Pseudonyms	Race/Ethnicity	Age	Length of Relationship	Type(s) of loss	# of losses	Waiting Period	4# of living children	Status during interview
1	Charlotte	White/Caucasian	31	5 years	Chemical pregnancies & Ectopic pregnancy	3	4 months	0	Pregnant
	Oliver	White/Caucasian	34						
2	Ava	White/Caucasian	33	9 years	Miscarriage	1	5 months	0	Pregnant
	Liam	White/Caucasian	35						
3	Amelia	White/Caucasian	30	8 years	Chemical pregnancies	2	2 months	0	Pregnant
	Ethan	White/Caucasian	31						
4	Olivia	White/Caucasian	36	18 years	Miscarriage	1	Not specified	2	

4 Aurora/Gabriel and Chloe/Owen gave birth to living children after the perinatal loss.

	Aidan	White/Arab American	37						
5	Aurora	White/Non-Hispanic	25	9 years	Stillbirth	1	8 months	0	
	Gabriel	White/Non-Hispanic	27						
6	Luna	White/Hispanic	32	8 years	Chemical Pregnancies & Stillbirth	4	3 months	0	Pregnant
	Theodore	White/Hispanic	35						
7	Hazel	White/ Dutch	40	14 years	Stillbirth	1	6 months	1	Pregnant
	Declan	White/Dutch	43						
8	Chloe	White/Jewish	32	8 years	Miscarriage	1	4 months	1	Pregnant
	Owen	White/Jewish	33						

PAL, as evident in how I eventually included an analysis of the waiting period in my findings. Second, as I listened to the transcript of the couple, it became clear that couples described other events, including job loss, relocation, and buying a house, that preoccupied their thoughts and emotions during the waiting period and the subsequent pregnancy. Third, the subsequent pregnancy occurred more than seven years before the day of the interview. Although the length of time after a perinatal loss or the subsequent pregnancy was not a criterion for participating in the study, Couple 9B (the father) experienced more difficulty in recollecting and articulating responses to the questions I asked.

Positionality Statement

The information contained in this section is intended to describe factors related to the researcher that influenced and shaped the execution of my study. I am an African female graduate student and mother of two children in a heterosexual committed relationship. As an emerging communication in relationships researcher, my area of research interest is supportive communication in the context of loss, grief, and bereavement. Hence, my focus area of research contributed to my decision to conduct this study. However, my identity as a mother significantly influenced my interest in this topic. Having experienced two successful pregnancies, I understand the joy of becoming pregnant and eventually holding a live baby at the end of the pregnancy. Even though I have never lost a child or pregnancy, I can imagine the pain of women whose joy and hope are shattered due to perinatal loss. The attachment shapes my imagination of their pain I formed with my babies even before they were born. During this period, my husband and I invested our time, affection, and finances in the process. We were also fearful and anxious because we knew how much pain we would feel if something happened to the pregnancies. I bring this same concern to my research. As a mother who got ‘lucky’ and did not experience

perinatal loss, I was genuinely interested in the experience of couples who did not receive similar 'luck.' More importantly, I was interested in how these individuals re-lived the experience of pregnancy after a perinatal loss.

Nevertheless, I anticipate my identity as a woman and mother may simultaneously pose an advantage and a disadvantage during the data collection process. The women in my study may perceive the interview as a peer-to-peer (woman to woman) interaction and an opportunity to talk about their experience with someone they perceive 'truly' understands. This factor may encourage participants to open up about their experiences or exaggerate their narratives to elicit empathy and sympathy from me.

Additionally, because of the social and cultural expectation that pregnancy results in the birth of a baby, some participants may question my authority if they think I do not understand what it feels like to 'walk in their shoes. Therefore, I intuit there may be instances when I should disclose my maternal identity to some participants. Whenever I choose to discuss my maternal identity with a participant, it will certainly not be an act necessitated to persuade participants to share their experiences with me unethically. But, seeking and hopefully gaining their approval of me as someone who understands pregnancy can be a stressor and even more stressful for individuals who have experienced previous loss(es). Overall, I am aware that my gender and participants' awareness that I am a mother may impact how some participants in my study responded to me and the questions on the interviewer's protocol during data collection.

Data Collection

Participants completed two in-depth interviews (individual and couple) (Appendix D and E). I combined individual and couple interviews due to the richness they bring to the data. I completed the interviewing on at different times for each couple. There was no direction to

participants about how the interviews will be executed. However, I did not see participants sit together during the individual interviews. Probably because most of the participants in my study, especially fathers, were at work. Therefore, all the mothers who participated in my research completed their study in the morning except Charlotte and Hazel. Gabriel was the only father in my study who did his interview in the morning. Perhaps, this arrangement provided an opportunity for most of my participants to be alone during their interviews, especially since the participants were either in a bedroom or workspace when I interviewed them.

According to Valentine (1999), couple interviews facilitate mediation and negotiation between couples, which elicits a joint account of a shared experience. In addition, interviewing couples allows the dyad to collaborate, modify, or challenge each other's reports, encourage each other to elaborate on their versions of events, or motivate the zeal to look at a topic from a new perspective. A similar incident occurred during the couple's interview with Chloe and Owen. While talking about stressors in the waiting period that affected relationship functioning, Owen attributed Chloe's excessive drinking of alcohol and binge-watching TV shows he does not like a break in relationship functioning during the waiting period. However, Chloe was quick to correct him by stating these incidents happened when her grandmother was diagnosed with cancer and not during the waiting period.

On the other hand, individual interviews provide a platform for members of a dyad to discuss topics and share their views without protecting personal or their partner's worries (Pollack & Green,2015). Similarly, Valentine (1999) noted an individual interview allows people to talk about others who are part of an experience's sense-making process. An example from my study was during the individual interview, three participants – Gabriel, Theodore, and Owen described lack of intimacy as one of the relationship challenges they experienced during PAL.

However, only Chloe – Owen's spouse – admitted the same issue during her interview. In fact, before disclosing this challenge during the individual interview, Gabriel and Theodore said, "This is private" and "This is personal," respectively.

The data collection for this study began on January 13th, 2021 and ended on January 29th, 2021. The United States was gradually recovering from the COVID 19 pandemic, which started in March 2020. Due to this situation, I could not conduct any of the interviews in person. Zoom, a video conferencing application, was used. Given the function of the video conferencing application, all the interviews were video and audio recorded. I conducted the individual interviews before the joint interview. I reviewed the content of the consent form with each participant before the first (individual) interview of each couple. None of the participants sought further clarification of the information provided in the document. Then I proceeded to explain the purpose of the study and gave a brief introduction of the topic.

I used a semi-structured interview protocol. My interview protocol provided flexibility for me to ask important questions about how PAL facilitated a sense of relationship transition for couples and their DC strategies. This approach also allowed me to ask questions that seem pertinent to participants' unique experiences.

Interview Protocol

My interview protocols included a total of 26 questions – 15 questions for the individual interview and 11 questions for the couple interview. Of the 15 questions on the individual interview protocol, two of these questions were introductory questions. I asked,

1. How long have you been with your spouse/partner?
2. What has it been like being married/engaged/cohabiting with X?

I included these questions in the interview protocol to help participants settle into the process of the conversation. It is important to build rapport with participants when conducting an interview; therefore, the first two questions on my interview protocol were conversation starters. Also, I began the interview with these two questions to prepare participants' minds that the conversations during the interview will include talking about their relationship and spouse/partner.

To follow the pattern in research, which shows that there are two stages–perinatal loss and waiting period– before the subsequent pregnancy, my next question on the interview protocol asked participants about their loss. I asked:

3. Tell me about your loss. What was it like losing a pregnancy?

Prompts (a) as a woman/man (b) as an individual in the relationship

I hoped this structure of questions on the interview would help participants build a narrative towards the period of interest, PAL. Additionally, when I asked participants about the loss, I phrased my question in a way that allowed them to assign terminology to their loss. Therefore, when I asked participants about their loss, I stated, "tell me about your loss. What was it like losing a pregnancy? By using the word pregnancy in this question, it was up to participants to label their loss as it made sense to them, e.g., miscarriage, a chemical pregnancy, and so on. Then I began asking questions that guided participants' responses to questions about my phenomenon of interest. I started this process with the broad question:

4. What did (does) it feel like being pregnant after your perinatal loss?

I did not get the chance to ask all participants the fifth question on my protocol:

5. What was it like deciding to try again after your loss? Personally,

Prompts (a) what were the easiest decisions you had (have) to make (b) what were the toughest decisions you had (have) to make

In their responses to the fourth question, all participants explicitly stated they were intentional about getting pregnant again almost immediately after loss. Therefore, planning for the subsequent pregnancy was not a drawn-out process that required series of decisions making.

The remaining questions on my interview protocol were guided by the frameworks adapted to my study. For instance, for the purpose of collecting data about transition and turbulence, I framed my questions in ways that should elicit responses illuminating the changes in routine, roles, and responsibilities as participants prepared for the subsequent pregnancy.

1. Tell me about the significant changes you noticed in your relationship during the time

Prompts (a) between the perinatal loss and the next conception (b) and the duration of your (your partner's) pregnancy after loss?

2. Could you explain the significance of these changes for you as

Prompts: (a) an individual in the relationship (b) as an expecting parent

Given the characteristics of the analysis approach adopted for my study-IPA-it was important to explore how participants made sense of the essence of changes, if at all, to routines in their relationship. Participants' responses to these questions facilitated the emergence of themes including PAL as a period of growth and envisaging the future. See Table 3. The third, fourth, and fifth questions are linked.

3. But what do you think is responsible for the changes you noticed in your relationship during your pregnancy?

Prompts: (a) your actions/behavior (b) your partner’s actions/behavior

4. Could you describe the concern you have (had) as you notice(d) these changes in your relationship?

Prompts: (a) self (b) partner (c) relationship

5. Could you explain why you had these major concerns?

Prompts: (a) self (b) partner (c) relationship

They are my attempt at facilitating responses from participants that will illuminate how individuals made sense of sources or episodes similar to issues of self uncertainty, partner uncertainty, and relationship uncertainty.

DC, in general, is conceptualized as what relational partners do either independently or collectively help one or both members of the dyad cope with a stressor. For example, one or both members of a dyad can hide information about the stressor out of consideration for the other person or to protect the individual from an additional stressor. Therefore, the questions on my protocol probed how couples described independent and collective efforts similar to relationship-focused coping as well as how participants made sense of them. I asked,

1. How do (or did) you handle the stress and challenges associated with being pregnant after loss?
2. What are some things you do to help you feel better about grief from the loss during the new pregnancy?
3. What do you think about couples helping each other get through a life event such as PAL?

As I asked the questions about PAL, I also wanted participants to make a connection between PAL and their loss. My goal was to facilitate participant recollection of experience PAL that was significant for how they are making sense of their narratives of relationship-coping

during the interview. This led to the incorporation of the fourth and fifth question in my protocol which asked,

4. Could you tell me about the ways you and your partner cope(d) with the pregnancy after loss?

Prompt: (a) daily or day-to-day activities (b)Besides things you did on a daily basis, what other things non occasionally?

Again, with a focus on sense-making and essence, I wrapped up questions on DC in the interview protocol by asking,

5. In what ways do you feel these things you did with your partner helped you coped with during the pregnancy?

Prompts: (a) Let's start with the day-to-day activities (b) how about the occasional activities?

The questions on the couple interview protocol were structured to allow couples to collectively make sense of the topics discussed during the individual interview. Therefore, I structured these questions as a continuation of our conversation during the individual interview. I create a similar sense for participants; I asked,

1. Before we proceed with today's interview, please tell me did you ruminate on any of the questions I asked or the things you discussed during your individual interview?

Prompts: If the participant responds yes, ask:

i. Please share your thoughts with me

ii. But why did this question or this specific thing you discussed stand out to you?

For questions on relational turbulence, I wanted to see how couples made sense of new routines in their relationship as individuals coping with a 'high risk' pregnancy. I asked

2. Could you describe some of the shared routines in your relationship prior to the pregnancy?
3. How have these routines changed, if at all, during this pregnancy?
4. For the routines you have succeeded in maintaining, what do you do (have you done to) achieve this?
5. As a couple, why do you feel it is important to continue with these routines?
6. Could you describe the new routine you feel you and your partner have established, if at all because of this pregnancy?
7. How do you feel these additional or changes in routine are impacting your relationship?

For questions about the DC, I wanted to ensure participants could distinguish before their regular relationship-focused effort and the one they adapted specifically for PAL, if all. Therefore, I asked,

8. In general (don't think about this pregnancy), how do you usually cope with issues that stress you out as a couple?

When I designed the interview protocol for my study, I was interested in exploring how couples made sense of different DC tailored to different aspects of their situation. Therefore, the DC questions on the couple interview protocol focused on what couples did together to help each other (relationship-focused) and what they did for one another (PAL-focused). For PAL-focused efforts, I asked,

9. Thinking about this pregnancy and how you cope with some of its stressors as a couple, could you describe the changes that you've made, if at all, to the coping strategies you just described?

For relationship-focused efforts, I asked,

10. Why do you feel these changes to your general coping strategies are required or necessary for this pregnancy?

On average, individual interviews lasted for 47 minutes and 52 seconds. Couple interviews lasted 35 minutes 63 seconds. The entire transcript is 338 pages, single spaced. Upon the completion of the individual and couple interviews, each couple received a $50 electronic check as gratitude for their participation in the study.

Data Analysis

I chose to do an IPA to explore participants' views of the phenomena under study in detail. According to Smith and colleagues (1999), a researcher using this phenomenological approach emphasizes the participant's perception of an experience instead of creating an objective conclusion about the event itself. However, capturing the perspective of a participant in its entirety may be impossible. Therefore, the researcher's conceptions and engagement in interpretive activity are relevant for making sense of the data. Given that thoughts and beliefs of participants are sometimes not explicitly stated in available data such as interview transcripts or audio recordings, Smith, and colleagues (1999) recommended the researcher should rely on analytical processes–idiographic or exploratory approach–to make sense of the information provided by participants.

I combined the idiographic and exploratory approach for my analysis. Runyan (1983) describe one of the characteristics of an idiographic analysis as the focus on individuality and bring to light what is particular about an individual case. Drawing from the definitions of other researchers, Runyan (1983) proposed some of the issues an idiographic approach to analysis is concerned with. Of these issues the following best describe some of the interest of an interpretive

study including (a) identifying the individualized traits or personal dispositions to a phenomenon, (b) identification of the central theme within an individual's life, (c) selection of particular traits on which to assess individuals, in the belief that all individuals are not equally consistent across common traits dimensions, and (d) uncovering the particular subjective meaning of the events and circumstance to the individual. These characteristics of idiographic approach speaks to its strengths at extrapolating an individual's account from the group. Smith and his colleagues (2017) stated one of the characteristics of idiographic approach to analysis is the potential to discover points of convergence and divergence in participants' narratives.

Smith and colleagues (1999) stated an ideographic approach involves analyzing the data from a single case design perspective. Similarly, Pietkiewicz and Smith (2014) noted that an idiographic process involves exploring every case before making general statements about a group. An ideographic analysis requires the researcher to look at each interview transcript before comparing it or incorporating it with others closely. This approach to analysis usually begins with finding specific examples and gradually putting them together to form categories. Miller and colleagues (2018) noted one of the benefits of an ideographic approach is it allows the researcher to unveil how participants are radically interpreting a similar experience differently. For instance, Ava considered behaviors similar to protective buffering (Coyne & Smith, 1991) as essential for facilitating relationship functioning during PAL. This consideration for their spouse did not emerge in the narrative of other women in my study. Instead, these women considered active engagement with their spouse is necessary for coping during PAL.

Additionally, Smith et al. (1999) noted a case-by-case analysis does not ignore the creation of categories that allows generalization across the data; this is how an exploratory process begins within IPA – themes are located in the particular before cautious development into group

categories. The exploratory approach in IPA research has been recognized for its usefulness in facilitating the identification of shared experience across a group of participants (Smith et al., 1999, p. 229). Based on Smith and colleagues' (1999) prescriptive strategies for IPA, the following paragraphs describe a step-by-step process of my analysis.

Looking for Codes and Themes in the First Case

I began analyzing these data immediately after I completed my first set of individual and joint interviews. The reason I used this approach was to analyze the data from each couple as a single case. As Smith and colleagues (1999) recommended, I read the transcription of the couple's interview multiple times to familiarize myself with participants' accounts of their experiences. I began the process by reading the transcript of one member of the dyad as an individual case. Once I was done reading the transcript, I looked at the transcript of the other half of the dyad. During this reading process, my goal was to take notes of my initial thoughts and possible broad or specific codes. After the readings, I focused on identifying codes within the unit of analysis, i.e., the couple. This approach facilitated an opportunity for me to create a grouping for the generated codes in a meaningful way. These groupings were later classified into clusters of themes. However, before classifying codes into themes, I also took notes of sentences that seem to illuminate my participants' thoughts and feelings about the topics explored through my interview questions. This point in the analysis involved looking for the implicit meaning hidden underneath each statement from the couple's account to discover abstracts (e.g., summaries of statements) and emergent themes (cogent ideas). I repeated this process for each unit of analysis.

Continuing the Analysis with Other Cases

Smith et al. (1999) proposed two strategies for continuing the analysis of other cases using an ideographic approach. The researcher could analyze the data from each participant as a single case study in its own right. Smith et al. (1999) noted this approach is appropriate for studies with a small sample size of about 10 participants. Alternatively, the themes from the first interview can be used as a template for identifying similar themes in subsequent interviews. Given that more than ten individuals participated in my study, I employed the second type of analysis. Once I completed subsequent sets of individual and joint interviews, I returned to my notes. My goal at this stage was to discover statements from previously reviewed transcripts connected to the ideas, thoughts, and emotions described in the data set I was analyzing. I did not undergo this process as an isolated analysis. Instead, I was aware of what I found in previous transcripts and identified new and different thoughts and feelings. The outcome of this stage was I began to identify commonalities and differences in the lived experience of couples in my study. I collated prospective themes that emerged from categories together. This type of grouping began from my realization that they cover various aspects of couples' experiences related to my topic of interest.

The Master List and Identifying Shared Themes

Once I completed the two processes described above, I began to draft my master list of themes. This list contained the first draft of themes that captured the experience of my participants. After completing my draft, I returned to my data to collate participants' statements that captured the central ideas in these themes. I repeated this phase of the analysis multiple times. According to Smith and colleagues (1999), this process allows the researcher to discover excerpts that were missed or overlooked during the initial coding process. Even more, this process provided an opportunity for me to ensure there is significant data for further examination

of the prospective themes I created during step 2. To determine what exactly will count as the shared aspect of participants' experience, I followed Smith and colleagues' (1999) recommendation to code all extracts (not the entire data) in more detail to create a new list of provisional codes. I grouped the excerpts in a meaningful way to create a collection of quotes that relate to the final themes in my analysis. Based on the recommendations of Smith and colleagues (1999), I labeled these themes as superordinate themes in my notes. I proceeded to categorize subthemes under their superordinate themes.

Looking for Connections, Patterns, and Tensions

Smith and colleagues recommended that for this analysis stage, the researcher must compare new emerging themes and clusters with what was said in the transcript. By this stage of the analysis, my initial interpretations of the data began to emerge. As I began to grasp a clearer understanding of the data through an interactive process, participants' sense-making of their experience began to shape my refined interpretation of the data. The description of my analysis appears to share similarity with other inductive approaches due to the typical characteristics of analyzing data according to the research's objective. However, Alase (2017) argued,

> phenomenological studies distinguish themes from inductive approaches by undergoing more in-depth data collection and analysis processes. These outcomes are in-depth descriptions and interpretations of research participants “lived experiences’ vis-à-vis how the phenomenon, which is being studied, has impacted the lives of the research participants (p. 12)

In sum, an interpretive phenomenological approach was fruitful for my study in numerous ways. For instance, the idiographic analysis provided a new exploration of participants’

experience for each unit of analysis data to speak for itself before an overall interpretation of the experience for the homogenous group.

Research Credibility and Quality

In this section, I describe how the quality and credibility of my study can be assessed based on the required standard of IPA. Approaches recommended by Elliot and colleagues (1999) and Yardley's (2000, 2007) are commonly used to assess the quality of IPA. Of these two approaches, I chose Yardley's (2000, 2007) four principles to access the quality and credibility of my study – *sensitivity to context, commitment and rigor, transparency and coherence, impact and importance*. The paragraphs below describe how these processes unfold in my study.

Sensitivity to Context

In comparison to quantitative research, qualitative studies are distinct because of the "sophistication of the interpretation of data [which] is particularly crucial…[and] an endeavor to link the particular to the abstract and the work of others." (Yardley, 2007 p. 220). Therefore, a researcher using IPA shows sensitivity to context in different ways. I showed sensitivity to context at different stages of my research. For instance, before implementing my study, I laid-out the rationale for why an IPA is suitable for my research. This process presented a case for my grounding in the philosophy and approaches to analysis that IPA provides. Additional, to present my understanding of how PAL has been researched in past, I conducted a thorough review of literature on perinatal loss, its link to parents' experience of a subsequent pregnancy, the divergent views of PAL as either a stressful or advantageous experience, and evidence of how clinical studies have presented PAL as more of an individual – with emphasis on mothers' experience – than a dyadic experience that could affect relationship functioning. To address this gap and derive new insights into parents' experience of PAL, I drew on Solomon and colleagues

(2016) Relational Turbulence Theory to understand how parents make sense of PAL as a transitional event. Therefore, I was able to show how pregnancy after perinatal loss entails positive memories (e.g., PAL as period of relationship growth) and is also challenging (e.g., finding relational balance). Additionally, I employed the Relationship-Focused Coping Model (Coyne & Smith, 1991) to explore relationship maintenance behaviors between couples during PAL that facilitated coping and support of each other.

My sensitivity to context is also evident in my analysis of the data. Although there are theoretical frameworks that guided my research, I did not allow these theories to profoundly influence my interpretation of the data. Rather, my interpretation is significantly sensitive to the data itself. There is evidence for this in the multiple verbatim excerpts from participants responses included in my analysis, followed by my detailed explanation of participants' perception. Additionally, the discussion of my findings demonstrated connection to and pushing the boundaries of existing theoretical predictions.

Furthermore, my sensitivity to context is evident in my explanation of the limitations caused by the socio-cultural orientation of my participants. Yardley (2007, p. 220) noted qualitative researchers should treat "the normative, ideological, historical, linguistic and socioeconomic influences on the beliefs, objectives, expectations and talks of all the participants" as important. By following this directive, I acknowledged how most participants in my study presented themselves and their relationship as resilient during PAL. I contextualize this participants' perspective within the cultural imperative of Westerners to present a narrative of competence and cheerful endurance during a period of challenge and adversity. Even more, the outright admittance of how my identities – a woman and mother – might influence the interaction between me and female participants reflected my sensitivity to the context of my

research. During the interview, female participants made statements such as "if you are a mother, you will understand what I mean…", "if you have been pregnant before, you will understand what I mean…" and so on. To prevent a situation where my identities will result in an issue of control for over my participants, I did not elaborate on my identities when participants made this statement.

In addition, seeking and including differing perspective of all those involved, including participants, can illustrate the extent of the researcher's sensitivity to context. However, researchers using IPA do not share similar views on the necessity for participants involvement in the verification of researchers' interpretation. Yardley (2007) noted participants involvement in parts of the study including "analysis and reporting of the study… can raise complications regarding the conventional preservation of anonymity and confidentiality of participants' views." I did not seek or encourage participants' verification of my analysis to prevent issues of confidentiality. During the individual interview, I observed that participants were more open in how they talked about issues in their relationship during PAL (e.g., lack of sexual intimacy, control negotiation, divergence in support needs) in comparison to the time of the joint interview. Also, I noticed that sometimes when participants wanted to say something about their spouse, they began the statements with disclaimers. For instance, when Gabriel and Theodore discussed lack of sexual intimacy, these men began their discussion of the issues with statements such as *"this is personal"* and *"this is private"* respectively. Although I assigned pseudonyms to participants, their spouses may identify statements by their partners after reading the verbatim excerpts in the analysis. Additionally, I agree with Riessman's (1993) stance that allowing participants to verify an analyst's interpretation have consequences, including an abdication and eroding of the researcher's intellectual independence. This predicament is possible when

"participants' opinion [become] an authoritative judgement of the veracity or value of the [researcher's] interpretation" (Yardley, 2007 p. 221). Therefore, in place of participant involvement, my interpretation was verified by dissertation advisor and committee members.

Commitment and Rigor

Yardley (2007, p. 221) described commitment to IPA as a "prolonged engagement with the topic". I was committed to this topic as a woman who has experienced pregnancy and researcher interested in coping and supportive communication in the context of loss, grief and bereavement. My desire to study this topic began as a class paper on perinatal loss for a relational communication course in Fall, 2019. As the direction of my research became clearer to me, I undertook an independent study with my advisor in Spring 2020 to immerse myself in the research on how loss, in general, affects other aspects of people's lives. This quest led me to the discovery of research and findings in clinical studies on people's experience of subsequent pregnancy after perinatal loss. I implemented my study in Spring 2021. Yardley (2007, p. 212) argued rigor and commitment can be attained through prolonged exploration of the topic; hence allowing the researcher to gain knowledge that transcends "commonsense" understanding of the topic.

The rigor in this study is evident in the "resulting completeness of the data collection and analysis" (Yardley, 2007 p. 221). The sample I selected for my study supplied all the information I needed to engage in a comprehensive analysis of the data. Although the video conferencing application – Zoom – used for the interviews created a transcript, the time spent cleaning the transcript ranged for two hours to four hours. Even more, the rigor involved in data collection process is evident in the number of interviews I conducted. I completed a total of twenty-seven interviews, which ranged from forty-five minutes to one hundred and twenty minutes, two

hundred and ninety pages single spaced word document, one hundred and sixty seven thousand, six hundred and seven. After each individual interview, I listened to each audio recording at least two times and took detailed notes. This process during the data collection provided opportunities for follow up questions before the couple interviews.

On several occasions, the responses from one participant motivated further in-depth exploration of the topic when I spoke to other participants. For instance, in the initial draft of the interview protocol, the question "how would you describe your relationship during the time between your loss and when you got pregnant again?" was included as one of the open questions. My initial intention for including the question was to help participants gradually create a chronological narrative that will lead to the time of the pregnancy. However, after completing the first two individual interviews, I realized – through the content of participants' responses – the richness of the data and its relevance to understanding how couples made sense of the subsequent pregnancy itself. This additional area of exploration led to more follow up questions and data analysis than anticipated. Given that I completed most of the individual interviews before the next round of couple interviews, I had the opportunity to ask previously interviewed participants the follow up questions that emerged.

Conducting individual interviews before joint interviews also facilitated a form of triangulation. This approach to data collection provided an opportunity for me to access participants' independent thoughts and feelings in their variations and complexities before an attempt to understand couples' joint sense-making. Additionally, I focused on indepth exploration of the data provided by one member of the dyad before conducting an analysis of the data provided by units of analysis (i.e., the couples). Using an ideographic analysis, I completed

Smith et al. (1999) four steps for each participant, then couple, before repeating an exploratory analysis across all the dyads in the study.

Transparency and Coherence

Yardley (2007, p. 222) described transparency in qualitative research as "clarity and cogency…of the description and argumentation" of research findings. One of the goals my research pursued and attained was a construction of a version the reality of couples who experienced PAL. Hence my analysis did not stop at describing participants' experience of PAL but illuminated the essence of this experience as they emerge from participants' narratives. As Yardley (2007, p.222) noted, my intention was to (re)create "a reality which readers recognize as meaningful to them." In this vein, my analysis included illustrative expressions related to issues of interdependence that readers will be familiar with. An example is an interaction between a couple in my study similar to kitchen sinking – when one person or relationship partners bring up past grievances unrelated to present conflict. Below is an example of the interaction between a couple in my study:

> **Owen:** *if you get the moments that you're feeling good. If you could do a little bit around the house to help me out".*
>
> **Chloe:** *if you could acknowledge that you hear me puking up and that sucks. I know there's nothing you can actually do to help if you hear me puking. Just say, "Oh, I'm sorry. I hope you feel better".*

Pregnant or not, some readers can relate with how these kinds of tit-for-tat interactions unfold in their personal relationships.

According to Yardley (2007), research coherence is evident in the "fit between the research question(s), and the philosophical perspective adopted, the method of investigation, and analysis

taken" (p. 222). IPA is a good fit for my study in the aforementioned aspects. This interpretative analysis method served as a tool for me to explore and illuminate the voice of couples who experienced PAL. This method facilitated the presentation of a consistent and complete description of the first-hand lived experience of a homogenous group.

Impact and Importance

Impact and utility are standards by which all research should be assessed (Yardley, 2007). The impact and utility of my research is evident in how its findings have the potential to influence the actions of individuals who experience perinatal loss to have a less stressful period of the subsequent pregnancy. For example, the practical implications of my study provided contextual recommendation of how couples can facilitate purposeful communication, create a sense of feeling connected and situated as well as confidence in their relationship during PAL. My study also succeeded in making theoretical contributions to Relational Turbulence Theory and the Relationship-Focused Coping Model (RFCM). For instance, drawing from empirical findings of research which applied RFCM, the analysis in my study presented a new lens for exploring protective buffering during a stressful period. This addition to research on RFCM provided new ways of understanding DC.

Researcher's Reflection

I enjoyed the process of designing and conducting my study. However, some of the challenges I experience during the process frustrated me and sometimes kept me up at night. In this section, I describe challenges and incidents as they emerge at different points of implementing my study –from the period of writing the literature review to presenting my findings.

Falling Into the 'Trap' Of Heteronormative Bias in Extant Literature

The literature review process for this study began with a compilation and reading of existing research on pregnancy after perinatal loss (PAL). At the time, my intention was to familiarize myself with the discourse on the phenomena of interest, which exist mainly in the findings of clinical studies. My review of the literature led me to a plethora of studies on the experience of mothers, but only a handful exists on father's experience. I clearly articulated this argument in my initial argument for the importance of my research. However, I omitted a case for a particular group – same-sex couples. Although this omission was unintentional, it is important to bring this issue to light. Through the guidance of one of my dissertation committee members, Dr. Totenhagen, it became clear to me how my research is set up to promote the heteronormative bias that only mothers and fathers in heterosexual relationships experience perinatal loss and PAL. Once the shortcoming in my research arguments became known to me and as a starting point to rectify the error, I sought out research about same-sex couples who have experienced perinatal loss. Eventually, I relied on the findings of these studies to make an argument for some of the stressors individuals in a same-sex relationship might experience during pregnancy due to a prior loss

After All, Maybe Facebook Is Really Not That Great for Research Recruitment

When I designed my study, my initial approach for participant recruitment included posting research fliers at strategies place (e.g., offices of obstetrician/gynecologists). This strategy for participant recruit was motivated by the desire to ensure the individuals who sign up for my study can provide unique perspectives on the topic of interest. My motivation was soon replaced with a sad reality, COVID 19 restrictions. Even more, I was in the third trimester of my second pregnancy. These unforeseen circumstances required consideration of other recruitment

strategies approved in the proposal I submitted to IRB. I turned to Facebook and created a research account with the name Perinatal Loss Research. Once Facebook approved the page, I posted my recruitment statement on the platform and ran a paid advert through the social media account. For reasons yet unknown to me, I hoped my inbox would be flooded with messages from prospective participants. However, almost one week went by before a woman reached out to me to inquire about the research. Unfortunately, she did not qualify for the research. The woman mentioned she was no longer in a relationship with her partner, who shared the loss. A couple of days went by before other people contacted me, some of whom were in a similar situation as the first woman. Others asked for more information about the study, promised to participate but never signed up for the study. As this pattern continued, I became concerned but continued paying for paid adverts on Facebook. While I waited for a targeted audience to be contacted through Facebook, I decided to seek out perinatal loss support groups; I felt enthusiastic and optimistic about the access to a 'homogenous' group the membership of these groups could grant me. I contacted numerous perinatal groups, indicated I am a researcher looking to recruit participants in the initial form, but the admins did not approve my group membership request. At this time, my frustration with the participant recruitment aspect of qualitative research grew. Eventually, I expressed this frustration to my advisor, who recommended trying my luck on Reddit.

Reddit Police

I took my advisor's advice and posted the recruitment statement on several subreddit platforms, including r/InfertilityBabies, r/Rainbow_Babies, r/CautiousBB, r/raisingkids, and r/waiting_to_try. My frustration at the process of participant recruitment intensified as I was confronted with the challenge of addressing the demands of different gatekeepers, i.e.,

moderators and subreddit users. Some of the demands of these gatekeepers included incorporating a link to the consent form and IRB study approval letter as part of the recruitment statement and an explanation of how prospective participants' contact information will be used. These suggestions seemed like great ideas; however, the text limit function on social media platforms did not allow posting such lengthy information. Some users and moderators felt posting the recruitment statement in certain subreddit groups (e.g., r/InfertilityBabies) was 'insensitive.' My recruitment statement was removed from these subreddits by group moderators. At this point, my reaction was that infertility could happen to women who have had successful pregnancies in the past. Therefore, the assumption of a few members that the group included women who have never been pregnant was not an absolute truth. Despite the open criticism and pushback from a few Reddit users, all the participants who completed my study indicated they saw my recruitment statement on Reddit. I guess the platform worked for me after all.

When The Few Eggs in My Basket Began to Fall Out

I was elated by how quickly participants signed up for my research. On some days, I scheduled two to three interviews. A feeling of disappointment emerged when multiple prospective participants received my email, including detailed information about the study, but withdrew their interest without explaining why. The disappointment intensified when some responded, scheduled the interviews, and canceled few minutes before the interview. My feeling of disappointment intensified when some of these individuals reschedule two to three times but still did not complete the process. My frustration with this set of individuals emerged because I open up a time block of at least three hours on my schedule for each interview set, which meant I could not schedule other prospective participants, undertake or complete personal tasks. Of all

the challenges I encountered during this research, I could not overcome this issue throughout the data collection timeline which delayed the process of data collection. Perhaps this challenge is related to the sensitivity of the topic under study.

You Signed Up to Talk. So, talk!

As I was dealing with participants who canceled and rescheduled their interviews multiple times, I was also confronted with some individuals who showed up for their interview but required additional effort to get them talking about PAL. A good example is how some participants opened up to me during individual interviews and couple interviews. One example is my experience with Charlotte and Oliver. Oliver was the first member of the dyad I interviewed and was the first participant in the study who brought up the issues of control negotiation related to decision making. During his interview, I felt more like a therapist than a primary research investigator, given the extent of Oliver's openness on the topic. However, the same attitude was not present during the couple's interview. Many times, Oliver looked at Charlotte before responding to some of my questions. I noticed the voice of Charlotte became more salient as the interview progressed. She was either quick to respond to my question or interrupted Oliver. At that moment, I tried not to conclude Charlotte is controlling as Oliver described her during the individual interview, but the pattern evident in how each member of the dyad engaged with the I questions complicated the process of alleviating this perception.

As a qualitative researcher, I understand my role as the moderator during the interview includes eliciting responses from participants. However, it required additional effort to elicit responses from some fathers (e.g., Ethan) during the joint interview. Perhaps this is one reason why mothers' experience is more accessible and dominates research on perinatal and PAL. To address this challenge during my research, I explicitly encouraged fathers to share their thoughts

and views. I included statements such as "You have been quiet X, I would like to hear your thoughts on this question I just asked" and "Y before you share your thoughts on this, I would like to know how X feels/think?". Of the eight fathers who completed my study, I experienced this challenge with Oliver and Gabriel during the couple interview. Also, Couple 9A (i.e., the mother) was the first participant I interviewed for my study. Therefore, I returned to their data on numerous occasions despite the couple's focus on their loss to find excerpts to include in my final analysis. Perhaps, my interest in their data is related to the fact that they were the first couple who signed up for my research. However, I later realized that forcing an understanding of their experience from the data provided will result in a mediocre interpretation and presentation of their narrative. Couple 9B responded "I do not remember" to several questions about the subsequent pregnancy. One of the reasons he perceived was responsible for the gap in his relocation of relational events that characterized the period of PAL was that their rainbow baby was born over seven years ago before the day of the interview. Thinking about it now, I feel the bias to make sense of the data from Couple 9 at any cost came from a sense of hope that other people will sign up for my study since they were the first to indicate interest and see the process through. Even more, I interviewed the couple when I was dealing with pushback from 'Reddit police'. So, I just wanted the one bird I had in hand to fly in formation.

The Emotional Strain of The Process

By the time I finished all the interviews, I felt emotionally drained. In addition to navigating frustration that emerged because of the issues I discussed so far, I started talking to people about losing their pregnancy just 28 days after giving birth to my daughter. At different times during the interview, I kept feeling like these people could have been me; I could have been one of them if anything had happened to the baby during my pregnancy. I intend to

continue exploring PAL, given my interest in developing a transition and coping communication model in the context of loss. One of my most significant takeaways from this research process is understanding the value of speaking to a professional (e.g., therapist) during the data collection exploration of a sensitive topic.

Mixed Feelings of Surprise and Disappointment

Additionally, I experienced a surprise/disappointment tension when I heard the narrative couples created about PAL as an ironic event of relationship development. As a qualitative researcher, I am aware of this kind of surprise during an interpretative analysis of qualitative data. I was not prepared to find the level of divergence in the description of PAL in extant research and what manifested in my data. I thought participants would describe more challenges, and there will be a more similar pattern in their perception of these types of challenges. Even though I had completed steps 1 to 4; see my data analysis description of data analysis, I suspended the write-up of my interpretation and ruminated on this challenge for a long time. When I eventually got around to talking to Dr. Pederson about this issue, his perspective created an ah! ah! moment for me. Dr. Pederson drew my attention to the fact that participants' description of PAL as more of a time of relational and personal resilience than a period of turbulence could be linked to how westerners tend to create a narrative of self as resilient following a challenging event. I got clarity, and the motivation to commence my write-up of data interpretation increased.

I am writing this reflection four days after my initial dissertation defense and 157 days after the first attempt to make sense of my data. During my defense, three members of my dissertation committee asked why my interpretation of the data seemed to illustrate the voices of individuals than couples. My explanation was that on many occasions, each member of the dyad

described different issues that shaped their experience of PAL even while responding to the same questions. At that moment, I wondered why I did not notice such a pattern before my defense. As I reflect on my research process through this writing, it became clear that the same factor was responsible for why I struggled with the narrative of resilience that dominated couples' descriptions. Although participants are affected by PAL, each dyad member made sense of relational episodes that shaped their experience differently. An example is how lack of sexual intimacy came up in three father's descriptions of challenges in their relationship, but only one mother confirmed this issue was indeed a challenge in her relationship during PAL.

Second, the interview protocol's design did not fit couples' communication decisions regarding their participation in research. My initial analysis plan was to interpret each couple's experience as a single case study. Oliver and Charlotte were the first couple interview I did after Couple 9. As explained in my analysis process, I analyzed each participant's data as a single case before looking for patterns across the unit of analysis, i.e., the couple. During the individual interviews and listening to the recordings, I noticed a limited overlap in how the couple responded to my interview questions. I repeated the same process for my couples, and a similar pattern emerged in the data of more couples than others. I was frustrated by this realization. I so much wanted to present a case-by-case analysis. Consideration of other alternatives of data presentation just seemed not good enough for the picture I created in my head of my analysis.

Even more, my expectation of the two sets of interview protocols was not met during data collection. My interview protocol was designed to explore how relationship partners made sense of relational episodes of relational turbulence, issues of interdependence, and relationship-focused coping independently by dyad members. This protocol design facilitated the emergence of individual voices reflecting how participants make sense of being part of a dyad and

experience of PAL. The questions on the protocol for the couple's interview probed some of the topics on the individual interview protocol. I thought that this would allow couples to collectively make sense of the similar topics which I felt would emerge during the first set of individual interviews. I also thought the time between the individual and couple interview would have provided an opportunity for couples to talk about the questions I asked during the interview, collectively ruminate on their responses, and be prepared to provide more information about the topics we discussed during individual interview. These reasons were the purpose I began the couple interviews with the question, "did you get the chance to discuss some of the things we talked about during the individual interview?" I was prepared to encourage participants to tell me about the conversation if their response to the first question was a Yes. I hoped participants' responses to this question would illuminate the tension in how participants made sense of how they responded to my questions and encourage participants to piggyback on one another response to confirm or contradict the information shared by their spouse during the individual interview. Of the eight couples in my study, only Chloe and Owen admitted they shared the details of their interview with each other. In their case, this was to the advantage of the research and data interpretation:

Oluwadamilola Opayemi: Alrighty, before I get into the questions for today. Did you and your spouse get the chance to discuss the questions that I ask you during your interview?

Chloe: Yes!

Oluwadamilola Opayemi: Oh great, give me the gist.

Chloe: (faces Owen and exclaimed) You got shit wrong!

Owen: Yes, so I got something wrong. So, I said that we got separated after the pregnancy loss.

Chloe: (interrupted) and that's when I started watching Gilmore Girls upstairs.

Owen: That wasn't true. That happened when her grandmother was diagnosed with cancer.

Chloe: Yes, when my grandma was diagnosed.

Owen: Yes, like my timeline was off.

Chloe: Yeah, he asked me, "when did you start watching Gilmore Girls upstairs?" and I was like it was when my grandma got diagnosed.

Chloe and Owen's situation reveals my protocol design has advantages. In the absence of this interaction between the couple, my interpretation of their PAL experience could have been misrepresented based on the data Owen initially provided. Given how some participants' communication after their interview inhibited the additional richness the couple interview could have brought to the data, I intend to do things differently in subsequent research. One strategy I am considering is conducting only one interview and talking to participants at the same time. Alternatively, I could interview participants about a particular experience during the individual interview and another experience during the couple interview. For instance, I could interview participants about their experience of transition, turbulence, and interdependence during individual interviews. Then, reserve questions about relationship-focused coping for the couple interview. This approach should facilitate the separation of my analysis into interpretations that emerged from each interview set.

In sum, this process of reflexivity is rewarding in many ways. First, it provided an opportunity for me to make sense of challenges I experienced in the research process which initially were not clear to me and how they impacted the presentation of existing findings in my literature review section, and research finding. Second, the information contained in my

reflexivity presents a closer look at the challenges of conducting a qualitative research. When this phase of my life is over, i.e., completing a dissertation, I might conclude the process is the second most painful and challenging experience after childbirth. Third, I hope that through this reflection, other PhD students undertaking similar tasks will have a clearer understanding of the 'messiness' that characterizes qualitative research. More importantly, they realize the process could be messier for a PhD candidate still in the process of finetuning his/her/their scholar/researcher identity. To these unknown comrades, I share the encouraging words my advisor said to me with you "Keep up the good work. Little engine that could!

CHAPTER FOUR

INTERPRETATION

In this interpretative study I sought to understand couples' perception of a subsequent pregnancy after perinatal loss (PAL) in ways it impacted, if at all, relationship functioning, maintenance, and dyadic coping (DC) efforts. I used a semi-structured interview protocol to collect data from married heterosexual couples about their relationship during a subsequent pregnancy. Participants were asked questions that elicited recollection of occurrences in the relationship that shaped their experience of the pregnancy as a romantic partner, their partners' role in the process, and collective effort to cope with stressors related to the pregnancy. Therefore, the first research questions asked, "How do couples who experienced perinatal loss perceive the period of a subsequent pregnancy?" and "How do couples who experienced perinatal loss make sense of issues of relational turbulence, if at all, during a subsequent?" To extensively explore couples' perception of their relationship, self, and partner in relation to relationship functioning and maintenance after a perinatal loss and during a subsequent pregnancy, I separated my analysis into two parts. First, was an analysis of couples' perception of the waiting period i.e., the period between the loss and the subsequent pregnancy, and second, was the period of the subsequent pregnancy. This decision emerged from my realization that research participants engaged in some types of 'relationship work' during the waiting period which influenced their transition into the period of the subsequent pregnancy (See Figure 3). Table 3 presents a list of main and subthemes of the first research question.

Figure 3

Themes for Research Question 1

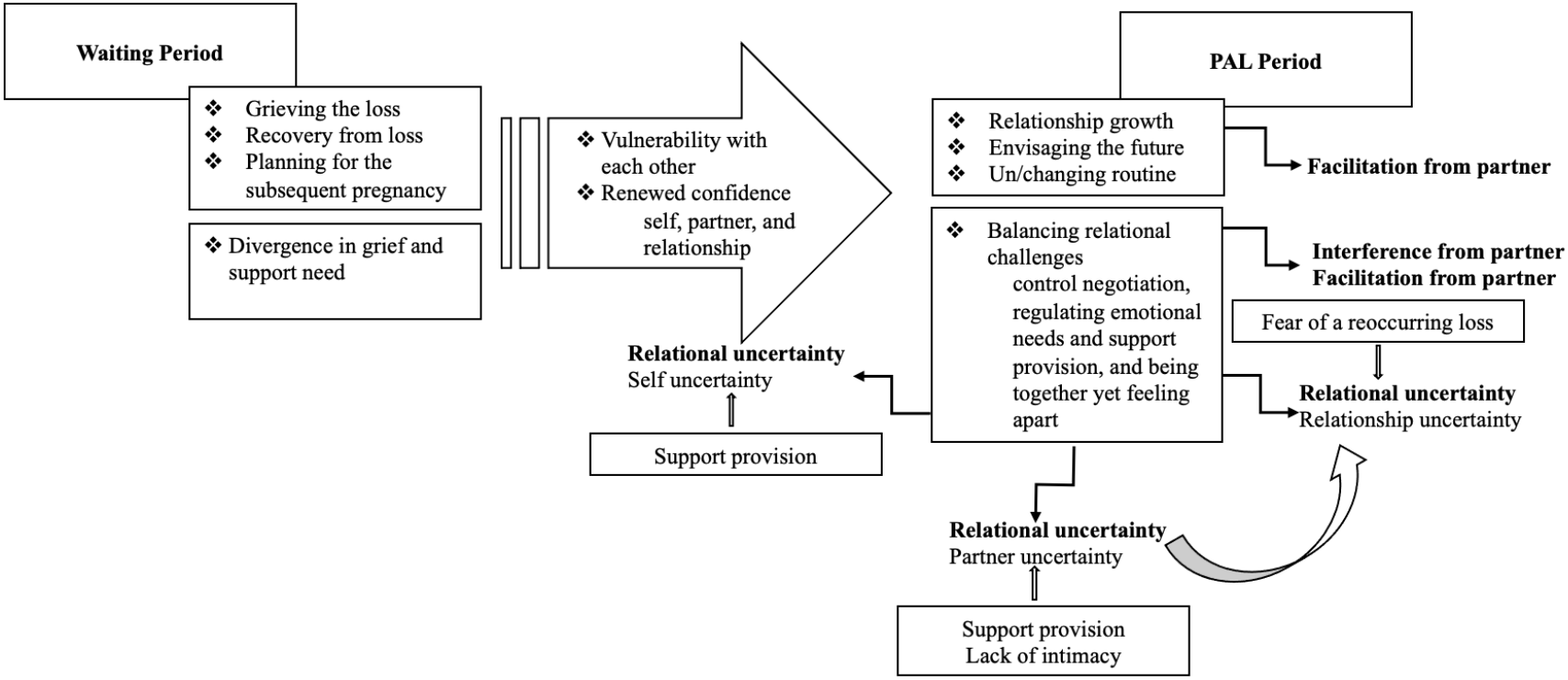


Table 3

List of themes for Research Question 1

Transition Events	Themes
Waiting Period	Vulnerability with each other
	Renewed confidence in self, partner, and relationship
	Divergence in support needs
PAL	Period of growth
	Envisaging the future
	(Un) Changing routines
	Balancing relational challenges
	Control negotiation
	Regulating emotional needs and support provision
	Being together yet feeling apart

Making Sense of the Waiting Period

Couples' thoughts and feelings about the waiting period revealed most participants developed a positive sense of the status of their relationship. During my analysis of the waiting period, I focused on couples' description of relational events related to self, partner, and their relationship. My understanding of the data resulted in two themes (a) vulnerability with each other and (b) renewed confidence. There were also aspects of some couples' narrative which illustrate their experience of divergent support needs.

Vulnerability with Each Other

As couples experienced a waiting period after their perinatal loss, some spouses engaged in communication behaviors that were originally absent or not prominent in their relationship.

This new approach to communicating allowed some spouses to explore aspects of their partners' personalities which shaped their experience of the waiting period:

> I feel like we saw each other in a more vulnerable place than we ever have, you know. Like we really hadn't been through a tragedy together so seeing each other be so sad and vulnerable was really different, but I feel like it was good for us. So, I feel like it opened us up more and made us feel more comfortable talking about hard things […] I've never really seen him [Liam] getting emotional about something. So that was new […] I mean, I think we've always been really open, but I think we've changed as people to just going through this tragedy. Yeah, it's hard to explain but I just feel like we've now seen a new side of each other. I guess that maybe just wasn't there before. I've definitely seen him be more emotional and vulnerable than I have before. And maybe it's just because there was really nothing for him to be vulnerable about. But when it comes to our loss, he's really open and is not afraid to talk about how sad he is or frustrated or, you know, so I've definitely seen a more vulnerable side to him.

Ava's responses echo the perspective of many participants in the study. Her spouse, Liam gave a similar response to the same question I asked during the individual interview. He said, "I felt more unified with Megan". The ordeal of a perinatal loss brought spouses closer together and facilitated the formation of a new perspective of their relationship. The fear of an affective distance or separation reported in some existing findings (eg., Dyregrov & Matthiesen,1987) did not materialize for some participants in this study. On the contrary, couples experienced closeness more intensely, and this rapport was employed as an individual as well dyadic resource for mitigating strain on the relationship during the waiting period. However, some spouses

expressed a concern that continuous vulnerability of one partner could manifest as a stressor for the other. Hazel lamented,

> I guess I was more open, and I guess that was, it gave Declan a chance to be there for me as well. But it, it may have put too big a strain on him, or it was maybe too hard for him to see such pain in me.

Taken together, these excerpts illustrate how couples' experience of the waiting period entailed subtle phenomena and the double constraint some spouses encountered. On one hand, the period could be experienced as a time of negative relational interdependence – characterized as the period when meeting one partner's need resulted in a difficult experience for the other person. On other hand, experiencing the waiting period was also the ordeal by which each partner could truly appreciate the other in a more novel manner which ultimately reinforced the couples' closeness. Even more, closely tied to the perception of vulnerability with the other member of the dyad was a renewed sense of confidence in self, partner and the relationship. This perception is extensively discussed in the theme, *renewed confidence*.

Renewed Confidence

Couples experienced a variety of changes in self, partner, and their relationship during the waiting period. Generally speaking, the occurrence of a prior loss became a relationship unifying and validating experience for couples in this study. Some couples ironically described the perinatal loss as a sad and traumatic experience that eventually benefited their relationship. While responding to my question of changes in relationship, Liam also described a new sense of confidence in his relationship,

> I feel like the loss was like a traumatic event and […]I think feeling the same way about it, I feel more united […] I think that before the loss neither of us were really worried or

certain about what we wanted out of life, you know, we each had jobs and we each work together and be happy. But we were kind of living kind of day by day. And then loss kind of made it, I feel like both of us focus on what was important and I think we got maybe better at communicating to each other, kind of what was important and how to, you know, handle those sorts of things, I guess.

As described in Liam's excerpt above, perceived similarity in priorities and communicative behaviors evolved into confidence in the relationship. In other words, creating and succeeding in the maintenance of a mutual form of communication during the waiting period established a strategy for preserving relationship functioning during subsequent hardships. As the data analysis continued, a pattern emerged in the responses of participants; they created a positive narrative of their relationship. Hazel's response illuminates how many couples felt about their relationship during the waiting period,

> […] in one way, we learned that we always had each other and that even in the saddest of moments you could still experience joy of being together, of enjoying each other's company, and at the same time so it [perinatal loss] solidified our relationship we got married in between the loss and the next pregnancy […] And so it's solidified our love for each other as in a way that yeah only hardship can bring, I guess.

By creating these narratives, spouses seemed to perceive themselves and their relationships as competent to withstand relationship challenges that are likely to emerge from the experience of the loss and their lives afterwards. In addition, some spouses described changes in themselves from several angles during the interviews. For instance, Hazel stated that the experience of perinatal loss contributed to her understanding of the importance of seeking and receiving social support during the subsequent pregnancy. In other words, she realized the

efficacy of using support resources within her relationship for coping during a stressful experience. With this new knowledge, Hazel admitted she gained competence in how to make sense of her emotions and coping needs as well as how to verbalize them,

> I changed in a way that I accepted help, that I asked help, and that I was better. I was better capable of knowing what I needed and trying to, to give it to myself or ask for it from somebody else. In the years prior, I was always very independent very, well I still am, but I was always, I didn't like to ask for help. It was really, really hard for me to ask anyone for any help, and that experience make it was so overwhelming that I just needed to ask for help. It was just too much to bear alone.

Hazel's realization of how overwhelming it felt to rely on her own competence to navigate the waiting period revealed perinatal loss is an event that perhaps demands a different kind of coping provisions for some individuals. In addition, the coping provisions include a variety of sources and kinds of support during subsequent stressors. In Hazel's case, due to the challenges of not receiving social support relevant for coping after the perinatal loss, she became more cognizant of how to exploit personal and professional coping resources available for her during the subsequent pregnancy. This realization serves as immediate and long-term benefits for the relationship during another subsequent pregnancy.5

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5 I discuss this evidence further in my analysis and interpretation of the couple's dyadic coping effort during subsequent pregnancy. Hazel and her spouse were the only couple in this study who experienced two successful pregnancies after their perinatal loss. Hence, the couple made comparisons between their experience of the two subsequent pregnancies. In the excerpt above, Hazel was referring to the time of the waiting period and her first subsequent pregnancy when she said "*it was so overwhelming that I just needed to ask for help. It was just too much to bear alone*." Her acknowledgement of becoming more competent in asking and receiving social support reflects her perception of self during the second subsequent pregnancy "… *I changed in a way that I accepted help that I asked help and that I was better. I was better capable of knowing what I needed and trying to, to give it to myself or ask for it from somebody else*…"

Different description of changes in 'self' continued to emerge in couples' perception during the individual interview. For some spouses, like Charlotte, changes in personal orientation during the waiting period impacted relationship functioning. One of the outcomes was a better understanding of her partner's perspectives and reaction to events related to the perinatal period. Charlotte described her experience saying,

> I'm usually like the optimistic one, like I tend to be more of a positive thinker than he is […] But I feel like we kind of switched roles, because I was feeling very discouraged […] and I think he tried to like take on that positive outlook, which you know to be reassuring […] It was kind of a weird swap where normally I'm like look on the bright side, and this, I was just like, I want to feel my feelings like, you know, and he was trying. […] So, I think, you know, I was, you know had a lot of emotions to process over those four months and tended to kind of be stuck in like a more you know pessimistic way of thinking. So, I think I kind of almost experienced a little bit like what his kind of normal is […] So, I think maybe just you know, kind of being put in his shoes, in a way, um, you know could be good for our relationship.

Furthermore, the waiting period marked the time when spouses noticed intentional changes in their partner in preparation for the subsequent pregnancy. Spouses described unique instances when the other person met their expectations. Therefore, some participants reported that the positive changes in their partner made sense to facilitate a better relational experience during the subsequent pregnancy. When Charlotte described changes in her partner, she said:

> I mean, there's definitely a change like when we first started trying, you know. We kind of made a timeline and agreed. And then I think once I got pregnant, initially it was kind of like, oh man, like this is real and he definitely had a period of adjustment where like

> you know, I think he was like, is this, like, am I ready for this, […] I think it was, kind of hit him. Um, so, then I think after you know the third time, I got pregnant and then lost the pregnancy and everything, I think he had kind of like accepted that like we were going to have kids that he embraced it more and was looking forward to it more […] So I think that's always kind of you know, a good thing. Um, and then, oh, just, I mean with him, accepting, or like embracing more the idea of like having kids and having a family, I think, it is good for our relationship.

From the excerpts above, it seemed the prior losses and going into the waiting period shaped participants experience of the subsequent pregnancy in positive ways. For Charlotte, the changes in her partner evolved into a positive perception of the other "I think he had kind of like accepted that like we were going to have kids that he embraced it more and was looking forward to it more" as well as a better outlook of the future of the relationship "I think, it is good for our relationship". Hence, experiencing these feelings of satisfaction with the relationship and her partner prior to the transition into the period of a subsequent pregnancy reduced the number of relational concerns and an increased focus on the new addition to the family.

For some spouses, changes in their partner during the waiting period reduced the amount of relationship work required during the subsequent pregnancy. Amelia described a sense of relief she experiences as her subsequent pregnancy progressed past the gestational age of previous losses:

> [Ethan] sometimes is not great at articulating what he's feeling, but I think having reached out to friends and having like this space where he could play video games and only half kind of talk about what he was feeling with them gave him one outlet and then it made it easier for him to sort of process things and be able to say some of what he's going

through. So, I'd say [he's] just maybe gotten better at talking about emotions in that time period. And that's been good for us in our relationship.

The excerpt above illustrates the importance of emotion management during a dyadic stressful event. Amelia recognized the perinatal loss affected her and her spouse, hence the need for emotion management by both parties for the essence of relationship functioning. In addition, employing resources outside of the relationship for personal improvement seemed to have impacted their relationship during the waiting period. Through the engagement in external activities and forming strong relationships outside of the dyad, the other person is relieved of constantly being a source of support while also dealing with a similar stressor – recovering from the grief of a perinatal loss and preparing for a subsequent pregnancy.

Even though couples report closeness and confidence in their relationship, the waiting period was also experienced through the lens of difficulties. Some participants reported events that negatively shaped their experience of the waiting period and affected certain spheres of relationship dynamics. A major issue that emerged in participants report was divergence in support needs.

Divergent Support Needs

As some couples waited for the subsequent conception to occur, partners developed different perceptions of their coping needs during the waiting period. Hazel's description of differences in her spouses support needs compared to hers echoed the experiences of some participants:

Declan was trying to be there, and he was in the very first beginning after we lost her. He was really, he was my rock. He was really good, but at some point, I guess for him, it became different than for me.

Given how Hazel initially commended her spouse's (Declan) effort then expressed dissatisfaction within the same line of thought, it seemed varying types of uncertainty was present during the waiting period. While responding to the same question, Declan expressed uncertainty about how he should continue to help Hazel cope and how long was enough time for her to overcome the grieving period. Declan said, "I just, I wasn't sure what to do or how I could help her or be there for her. So that that was what I found I think the most difficult". As evidently in how Hazel and Declan described their experience, negative emotion characterized the couple's narratives about divergence in their coping needs.

Additionally, the divergence within couples' coping needs created individual challenges for each member of the dyad. In Gabriel's case, his spouse's grieving pattern provided moments of comfort for her but aroused negative emotions in him. He said,

> […] I think the biggest problem was that, um, you know we just needed different things from grieving, like we both emotionally needed different things and that made it tough […] She wanted to go through Leo's things more often and I didn't really want to because it was really triggering and upsetting. And that helps her feel better, but it didn't really help me feel that much better.

Even though he described this aspect of his experience of the grieving period in a personal way, Aurora's description of his reaction revealed divergence in coping needs posed as a dyadic challenge for the couple:

> Yeah, I noticed that he would often go into like… he would seem okay and then every now and then he would just get so depressed […]and it was like he wasn't there at all, almost like you know trying to like talk to him. Like I wouldn't get anything back. It was like he wasn't there. And like I would get so worried; I'd never seen him like that before.

So that was a big one. Every now and then, when he kind of went into that state and like there was nothing I could do and that sucked. And you know, just kind of seeing him cycle through you know all these emotions that you know, I'd never really seen from him before, that was all the change.

Aurora's experience during the waiting period revealed how some spouses approach of dealing with their grief evolved into additional distress for their partner. Therefore, as an observing spouse, Aurora experienced quite a de-stabilizing phenomena – dealing with grief from a similar experience, witnessing her partner's distress, and a sense of helplessness due to uncertainty about the appropriate support for helping the other person cope and emerge from the grief state.

To summarize, the occurrences which shaped how couples' make sense of the waiting period include an experience of emotional vulnerability. Through this experience, spouses benefitted from the privilege of emotional expressiveness with one another which facilitated closeness and grief related self-disclosure. In other words, conversations about their loss became a bonding element for couples instead of an extremely difficult memory to revisit. This conclusion is not intended to minimize the negative emotions couples still experienced during the waiting period when it overlapped with the grieving period. Rather, to emphasize the possibility of having a positive experience through engaging in open communication about perinatal loss and coping needs.

Additionally, the waiting period marked a time when spouses experienced self-discovery and positive changes or noticed similar traits in their partners. The positive changes participants described included competence in seeking support and readiness for the period a subsequent

pregnancy. I discuss the benefits of couples 'relationship work' prior to the subsequent pregnancy under the next heading.

Making Sense of PAL Period

In general, couples experienced a range of negative and positive emotions during the subsequent pregnancy (see Table 2). One of the factors described by couples who were pregnant during the data collection that shaped their experience of PAL was the social restrictions during the COVID 19 pandemic. During the analysis, I discovered each couple's descriptions of the events that facilitated relational functioning and maintenance during the period of PAL differed. However, their conclusions of how these distinct events shaped their experience of the period shared some similarities. These conclusions emerged as three themes which captured couples' perception of PAL as a period of (a) growth (b) envisaging the future and (c) (un)changing routines. In addition, the period of PAL was not perceived only through the lens of a positive experience. Participants reported nuanced experiences which integrated challenges that negatively shaped how couples described their experience of the subsequent pregnancy. Three main themes emerged from couples' perceptions of challenging events: (a) control negotiation (b) regulating emotional needs and support provision, and (c) being together yet feeling apart.

PAL as a period of Growth

The sense of partner and relationship development couples experienced during the waiting period continued into the time of the subsequent pregnancy. Although couples described unique experiences, one of the central themes in their accounts revolved around overcoming uncertainty, specifically self uncertainty. Some of the male participants in the study who are first-time fathers described moments of self-discovery following their loss and into the period of the subsequent pregnancy. When these first-time fathers described changes in self, they

described their experience of overcoming uncertainty about the ability to undertake responsibilities of fatherhood. These participants acknowledge that despite their initial intentions about fatherhood, an experience of perinatal loss had a notable long-term impact. For instance, when I asked Oliver in what ways he felt the subsequent pregnancy caused changes in him, he

Table 4

Couples' feelings and emotions during PAL

Unit of Analysis	Pseudonyms	Reaction and Emotions to PAL
1	Charlotte	Reassured, excited
	Oliver	Trepidation, reserve excitement
2	Ava	Scared, excited, happy, anxiety
	Liam	Exciting, anxious
3	Amelia	Excitement
	Ethan	Amazing, scary
4	Olivia	Scared, nervous
	Aidan	Subdued, excited, pleased
5	Aurora	Surprised, regrets, shock, determination
	Gabriel	Commitment, difficult
6	Luna	Scared, low anxiety, happy
	Theodore	Excellent, hopeful, happy
7	Hazel	Horrible, panic
	Declan	Anticipation
8	Chloe	Guarded, unexcited
	Owen	Excited, terrified

responded “I'd say most of my changes have been just about trying to ready myself for fatherhood […], I was very much on the fence about having a kid like my whole life.” Oliver’s response illustrates the positive narrative that some fathers created around the perinatal loss continued into the period of the subsequent. Hence, providing more opportunities for these participants to perceive the subsequent pregnancy as more of personal and relationship defining experience than a stressful event. Ethan’s description of changes he observed in himself is similar to the narratives of some first-time fathers who participated in the study:

> In this pregnancy I have felt very… I felt more competent as a partner. I have felt that I can be a bit more responsive to my partner's needs […] And so coming to the point where I can feel, feel comfortable with what I was doing as a person to be a father was I think one of the biggest changes I noticed in myself […]c hanging the way that I think about myself as a person has had a positive impact on the relationship […] coming to the understanding that I am at least a relatively competent individual has been helpful I think […], but I feel like being more self-assured has been helpful for making sure things get done and feeling comfortable with the state of our lives.

Given Ethan’s response, one of the noteworthy changes in ‘self’ was an improved sensitivity to his partner’s moods and emotions during the pregnancy. Additionally, first time fathers’ perception of self during the subsequent pregnancy centered around satisfaction with the changes they underwent to show themselves worthy of their status as expectant fathers.

Even more, some mothers admitted observing notable changes in their partner during the subsequent pregnancy which illuminates their sense of overcoming partner uncertainty. In their accounts of changes in their partners, female participants described how their spouses’ actions

fulfilled desired expectations. Although the changes described were unique in each of the women's accounts, they were all relevant for positive relationship functioning and maintenance as evident in Charlotte's account:

> […] there's been like a couple of times where, you know, I've been surprised you know he's like taking the initiative on something and I've been, you know, surprised […] Um, and then, oh, just, I mean with him, accepting or like embracing more the idea of like having, having kids and having a family, um, you know, I think, because it is good for our relationship.

From the above excerpts, it appeared some spouses linked changes in their partner to readiness for the period of a subsequent pregnancy and long-term commitment to relationship maintenance. For instance, Charlotte's description of changes in her partner illustrated a reduced sense of uncertainty about her spouse's interest in becoming a father. PAL also challenged couples to take advantage of helpful resources outside of their relationship that has the potential to contribute to relationship functioning. Amelia stated:

> And it's, I think he's gotten even better at talking about those emotions, something that he's going through and that helps us together […] Oh, I'd say that those things have made our relationship better…the more communicative, the people that he's reached out to, doing a little bit with his like spare time and knowing that he needs to because he's just he's one of these…he's a lovely human who would put all of his energy into trying to fix our relationship and like do that if he thought there was a problem. But it wouldn't naturally fix things. Because then like your whole life would become about fixing. And so, what's been really good for him, mostly is having a little bit outside of the pregnancy or what's going on between us that he puts some energy into, an effort into…so that he

can flourish there instead of constantly feeling the need to like make everything perfect in regard to the two of us.

As evident in Amelia's case, her initial concern emerged from an unusual factor – her partner's overinvestment in the subsequent pregnancy and continuous commitment to solving issues that might affect relationship functioning during the period. Amelia's account revealed a satisfaction with her partner's ability to find interests outside of the relationship and commit to other activities that did not center around the pregnancy.

Furthermore, some couples' description of changes during PAL illustrated a comparison between the past and the status of their relationship at the time. Hence revealing further improvements couples perceived in their relationship related to PAL and relationship functioning. Gabriel's comparison of the subsequent pregnancy and the pregnancies lost echoes other participants responses:

> So, we definitely got a lot closer this pregnancy. I mean, we were close in the last pregnancy but like knowing what we know now. I felt like we are really close this pregnancy and we, you know, she shared all of her fears and insecurities about the pregnancy with me and I was able to share those back with her to help us

The excerpt above illustrates two important things. First, how some spouses became more comfortable with their choice of relationship maintenance strategies. One of the benefits of this awareness during PAL was it provided an opportunity to abandon societal gender role expectation of emotional expression. The outcome was an opportunity to explore and benefit from a strategy relevant for sustaining closeness. More importantly, some of the male spouses in the study seem to abandon social expectation that men should conceal their emotions from their wives – a behavior assumed as a show of support during a stressful event. Rather, participants

expressed an appreciation of the mutual emotional expression that occurred during PAL and the benefits the behavior provided for their relationships. Second, their cognizance of the lack of a sense of partner uncertainty. In place of doubts about their partner's commitment to the relationship during a cycle of stressful incidents with an unpredictable outcome, some couples felt more confidence in the sustainability of their relationship.

Even more, the experience of PAL provided an unusual opportunity for couples to experience a sense of relief. Some spouses, including Aurora, associated their feeling of relief to a decrease in the pressure to continuously find ways to engage in relationship maintenance behaviors during the grieving and waiting period. She stated,

> I think this pregnancy took stress off the relationship that was present during the long period of grief. I mean, it was like it was like a year and a half, with four pregnancies lost during that year and a pandemic […] So being pregnant again has kind of taken that pressure off because everybody feels happier. And when you feel happier you don't require the same level of emotional validation from your partner. And so, something that's really hard, which is being emotionally present for somebody who feels differently than you do, is not required as often because you feel happy most of the time. So, I would say it's just gotten easier to be in a relationship, there's less of the hard work of relationships to do.

Evidently, as much as couples wanted to sustain relationship functioning before a successful pregnancy after their loss, some participants acknowledged commitment to the process and behaviors involved were stressful. In Aurora's case, once the possibility of having a successful pregnancy emerged, there was less need for individual and dyadic emotional management for the purpose of relationship functioning. Rather, all attention was directed

towards the future and the addition to the family – the desired rainbow baby. I discuss how couples make sense of their future following the successful pregnancy and live birth in the next theme.

PAL and Envisaging the Future.

A theme about how couples visualized the future together emerged from an exploration of couples' communication about the subsequent pregnancy. During my analysis of the data, it became clear that once participants crossed the gestation week in which a prior loss(es) occurred, the focus of participants' concerns, communication, and relationship maintenance efforts shifted to planning their future and the responsibilities of adding a new member to the family. More importantly, couples' description of the communication during the subsequent pregnancy became an opportunity to ground the relationship in the future. One of the strategies which emerged in how participants described how they achieved grounding their relationship in the future was participants engaged in communicative behavior that emphasized their perception of the past, the present and the future. In addition, spouses' narratives illustrate the short- and long-term relevance of having such conversations for relationship functioning. Amelia's explanation of the essence of the conversation with her spouse illuminates how many participants in the study make sense of interactions with their spouse about the subsequent pregnancy:

> I think it [conversations during the subsequent pregnancy] helps to be on board and what you're trying to imagine together because it's like the sort of grieving the first miscarriages, like you're grieving something that never fully existed. You know you're grieving, a person, you never really fully knew. And so, there's a way in which in creating this sort of story together, even though it might not become the story that we live out, It gives us something that we both have a connection with, can hang on to and if

there is a loss there's like a shared sense of what we sort of lost and if it does work out there's like a shared story that we're working on creating together. And I think it helps to do that like "see I create this collective narrative" and give us investment in the future together.

Amelia's statement echoed the sentiment of some participants in the study. For some spouses, staying cognizant of the bond they created with their partner during the grieving period will remain a significant part of their relationship. It seemed these participants relied on the constant reference to the previous miscarriage and the processes their relationship went through to make sense of their relationship as resilient. Perhaps, this sensemaking process led to a positive feeling and prospect for the future of the relationship. In other words, communicating about the experience of a prior loss even during a successful pregnancy became a medium for preserving the event as a phenomenon that will define their relationship for a long-term. Additionally, Amelia's description of the couple's communication during PAL illustrates her perception of how the couple sustain relationship functioning in the present:

> […] Um, I think that it [conversations about the subsequent pregnancy] makes it easier to be hopeful, even despite what we've gone through, because we've allowed ourselves to instead of like trying to be like, of course, it's going to go badly, and we've got a block ourselves from any hope, […] we've allowed ourselves to just like feel what we're feeling and to and to have joy when there is joy, which is good.

The excerpt above illustrates how couples became intentional when engaging in conversations about the pregnancy. This approach entailed the benefit of distracting couples from the anxiety peculiar to a subsequent pregnancy. Additionally, having experienced perinatal loss(es), some spouses felt that having a life baby at the end of the pregnancy was the only 'real'

experience in the perinatal process. Hence, to ensure smooth transitioning from PAL to the birth of the baby, spouses relied on communication to keep their partners engaged in the process. Charlotte's response summarizes how mothers in the study make sense of interactions with their partners as a strategy for making the subsequent pregnancy a shared experience for the couple:

> I think, just like talking about things in preparing for the future with a baby makes it feel more real […] Yeah, it makes the pregnancy feel more real. I think sharing what I'm going through. I'm like, I want to share things like when I feel the baby, I'm like oh come feel the baby kick, because I know it's just such a different physical experience we're having, you know… Obviously being the person who's pregnant, it's like 24/7 that's on your mind and that's part of your life and it's a lot easier to kind of be removed from that as the partner. So, I want to, you know, involve him when I can, whether it's, you know, physically like feeling kicks […] And I think it makes I think it makes the pregnancy feel less isolating.

Charlotte's description in the excerpt above illuminates how mothers seem to perceive the importance of their partners' involvement in the subsequent pregnancy. From the views illustrated in the excerpts, it seemed participants perceived individual and dyadic benefits for experiencing PAL as a shared experience. The individual benefit includes increased sense of confidence in the viability of the pregnancy as Charlotte noted, "just like talking about things in preparing for the future with a baby makes it feel more real". In the same vein, Aurora also recalls that,

> […] I think. I mean, it [conversations about the pregnancy] just helped it be a shared experience for the two of us, instead of just like me being pregnant and I'm just being there, you know, like it made it more of a shared experience.

Aurora's response implied the dyadic benefits of viewing the pregnancy as a shared experience, "instead of just like me being pregnant and I'm just being there, you know, like it made it more of a shared experience". From Aurora's perspective, it seemed treating PAL as a shared experience increased a sense of mutual commitment to the process of having a successful pregnancy.

Further analysis of the data revealed couples' communication served varying purpose of relationship functioning during PAL. For some couples, communication about the subsequent pregnancy after loss centered on practicality. Aidan stated,

> I think it was a way to ground ourselves in reality, a way to say, you know, this is the situation. Here are the risks. Here are the likelihood of those happening. You know, after someone has a termination, this is the odds of them having a successful pregnancy the next time. Here are the odds of them having another termination. You know at this many weeks the risk for a spontaneous miscarriage drops, but this many weeks this, you know, I think it was a way for us to frame our situation in a way that made it something we could not control but understand so it didn't feel as terrifyingly unknown.

Aidan's narrative aligns with the findings of existing research (e.g., Cote–Arsenault & Freije, 2004) that once perinatal loss occurs, couples seemed to lose the belief in the expectation that pregnancy equals a baby. Hence increasing their awareness that pregnancy and miscarriage are uncontrollable events. However, this sense making of pregnancy and live birth was salient in some couples' responses more than others. Additionally, Aidan's response echoed a sense of the need for control that was present for some couples during a subsequent pregnancy. Even though couples admitted they could not control the outcome of a subsequent pregnancy, the paramount need was a control over how much hope that should be invested in the process at each stage. In

this regard, it seemed spouses relied on communication to set an expectation for themselves and their partners of how to mutually react if the subsequent pregnancy resulted in another loss. Perhaps, the knowledge of what to expect mitigated the sense of uncertainty for these couples. Another strategy couples employed to have control over their experience of PAL was engaging in routines that complemented their efforts. I discuss these strategies under the next theme of *PAL and (un) changing routines.*

PAL and (Un)Changing Routines

When couples talked about their day-to-day routine during PAL, the focus was more on preserving relationship functioning whether it required maintaining, adding, or abandoning routines. After their experience of a perinatal loss, some spouses admitted the subsequent pregnancy was treated with a lot of care hence requiring some changes to day-to-day activities in the relationship. As part of the relationship maintenance process during PAL, couples relied on resources within and outside of their relationship to make the best of their current situation. Ava's report echoed the sentiment of many of the female participants who were pregnant at the time of the interview:

> We don't do our outdoor stuff together because there's just not much I can do safely right now. Like, I'm kind of stuck. We do some walks together, but otherwise it's …we watch TV and movies together […] and we do a lot of talking, though, like every evening we talk about our day and what's going on in the world and all that, too. So, lots of good conversation and TV and movies […] I feel like is kind of bonding […] So I'm going to at least try to make that like more of a couple's experience.

The couples in my study were confronted with two challenges – having a high-risk pregnancy and adjusting to life during a pandemic. Hence, some couples were more cautious,

and the outcome was an isolation from a vibrant social life, relying on each other for their social needs, and adjusting existing routines. Like Ava and her spouse, couples who succeeded at implementing new routines reported their relationship experienced closeness over new shared activities.

Further analysis of the data revealed that the possible motivations behind couples' introduction of new routines varied. For instance, some fathers easily succeeded in separating themselves from the emotional distress of losing the pregnancy,6 others struggled emotionally because of the loss. Some spouses eventually experienced challenge in their role as the only person of support for their partners. Like Amelia, some spouses noted the need for additional support resources facilitated changes to existing daily routine and it continued into the period of the subsequent pregnancy:

> Ethan is doing things by himself like gaming. Like, I know that's important too, and trying to maintain that during pregnancy went good because [he] needs that like time, like I was saying for triangulation in order to get a little distance or perspective and come back and then tell me what [he's] thinking.

Amelia and Ethan's case represent the experience of couples who sought outlets outside of the relationship to separate themselves from the anxiety of the subsequent pregnancy. This outlet provided relationship functioning benefits for the individual and the dyad. As an individual benefit, Amelia and Ethan enjoyed emotional expression in a space where the other person was protected from feeling overwhelmed by participating in the emotional decompression process. Once spouses were able to use other outlets to emotionally decompress, reengaging with their

6 For some fathers, because their partners experienced an early miscarriage and there were no physical changes to their body, they perceived the pregnancy as less 'real'.

partners was almost effortless. Even more, the dyadic benefit for the couple included a less emotional management effort. For some couples, engaging in new routines positively impacted their experience of the subsequent pregnancy itself. For instance, Gabriel stated:

> It was really hard for me to start feeling hopeful about the pregnancy […] when we go on these walks together you know you're talking about, you know, statistics and the research you've done and like how things can turn out well for us. That helps me feel better.

In some cases, couples did not describe a similar routine as significant during the period. For instance, when describing the routines in the relationship that shaped her experience of PAL, Aurora described a different event from Gabriel. She said,

> It [shared routine] keeps you grounded and like obviously being a support for each other instead of just spending all of our time worrying at each other and with each other, you know, to spend some time talking about something else. Anything else, anything, even if it was just whatever we're watching on TV was good.

Gabriel and Aurora's sense making of shared routine during the subsequent pregnancy illustrates another form of individual and dyadic benefits for relationship functioning. For Gabriel, there was a strong need for reassurance that the current pregnancy will be viable. Hence his appreciation of the evening walks as part of the couple's everyday routine. Aurora's commitment to providing updates of current research finding on the genetic disorder which resulted in their experience of stillbirth provided the desired reassurance. Interestingly, the couple mentioned their evening walks was the time they engaged in these conversations the most. In other words, the evening walks routine–besides being a form of physical exercise for the woman–served an essence for the couple's experience of the subsequent pregnancy. Gabriel and Aurora's case illustrates actions and behaviors in the forms of routines that contributed to

relationship functioning during PAL which varied from mundane (e.g., "…anything else anything, even if it was just whatever we're watching on TV was good") to grand gestures including searching, reading, and sharing findings of existing research.

To summarize, the participants in this study succeeded in continuing relationship functioning during PAL through strategies including intentionally seeking personal growth, engaging in behaviors that facilitated relationship development, and initiating or maintaining existing relational routines. However, other strategies employed for relationship functioning posed more challenging for some spouses. These challenges are manifested as issues of relational balance.

Relational Balance as a Challenge During PAL

The theme of relational balance as a challenge surfaced in participants' description of the struggles they regulated in their attempts to attain relational balance during the subsequent pregnancy. I interpreted couples' descriptions of these challenges as three sub themes: (a) control negotiation (b) regulating emotional needs and support provision and (c) being together yet feeling apart.

Control Negotiation. The analysis of the data revealed a subsequent pregnancy challenged existing relationship dynamics of some couples. One of the ways these couples experienced changes in relationship dynamics was the presence of conflicting goals and desires during decision making. An event which illuminated couples' challenge due to this characteristic of PAL was finding a balance between doing what was perceived as appropriate for the pregnancy but entailed consequences for the relationship. Oliver's narrative of instances when issues of control negotiation shape his experience of the subsequent pregnancy illuminates some of these issues:

> I mean, there haven't been a ton [of changes in the relationship] […] if anything, the biggest change I guess would probably be just the preparation for the baby…we've had a few squabbles … and it has left me a few times, feeling like I don't really have any valid input to give because she knows everything about babies and being a mom […] I often feel like my opinion doesn't like, I feel like she's asking my opinion but ultimately, my opinion doesn't really matter […] I feel like that's probably where the most tension comes from. And I, you know, sometimes it's a delicate balance to walk where she wants me to be invested and then when I am invested and I like decide, "okay, I'm going to be invested. I'm going to put my feet down" […] Ultimately, it [his opinion] gets pooh poohed [dismissed] so then the next time she asked me about anything all I might just say is "whatever !"

Here, Oliver expressed feeling isolated from the decision-making process and a sense of invalidation accompanied his feeling. This excerpt also illuminates Oliver's perception of how his partner evaluates his ability as an expectant father "…feeling like I don't really have any valid input to give because she knows everything about babies and being a mom". In addition, it seemed that by providing this information, Oliver does not only attempt to justify his feeling of lack of control but implies it stems from his partner's unwavering desire to control the decision-making process. However, to preserve relationship functioning, Oliver described his response to the imbalance in the amount of control each member of the dyad possessed. He noted:

> I still think we try to talk things out, I try to roll with things a bit more, maybe in a little more …try to let things not bother me that might otherwise bother me because kind of avoidance of disagreement.

Even though it was not explicitly stated by Oliver, his choice of relationship functioning strategy withdrew his enthusiasm to remain involved in the decision making related to the pregnancy. Charlotte's description of Oliver's disposition to the decision-making process influenced my interpretation of his experience. She stated,

> It can be tough for both of us because being a planner, I, I'm the one who like you know, kind of initiates things[…] I tend to be kind of the initiator I mean, just in general, when it comes to getting anything done…[…]I usually I'm the one who you know, more in control to begin with, so it can be a little concerning because I'm like, I don't want to like take over and direct everything and manage everything[…]I don't want to take charge too much, but I also like want to do what's best for our child. So, making sure like how can he be involved and how can I like steer things in a way that isn't like doesn't feel like controlling but also make sure we're like, doing, doing the right thing.

The excerpt above also illustrates Charlotte struggled with relinquishing control. It seems the couple's dilemma stemmed from being caught up in her role as the 'planner' in matters that are unrelated to the pregnancy. In addition, Charlotte's description of herself as the one to generally "bring stuff up" implies her understanding of her competence as the one qualified to be in control of decision making during the pregnancy. However, Oliver's' reaction to this lack of balance, showed Charlotte's automatic, tried and true response to other relational events was not suitable for maintaining relationship functioning during PAL. Even more, from Charlotte's account, it appeared there was an expectation of her partner to 'take' control. Although this expectation may not be present when the couple made decisions about other matters that affect the relationship, it is clear Charlotte considered an exception to matters related to the subsequent

pregnancy “I don't want to like take over and direct everything and manage everything”. A similar expectation evolved into a different relationship challenge for some spouses. For instance, Hazel stated,

> […] normally, I am the one opening up and you know making a connection and then trying to keep it open, but during pregnancy I was closed off myself. So, I guess we were just two separate entities. At the time, we were making the best of it and had sometimes a connection, of course, and sometimes we could get through to the other end on an emotional level, but I think a lot of time it was just a practical household level of interaction.

Hazel’s report echoed other participants’ perception of making an exception to the period of a subsequent pregnancy when they expected their spouses to take the initiative of adjusting existing relationship dynamics for the purpose of fostering relationship functioning. In other words, evaluating and adjusting current roles and responsibility during a subsequent pregnancy was a common expectation for some spouses. Closely tied to the relationship struggle of finding relational balance through control negotiation was the difficulty of regulating emotional needs and providing appropriate support. I discuss the issues further in the next theme.

Regulating Emotional Needs and Support Provision. The experience of a subsequent pregnancy revealed the process of couples’ interdependence during a life event as spouses look to each for support and cues for relationship sustenance. However, some spouses reported finding a balance between support demands and receipt posed a challenge. Charlotte’s description of some of her concerns illuminates the stressor some mother experience due to doubts about their spouses’ support provision and competence:

> […] I am a little concerned about, you know, the level of emotional support that you know I get or I need…I'll need from him and different things. Um, I think you know, he's definitely a caring supportive person, but it can be tough to know what exactly someone needs. So, you know, like, you know, just being concerned like that he'll be able to provide you know because normally, I normally have the belief, like, you know, one thing isn't everything to another person […] I think I have to rely a lot more on him because you know we're each other's people right now. Um, so I think that does…you know it is a little concerning because that's a lot to put on one person, but at the same time I'm going through a lot so like I need that. So, wanting to make sure that you know I get the emotional support and everything I need from him. Um, but also wanting it to like happen because he wants to do it and not because I'm like "hey I need these things from you". So, I think it can be a little, a little bit of a…I don't know, a balancing act there.

Charlotte's response highlights her sense of partner uncertainty. For Charlotte, lack of confidence in the possibility of attaining support balance was a complex issue for four reasons. First, a sense of uncertainty about the kind of support that will be readily available to her and the level of support she actually needs: "I am a little concerned about, you know, the level of emotional support that you know I get, or I need". It seemed uncertainty about the support tempered the sense of confidence in how to express these needs. Second, even though she is aware of her partner's ability to provide support, her feeling of a lack assurance that her spouse can provide the level of support she needs seemed to be a challenge: "one thing isn't everything to another person". Third, "it is a little concerning because that's a lot to put on one person, but at the same time I'm going through a lot so like I need that." Here, Charlotte struggled with a balance between showing empathy for her spouse and prioritizing her own need for support.

Although she acknowledged how much strain her support need could put on Oliver, it seemed compromising her comfort was difficult to consider. Fourth, part of Charlotte's feeling of uncertainty emerged from if her spouse could automatically offer the kind and level of support she needed and not be forced into the act as part of the work required for relationship functioning "…but also wanting it to like happen because he wants to do it and not because I'm like hey I need these things from you." Combined, these feelings of partner uncertainty could impact relationship functioning in addition to being pregnant during a pandemic. Uncertainty about the kind and level of support available during the pregnancy emerged consistently in the accounts of mothers. Similar to Charlotte's concerns, Hazel stated,

> Ah, well, I was concerned that Declan would just be absent mentally and not standing next to me and I was concerned that if I'm not able to make the connection, then nobody does. So that's not a fun place to be in. It's not a fun role to have to always be the one to point where, you know, to point out the problems to try to, if something's not going well, or it's not feeling well to just be the one to always start the conversation about those things. So that was a concern

Besides further illuminating the challenge some mothers experienced out of concern about their partners' competence to offer the desire kind and level of support, Hazel's response also illustrates how a subsequent pregnancy challenged existing relationship dynamics "I was concerned that if I'm not able to make the connection, then nobody does." Evidently, Hazel's initial confidence in her ability to take the reins of relationship functioning was replaced with worries over her partner's unwillingness to undertake the responsibility during PAL.

In addition, analysis of the data revealed regulating support needs and provision was a complex experience for couples during a subsequent pregnancy. On one hand, mothers in my

study expressed uncertainty about their spouses' ability to offer desired level and kind of support. Fathers, on the other hand, expressed uncertainty about their spouses' support needs. It seemed this sense of divergence in perception of support appropriate for relationship functioning during PAL spanned from lack of familiarity with the stressor that posed the challenge. In other words, perinatal loss and the subsequent pregnancy are not relational events that couples experience consistently to gain mastery of how to navigate the experience as a challenge. Aidan's narrative of his concerns and doubts during the subsequent pregnancy echoes the experience of other fathers in the study:

> Mainly I was concerned, I wouldn't know what to do or I wouldn't be able to provide the support for my wife […] So that was for me my main anxiety is, I need to be here to support my wife during this time, and to you know make sure that everything is still moving forward that our children are doing well that she's doing well that, our lives are not too negatively impacted by this and that I do whatever needs to be done to make sure everyone is safe and happy and healthy.

Some fathers doubts and concerns extend beyond the time frame of a subsequent pregnancy. For instance, Declan stated,

> And for myself, well I guess would I be a good dad would I be, you know, able to support Hazel and then later a baby, you know, would I be able to manage…you know, keeping everything together and taking care of everyone and stuff like that. I guess that was my that was, yeah. That was my main concern for me at the time [of the subsequent pregnancy].

It is evident from Aidan and Declan's account that their concern stemmed from uncertainty about their ability to offer sufficient support for their spouse and children, and

function in other aspects of their lives. In comparison to Charlotte's and Hazel's perspective which reflected their focus on self, Aidan and Declan's resumed societal expectation of their gender roles as the 'protector' of their wife and family. This pressure contributed to a feeling of uncertainty for fathers in the study.

Furthermore, some participants perceived the extent to which PAL directly affects each member of the dyad shaped their preference of behaviors considered relevant for relationship functioning. For the mothers whose bodies are experiencing the presence of a pregnancy, receiving emotional support appeared to be of more importance. However, Amelia's expressed a unique concern that was divergent from the accounts of other mothers. She expressed concern about her partners' overcommitment to performing societal expectation of gender roles. Based on her account, it seemed her expectation was for each member of the dyad to give equal attention, if possible, to self, the pregnancy, and their relationship:

> My concern for him would be about his like over nesting, over desire to make sure everything's okay etc. that he might throw all of himself into being a dad, which I think, you know, it's great to see that and it should be a big part of his life. But I worry that he sometimes loses like what he needs to have a life alongside all of that as well. […] Yes, he likes to throw themselves into things. And so, I just worry a little bit about like he'll overly throw himself into things and forget to do things for himself.

Amelia's situation is unique in comparison to the concerns of other female participants. Rather than a sense of satisfaction in her partner's commitment to the pregnancy, which other female participants desired, her partner's tendency of being overly committed to the process seemed to pose as an impending challenge for relational functioning. From Amelia's perspective, it appeared that in as much as focusing on the pregnancy was important, she sought to improve

the wellbeing of her partner in areas unrelated to the pregnancy. Additionally, Amelia's response explicitly revealed the perception that her partner's ability to function adequately as an independent individual with personal interest outside of the relationship had short- and long-term benefit for relationship functioning.

Another challenge some spouses reported was the struggle of continuously hiding their emotions. This seemed to be undergirded by the desire to protect their spouses from additional stressors related to the pregnancy. Ava was one of the women in the study who explicitly expressed this concern:

> I feel like I've been maybe relying on Alex, a little bit too much to comfort me and I have a therapist. So, I'm like, I should probably save this for therapy. I'm really trying hard to make sure he's not playing the role of my therapist. […] I really tried to draw boundaries and just not have him be my everything you know like I have a therapist. […] it's just hard trying to find the balance between him being my spouse and him being my therapist, like when I'm really anxious about something I want to talk to him about it and be comforted by him. But I also don't want to like overwhelm him or I also don't want to make him nervous like he's really, you know, traumatized as well.

Ava's response echoed the challenge of regulating emotional expression for some participants. The impact of regulating emotional support request on relationship functioning is evident in how it inhibits the process of marital interdependence during the subsequent pregnancy. Rather than engage in communication to facilitates support provision, Ava expressed caution due to a desire to mitigate further distress for her partner. Additionally, the period of a subsequent pregnancy facilitated a feeling of guilt due to the level of support provision the other person, especially fathers, were expected to render to their wives "I feel like I've been maybe

relying on Alex, a little bit too much to comfort me" A similar sense of guilt, as a reaction to benefiting from relational interdependence, was salient in the responses of other mothers. Aurora noted,

> Um, I think my anxiety probably wasn't the most helpful because I think he probably needed to be like an emotional support for me all the time or a lot of the time. And, you know, was constantly listening to talk about stuff to talk about things that could go wrong, worry, fret, analyze every body sensation that I had, over analyze stuff like that. And then, you know, I mean, I don't know for sure if I can say it bothered him or not, but they could put a lot of weight on him.

Aurora's response echoed some mothers' uncertainty about how their approach to emotion management impacted their spouses experience of the subsequent pregnancy. Few fathers, like Declan, described the consequences:

> Well, I mean, I think it was it was important […] to communicate and to be open about our feelings but I think somewhere along there was a kind of a disconnect between us when where I was trying to be more positive and maybe a bit in denial about things that could go wrong or Hazel's feelings, because I was like, well, you know, let's hope for the best and all that and Hazel was more I think she was, that sometimes caused her to withdraw into herself sometimes I think and with her own fears and nervous nerves and so I think we kind of lost touch with each other somewhere along the way of that, of the pregnancy of our son.

Declan's intention to assist his spouse in overcoming emotional distress is subsumed in a sense of culpability; an act intended to mitigate distress caused his partner to withdraw emotionally, hence impacting relationship functioning. It seemed even though emotion

management appeared like the adequate action to facilitate relationship functioning, attaining appropriate balance to inhibit emotional distancing was a challenge during PAL.

Based on the excerpts discussed under the theme 'regulating emotional needs and support provision', it appeared participants experienced complex struggles in their effort to engage in and benefit from partner interdependence during a subsequent pregnancy as a dyadic experience. Hence finding a balance for relationship functioning was difficult for some couples.

Being Together Yet Feeling Apart. As couples described their efforts to find a balance between the need for intimacy and having a successful pregnancy, a theme called being together yet feeling apart emerged. The challenge to finding this balance may explain the difficulty participants experienced in overcoming relational stressor including: (a) sense of loneliness and isolation (b) decline in the desire for intimacy and (c) fear of relationship dissolution. Even though having a successful pregnancy was the goal of couples in this study, some participants felt more invested in the process than their spouses and admitted the divergence in commitment impacted personal experience of the pregnancy. Ava's description of how her focus on a subsequent pregnancy might result in lack of connection with her spouse highlights a form of loneliness participants, especially mothers, described in their accounts:

> I feel like I'm so focused on this pregnancy working out that sometimes I am worried maybe I'm neglecting like his needs and parts of our relationship that don't have to do with the pregnancy because we've just…that's all we really thought about for like a year now, you know, is our pregnancy because it's…there have been two now um. So, I guess just hoping that I can also continue to…it's something I'm consciously working on is just focusing on him as well. And like things he needs and our relationship.

Ava reports illustrate the challenges of loneliness and isolation spouses experienced during a subsequent pregnancy. As a shared relational experience, partners' involvement, or lack thereof, clearly contributed to the experience. Additionally, participants' sense of loneliness reflected either empathy for their partner or sympathy for themselves. As example, Aurora's description of PAL as a "solo journey" illustrates her perception of feeling isolated in an event that should be a shared experience. She stated,

> […] sometimes I felt lonely, like in the pregnancy like there were times when he wasn't ready to emotionally open up to the baby and like my kind of train of thought and my emotions were like, if we lose her like I would regret not loving her anyway. Because I know I would like I loved Leo [the baby lost] and I would have regretted not loving him, so I was just kind of attached from the beginning and I don't think he necessarily felt that way. I think for him it took a lot longer. And so, you know, there were times when emotionally, it did feel a little bit like a little solo journey and that was something that was hard for me […] I was feeling alone in the first trimester, especially, when it was like he didn't want to talk about the future still, […] It was hard to share things, made me feel like should I share things, should I not share things […] I think like when there were times that I was feeling lonely or been like, you know, I wasn't having anybody to engage with as far as like talking about the future and being apprehensive.

Even more, the lack of a sense of the pregnancy as a shared experience inhibited the willingness to engage in open communication about complex emotions, the pregnancy, and the future. Further exploration of the data revealed communicating about the pregnancy was important for alleviating the feeling of loneliness for some mothers as Hazel noted,

> I think it could have been different if I would have been able to open up myself because I think I wasn't able to or didn't do it […] It could have been different if [Declan] could have pricked me open with force […] It could have been different if I had more of his, I think, his support in counseling kind of way that would be there for me to just sort of keep [me] in check and say, "wow, this is really difficult, isn't it?"

Hazel's distress seemed to emerge from the frustration that her partner could not make connections with her during the period of the subsequent pregnancy. Additionally, the process of attaining closeness and intimacy for the purpose of relationship functioning during PAL appeared more difficult when neither member of the dyad felt competent to pursue or achieve this goal. Declan and Hazel's narratives of their coping and support challenges illuminates how some couples make sense of DC issues. Hazel recalls,

> […] at that time, he wasn't in a in a position or in a place for himself to sort of get through to me and say, "hey, what is this? I can see you're not well, you should really do something about this". You know he never said anything of the sort to me, or he was just worried. But, you know, he wasn't like taking control of the situation or trying to impact the situation or change course and I am…oh, I'm really like the change course part of our dynamic and so, and I was just I was just lost for a bit. So, I guess that's really why I'd broke down then.

Declan confirmed Hazel's account of how difficult it was for the couple to rely on each other or combine coping resources during their first subsequent pregnancy:

> I guess there was a disconnect that got I think bigger as the farther along the pregnancy got and I mean, we, you know, superficially, we were we were together and communicating and we did everything you know together and stuff but I think I was kind

of withdrawing into the, into a world of sort of denying the nerves and Hazel was really absorbed in the nerves and fears and we were both kind of went off onto our separate little planets and yeah I think that I know that Hazel felt very alone during that time and a while after too

Hazel's perception of Declan as not "in a position or in a place for himself to sort of get through to" her further illustrates a prior experience of perinatal loss can impact men and women's ability to contribute to relationship functioning during a subsequent pregnancy. This breakdown in relationship functioning evolved into two relationship challenges for Hazel and Declan. First, a feeling of frustration with the other person "he wasn't like taking control of the situation or trying to impact the situation or change course". Second, from the couple's account, Hazel's feeling of frustration was met with Declan's sense of incompetence and culpability "I think that I know that Hazel felt very alone during that time and a while after too". Hazel and Declan's report echoes the challenge of finding a balance between seeking and providing appropriate support for the purpose of relationship functioning some couples described. Additionally, this issue manifested as individual, dyadic, and communication challenges.

Another challenge some spouses experienced during the subsequent pregnancy was a decline in the desire for sexual intimacy. Even though all participants implied this ordeal was irrelevant to relationship functioning, the accounts of some participants revealed that confusion, fear, and concern materialized due to a change in relationship functioning related to sexual intimacy. Gabriel's account aptly described the relational challenges fathers in the study encounter during the subsequent pregnancy,

Okay. Um, probably the biggest thing is that like we didn't really, we haven't really had sex in a long time just because she didn't feel comfortable having sex, and like, that's

totally fine. […] She doesn't really have sex drive, which is again, fine. But that's been a big change for us because we haven't had sex in a while, a long time, actually […] that's been really tough… [sex] was definitely a need not being met. Um, but, I mean, that's okay, because the pregnancy comes first. And I know I completely want that to be the case. Um, but it was definitely just one of my needs, not being met. And that's, that's okay. So, yeah […] It was so hard because she was in pain a lot, you know back pain or like foot pain or whatnot. And I gotta give her foot rubs and stuff like that or back rubs or whatnot. Um, but it was always like, I just didn't know how much she wanted to be touched, how much she wanted to be hugged or anything like that, because every day was a new adventure. And I don't , of course, I probably could have been better […] hugging her and still holding her and stuff like that, probably could have been. But I definitely could have been better at that […] I think that's the one thing about the pregnancy is, it was just everything is…has a hard balance to find like between how she's feeling all these different types of ways, I'm feeling all these different types of ways from hormones and stuff like that. I'm trying to find out what she wants, what she needs.

From Gabriel's response, it was clear achieving a successful pregnancy depended on his willingness to abandon a personal need. The demand to attain a compromise manifested as a greater challenge due to a sense of uncertainty about how much intimacy was safe for the pregnancy. For some spouses, the challenge was overcoming the thought that partaking in sexual intimacy without experiencing a feeling of impending consequence – another miscarriage. Theodore account echoes the ordeal of some fathers in my study:

> […] In terms of sex, I guess that's part of the relationship, she's extremely… I guess I would say like more avoidant and fearful of it than maybe it was medically necessary.

> […] something about contractions kind of remind her of the process of a miscarriage, like in a bad way I guess, and she wants to take some time to kind of get back there.

These exemplars above illustrate the constraint fathers experienced during sexual intimacy, their perception of the factors responsible for the challenge and how it shaped their experience of PAL. However, of all the mothers in the study, only Chloe referred to her skepticism about having sex during the subsequent pregnancy:

> Early on, we were told to wait to have sex, since I was spotting. Then we were told it was okay. We tried, but for some reason I found it very triggering. I didn't expect that. I started crying hysterically and became convinced that I was actively bleeding but I was not. We've only had sex one time since then. It was a little less triggering, but even then, I was obsessive about checking for blood after. I'm not sure why since my miscarriage wasn't in any way associated with sexual activity. But in my mind, I guess it's linked somehow.

Participants' skepticism seemed to emerge from being traumatized by the experience of a prior loss. Hence, facilitating a feeling that they were vulnerable to another trauma, causing a challenge in attaining a balance between being sexually involved and recovering from the traumatic experience.

The third issue which fostered a sense of being together but feeling apart was the challenge of sustaining confidence in the relationship while harboring fear of the possibility of a reoccurring loss. Some spouses retrospectively reported a constant dread of relationship dissolution, hence, increasing concern for the future of the relationship. For spouses who experienced dread, the thought that a successful pregnancy was important for preserving their

partners' commitment to the relationship evolved into a keen sense of culpability and incompetence. Ava and few mothers in the study expressed this concern:

> […] just concerned that, you know, something will go wrong again in the pregnancy, and it will be my fault and I'm responsible for another loss and he might want to leave and find someone […] just maybe, not being able to like give him the child, he wants. And that's a fear.

Ava response echoed the dilemma of mothers in the study who perceived the continuity of their marriage depended solely on their ability to carry a pregnancy to term. It seemed Ava's perception was grounded in her medical condition of an incompetent cervix, hence increasing her sense of responsibility if another loss occurred. Similarly, Olivia experienced a feeling of guilt even though her prior loss was a spontaneous miscarriage. She stated,

> […] You're always worried that maybe the stressors, something is going to push the relationship apart. So yeah, I certainly had concerns, and I think we were both aware of that and know that that can be a stressful thing for partners […] But yeah, I mean, certainly I was worried about it.

Some spouses sense of uncertainty about the relationship extended beyond the period of the subsequent pregnancy. Interestingly, this concern for relationship functioning emerged in the accounts of fathers. Liam echoes the responses of other fathers in my study,

> 7We've seen our friends get absorbed by parenting and it takes over every aspect of their lives and hopefully we can find a balance where we're good parents and being able to

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7 This theme emerged from participants' response to a question I asked during the interview "What concerns do have about your relationship because of this pregnancy?" hence my intention to not undermine participants response as a common reaction to how some spouses react to adding a new member to the family. But rather, as the reaction of men who are concerned their

have the job we want and able to have a social life and be a husband and wife too… I hope she's not always anxious about the child and you know be able to be okay, and not worried, all the time.

Under various pretexts, including concerns about changes to the dynamics of the relationship, being fulfilled individuals in various relationships, and competent parents, some spouses' sense of vulnerability heightened due to an addition of a rainbow baby to the family. This concern emerged particularly in the response of first-time fathers.

In all, the themes that emerged from this analysis painted a picture of participants experience of events that shaped their perception of relationship functioning and maintenance during the waiting period after a loss and the subsequent pregnancy. Before the subsequent pregnancy, participants went through some processes that contributed to relationship functioning. This involved openness about emotions related to the prior loss – a relationship functioning behavior which facilitated a sense of vulnerability and evolved into an increased feeling of closeness in the relationship. Once closeness was achieved in the waiting period, couples' positive perception of self, partner, and relationship emerged. One of the relationship benefits for this change in attitude was couples began to create a favorable narrative of the loss. Hence, mitigating the feeling of an overwhelming disruption to relationship functioning during the waiting period and subsequent pregnancy. Even though couples experienced closeness and a sense of individual and dyadic development, the waiting period was also viewed through the lens of difficulties. Divergence in couples' grief and support needs posed a major challenge to relationship functioning prior to the subsequent pregnancy.

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spouses will be overly emotionally invested in a rainbow baby-babies born after a perinatal loss(es).

Nonetheless, the couples in this study seemed to have attained some success at establishing relationship functioning and maintenance strategies that was relevant for the subsequent pregnancy. For participants in this study, the positive perception of self, partner, and relationship which characterized the waiting period was consistent during the subsequent pregnancy. Hence, participants presented their experience of challenges during the period of PAL as not so inconsequential. Additionally, as couples navigated the period of PAL, the maintenance of relationship depended on creating, abandoning, or continuing routines that involved shared activities. However, challenges emerged as some relationship dynamics which couples employed for relationship functioning before the period of the loss and the subsequent pregnancy became inadequate. Hence, couples experience of the subsequent pregnancy was impacted by struggles related to negotiating a balance on the amount of control each couple had over decision making. Couples were also confronted with balancing existing support needs with available support provisions. Even more some participants struggled with finding balance between enjoying intimacy and compromising for a successful pregnancy. In the next section I provide more details of the stressors couples describe as part of the experience and stressors related to the pregnancy.

Pregnancy Related Stressors

The data collection for this part of the study began with the broad opening question "How does (did) it feel to be pregnant after your perinatal loss?" Most of participants' responses to the question included some of the stressors they experienced due to the subsequent pregnancy. Participants' responses captured their concerns for self, partner, and the pregnancy. In general, participants described a feeling of diminished enthusiasm for the subsequent pregnancy for varying reasons as Hazel stated,

> I was just really stressed and really sad. And I was also grieving still the loss of my first baby when this baby started kicking. I grieve the kick, I never felt with her when this baby started moving around. So, all those things were of course, very beautiful and very meaningful for me, but I wasn't really connected to the baby inside my belly, I was just really still grieving the loss of the first one. When he came out, it was then I was like "oh okay". Then the connection was instant, but it wasn't until that moment that I was really convinced that I would have a baby.

From Hazel's perspective, the time between the prior loss and the subsequent pregnancy contributed to her stress. This perception of time was present in the narratives of some participants. Irrespective of how long participants waited to conceive after a perinatal loss, it seemed it was insufficient for recovering from their grief. Therefore, the grief of the perinatal loss overshadowed the enthusiasm of acknowledging and participating in 'joyful' moments while expecting a baby. Even more, Hazel described the subsequent pregnancy as a facilitator of the longevity of the grieving period. Her difficulty in overcoming the previous loss was related to the fact that each milestone of the subsequent pregnancy reminded her of an opportunity missed with the baby lost. For other spouses, the feeling of diminished enthusiasm facilitated a sense of clarity about how to approach the reality of being pregnant again after their loss. When Chloe described the issues she and her spouse experienced during the subsequent pregnancy, she stated,

> (…) I think that both of us just having issues like bonding with the baby and not really talking too much about the baby. It's been an issue, and I guess it's been a non-issue. You know, like we both don't really talk about it, you know, um, but that's something that we've both been facing, and we have both acknowledged that like it's just different this time because of the loss.

During the interview, Chloe and her spouse had mentioned there was no medical explanation for their loss. The lack of explanation increased the sense of uncertainty about the subsequent pregnancy. Thereby, facilitating a sense of weariness for the couple. Part of the consequences of feeling weary due to a prior loss was delayed bonding with the subsequent pregnancy. This weariness complicated how couples perceive the subsequent pregnancy as evident in Chloe's response, "… It's been an issue, and I guess it's been a non-issue" In other words, the dyad's mixed perception of bonding with the baby as an issue or non-issue further complicated the couples understanding of the subsequent pregnancy as a joyful or dreadful experience. Chloe continued,

> I'm concerned that we'll never get, both of us will never get to a place of being able to be excited for the baby and that I would like to eventually be excited. I would like for him to eventually talk to my belly and to do all that cute stuff and feel, you know, it's kicking and like all of those exciting moments that we had with my first. I would hope we're going to have with this one. Um, but as it stands right now, like I said, you know, evenly unenthused between the two of us. I hope that that changes for the both of us. You know, I hope that I start to become excited, and he starts to become excited as it becomes more and more real. And if it doesn't, that could become a point of contention. If I start to want that sort of connection between him and the baby and he doesn't have it that that could cause conflict. But as it stands right now. I don't want him to talk to my belly. I don't want him to touch my belly. I don't. We're not there yet, But I do hope that eventually we get to a place where we can just be excited and not focus on the loss. Um, but I don't know I don't know yet we're still early.

Even more, the present sense of uncertainty about how to perceive the pregnancy as a joyful or dreadful experience could pose a challenge for relationship functioning in the future. Given Chloe's concern, the source of this challenge could emerge from a divergence in the couple's timing of bonding with the baby. Although it seemed Chloe currently has control over the couple's engagement with the pregnancy, the possibility of having the same control when she wants her spouse to bond with the pregnancy may not exist. This uncertainty is evident in Chloe's statement "But I do hope that eventually we get to a place where we can just be excited and not focus on the loss. Um, but I don't know I don't know yet we're still early".

Amelia and her spouse experienced a similar sense of uncertainty about the subsequent pregnancy as either a dreadful or joyful experience. The challenge for this couple was how to manage the mixed emotions when they become extremes. In this case, perhaps additional challenge could emerge from experiencing emotional extremes at different points during the pregnancy.

> I guess the sort of main challenges that we've experienced are how much faith, joy, excitement to place into the experience. How tentative should we be, and I think my spouse was really hesitant in his journal this time because he put so much in the first time about his excitement. I think he was like writing kids names in person by week nine with that last pregnancy. So, I think that one of the challenges is just like how hopeful and joyful can we be and how tentative do we need to be and how do we work through those kind of extremes that can come up in these circumstances.

Further analysis of the data revealed some spouses' sense of diminished enthusiasm was related to an overwhelming fear due to the possibility of a reoccurring loss. For instance, Charlotte stated, "So I mean, at first stressors were just not knowing you know how things were

going. And if you know we're going to have a loss again, or whatever". Therefore, the uncertainty about accepting the pregnancy as a dreadful or joyful experience was combined with concerns about the ability of the couple to enact DC for relationship functioning and maintenance. Declan stated,

> It was a challenge at times to stay, I guess, realistic and [it] is our tendency to focus on everything that could go wrong. And because of our previous experience, assuming that things will go wrong because of that. And the challenge was to just take it one day at a time, instead of going into lots of what if scenarios and, the main challenge was, was for us to stay connected and stay even though we had, I guess we had both different ways of coping, the challenge was still to stay in touch and to not go off into our own… especially for me to not go off into my own little world. That was, that was a big challenge.

In the same vein, Hazel noted,

> Well, the challenges we experienced was that I wasn't prepared for something that was… I think we both weren't prepared that it would be so hard and the challenges we faced was I think that I was too far away from him and he was too avoidant. So the dynamic didn't help… And yeah, as a couple we didn't really have conversations about us as a couple at that time, because it was just too complicated to just be pregnant.

Hazel and Declan's responses highlight how the fear of a reoccurring loss served as a primary stressor to other secondary distressing feelings. Hence, creating a condition of continuous stress cycle. As illustrated in Declan's response, there was the challenge of staying optimistic and being cognizant of the prior loss as well as dealing with the reality that existing individual coping efforts was not sufficient for the current stressful situation. His response showed that for the couple, the subsequent pregnancy was an individual and dyadic stressor.

Perhaps, until each member of the dyad could enact different but complementary individual coping efforts, engaging in DC continued to pose as a challenge for the couple. The pattern of the subsequent pregnancy as an individual and dyadic stressor continued to emerge in the accounts of other participants including Chloe. She stated,

> (…) It's really hard to be pregnant after I lost the last one. And he knows that just like it was different for me to lose the last pregnancy, it's different for me to be pregnant again because I have a living thing inside my body that may or may not be alive right now and that's a scary thought. And every once in a while, that really gets to me. And I think that because I go through most of the day, not really thinking about the pregnancy and not really talking about most of it that my spouse might kind of forget that these are thoughts that were in my head until I kind of like to have a moment of emotion and like I really tear up.

The excerpts above show the subsequent pregnancy could result in shared or distinct stressors for each member a dyad. As a shared stressor, couples in the study experienced constant worry for the pregnancy. One of the characteristics of the subsequent pregnant as an individual stressor is fathers became distressed due to additional worry for the pregnant partner. Even more, in the case where the pregnant spouse attempted to hide distress related to the pregnancy or fear of a reoccurring loss, the outcome is an unprecedented emotional outburst. Although the fear of a reoccurring loss was salient in the response of all the participants in the study, women who were pregnant at the time of the study experienced additional concerns linked to the possibility of another loss. Luna described part of her concern stating,

> And I have definitely been stressed about the possibility of losing the baby and that has been particularly, that was at the beginning, mostly, and then also before doctor's

> appointments, I get scared and stressed. Also, I have to go alone now because of Covid and so that is stressful to be alone in a doctor's office. He's driven me so he's been like in the car downstairs and I'm upstairs. But the reality is that, like if there's going to be some horrible thing. I'm going to face it before he does.

The additional factors which contributed to female participants' stressors are highlighted in Luna's response: (a) fear of finding out about the loss during doctor's appointments and (b) fear of facing the news of reoccurring loss alone before their partners. Although some participants reported overcoming the fear as the pregnancy progressed, others struggled to attain similar improvement. Aurora and Gabriel's description of these challenges reveal instances when differences in how couples make sense of the challenges that shaped their experience. Gabriel noted,

> My spouse had so many doctor's appointments. Um, but like I look forward to them and dreaded them at the same time. Look forward to them because it's like we will get good news about the baby. Dreading them is like what if the baby is not there? Passed away or something. And like I mentioned before that kind of dread just kind of became our new norm for a while. Which is really tough… because there were so many doctor's appointments, because she was a high-risk pregnancy. So, there is a lot more opportunities for anxiety because after 20 weeks she went in twice a week for appointments and that's just a lot of opportunities to be anxious.

Hazel responded with a similar concern,

> I was terrified of losing her. I mean, that was my number one fear…was losing her and I was even fixated on that sometimes and it depended on the trimester kind of how I was conceptualizing that. Like early on I was like checking for blood every five seconds, um,

you know, I was analyzing all my body, analyzing my stomach pains. You know, just anything that was happening, like I would be worried about it and then you know later I was obsessed with her kicks and her movements and stuff like that. So that was like my worst fear that she wasn't gonna do well. And then my next fear was that she would be sick or having like serious health problems or something like that. So that was provoking…I mean, there was a constant fear, the constant anxiety when she was diagnosed growth restricted, you know, there was a lot of fear on both of our parts as hard as like it's going to happen, is she going to be healthy. Is everything going to be okay? Is she going to be have to be born early, You know, stuff like that. That was just very frightening for both of us. And so that was a big challenge.

The excerpts above reveal Aurora's fears were not limited to the timeline of the pregnancy but extended to potential challenges during the perinatal period. Hence, illustrating her sense of transition and DC needs are interwoven and continuous i.e., from a period of grieving a perinatal loss caused by genetic disorder to coping with a high-risk pregnancy and navigating postnatal health complications for her child. Besides parental concern, spousal concern also emerged in the data. Owen shared a unique concern,

Um, I'm really concerned if we lose this one … what she'll do if we lose this one, I think she will, I would be concerned about her trying to kill herself or do something like that, if we lost this baby. That's a major concern of mine. So, I have a severe mental health concern about her. If we lose the second one, Um, I'm financially concerned that if we lost the second one, she would want to deplete our life savings to do something to get pregnant again, something like that and Yeah, I think, I think those are the two main concerns I have about her with the miscarriage.

Of the sixteen participants in the study, Owen was the only spouse who explicitly expressed the possibility of a reoccurring loss could pose more detrimental outcomes for his spouse and their relationship. Owen's response highlights how some parents' perception of the subsequent pregnancy might be linked to their sense of 'being'. For suicide to have emerged as an issue of concern, a successful pregnancy is connected to the pregnant partner's sense of essence and existence. Additionally, Owen's response captures a sense of desperation that may coexist with other stressors during the subsequent pregnancy "I'm financially concerned that if we lost the second one, she would want to deplete our life savings to do something to get pregnant again". Given how Owen expressed this concern, it seemed the perception that his wife is desperate enough to consider spending their life's saving on becoming pregnant again manifested as a stressor for him. Perhaps, this stressor would be nonexistent if the desperation to become pregnant at any cost was a shared motivation between him and his spouse.

Other factors that contributed to the stress spouses experienced included navigating other aspects of their lives – parenting, employment, and meeting societal obligation while striving for a successful pregnancy. Aidan's account illuminates how some fathers make sense of these issues as they relate to the period of the subsequent pregnancy,

> I mean, I think part of it is you know we had a two- and five-year-old and they don't care what else is going on in your life right there. They're going to be the small dictators that they are, they're just going to do what they do and they're going to wake up early and they're going to, they're just going to be two-year-old and a five-year-old. And so, I think that just trying to maintain a degree of normalcy and survive with young children while having all these other stuffs happening in the background was probably the most stressful part of it. Because you can't tell them you know we're changing our lives because of this,

right. It's like you have to just keep going and keep everything normal for them and you don't want to have them be stressing about what's going on with their parents. And so, just carrying on was probably the most stressful.

Aidan's response echoed the additional stressor other participants in the study who had living children before their loss or the subsequent pregnancy experienced. In their cases, the responsibility of putting the living children's needs and concerns first weighed on these parents. Hence, forcing some spouses to consistently seek a balance between giving in to the demands of the subsequent pregnancy as a stressor that needed to be addressed or separating from the distress in order to perform responsibilities for the living children. But as a first-time father, Gabriel's additional stressor related to the pregnancy had a different source. He noted,

> Hardest part was um personally I was working. Um not being able to give you know be there for my spouse all the time like I needed to. I got laid off due to covid back in June, like those three months when I was working, and she was pregnant, asking for time off to go, you know, to be there for her appointments in the parking lot, that was tough, because it's not easy to get time off.

Evidently, getting time off work was one the "hardest" part of the subsequent pregnancy for Gabriel. Hence contributing to his stressor during the period. None of the female participants reported getting time off work contributed to their stressor. A likely explanation for this is women's body go through physical changes during pregnancy, hence limiting the possibility of justifying why they need some time off during workdays for doctors' appointment. Fathers, on the hand, may experience greater challenge receiving such accommodation from their employers. Hence leading to additional stressors for fathers who want to attend doctors' appointment and be there to support their spouses during a terrifying experience. Gabriel's response provided an

insight into some of the stressors of fathers that may seem inconsequential but are distressing enough to shape their experience of the subsequent pregnancy. Even more, the tendency for fathers to see their stressors as inconsequential appeared to inhibit some fathers desire to request or initiate DC for their support needs. Oliver's account echoes the responses of these fathers,

> I do feel that there's a sort of a societal expectation that the man has to be the strong one. And the rock and all that. So, there is some, you know, pressure to not maybe voice my anxieties because she's anxious and she has a fetus inside of her.

The societal obligation on men to serve as support for their partners changed the process of DC for them. Hence, creating the situation where men are able to enact coping efforts directed at relationship functioning and spousal de-stress; but, become oblivious of the benefits of DC tailored to their needs.

In sum, the subsequent pregnancy aroused unique kinds of stressors for couples. However, the uncertainty about seeing the subsequent pregnancy as a joyful or dreadful transition was salient in how couples described their experience. This sense of uncertainty manifested as a lack enthusiasm for the current pregnancy, tentative optimism and overwhelming fear of the possibility of a reoccurring loss. Some participants in the current study navigated the aforementioned stressors along with undertaking responsibilities related to their marriage including caring for their living children and prioritizing spousal coping needs. The next section presents an analysis of couple's effort to dyadically cope with PAL.

PAL and Relationship-Focused Coping

The pregnancy related stressors combined with challenges of relationship functioning and maintenance described above formed the basis for exploring the current study's second research questions: "How do couples who experienced perinatal loss make sense of behaviors similar to

relationship-focused coping during pregnancy after perinatal loss?" The analysis of couple's communication engagement, behaviors, expectations, and intentions during the subsequent pregnancy resulted in three themes: (a) intuitive empathy (b) emotional engagement and (c) goal-oriented disengagement. See Box 1 and Figure 4.

Communication played a significant role in how couples perceived their DC effort during the subsequent pregnancy. During the couple interview Liam and Ava's perception of their communication echoes how participates made sense of their interactions The couple described how they chose to engage with or disengage from the stressors related to the pregnancy. Liam stated,

> Yeah, it's super. I mean, it's [communication] made it definitely easier. I don't know how we could get by without lots of communication. I think that it's all a very complicated process. Like lots of talking and lots of support. I don't know how we would get through…Um, I guess I just can't really think of how we would solve it any other way. You know, it's kind of the obvious way. To talk about it is the only path because it's kind of, I guess, unifies our, our minds. And so, if we were to be more separate that would drive us further apart. So, I think that kind of the only way to get on the same page is to communicate.

In the same vein, Ava responded,

> It's just helpful to get it off my chest like I when something bothers me, I have to talk about it. And so that's helpful for me. But I also think it helps to just know that we're on the same page about stuff.

When couples described their communication during the subsequent pregnancy, there was an emphasis on the purpose it served including facilitating a sense of easy navigation of the

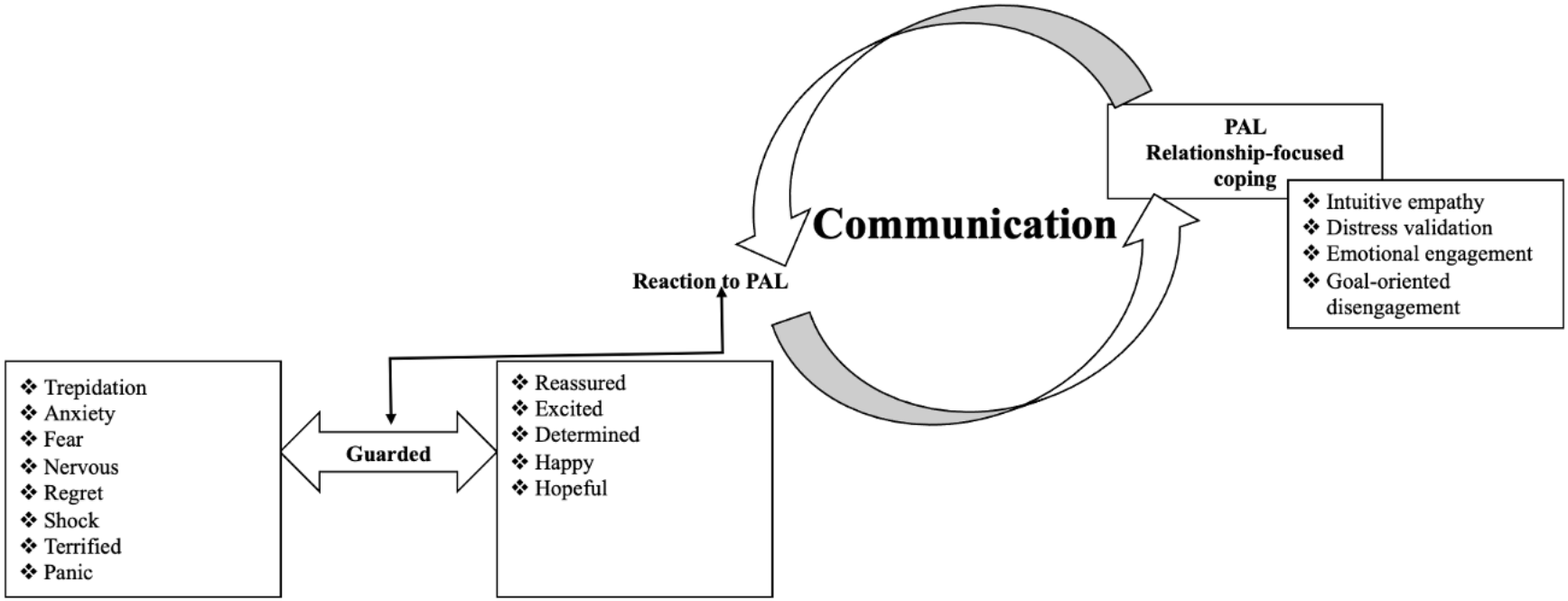
experience of PAL. The extent to which Liam and his spouse valued the importance and essence of communication is evident in two factors. First, Liam alluded to communication as a relationship sustenance mechanism by stating “I don't know how we could get by without lots of communication”. Therefore, the couple’s ability to engage in resilience as a dyadic effort and succeed at it for the purpose of relationship functioning and maintenance was dependent on communication. This interpretation ties into the second factor – Liam saw communication as a way to stay connected “To talk about it is the only path because it [communication] kind of, I guess, unifies our, our minds.” This statement alludes to Liam’s admittance that although he and his spouse lost a pregnancy, her experience of the loss is different from his. Hence, it was important for his spouse to keep him informed about her thoughts and feelings. A similar perception emerged in other fathers’ responses including Aidan,

> My job as the spouse is to make sure life is easy as possible because her job is to carry the baby and there's nothing I can do really to help that. And so, my job is to make sure that she's got what she needs. And so, it's, you know, checking in and making sure she's comfortable, trying to keep her from stressing out about stuff.

Fathers in the study participants seem to perceive that until they can feel or see the baby, their role is similar to that of a bystander. For instance, during the interview, Liam referred to himself as “a passenger” in car while describing the stressors the couple experienced during PAL. Hence fathers’ DC efforts relied on communication to reassure their partners.

Figure 4

Themes for Research Question 2



Box 1. Abstraction of themes for Relationship-focused coping during PAL

Intuitive empathy

- Explicit request for empathy from partner
- Perspective taking
- Engaging in clear communication about expectation

Distress validation

- Provision of emotional support
- Reassurance through actions
- Informational support

Emotional engagement

- Emotional expressiveness
- Alleviated anxiety
- Reduced uncertainty
- Eliciting empathic actions from spouse
- Replacing individual coping with collective coping behaviors

Goal-oriented disengagement

- An opportunity to balance excitement and hope for the pregnancy
- Compromise
- Sacrificing one's needs

Another interesting finding about how couples' make sense of their communication during the subsequent pregnancy emerged from the different meaning participants attributed to this behavior. For instance, Ava stated,

> I think we talked about it a lot like…We still talk about our loss all the time because it's like, I mean, we think about it all the time because it's so closely tied to what we're going through now. So, I just feel like talking about it at least is helpful for me.

For Ava, communication as a DC mechanism allowed her to revisit, reference, and retain memories from her past experience as part of the sense making process of her present reality "So I just feel like talking about it at least is helpful for me". Additionally, Ava's sensemaking of the pervious loss being closely related to the subsequent pregnancy reveal her efforts at tempering the anxiety of a reoccurring perinatal loss. This is illustrated in her narrative of perinatal loss as one of life's event the couple should be comfortable talking about. The disposition to using communication as a tool for emotional tempering and DC emerged in the responses of other participants. For instance, when asked "why is it important to have conversations about the subsequent pregnancy", Ethan replied:

> I mean, I definitely need someone to talk to. Just because when left alone with my thoughts, I tend to spiral. But like having someone to talk to. It has been utterly fantastic for like centering me emotionally and for helping me think about the future

Furthermore, when couples were not using communication for tempering emotions, participants reference this behavior as a tested and trusted DC mechanism. This is evident in how Aurora chose to describe her perception of the importance of communication about the subsequent pregnancy. She stated,

> That's [communication] just kind of what's natural for us, um, you know, it's effortless to talk. It's effortless to be together. And so that's just, you know, just kind of the first line of defense really is just spending time together talking things out. It's just being like the

number one thing that we would go to, I can't think of anything that really could be more effective than that for us at least.

From the excerpts above, it appears the significance of existing relationship functioning, and maintenance strategies are highlighted when couples are faced with choices of how to engage in DC behaviors during a subsequent pregnancy. For some couples, avoiding communication about the subsequent pregnancy was not considered an option. This is evident in how Aurora alluded to communication as a tried, true, and efficient DC effort for the couple "It's just being like the number one thing that we would go to, I can't think of anything that really could be more effective than that for us at least.". Chloe's response also illustrates other ways participants made sense of the benefits of adapting an existing DC effort to PAL. She stated,

> I just think that we intend to be open with each other and what we're feeling, and I think that we just tend to see where we are, you know, I don't really know where we're going to be towards the ends of the pregnancy and how we'll be feeling, but I think that we do have a good kind of track record of being open and honest with each other and kind of taking each day at a time.

In other words, adopting existing DC relevant for relationship functioning strategies prevented additional challenges of creating or adjusting to a new process while navigating an uncommon stressor in their relationship. Although, the DC of some couples emerged from old communication habits, for others finding new ways to communicate about the subsequent pregnancy was necessary for engaging in DC, initiating, and maintaining relationship functioning. Gabriel reported,

> She talked to me about her autoimmune condition, the pregnancy, like things that can happen. She sat me down and [we] talked, we were going through diagrams, like charts

and stuff and you explained to me like here's what can happen. … my spouse did tell me that the fact [that] I wasn't able to really, I couldn't fully understand, like she was lonely, because I couldn't, I couldn't talk to her on that level, I just didn't know. So, I learned a lot from when she sat me down and we talked about those things. And it made me feel better because I knew that I can ask her questions about it. And that's really all she wanted me to ask.

Gabriel's account highlights the example of how perinatal loss and the subsequent pregnancy may seem like a shared experience; however, there is a possibility for some fathers to feel their involvement in the process is limited. In Gabriel's case, one of the consequences of assuming limited involvement is the lack of motivation to seek information related to the prior loss and its connection to the subsequent pregnancy. This is evident in how Gabriel described relying on his spouse for information about the cause of the perinatal loss and the threat it posed for the subsequent pregnancy "She talked to me about her autoimmune condition, the pregnancy, like things that can happen". Additionally, a lack of knowledge on the information related to subsequent pregnancy seemed to cause a strain on relationship functioning as implied in Gabriel's statement "Like she was lonely …." In other words, for the times when the couple could not have certain conversations about the subsequent pregnancy, there was a sense of unmet expectation. On one hand because Gabriel initially struggled with understanding the severity of his partner's autoimmune disorder and how it could impact the outcome of the pregnancy. On the other hand, because his inability to comprehend this information created a sense of isolation for his partner. When Aurora confirmed how a feeling of unmet expectation due to her spouse's disinterest in seeking information shaped her experience of the subsequent pregnancy, she stated,

> I wish that he would read through articles with me and like look at stuff with me, helped me research stuff. I think that would have made me feel better to be able to have conversations about like the data and the numbers, but he's more he's not really a numbers person, you know, um, and mostly he just listened and that's that was still super, super good super helpful, but I think I could have felt more supported in my own way, by talking about data and numbers and reading articles and research and stuff. I think would have helped me feel a little bit less, less alone to go through that.

Given how women in my study described communication with their partner during the subsequent pregnancy, it seemed mothers attached more importance to communication during the subsequent pregnancy than their spouses. Even though the essence of communication for these mothers has been revealed in how women they describe interaction with their spouse during the subsequent pregnancy, Luna's report provides a clear insight into why communication was salient for these participants:

> I just talked tons about why I was scared and why it [communication] was a mutual effort, but I would say I talked more because I was the person experiencing the challenge. And so, I had more to do in terms of explaining why I was anxious and how I wanted him to respond.

In the above excerpt, the 'challenge' Luna referenced in her response related to negative emotions present because of the pregnancy. The desired response when some women talked about their emotions included sympathy and empathy for two likely reasons. First, the desire for a sympathetic response reaffirmed their sense making of the subsequent pregnancy as an experience affects them more in comparison to their spouse. Second, the absence of a sense of mutual understandings that the woman's body underwent the miscarriage process and is possibly

in the position to have a reoccurring experience during the subsequent pregnancy, contributed to the need for empathy. I further discuss my observation of the need for empathy as part of DC, relationship functioning, and maintenance under the theme *intuitive empathy*.

Intuitive Empathy

The theme of intuitive empathy emerged from an exploration of how couples explicitly requested empathy from their partners. Where the need for empathy emerged, the causes included issues related to pregnancy symptoms, division of labor, lack of attention to emotion needs, and esteem needs. For instance, during the interview, Charlotte and her spouse identified control on decision making related to the pregnancy as one of the challenges the couple experienced during the pregnancy and contributed to their stress. As a strategy to dyadically cope with the stressor, Charlotte recalled that engaging in perspective taking became necessary for relationship functioning and maintenance. She stated "[We] try to put things in perspective and trying to like hear each other out and come to a compromise when possible… merging our positions when we can." Although achieving mutual understanding seemed unguaranteed at times, the couple put more effort to finding a balance when possible. This interpretation is based on how Charlotte summarized their effort "(…) merging our positions when we can".

Another pattern that emerged in how some couples incorporated empathy as a DC strategy for relationship functioning and maintenance was engaging in clear communication about their expectations. Members of the dyad described concerns when these expectations were not met. Chloe recalled how open communication facilitated empathy for her partner, she stated, "And he's like, you know, if you get the moments that you're feeling good. If you could do a

little bit around the house to help me out8". Chloe's statement highlights how a switch in roles and responsibility because of a high-risk pregnancy could lead to the other person feeling burdened by the unequal division of labor. Therefore, engaging in clear communication was essential for adjusting to the new relationship dynamics when it posed as a stressor for the other person. Additionally, engaging in clear communication also facilitated expressing concerns that were initially unaddressed. This interpretation emerged from Chloe's response to her partner's request,

> And I was like, if you could acknowledge that you hear me puking up and that sucks. I know there's nothing you can actually do to help if you hear me puking. Just say, "Oh, I'm sorry. I hope you feel better". You know, like, just being really clear about what you need from the other person…I feel I need his empathy. My nausea has been the worst with his pregnancy, so I've just needed his help more just with the physical you know and emotionally.

The excerpt above shows that soliciting empathy held both dyadic and individual benefits. This is evident in how Chloe wanted her experience of discomfort to be "acknowledged". Having this feeling acknowledged would make her feel better and create a favorable perception of her spouse and his efforts at DC. A desire for pregnancy discomfort to be acknowledged emerged from the narrative of all but one female participant who were pregnant at the time of data collection. For instance, Charlotte stated:

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8 I included this quote in the analysis because Chloe's pregnancy was considered high-risk. Hence, there was a lot of restrain on what she did around the house. This might not be case if she was not at the risk of a reoccurring loss. All this is to say, the expectation of her spouse to assume more responsibility related to chore might be nonexistent if the subsequent pregnancy was without risk.

So, you know, feeling like your partner is there with you and experiencing it with you. I feel like helps, helps us cope just, you know, knowing that somebody else's is going through that and that you have, you know, you have their support (…) having him be that person, you know, is really important and really helpful to me.

The excerpts above contribute to my interpretation that female participants in my study perceive themselves as more directly affected by the perinatal loss and subsequent pregnancy. Hence, increasing their expectation of their partner to show empathy intuitively. As female participants described their experience from this perspective, appreciation for *distress validation* emerged in their narratives about DC.

Distress Validation. The subtheme of distress validation captured how women in this study perceived and described themselves as experiencing greater distress during the subsequent pregnancy in comparison to their partners. For instance, when asked during the interview "could you explain how you need your partner's support the most during the subsequent pregnancy?", Ava replied "my spouse comforting me when I'm feeling really anxious." Given how Ava responded, her coping experience during PAL depended on her spouse's provision of emotional support efficient enough to alleviate negative emotions. Ava's response illuminated the desire of other mothers in the study. Their narratives of reveal their feeling that for relationship maintenance and functioning strategies to be relevant to the experience of a subsequent pregnancy, it should be tailored to their emotional and physical distress. Luna's account echoes the response of some mothers in my study,

Because there were a couple of times that I got scared about something minor where I was like, "ooh, is something going wrong?" And he didn't feel that way. He felt like probably everything is fine, and we can't know anyway. It's not like feeling one way

means something and feeling another way means something else. He kind of didn't feel scared in the way that I did. And I wanted him to feel the way I felt so that was a challenge… I wanted him to be scared with me and wished he would say the right stuff. He would say emotionally validating stuff.

From Luna's narrative, as much as DC was important during the subsequent pregnancy, having moments when negative emotions are shared was relevant to maintaining relationship functioning at certain times. It seemed acknowledging the expressed emotion before engaging in distress validation was mothers' expectation for DC. This is evident in how Luna later described instances when her partner met her expectation of distress validation:

> Whenever I did feel anxious whenever I was like, ooh, something is wrong or like [I] have a little cramp or something and then [I] get scared, I always told him, and he didn't do anything other than listen and touch my back or whatever. So, it's not like he was, he will have some sort of magical ability to tell if everything is okay so he couldn't do anything practical, but he was emotionally supportive and would say stuff like "that scary, it's probably going to be fine. But that's scary", he would say something like that.

Another pattern that emerged in the data was some mothers considered their partner as the best person who could offer adequate distress validation. This desire manifested from the belief that individuals outside of the relationship do not have sufficient experience to do so. For instance, when asked "why do you think it was important to have conversations with your spouse about the subsequent pregnancy?", Chloe responded:

> I think that he has been very validating, you know, like he has basically acknowledged that I have every right to feel the way I feel and giving me the space to feel what I feel (…) being understanding and empathetic.

Chloe's description suggests that the level of concern expressed by personal network members and medical professionals was unsatisfactory. These responses posed a challenge and aroused a feeling of frustration with her current situation. Hence, Chloe relied on her partner who is experiencing the subsequent pregnancy with her to understand why her concerns exist and should be acknowledged. With a similar response, Charlotte echoed other mothers accounts that relying on one's spouse for distress validation during the subsequent pregnancy was relevant for the experience:

> I think coping with that [pregnancy related stressors] was just like talking about it and being able to, you know, express, and verbalize kind of my fears and have him validate them. Um, and, you know, him being positive also, you know, like validating and understanding why I felt the way I did.

Having one's spouse respond as expected was however more important for relationship functioning. This is evident in how some fathers understood their partners' expectation and undertook the responsibility as part of the subsequent pregnancy experience. Liam stated,

> Uhm…Probably just through communication with each other. Kind of talking about what the worries of the day are. So, she'll tell me what she's worried about. And then [we] also stay and research it [the concern] on the internet for a couple hours and then after we'll talk about you know whether this is a real thing to worry about (…) it's just listening and communicating and just trying to understand it. I mean, she's either got a rational worry and irrational worry right you know. If it's something that's actually possible that it's you try to you know help resolve the issue. And if it's something that's farfetched or outlandish then you try to, you know, calm her down, I guess.

Based on the excerpts above, distress validation required collaboration of other strategies including reassurance through actions. Liam stated, “And then [we] also stay and research it [the concern] on the internet for a couple hours” In other words, spouses’ combined emotional attentiveness with other actions for the purpose of DC. Some spouses acknowledged finding balance and mutual interests in information seeking facilitated desired DC experience. Amelia recalls how this behavior shaped her experience,

> (…) I just feel like we wanted to like have some amount of information to be saturated in but not so much that it becomes like overwhelming. And so, picking a couple things like shared books or Reddit to follow together and then have conversations about what's going on there was helpful.

The excerpts above reveal shared actions such as information seeking had benefits as DC efforts. This DC strategy provided an opportunity for accessing similar information and reacting to its content at the same time. Additionally, accessing similar content allowed couples to engage in conversations with adequate information. For some couples, engaging in distress validation prevented relationship breakdown which existed during a previous subsequent pregnancy. Hazel acknowledged,

> Because the big difference I noticed between this time and the first time, is that you’re present now, you're here now, you're asking me “how is it? how was your night? have you slept?” and those were things that were really lacking the first time.

Of the eight couples in the study, Hazel and her spouse were the only participants who conceived and had two successful pregnancies after their perinatal loss. Hence, the couple could compare their experience of DC during the first and second subsequent pregnancies. The couple

recalled the first pregnancy as stressful because of communication breakdown. When describing the absence of DC during the first pregnancy, Hazel recalled:

> I really needed my spouse to be someone to step in for me, and take charge in the sense that he would say, "Okay, I'm just seeing you're not well and I really need you to open up to me about this and I really need you to let me help you and if I can't help you help you find someone who can help you but this is too much for you. I see you're struggling and it's too much" (…) he wasn't able to do that for me at that time. So yeah, that would have been really helpful.

To avoid reliving a stressful experience, Hazel and her spouse described being more intentional with how they expressed and validated emotions during the second successful pregnancy. In addition, like other participants, Hazel's excerpts above reveal when the expectation of empathy was unclear, a direct request on how to help was appreciated as she described the behavior as "the big difference". As couples continued to describe the role of communication as a DC mechanism during the subsequent pregnancy, their narratives helped in uncovering the process of emotional engagement as another DC, relationship maintenance, and functioning strategy.

Emotional Engagement

The theme of emotional engagement emerged from how participants described their own actions perceived as an effort to facilitate the sense of intuitively offering empathy. For the purpose of this analysis, I defined emotional engagement as verbal and nonverbal efforts to express emotions or make sense of certain emotional reactions during the subsequent pregnancy. As example, in her description of how DC unfolded during the subsequent pregnancy, Aurora stated, "…A lot of talking to Mark, talking at Mark, just venting all my fears and frustrations and

stuff like that." This statement from Aurora echoed the view that mothers wanted their spouse to connect with them emotionally.

Further analysis revealed that for the desired emotional engagement to occur, it was important to do one of two things; mothers should find ways to elicit empathetic actions from their spouses or father should intuitively engage in behaviors that resemble empathy. For instance, Gabriel stated,

> The biggest thing, big thing we did was we talked. We tried to talk everything out like "how are you feeling? What's hurting? What are you feeling?" (…) I tried to be there for her, like, I tried to listen. I tried to comfort her. [I] kind of snuck on the couch and I would feel, literally try to listen to the baby kicking and stuff like that.

From the excerpt above, seeking clarity was a relevant initial approach at understanding how to be emotionally engaged during the DC process. This is evident in how Gabriel described the questions he asked before engaging in DC behaviors. Additionally, DC efforts for the couple included nonverbal action as well "I tried to be there for her, like, I tried to listen. I tried to comfort her… listen to the baby kicking and stuff like that". These approaches seemed essential for creating a sense of the pregnancy as a shared experience. Given how male participants have described their role during subsequent pregnancy (e.g., passenger, the one who is not pregnancy), experiencing emotional engagement with their spouses in reference to the pregnancy was related to how real they perceived the pregnancy at some point.

Furthermore, replacing individual coping strategies with positive behaviors specifically tailored to the challenges of the subsequent pregnancy seemed to have facilitated a better experience of emotional engagement for some spouses. Hazel noted,

> And, for me, I guess it's been learning how to be able to feel the feelings I'm feeling and to communicate those as well, instead of only trying to make it a mental exercise or a research topic. Feeling the feelings I'm having and sharing those with my spouse. So I guess [for my spouse], it maybe has given [him] some insight as well in that I'm not some machine going through these horrible things. I'm just powering through them, but because that's the image I project, of course, when I'm in my coping strategy you wouldn't think there's a lot that is bothering me, maybe, but for me sharing that I'm feeling awful and very sad or whatever (…) to just really both be committed to having those conversations and to sharing feelings and trying to see where the other needs help.

From Hazel's account it seemed one of the factors that inhibited emotional engagement for her and her spouse during the subsequent pregnancy was her initial reliance on self-ability. When Hazel described herself during the interview she stated, "In the years prior, I was always very independent, well I still am, but I was always, I didn't like to ask for help." Hence, when she lacked clarity about how the first subsequent pregnancy made her feel, it was a challenge to seek help from her spouse in making sense of these feelings. Additionally, the lack of clarity on the types of emotion she felt influenced her ability to express these emotions adequately. Thereby, escalating her challenge from a personal to a dyadic issue. Even more, this led to her partner overestimating her ability to cope on her own. In Hazel's comparison of both subsequent pregnancies, she admitted being "committed to having those conversations [about feelings] and to sharing feelings and trying to see where the other needs help" made a difference during the ongoing second pregnancy. It seemed PAL has the potential to facilitate a novel coping approach for couples. Like Hazel, Ava acknowledged,

> [My partner] is not a super emotional person and I was almost worried about that at the beginning of our relationship. But I think going through this [perinatal loss and subsequent pregnancy] has shown me how deep he really is and how emotional he is and how good he is at supporting me emotionally.

Ava's comment illustrates emotional expressiveness and engagement, as a DC effort, facilitates a positive perception of her spouse during subsequent pregnancy. For Ava, the positive perception included seeing her spouse as emotionally competent to express his feelings and also provide her the needed support for coping. Clarity of feelings and adequate expression continued to emerge in the narrative of participants as a facilitator of emotional engagement. Gabriel's account illuminates how the process unfolded for some fathers,

> Well, she was open with me. She told me how she was feeling, um, she told me she was nervous or anxious or scared. She let me comfort her, and that was huge, because it allowed me to help her cope with, you know, the anxiety of appointments, Yeah, my spouse was so open, which really helps. She tells me how she feels and that's very nice makes it a lot easier for me to try and be there for her… Um, it made it a lot easier. Um, I didn't have to guess, you know how she was feeling which really helped. You know she wasn't, she didn't bottle it up. She didn't, she has easy to read facial expression. So, like I could tell if she was upset or she was anxious or nervous and I'd asked her, like, what's wrong, and she would tell me and that really made my life easier, because then we can talk about it and we can, you know, figure out how I could help her how maybe she didn't need to be helped. Maybe she just needed somebody to listen. I think with the strategies we had to do for coping during her successful pregnancy really just involved so much emotional support for each other like. I knew every day, like we needed to talk, we

needed to let it out. We needed to figure out where each other are at. I mean, that was great with me because I can figure out where my spouse was mentally.

Gabriel's response illustrates two other benefits of emotional expressiveness and engagement. First, this form of DC alleviated anxiety for members of the dyad. For Gabriel, there was a sense of reduced uncertainty about how his spouse wanted DC to unfold. This is evident in how he acknowledge that, "I didn't have to guess how she was feeling which really helped" For Aurora perhaps, this facilitated a DC behavior that met her coping needs with the subsequent pregnancy. This interpretation emerged from Gabriel's second perception of the benefit of emotional expressiveness and engagement "(…) [I] figure[d] out how I could help her, how maybe she didn't need to be helped. Maybe she just needed somebody to listen." As couples described their emotional engagement efforts, the feeling of optimism was embedded within these narratives. For instance, Liam noted,

> And then, you know, just check in every day about it and like really counting each day of the pregnancy and kind of keeping track of what week it is and trying to make it feel like there's a sense of progress to the whole thing. You know, like something that will be over. I think that once it's over it might feel like it was quick, but right now it feels like a very long-drawn-out process. (…) I think I do tend to worry about every little thing. But it's…I guess I'm just able to cope with it by every day that goes by, is one day closer to you know life and successful birth and so that kind of long mission we're kind of on together is how we cope with that, you know.

To create a sense that the subsequent pregnancy will be viable and successful, participants reported creating a future through narratives in which the unborn child has an identity as a member of the family. Additionally, staying optimistic during the subsequent

pregnancy seemed to allow some spouses to experience a sense of accomplishment after a failed attempt at a successful pregnancy. This is evident in the latter part of Luna's excerpt above. Couples' focus on creating a sense of optimism facilitated reassurance and feeling competent. There were specific instances in which optimism and making plans for the future was a constant part of couples' effort to cope with specific stressors. Gabriel description of his effort echoes the accounts of other couples,

> So, before every appointment we get so nervous and we would try and talk it out to each other – "what are you thinking?", "what are you feeling?". I tried to be like a sounding board for her, and then the morning of [doctors' appointments] I say to her "you know, we're going to be alright, you get through this appointment, I'll be right there the whole time. Then afterwards we are going to get something to eat together" Having that kind of like telling her what the plan is going to be, and like everything's gonna be okay. And we're going to go do this. Um, I think really helped.

Gabriel and his spouse found out about their prior loss during a routine doctor's appointment. Therefore, going to doctor's appointment became a dreadful experience for the couple. Gabriel's account highlighted the experience of other participants in the study by acknowledging stress and anxiety were high during doctor's appointments. Staying optimistic became one of the ways couples dyadically coped in those moments. As revealed thus far, staying optimistic was a part of being emotionally engaged as a DC process during the subsequent pregnancy. Further analysis also revealed some couples tempered their optimism for the future and focused on the present instead. Amelia and her spouses constantly expressed this view in their accounts. She stated,

> We like to, you know, try to be really hopeful in our imaginations, but also be aware of the potential and negatives and downsides, and having shared things to read has made it helpful to have our conversations.

The excerpt above illustrates that although couples experienced a shared excitement for the progress of the subsequent pregnancy, they remained cognizant of the possibility of being thrust into another cycle of despair. Despite the mixed feelings that was present during the subsequent pregnancy, a sense of enthusiasm and optimism was salient when couples described their coping and relationship maintenance strategies. Declan affirmed,

> (…) just trying to be in the present a lot more and trying to just maybe also find some sort of I guess…well not maybe, peace is not the right word, but more calmness in just being more in the now in the here and now, and this is, this is what is going on right now and that it is what it is. Maybe there's a lot of stuff we can change, or we can attempt so it might be intense, it might be exciting, might be all kinds of things, but that's, that is what it is right now and not trying to either avoid it or resist it or change things that we can't change. I guess I can and trusting myself that I can, that we can get through this whatever happens, I guess, and by that, I know I can do this, and I think that helps me be more present and be more open to what's going on.

For Declan and his spouse, optimism for the moment was important for facilitating "calmness." Additionally, optimism for the present moment allowed the couples to understand the outcome of the subsequent pregnancy was out of their hands. Rather, the couple focused on other situations they can manipulate in their favor "Maybe there's a lot of stuff we can change, or we can attempt…" Focusing on factors the couples can change facilitated a sense of individual and dyadic competence relevant for navigating the present stressor of the subsequent pregnancy.

The excerpts interpreted thus far highlighted couples' commitment to the subsequent pregnancy, its stressors, and challenges related to relationship maintenance and functioning. However, the data collected also reveal there were times couples ignored thoughts and emotions related to the pregnancy as they engage in relationship functioning. I discuss this strategy of DC further under the theme called *goal-oriented disengagement*.

Goal-Oriented (Dis)Engagement

There were two questions that animated my analysis of couples' responses that manifested the theme of goal-oriented disengagement. First, for the times couples chose to separate from stressors related to the pregnancy as a DC strategy, how do they make sense of these actions? Second, how did couples continue to engage in relationship functioning and maintenance during those times? This second question is relevant as previous analyses have shown talking about the pregnancy is one of the conversational routines for some couples and also an opportunity in itself for coping with the subsequent pregnancy. Different reasons emerged in couples' narratives for using goal-oriented disengagement as a coping strategy. For example, Chloe stated,

> Um, I think it helps that we're, we're both more guarded. If he wanted to be excited, that would be a real conflict for me. That would bother me if he was like, "oh yeah, let me talk to your belly". Like I don't want him to talk to my belly yet, but thankfully, we're on the same page. He hasn't, we are equally as unenthused about this.

From Chloe's narrative, it seemed being disengaged from the pregnancy provided an opportunity to balance excitement and hope for the pregnancy with the possibility of a reoccurring loss. Chloe's prior loss began with spotting and there was a reoccurrence in the early

days of the subsequent pregnancy. These similarities in her experiences made it difficult for the couple to initially commit to the subsequent pregnancy.

Additionally, Chloe's response echoed participants' desire for a mutual commitment to the pregnancy and everything related to it. A divergence in this expectation has the potential to put a strain on relationship functioning. For some spouses, goal-oriented disengagement as DC prevented behaviors that could facilitate negative perception of the other person. Aidan acknowledge this in his account,

> I'm almost kind of surprised at how similarly we handled things. I don't think we like spun into like [being] overprotective or overbearing or like, you know, like scared or anything (…) So we kind of were just very like "okay, what are the odds of this happening? what are the odds of that happening? what are the dates we need to know about?" And, you know, we just kind of rolled with it as opposed to being afraid of the unknown. Like there's not a lot I can do individually and there's not a lot anything like either of us can do to determine whether or not it's successful. It just is or it isn't (…) So for me, it was kind of trying not to stress too much about whether it was going to be a successful pregnancy or not and kind of focus on letting whatever happened happen".

Given how Aidan described part of the DC strategy used during the subsequent pregnancy, there is evidence goal-oriented disengagement facilitated a positive experience of the subsequent pregnancy. Rather than focusing on negative emotions, couples could direct their energy towards seeking information for mental preparation of any possible outcome, whether positive or negative. Other alternatives for practicing goal-oriented disengagement included

participating in shared activities as a distraction and an outlet from pregnancy stressors. Amelia described some of the shared articles highlighted in the accounts of other participants. She stated,

> We do other things like have a painter craft night where we make stuff together alongside one another and I think that that can be fun and good and distracting. And on our walk sometimes we don't talk [about the subsequent pregnancy] and we memorize the first line of the Canterbury Tales, we listen to like sci fi books together. I think it helps to do that stuff too, because it gives us like a shared narrative that we're both interested in that we can talk about. But isn't about stuff related to the present moment. So, I think some of those hobbies and shared distractions can be good too.

The excerpt above provides an example of the kind of activities couples engaged in for relationship maintenance and DC strategies. Spending "quality time" i.e., times when couples intentional did not talk about their loss, is one of goal-oriented disengagement strategies. For some mothers in the study, relying on their spouses for a sense of distraction also shaped their subsequent pregnancy DC experience. For instance, Charlotte noted,

> Besides, kind of, you know, being a listening ear or putting things in perspective [my spouse] is also like a good distraction (…) So sometimes it's nice to have someone be like, "hey, let's take a break" He is a very funny person and it's nice to you know have someone who can make me laugh, distract me, or provide that. Um, so I think we, I think we balance each other well that way. And that can be helpful when things are stressful that he kind of can pull us out of that a little bit by providing some of you know that levity or being like "hey let's slow down".

The desire for initiating goal-oriented disengagement depended on various factors including personality or preferred individual coping strategy. When couples are faced with such

a situation, the onus falls on the other person to create relevant distractions for dyadically coping with the stressors of the pregnancy as evident in the case of Charlotte and her spouse. For some couples, having "a good mindset" about conversations related to the loss and the subsequent pregnancy were essential for finding ways to practice disengagement without being in different emotional states during the process. Ava provided an example of other ways couples engaged in goal-oriented disengagement,

> I think he's been a good distraction. Just having another person to talk to (…) I work from home; he is at work. And so when I'm home alone all day, it gets kind of lonely and I get you know, kind of get a lot of thoughts in my head. And so, when he's home it's just nice to have someone to talk to you. We're not always talking about our loss in my pregnancy, but it's just like, we'll talk about anything, but it's just a good distraction. So just having company. I guess someone else to talk to you has been helpful (…) I think overall, we have a pretty healthy mindset of it like when we need to talk about it, or when I have something I'm nervous about I'll bring it up and we'll talk about it. But I feel like we're also good about not talking about it at all. And I think sometimes that's helpful too. Sometimes I just need to not think about it, or I'll go crazy with worry. Um, so, you know, talking about our friends talking about our days, funny things that have happened (…) Sometimes I just need a break from it. And I think he does too (…) I feel like he needs someone to listen to when he's feeling upset or sad about the loss, but I also feel like he kind of…like what I need, he also just needs a companion, and maybe someone to not talk about it sometimes, you know, to talk about other things to provide conversation about other topics and just someone to have fun with (…) I think so, yeah, I think our needs are really similar in that we both need time to not think about it and to

just be distracted and kind of think about other things. And so, when I feel he needs that, I don't mind providing that for him because I'm probably needing that too.

The excerpt above provides an example of times during the subsequent pregnancy when goal-oriented engagement or disengagement from conversations related to the pregnancy should be a mutual need in order for couples to enjoy DC, and relational maintenance. Hazel's recall of her experience when the need for motivated disengagement occurred at different times for and her spouse provide additional support for the importance of mutual disengagement. She stated,

> [my spouse] is very avoidant so it is in his nature and it is his coping strategy if he sees a problem to just avoid it and walk around it and try to make it go away by ignoring it. And so that is his way of dealing with a lot of well not dealing but his survival mechanism which came out of his challenges in life and that wasn't working together really well.

Further analysis of the data revealed to meet the expectation of DC, there were instances when some spouses abandon their personal needs. Thereby making a sacrifice for the good of the relationship and the subsequent pregnancy. Gabriel's account illuminates the challenges some fathers experienced in their effort towards a successful subsequent pregnancy. He stated,

> When it comes to like the intimate, we didn't really talk about it, …All my needs just kind of went out the window and all of a sudden, it's like the baby's survival, my spouse's survival. So, we didn't really talk about intimacy or anything like that too much during the pregnancy. I just kind of assumed, um, that, you know, I just kind of assumed that it was something she wasn't thinking about right now. And yeah, that's kind of how it was. And the thing is, because as much as I was thinking about it, I don't think she was thinking about it. So, I don't think it really registered as an issue with her. I don't think it was an issue. Um, but I think not talking about it was probably I say it was probably for

the best. Because I didn't want her to feel guilty about not wanting to be intimate, um, because she doesn't want to be intimate, that's fine. So, I didn't want her to feel like… I have to… I need to for … all I need from her, I just wanted her to focus on the baby. And that's kind of what we did (…) Focusing on getting through each day. That's kind of what we did during the pregnancy because, again, we had this like dread kind of over us at all times. So, everything felt kind of insignificant compared to that dread. Um, so we just kind of really focused on getting through the day. I didn't, I didn't really feel like intimacy was a huge deal. Um, when we had so many other things to worry about.

Evidently, some DC strategies did not serve the interest of both members of the dyad. In the excerpt above, Gabriel describes how he prioritized the pregnancy and his wife's comfort over his sexual needs. However, as much he attempted to make his compromise for sex as less of an issue than it was, Gabriel's narrative reveals the complication he experienced making sense of this experience when he said "So, I don't think it really registered as an issue with her. I don't think it was an issue." It seemed Gabriel decided to settle with the conclusion that because the lack of sexual intimacy during the subsequent pregnancy did not register as an issue with his spouse, it was unreasonable of him to bring up the conversation about his need ,"I think not talking about it was probably I say it was probably for the best." Although Gabriel suggested this was for his spouse's interest, his voice trailed off multiple times while trying to justify why it was for the best "So, I didn't want her to feel like… I have to… I need to for … all I need from her, I just wanted her to focus on the baby." Gabriel's hesitancy on how his spouse benefitted from not having conversation about non-intimacy further highlighted the lack of clarity on how the challenge was an issue for him or a satisfactory DC strategy. The continuous attempt at masking their own needs and stressors related to the subsequent pregnancy was common in the

narratives of many fathers in the study. Aidan's report echoes the view of these participants, he stated,

> I'm not sure I did anything to manage that [personal stress related to the pregnancy] besides live with them (…) It's just one more stress added to life that you just cope with and you just deal with. It is difficult as the spouse, I think, because you know this [subsequent pregnancy] is something that even if it is not as personal for me, it is something that happens to me as well (…) I don't like putting my stress on other people, but I didn't feel comfortable like going to my spouse and dumping stress on her right it's like I can't. She's dealing with all of this and it's much worse for her. I can't stress her out even worse. So, it's very personal. You know, this is just something that I have to deal with on my own. But I've always been good at that. So, it wasn't something that I felt overwhelmed or incapable of handling. It wasn't a problem, but it was something, you know, it felt like I couldn't necessarily go to my spouse with the stressors. Because a major part of the stressors was she was already stressed out so going to her with mine is just going to make that worse so I just had to be you know that steady calm influence as much as possible.

The narrative in the excerpts above is how some fathers perceive their role or involvement as it relates to the perinatal loss and subsequent pregnancy. This is evident in specific statements in their responses. When describing their role, Liam and Gabriel stated respectively, "It is like I am a passenger in the car…," "I know she only had so much energy to give on a given day, and like I don't want her to be worrying about me"These statements reveal one strategy fathers used to avoid engaging in DC directed at their needs and facilitating

relationship functioning, was redefining themselves as the one least affected by the challenges of the moment. Hence, rather than participating in DC for themselves, they were invested in coping efforts that directly benefitted their spouse and the relationship. In other words, fathers sacrificed their coping needs for the greater good – their spouses' satisfaction with the relationship and having a successful pregnancy. Additionally, fathers' sacrifices reflected their effort to meet society's expectation of them to be the stronghold of support for their spouses during a stressful experience.

To summarize, DC during the subsequent pregnancy required couples to rely on communication for enacting relationship maintenance and functioning. More importantly, couples' communication should represent intuitive empathy, distress validation, emotional engagement and goal-oriented (dis) engagement. Although such communication facilitated DC, fathers tend to prioritize and pursue coping strategies tailored to their partner's interest. I drew two conclusions from this observation based on how participants talked about their experience. First, women perceived relevant DC during the subsequent pregnancy should include efforts that cater to their emotional coping needs. This conclusion is linked to mothers' shared narratives that as the pregnant woman, they are directly impacted by the perinatal loss and subsequent pregnancy experience. Second, fathers' coping needs are secondary matters, rather having a successful pregnancy and fulfilling the coping and support expectations of their wives was of utmost importance to them.

CHAPTER FIVE

DISCUSSION

Issues related to conceiving and pregnancy loss have been found to contribute to relational turbulence within committed married relationships (Brisini et al., 2018; Tian and Solomon, 2020). Given how parents have described the stressors related to the perinatal period in extant research (e.g., Baldoni et al. 2020), the subsequent pregnancy after perinatal loss (PAL) may add another layer of relational turbulence. However, to the best of my knowledge, no research exists that explores PAL as a transitional period for relationships nor provides evidence of relational cues–relational uncertainty and issues of interdependence–which lead to turbulence. Therefore, the purpose of my dissertation study was to explore how couples make sense of transitional moments during PAL. My goal was to explore the relationship 'struggles,' if any, faced by couples during this period, as well as understand how relationship maintenance strategies combine with DC during this transitional experience.

To achieve the purpose of the current study, I adopted the frameworks of Relational Turbulence Theory (RTT) (Solomon et. al, 2016) and the Relationship-Focused Coping Model (RFCM) (Coyne & Smith, 1990; O'Brien & DeLongis, 1990) to guide my research. Much of the research that has applied these theories and models takes a positivist approach and favors quantitative methodologies. Offering a different perspective, I used an interpretative approach to study the PAL period as transitional moments within relationships. Therefore, my dissertation expands the research on relationship transition and turbulence beyond the 'what' to unearth the *'how'.* This study reveals the underlying processes that shaped people's sense-making of

transition dilemmas. In this chapter I present my discussion of research findings, theoretical contributions, and practical significance of my findings, as well as limitations and directions for future research. In addition, I described how an integration of the findings of research on RTT and RFCM might contribute to development of a transition communication and coping model.

Relationship Transition and Turbulence during PAL

The extant literature on relational turbulence suggest it is not a direct outcome of transitional moments unless relational uncertainty and interdependence issues occur during the period (Solomon & Knobloch 2001, 2004; Solomon et al., 2016). Therefore, the first research question of this dissertation sought to explore how couples perceive the period of PAL as a transitional event. Guided by the assumptions of research on relationship transition (e.g., Theiss & Solomon, 2014) and RTT (Solomon et al., 2016), the findings of my study revealed questions related to doubts about the trajectory of the relationship emerged for some mothers during PAL. Consistent with existing findings (e.g., Corbet-Owen, 2003), some mothers including Ava and Olivia perceived they were responsible for the outcome of the previous pregnancy loss; hence, questions related to relationship uncertainty emerged during the subsequent pregnancy due to fear of a reoccurring loss. These mothers expressed concern about the continuity of the relationship if their attempt of having a successful subsequent pregnancy fails. This concern of some female participants in the current study is similar to Tian and Solomon's (2020) report that relational uncertainty was present for participants in their study of women's experience of miscarriage.

In addition, given that the fathers in the current study did not express relationship uncertainty if the subsequent pregnancy fails, the findings of the current study further confirmed RTT's proposition that a relationship partners' feeling of relational uncertainty could

compromise the individual's cognitive appraisal of transitional moments. According to Solomon and colleagues (2016), when individuals experience relational uncertainty, they are more likely to participate in *biased cognitive appraisal* – a situation where individuals make conclusions about their relationship in the absence of adequate or sufficient information. For instance, although Ava and Olivia experienced concern about the future of their relationship, these individuals could not identify or explain behaviors of their spouses that could have facilitated their concern. Hence revealing the connection between their lack of information in this context and a biased appraisal of the future of their relationship.

Moreover, Solomon and colleagues (2016) suggested communication between relational partners during transition is positively or negatively affected during turbulence. The outcomes are either *communication valence* or *communication engagement*. According to Solomon et al. (2016), extant research has only assessed the frequency of communication engagement and valence through observational and self-report measurements. The communication of couples in my study contained elements of communication engagement. Couples' intention to communicate with their partner and not withdraw (communication engagement) during the waiting period and subsequent pregnancy revealed the depth and breadth of couples' conversations. Through communication engagement, participants gained confidence in how to express their emotions and support each other. Fathers who shared this conversational depth with their spouses decided to abandon socio-cultural standards of gender communication about loss and other related stressors in existing studies (e.g., Campbell-Jackson et al., 2014). This finding expands the exploration of communication engagement beyond the number of topics couples discuss–a constraint due to quantitative measurements and analysis of the data–by providing information on the contextual essence of communication engagement during relationship transition.

Additionally, RTT focuses on the link between an individual's cognitive appraisal and willingness to participate in communication engagement. Despite the absence of a medical report that links the prior loss to sexual intercourse, Gabriel, Theodore, and Owen reported their spouses felt there was a connection between the two incidents. These men chose either confronting or avoiding conversations about sexual intimacy as a response to the relational challenge. Theodore and Owen communicatively made efforts to alleviate this relational challenge. For instance, Theodore reported he verbalized the fact that their previous loss was not related to sex during and after intercourse with his spouse [Luna]. He mentioned he continuously engaged in reassuring communication until sex became enjoyable for his spouse. Gabriel, on the other hand, avoided conversations with his spouse [Aurora] about how to revive sexual intimacy in the relationship. Gabriel claimed that "[sex] was definitely a need not being met…that's okay, because the pregnancy comes first". Therefore, Gabriel's situation reveals the possibility that a known biased cognitive appraisal of one person, in this case Luna, impacts the other person's communication engagement with a stressor. However, RTT has only accounted for how the biased appraisal of an individual influences how the person chooses to engage in communication engagement.

Another interpretation of why Gabriel chose to avoid conversations about his sexual needs is due to uncertainty about how his partner will respond. This interpretation aligns with Solomon and Theiss (2011) observation that the presence of partner uncertainty creates topic avoidance. Although all the couples in the current study reported there was open communication about feeling, thoughts, and concerns related to the subsequent pregnancy, Gabriel's topic avoidance suggests that under certain circumstances, the nature of the issue, and its contribution to the transition event could impact communication engagement during PAL.

Furthermore, couples' communication during PAL shared some similarities with the recommended strategies for maintaining relationships in other contexts. After analysis of the findings from different studies, Theiss and Knobloch (2014) noted three relationship maintenance behaviors are necessary for couples to experience dyadic well-being, intimacy, and reconnection. These behaviors are: (a) providing assurances of continued investment in the relationship, (b) communicating with openness about the relationship, and (c) constructive conflict management. Participants' narratives in my study revealed a similar characteristic of relationship maintenance communication. Couples created a positive joint narrative about their past (perinatal loss and waiting period), present (subsequent pregnancy) and the future. For instance, Amelia perceived communication with her spouse during the subsequent pregnancy provided an opportunity for the couple to make sense of their past as it relates to the future of their relationship. By creating a link between the past and the future through visualizing a life with the other person as a part of it, the couple provided a sense of reassurance for each other. Couples relied on open communication for the achievement of creating a sense of continued investment in the relationship. In the absence of this kind of communication, the negative outcome during PAL included relationship and psychological breakdown. A couple–Hazel and Declan–who have been pregnant twice after their perinatal loss admitted the difference between the first and second pregnancy was the readiness to the discuss the challenges in their relationship. By the second pregnancy, the couple relied on open communication to prevent interpersonal stress (e.g., passive aggressiveness) which characterized the first pregnancy. The current study participants' experience of these communication behaviors paints a clearer picture of the connection between relationship maintenance behavior collated from different studies.

Furthermore, current findings revealed parents experienced multiple relationship defining episodes during the waiting period (i.e., the time after the perinatal loss) and subsequent pregnancy. These episodes involved elements of relational uncertainty and interdependence. According to Steuber and Solomon (2008), when individuals experience relational turbulence, there are certain expectations of how they want to be supported by their spouse. Steuber and Solomon (2008) reported the lack of emotional and instrumental support ffom their spouses resulted in uncertainty for some women during the period of infertility. The desired type of support for these women included devoting equal time to treatment (instrumental support) and actively showing compassion, empathy, and companionship (emotional support). The absence of these types of support facilitated irritation, hurt and frustration for women experiencing infertility. In addition to Steuber and Solomon's (2008) research, which reported that violating expectations of support provision resulted negative in emotions, the findings of the current study reveal a divergence in perception of support needs, and provision between relationship partners contributed to communication difficulties, partner uncertainty, and self uncertainty during a PAL. For instance, Charlotte's lack of confidence about how well her partner could provide emotional support during the period of the subsequent pregnancy made her hesitant to articulate her support needs to him. Similarly, some fathers (e.g., Ethan) who doubted their ability to offer adequate support to their spouses experienced self uncertainty and a feeling of incompetence.

Additionally, my analysis revealed that couples experience partner uncertainty during the waiting period. The uncertainty was related to couples overcoming grief at different times. Wing et al. (2001) reported differences in length of the grieving period as one of the challenges couples experienced during the grieving period. For some fathers in my study, the feeling of self uncertainty was related to how long they were willing to remain in the grieving period as a show

of support for their wives. This divergence in grieving preference created intrapersonal and interpersonal tension. For instance, as much as Gabriel wanted to support his wife's grief during the waiting period, it was challenging to maintain commitment to this course as it contradicted his coping preference which led to a feeling of frustration with her coping style. Even more, his spouse, Aurora, became concerned because she felt Gabriel bottled up emotions related to his grief.

The narratives of some mothers reveal they experienced partner uncertainty as a result of the difficult of making sense of why their spouses discontinued coping provisions related to the perinatal loss. As an example, almost five years after their loss, Hazel still experienced a challenge in articulating why her spouse [Declan] withdrew from grief after the birth of their daughter as a stillbirth. Although the couple described Declan as an individual who generally avoids confronting difficult situations, it was difficult for Hazel to accept he could not make an exception and actively grieve the death of their daughter.

Moreover, the period of PAL also provided an opportunity for couples to overcome self and partner uncertainty. The feeling of overcoming self uncertainty seemed salient for first-time fathers but not others who had living children before their loss. For these first-time fathers the idea of becoming a parent seemed overwhelming prior to experiencing a perinatal loss. However, once the extent of the negative emotions that emerged because their loss became known to them, their interest in fatherhood became clear. Hence, alleviating the sense of self uncertainty related to having children and commitment to the relationship procreation represents.

Additionally, as couples' closeness deepened during the subsequent pregnancy, some spouses gained confidence in performing their role and responsibility towards relationship maintenance. For instance, Ethan's confidence in his roles and responsibilities towards

relationship functioning manifested in different ways including responsiveness to his partner's needs and viewing himself as a romantic partner who is capable to complete tasks. For Gabriel, the renewed perception of self reveal a feeling of contentment with the state of his relationship. In addition to extant research (e.g., Theiss & Knobloch, 2014), which mainly consider changes in roles and responsibility as a characteristic of relationship transition, the finding of the current study provides information on how individuals made sense of the essence of these changes during PAL.

Changes in couples' day to day routines are also drivers of interdependence issues and relational uncertainty. The extant literature (e.g., Knobloch & Thesis, 2012) report changes in activities and chores as one of the common causes of interference issues. Some participants reported similar challenges (e.g., some mothers' obsession with setting up the baby room for the baby at a time least convenient for their partners), but these seemed common to couples who are expecting, regardless of whether they have experienced a perinatal loss or not. Although, some unique patterns emerged in how participants described other changes in their routine which seemed specific to their experience of perinatal loss. Couples strategically adopted these changes in routines to their goal of having a successful pregnancy and pursuing relationship functioning. For instance, the regular walks which Amelia and Ethan did as an exercise routine became an opportunity for the couple to distract themselves from the stressors of the moment. During these walks, the couple engaged in other activities including talking about their favorite books and fantasizing about the future with their child. On the other hand, other couples (e.g., Gabriel and Aurora) who get limited time together during the day incorporate conversations about pregnancy during their evening walks to keep each other abreast of matters related to the subsequent pregnancy. The words of Ava adequately summarize how couples make sense of their new

routines during PAL "…we try to make something good of a not-so-great situation…". These adjustments to participants day to day routine during PAL and how couples make sense of them illuminate participants' intentional adaptation to their current situation for the purpose of fostering relationship functioning.

Furthermore, relationship partners in this study relied on each other during transition to achieve important goals (e.g., coping needs and support). Therefore, this study addresses one of the gray areas in the study of perinatal loss in communication and relationship research. For example, Tian & Solomon (2020) expressed curiosity in their study of perinatal loss about the patterns of partner interruptions particularly the facilitation of a partner and emotional reaction during subsequent pregnancy after perinatal loss. This curiosity emerged from the realization that participants in their study reported helpful interruptions in daily routines that inadvertently amplified negative emotions about miscarriage. Findings from my study provide insight into how perceived facilitation from a partner could result in negative emotions during transitional moments. For example, Aurora and Ava reported their spouses were reliable sources of support. Therefore, they facilitated a positive experience of the period of PAL. However, these participants also expressed a sense of guilt because their partners' determination to offer support during the waiting period and PAL created additional stressors for the other person. For instance, Ava felt she relied on Ethan too much for emotional support. Therefore, she became self-conscious not to pull her spouse into the role of a therapist. This finding from my study illustrates how facilitation from a partner (Solomon et al., 2016) can have negative consequence including suppression of emotion.

Even more, matching support with coping needs was another issue of interdependence for some participants in the study as I noticed emotional expressiveness was a contributor to

interference or facilitation by a partner. Interestingly, each of these mechanisms contributed to relationship functioning during the subsequent pregnancy. For example, some mothers (e.g., Aurora) who continuously expressed their feelings to their partner as part of their efforts to maintain the relationship felt their emotional expressiveness likely had a negative impact on their partner's experience of the subsequent pregnancy. On the other hand, when some participants' description of emotional management resembled interference from a partner, the motivation was to prevent their partners from experiencing additional anxiety due to the subsequent pregnancy. For instance, throughout her interview, Ava emphasized how she deliberately refrained from expressing some of her genuine feelings and concerns during the pregnancy as a strategy to alleviate further distress for her partner. Previous studies (e.g., Droser 2020; Nagy & Theiss, 2013), which apply the relational turbulence framework, rarely present interference by a partner as a mechanism that can facilitate relationship maintenance during turbulence. Rather, interference from partner is associated with negative emotions including frustration. Therefore, the current study illuminates a potentially paradoxical process of partner interdependence in relational turbulence research. This finding of the study speaks to the possibility that the dynamics of relationship partners' interdependence are distorted during a stressful event.

Moreover, PAL challenged established behavioral patterns related to couples' interdependence. For example, interdependence issues emerged between one person's desire to maintain the status quo in the relationship and the other person's demand for change to promote relationship functioning during PAL. Relational episodes in which couples reported goal interference included control over decision-making, divergence in coping needs, and support. For example, when reaching a consensus on decision-making was a challenge for Charlotte and Oliver, Charlotte who always decided on the course of action for matters not related to the

subsequent pregnancy expected her partner to give in to her recommendations. However, Oliver, who the couple described as a passive contributor to decisions related to other matters wanted to be actively engaged during the PAL period.

On the other hand, in cases where interference from the partner was related to problems of divergence in coping needs and support provision, Hazel wanted to give up responsibility for the functioning of the relationship to her spouse, Declan. When Hazel and Declan described their challenges during the subsequent pregnancy, the couple admitted Hazel coordinated relationship functioning prior to the perinatal loss. However, overwhelmed by the experience of a stillbirth, Hazel withdrew from this responsibility due to an extended grief period of the perinatal loss which also overlapped with the time of the subsequent pregnancy. The couple admitted most of the interpersonal stressors they experienced after their loss was rooted in Declan's unwillingness to assume responsibility for relationship functioning when Hazel could not. Thus, under certain circumstances like PAL, the process of interference is not simply an inhibition of goal attainment by a relationship partner, but also, it can involve complexities of how to retain or adjust relational status quo for the purpose of relationship functioning. This finding confirms Owlett's (2014) observation that when coping issues are handled differently during a time of transition, relationship satisfaction manifests.

Furthermore, scholars (e.g., Theiss & Solomon, 2014) reported relationship partners tend to engage in joint activities over time and changes in the pattern of some of these joint activities could disrupt the smooth operation of routines. The observation of these scholars promoted the conceptualization of interference from partner as behavior from one person which inhibits the achievement of another person's goals. Previous studies (e.g., Steuber & Solomon, 2008, Solomon & Theiss, 2012) have presented problems of sexual intimacy as contributing to a sense

of partner uncertainty during transition. In comparison to Steuber and Solomon research (2008), the finding of my study reveal issues of sexual intimacy can also manifest as interference from a partner. Sex is a joint activity as the act cannot be completed independently. The unwillingness of one partner to help the other person achieve a jointly held goal of sexual satisfaction during PAL created an incident of partner interference. Through this finding, my study draws attention to how sex during transition can simultaneously emerge as a mechanism of relational uncertainty and interdependence issue. Even more, most studies (e.g., Nagy & Theiss, 2013) that applied relational turbulence frameworks to understanding transition within relationships report interference from partners when independently achieved goals are inhibited by the behavior of another person. Therefore, the findings in this study offer a new lens of how partner interference could also manifest in the attainment of goals in which their completion is dependent on the participation of a relationship partner.

Theoretical Contribution to Relational Turbulence Theory

From its inception, the relational turbulence framework has contributed to our knowledge of transitions and relational cues–relational uncertainty and partner interdependence–that lead to turbulence in those moments. Nevertheless, the qualitative findings of the current study represent three additional theoretical contributions. First, this study extends the topical boundaries of RTT to the study of loss. There are currently two studies (Droser, 2020; Tian & Solomon, 2020) that applied the theory to the context of loss. These scholars have successfully established relational uncertainty and perception of partner interdependence resulted in relational turbulence for relationship partners. The findings from my study extends existing work on loss within the scope of relational turbulence research. For instance, Tian & Solomon's (2020) study focused on the period of miscarriage; however, the current study further extends RTT to the study of the time

between the perinatal loss when couples are waiting to conceive and the subsequent successful pregnancy. Additionally, most application of the relational turbulence framework center on the study of single transitional events in committed relationships (e.g., Droser, 2020) except for a few (e.g., Theiss & Solomon, 2014). This dissertation study provides a new insight to the study of loss as a transitional event by exploring two consecutive stages–the waiting period after a perinatal loss and the subsequent pregnancy. Hence, this study's findings highlight transitional events, processes of relational uncertainty, and partner interdependence across the timeline of connected events.

Second, beyond theoretical contributions, the current study methodologically extends the use of RTT. This approach facilitated a deep and rich understanding of the lived experiences of participants. In comparison to the Tian and Solomon's study (2020), whose results were drawn from quantitative data and reports of women, I collected and analyzed qualitative data from dyads affected by the loss. In addition, the current study highlights moments of partner interdependence that are contextual. For example, interdependence issues that shaped couples' experience of the subsequent pregnancy were related to individual (e.g., grief) and joint activities (sexual intimacy). Through an interpretive approach, the current study pushed the boundaries of positivist thinking by emphasizing the sense-making of the participants experiencing the phenomena. Therefore, the interpretive approach presents a contextual understanding of relationship transition and relational turbulence within PAL.

Third, relational turbulence is emotionally taxing (Steuber & Solomon, 2008). This is evident in how couples in the study were confronted with the challenge of balancing their hope and excitement with fear of a reoccurring loss during the subsequent pregnancy. This required devising ways to cope with this emotional task. Hence, my findings highlight a characteristic of

relational turbulence that is a stressful experience and requires DC for the purpose of relationship functioning and maintenance. Currently, few studies exist which directly explore relational turbulence as a stressful experience requiring coping efforts. More studies are needed to explore how relationship partners navigate stress during transition. For instance, in Knobloch and Theiss's study (2012), incidents that resembled a stressful situation for military officials and their spouse after post deployment included challenges integrating the service member into daily life (interference from a partner). Even more, some of the distress couples experienced during transition are likely to manifested as joint or individual distress that affect relationships with others. In Knobloch and Theiss' study (2012), a likely shared stressor was the inability of family members to connect with each other. Whereas individual distress for post deployment service members that affected relationships with others included a transition from giving orders to following orders or negotiating power.

Furthermore, in place of recommending strategies for dyadically navigating transitional period as stressful, Droser (2020) suggested reframing or avoiding the negative consequences of relational uncertainty and interference during transition. A similar pattern of positively reframing the situation emerged in how couples described the waiting and subsequent pregnancy period in my study. Knobloch and Theiss (2012) noted when couples are informed on what to expect during transition, they have the foreknowledge to "sidestep some negative emotions" (p. 544). Perhaps, this satisfactory achievement of studies that have applied the relational turbulence framework contributes to why most of the findings in existing research have yet to provide knowledge that extends the utility of RTT beyond explaining markers of turbulence in relationships. Hence, limiting the theory's extrapolation of relational turbulence as a marker of resilience in couples' relationship. The conclusion of these studies begs the questions "will

sidestepping negative emotions be sufficient for navigating distress when relationship partners experience transitional moments? These are questions researchers applying RTT should consider as one of the ways to promote the theory as a communication framework for exploring both turbulence and resilience in romantic relationships.

In sum, this dissertation's findings address the gap in research illustrated above by applying RTT to the study of relational strain and resilience during PAL. The idea of exploring dyadic transition processes as part of relationship maintenance behavior during relational turbulence has recently caught the attention of some scholars (e.g., Brisini & Solomon, 2018). Through an application of the Experiencing Life Transition Model to understanding relationship transition, Brisini and colleagues (2018) suggest *interacting, feeling connected, feeling situated and increasing confidence* are dyadic transition processes for navigating relational turbulence. Brisini and colleagues' (2018) study expanded knowledge of relational turbulence by highlighting the associations between people's perception of their relationship and the four transition process activities. However, the findings of their study seem to have mainly provided broad speculations because their study explored ten categories of relationship transition ranging from health issues to incarceration. Hence, inhibiting the contextual and holistic understanding of the four transition processes within each of the contexts. I argue that these transition process will be best understood if explored within specific contexts. My findings provide insight into how similar transition processes manifest in the experience of couples navigating the period of PAL. To better understand the relevance of the practical implication of the study, I discuss couples' relationship-focused coping strategies in the next section.

Relationship-Focused Coping During PAL

Extant research (e.g., Cote – Arsenault & Freije, 2004; Lewis, 1979) on PAL within clinical studies have approached the experience as more of an individual stressor, with limited attention to how the circumstance involves other relational partners, even though findings from these studies show mothers and fathers are distressed by the experience. To address this gap, analysis from my study reveals how couples are involved in each other's stressors during the period of PAL, and the relationship-focused coping behaviors enacted. At varying points in couples' narratives, their coping efforts resembled *active engagement* or *protective buffering* (Coyne & Smith, 1991; Smith & Coyne, 1988). For the purpose of understanding the experience of couples coping with a sickness, active engagement has been explored as how couples deliberately engage each other in conversations about the sickness and the coping outcome of such interaction for the sick individual and their support person. Protecting buffering, on the hand, occurs when one or both members of the dyad deliberately avoid sharing information about the stressor related to the sickness or other aspects of the relationship affected by the sickness. Given that these two concepts have been consistently explored quantitatively within the coping with sickness research, I explored them with an interpretive lens in the context of PAL.

The participants in this study displayed relationship-focused coping preferences that are unique to their experience of PAL, however, their strategies shared some similarities with the reports of existing studies on coping with sickness research. As an example, in Coyne and Smith's (1991) study of the psychological distress of wives whose husbands suffered from myocardial infraction, their findings revealed participants preferred protective buffering and active engagement. Similarly, the mothers in my study desired their spouses to act involved in the pregnancy as part of a relationship functioning process. The expectation for spousal

involvement manifested in varying ways. Some female participants (e.g., Luna) desired a convergence in emotional involvement. In other words, when the pregnancy elicited specific emotions, the expectation was for their partners to be in tune with their emotional state. Although, feeling guarded was an individual choice, there was the expectation of fathers to have a similar level of enthusiasm. For instance, as an individual coping strategy, some mothers (e.g., Chloe) in the study reported feeling guarded during the subsequent pregnancy. This behavior manifested in various ways from an intentional delayed excitement about the pregnancy for as long as possible, ruminating and preparing for the possibility of a reoccurring loss, to abandoning the naïve perception that pregnancy equals birth.

Even more, when female participants experienced negative emotions, some mothers expected their spouses to react similarly before engaging in other relationship-focused coping behaviors, including intuitive empathy. The data revealed husbands who could not match these expectations aroused negative reactions, such as disappointment, frustration, and partner uncertainty. Evidently, mother in the study desired that their spouses' active engagement should match their present engagement with the pregnancy. This finding fit the reports in extant research, which suggests that couples experience better coping satisfaction and dyadic adjustment to a stressor when members of the dyad's coping behaviors are congruent (Badr, 2004).

Another way couples experienced empathy (O'Brien et al., 2009) during PAL was through emotional relatedness. Participants in my study maintained emotional relatedness through distress validation. When couples described their stressor during the interview, participants recall challenges related to emotional distress. The women in my study admitted distress validation from their partner was relevant for coping during PAL. Additionally, the

analysis of the data revealed fathers' participation in distress validation facilitated relationship maintenance and diffused interpersonal stress for the couple. The positive outcome of distress validation is illustrated in how mothers described a favorable perception of their spouse as a reliable coping partner. These findings align with Badr's (2004) report of coping in marital dyads. The participants in Badr's (2004) study included dyads in which one member was sick or both members were healthy. Based on the finding from the study's data, Badr (2004) noted that it seems how couples eventually cope with a stressor is determined by the preference of the individual perceived as directly affected by the stressor. Relying on the narratives from couples, my interpretation of couples' understanding of the subsequent pregnancy is that mothers were directly impacted by PAL. Therefore, most of participants' relationship-focused coping during PAL were tailored to the needs of the pregnant women.

Furthermore, Badr (2004) stated men's recognition of the potential challenges their illness posed for the relationship may motivate them to seek additional support by actively engaging their wives and soliciting network support. Whereas, when women experience illness, they are less likely to seek active engagement with their spouse. In other words, when directly impacted by a stressor, gender plays a role in couples' preference for active engagement versus protective buffering. My study did not a find similar pattern in how mothers described their expectation or participation in dyadic coping during PAL. The mothers in my study actively engaged their spouses about stressors related to the pregnancy and doing so was a significant component of relationship functioning for these women. For instance, when I asked participants the question "How did you and your spouse cope during your pregnancy after the loss, Aurora's response best echoes the reports of women in my study "…A lot of talking to [my spouse], talking at him, just venting all my fears and frustrations and stuffs like that.".

Additionally, when women are directly affected by the stressor, their husbands are likely to take on the 'protective guardians' role and enact protective buffering behaviors (Badr, 2004). As much as all the participants in my study reported feeling distressed due to PAL, the narrative from fathers is characterized by the description of their stressors as inconsequential compared to their wives' distress. They were reluctant to share their concerns and worries with their spouses. These participants' thought their behavior–similar to protective buffering–is a better approach to maintaining relationship functioning during PAL. Based on the narratives of fathers in my study, protective buffering allowed the couple to focus on other priorities including the emotional, mental state, and health of the pregnant woman, as well as the pregnancy. Aidan's statement illuminates the behavior of fathers during PAL "I need[ed] to be [t]here to support my wife during [the subsequent pregnancy], and to you know make sure that everything is still moving forward … she's doing well".

My finding also suggests the decision to use protective buffering strategies is a matter of preference and consideration for the other person. For instance, when describing her experience of PAL, Ava perceived controlling her negative emotions and not sharing some of her concerns with her spouse was a way to relieve him of additional stressor. This consideration emerged from Ava's perception that her spouse is also undergoing a difficult experience as the pregnancy lost was a shared bereavement. Hence, her spouse could be experiencing similar challenges during PAL. Although other mothers in the study understood the benefit of similar protective buffering for their spouses, other factors seemed to have prevented them from engaging in the act. The data revealed this perception emerged from the notion that their husband was the perfect person who genuinely understood how it felt to be pregnant again after a perinatal loss. For instance, Aurora said "[I was] sick of being bullshited and I just needed someone to listen to what felt like a real

threat to me". This statement by Aurora echoed why behaviors that resemble protective buffering–including hiding concerns related to PAL–was difficult for some women. Therefore, in place of suggesting protective buffering is a function of gender, research should consider paying attention to other factors related to the stress that may contribute to why individuals prefer to share or withhold information from relationship partners.

Furthermore, Badr (2004) noted active engagement involving open communication may have positive outcomes for some couples, including overall relationship and dyadic adjustment. For couples in my study, their experience of positive DC depended significantly on communication. Part of the benefits included a better chance to match support provision with coping needs. Some couples in my study noted that active engagement through communication facilitated a sense of the subsequent pregnancy as a shared experience. When the perception of the pregnancy as a "solo journey" was present, the period of PAL seemed more stressful for female participants.

Alternatively, avoiding active engagement was a necessary adaptive coping strategy for other couples who have experienced PAL. Badr (2004) suggested, in place of active engagement with the stressor, couples may choose to rely on tried-and-true methods forged earlier in the relationship for navigating stressful events that affected the dyad in the past. Given that PAL is not a regular stressor, couples could not rely solely on coping strategies efficient for managing stressors in the past. Hence, I interpreted these behaviors as a new DC strategy – *goal-oriented disengagement*. Through this strategy, couples intentionally limited their conversations to everything else going on in their lives and around them, excluding talk about the pregnancy. Participants' sense making of goal-oriented disengagement as relevant for DC and relationship functioning reveal the strategy is not a less adaptive coping style.

Futhermore, Badr, (2004) noted it is maladaptive for marital dyads to engage in protective buffering simultaneously. Rather, when one member of the dyad engages in protecting buffering, the other person should engage in similar behaviors less frequently. Goal-oriented disengagement is distinct from maladaptive protective buffering (e.g., deception) in the sense that members of the dyad have to undergo the process at the same time. In other words, when one partner chooses to actively disengage, the other person must not engage with the stressor for the dyad to experience marital adjustment. Consistency and mutuality regarding when and for how long to actively disengage from PAL related thoughts, emotions, and conversation contributed to a positive DC experience for participants in my study. This behavior is suggestive of the resilience of some couples in my study during the PAL period.

Protective buffering is often reported as a less adaptive form of coping (e.g., Hagedoorn et al., 2000; Kuijer, 2000). Badr (2004) noted when couples respond to stressor using protective buffering, there is a possibility for "a greater number of problems" (p. 208). For instance, Hagedoorn and colleagues (2000) argued protective buffering could seem like undermining the distressed individual's feeling of control. The findings from my study reveal when hiding information, concerns, or worries from one partner are not related to issues of control, rather *compromising* or *sacrificing one's need* manifested as a form of protective buffering. For example, some fathers in my study described their partners' lack of enthusiasm for sexual intimacy as one of the challenges of PAL. While some fathers (e.g., Theodore) were able to resolve this issue by gradually talking about the challenge or finding strategies to increase their partners' interest in the act, others (e.g., Gabriel) chose to avoid conversations about the lack of sexual intimacy or pursuing sex with their spouses. One of the reasons Gabriel provided for hiding his need from this spouse was to avoid creating a sense of guilt for the other person. In

this instance, it is clear sacrificing one's needs through hiding thoughts and avoiding conversation about sex was relevant to relationship functioning.

In addition, my analysis revealed fathers did not consider themselves as a member of the dyad whose stressors required empathy from their spouses. These participants developed an identity for themselves similar to that of a 'bystander'. This is evident in their use of words. For instance, Ethan described himself as a "passenger" who is not driving the car but is on the journey to support the driver. Aidan used the phrase "not the one pregnant" multiple times during the interview when he talked about stressors related to his spouse's experience of PAL. These fathers' description of themselves reveal how they make sense of their identity during a stressful event. Although the identities presented are unique to these fathers' experience of PAL, the process described is similar to LeFebvre's (2014) finding on identity disintegration process i.e., movement away from a current identity during transition.

To summarize, my findings shared similarities with some of the reports of existing research. However, they also provide a new lens for how to explore active engagement and protective buffering. Thus, providing information on how these two concepts manifest in other context besides the experience of relationship partners during the period of an illness. I provide a detailed explanation of my study's contribution to RFCM research is the next section.

Contribution to Relationship-Focused Coping Research

The incorporation of RFCM as a theoretical guide for this dissertation was to explore how couples cope during the transition event of a subsequent pregnancy after perinatal loss. Two DC concepts within the mode –active engagement and protective buffering–provided an insight into relationship maintenance strategies during PAL. This dissertation adds four contributions to DC within marital relationship research. First, to the best of my knowledge, this is the first study

conducted on PAL from a DC perspective. The findings in my study highlight the coping and support preferences of distressed individuals during the period of PAL necessary for relationship functioning. Until now, extant literature (e.g., Kuijer et al., 2000) that explored active engagement and protective buffering have generally looked at the experience of couples coping with sickness. The current study extends this body of research by revealing specific behaviors that shaped the experience of active engagement and protective buffering in a new context.

Second, existing research (e.g., Langer et al., 2009) has generally portrayed protective buffering as a less adaptive DC strategy and has resulted in additional stressors for couples coping with a disease. One thing these studies have in common is that they explored protective buffering as it relates to issues of control over information, emotions, and thoughts related to a stressor. However, finding from my study present other positive processes that manifest when couples engage in behaviors similar to protective buffering. As evident in the data of this study–in the absence of issues related to control–protective buffering manifested in the form of *compromising or sacrificing one's need*. Therefore, my findings suggest protective buffering has the potential to facilitate positive relationship functioning depending on the outcome of the behavior. For example, in the context of PAL, fathers who engaged in protective buffering–like Gabriel who avoided conversation about lack of sexual intimacy so that his spouse does not feel guilty or burdened by his needs–represents an example of how context could play a significant role in whether a relationship coping behavior is less or more adaptive. Particularly since "an important factor in coping effectiveness is the fit between coping style or coping preference and certain demands of the situation" (Roth & Cohen, 1986, p. 816).

Additionally, active engagement with feelings, thoughts, and information related to the stressor is generally portrayed as the better relationship-focused coping within the RFC research.

However, from Badr's (2004) finding, there is the possibility that active engagement with the stressor is not a preference for some couples during DC. In place of active engagement, couples may choose to employ tried and true DC strategies efficient for managing stressors in the past. Some couples participated in active disengagement as a DC strategy for PAL.

According to Roth and Cohen (1986), in general coping strategies are explored on an avoidance-approach continuum. Roth and Cohen (1986, p. 816) noted "avoidance is better than approach if the situation is uncontrollable, whereas approach is better if there is potential control." After an experience of perinatal loss, the findings from my study and the report of other researchers (e.g., Bailey et al. 2020) reveal couples' perception of pregnancy as a controllable event changed. Hence, couples intentionally separated themselves from the thoughts and emotions of PAL (avoidance) and looked to other aspects of the subsequent pregnancy in which they could have some control (approach) such as creating narratives that grounded their relationship in the future irrespective of the outcome of the pregnancy.

In addition, as evident in the data for my study and existing findings (e.g., Côté-Arsenault et al., 2001), perinatal loss and the subsequent pregnancy is not an isolated event. Rather, the subsequent pregnancy could affect other aspects of the couple's relationship (sexual intimacy) and life. In other words, goal-oriented disengagement is unique in the sense that the behavior does not lean towards either ends of the avoidance-approach continuum during PAL, but a merging of avoidance and approach for the purpose of relationship maintenance. For instance, when couples actively disengaged from the thoughts and emotions related to the subsequent pregnancy, this provided the opportunity for couple to pursue closeness through fun joint activities including conversations about their favorite movies, books, and making plans for the future.

The third contribution of this dissertation study is applying an interpretive lens to the exploration of relationship-focused coping strategy. Qualitative studies have been largely lacking in marital research on active engagement and protective buffering as relationship-focused coping. RFC has been used in mostly quantitative studies (e.g., Hinnen et. al., 2008). Through qualitative analysis, this dissertation study discovered two other concepts–goal-oriented dis engagement and compromising which could provide insight into couples' other preferences for relationship-focused coping.

Currently, there are only two measurements for active engagement, protective buffering and overprotection. The consistent use of these measurements perhaps contributes to why active engagement continues to emerge as a better DC strategy, thereby inhibiting how participants experienced other coping responses similar to goal-oriented disengagement as a form of protective buffering. Additionally, these measurements compare overprotection and protective buffering to active engagement. Perhaps, this continuous approach to understating relationship-focused coping within the scope of the model is a result of how Coyne and Smith (1991), Smith and Coyne (1988) conceptualized overprotection, protective buffering and active engagement. However, with the current study's discovery of goal-oriented disengagement, compromise, and sacrificing one's need as other forms of protective buffering in the context of PAL, this interpretive approach highlights the complex and paradoxical way people experience DC and make sense of events.

Theoretical Integration of RTT and RFCM: Proposing a Transition Communication and Coping Model

Before presenting the practical implication of the findings from my study, it is important to review the gaps in current PAL research which warrants an exploration of the phenomenon

through the lens transition, turbulence, and relationship-focused coping. There is an imbalance in the information present in clinical studies on how parents experience PAL. A plethora of research exists on the experience of mothers in comparison to fathers. Due to this imbalance, it is unclear how couples make sense of relational episodes during the period. Even more, couples experience of support provision relevant for relationship functioning is missing in the findings of research on PAL. Therefore, an integration of the propositions of RTT and RFCM creates a lens for collecting empirical data that addresses this gap in PAL. Currently, most of the findings (e.g., Armstrong, 2004) on PAL which are based on data collected from individuals, report the experience is a challenging event for some individuals in the sense making process of their role and identity as a parent. However, through the application of RTT, my findings reveal that as a transitional event, there are other identities including relationship and spousal that undergo change and evaluation during this period. This is evident in how the themes of renewed confidence and growth in relationship during the waiting period manifested in the data analyzed for my study.

In her study of joint narratives in romantic partners, Lefebvre (2014) stated fortifying or reaffirming identity are processes that emerge for some couples during the period of relational transition. More importantly, given how participants in my study talked about their loss, it seemed how couples make sense of changes in their relationship during PAL and adapt positive narratives of the process is one of the strategies that could be recommended to couples for maintaining relationship functioning even though individual distress associated with the subsequent pregnancy manifests for each parent. This finding aligns with Owlett's (2014) discovery in the study of communal coping challenges present during military couple reunion

that when couples develop collective favorable coping narrative of a stressor, the feeling of partner and relationship uncertainty is ameliorated.

Furthermore, I noticed that parents are actively seeking support about PAL outside their relationship. During my search for online support groups where I can post my recruitment statement, the members in PAL groups were thousands. A good example is Precious Pregnancy after Loss Support Group on Facebook which currently has 2.2k members. Except the moderators of these groups are skilled on matters related to PAL, providing general knowledge on how to benefit from support within relationship nay be absent in the conversations within these groups. If present, coordinating conversations about these issues require proposing suggestions that are research supported. Moreover, things may have changed since Cote-Arsenault and Freijie (2004) raised the concern that "there are no standard or widespread protocol and programs for helping people in pregnancies after loss", creating general information on how couples can employ coping and support resources within their relationship is of utmost relevance.

The findings of my study which emerged through an integration of a relationship, communication, and coping models reveal there is an overlap between certain transitional moments–characterized by the relational cues of relational uncertainty and issues of interdependence–stress, coping, and support. This realization stands to the reason that a model of transition, turbulence and DC communication could provide an additional lens for understanding how relationship partners make sense of stressful transitional event such as PAL. For instance, the findings of research about couple's lived experience after perinatal loss (e.g., Dyregrov & Matthiesen, 1987, Feeley & Gottlieb, 1988, Wing et al., 2001) could presents an insight into how communicative engagement and communication valence and relational uncertainty mechanisms

might manifest after perinatal loss. Given that this period also overlaps with the time of the subsequent pregnancy for some couples, an understanding of how the presence of relational turbulence markers, or lack thereof, that emerge from the data is empirically and practically important. The empirical contribution of such a finding will increase an understanding of contextual manifestations of relational turbulence elements in the context of individuals' lived experience after suffering perinatal loss. The relevance of this information expands beyond the scope of communication and relationship research. Although there is a plethora of research on PAL within clinical studies, parents relational experience is missing in research. The transference of my finding to other fields including counselling, psychology, and clinical studies where PAL has been a phenomenon of interest, presents an opportunity for communication research to influence researchers in other fields conclusion and understanding of the phenomenon.

The rest of this chapter presents the practical implication of my study. I present the information in the section as suggestions to professional practitioners (e.g., therapists, counsellors), support group facilitators (online and local chapters), couples, and individuals who are interest in helping friends or relatives navigate the period of PAL.

Practical Implications

In the current study I set out to explore how couples who experienced perinatal loss navigate a subsequent pregnancy as a transitional period for the dyad. I was interested in uncovering relationship maintenance and DC behaviors during PAL. Therefore, the results of the current study present contextual specificities of resilience during the waiting period and PAL. Through the analysis of data from a larger sample, Brisini and colleagues (2018) recently proposed four strategies for managing transition moments in couples' relationships. First, couples should encourage consistent *interaction* during transition. The scholars suggested two

likely outcomes when couples interact during transition: (a) interaction provides access to various topics from which couples can draw conclusions about their relationship and (b) couples who overcome communication challenges are likely to succeed during the transition period. Second, *feeling connected* during transition facilitates a sense of a positive experiences during the period. For this recommendation, Brisini and colleagues (2018) emphasized the importance and role of self-disclosure and relationship talk. The scholars suggested that these patterns of communication may reduce relationship uncertainty and partner interference. Third, *feeling situated* can reduce the consequences of relationship turbulence. To feel situated, couples should create positive narratives of the transition. Fourth, *increasing confidence* through the application of relevant DC strategies may provide couples with resources for transcending changes in the relationships during and after the transition period. Brisini and colleagues' (2018) suggestions are significant. However, their conclusions are based on the analysis of data collected for examining different types of transition in marriages. Given the various types of transitions under analysis in Brisini and colleagues' study (2018), the manifestations of each behavior within specific contexts are unknown. In this vein, the findings of my study provide insights for existing and future research,h and practical applications.

First, it is important for couples to understand how interacting influences their experience of relationship functioning and coping before and during PAL. Based on the data from this dissertation study, couples' interaction during the waiting period and PAL created an opportunity to collectively make sense of emotions and concerns too complex to process independently. One of the long-term benefits of interaction during PAL was it allowed participants to perceive their partners as dependable in challenging times. Therefore, it is important for couples to engage in purposeful communication. Given how some of the couples in my study described their

interaction, purposeful communication entails shifting from conversations related to concerns about the subsequent pregnancy to setting up plans for the future and an additional member of the family.

Second, the findings from my study indicate couples' interactions led to a sense of feeling connected throughout the different stages of the transitional moments. For instance, during the interview couples in my study described how talking about the perinatal loss during the subsequent pregnancy facilitated a sense of commitment to a shared goal i.e., having a successful pregnancy. These conversations also facilitated a sense of appreciation for the other person's resilience after the perinatal loss and waiting period. Therefore, couples experiencing PAL could consider creating a sense a connection through verbalizing confidence in each other and their ability to navigate stressor related to PAL or other incidents that could disrupt relationship functioning during the period.

Even more, feeling connected to their partner is important for individuals experiencing PAL. Some women who have experienced perinatal loss tend to partake in purposeful self-isolation as a strategy for protecting themselves from negative attention if the subsequent pregnancy fails (Bailey et al., 2019). Whereas some men feel society treats their distress after a perinatal loss as inconsequential (O'Leary, 2015). Given how participants in the study described behaviors that facilitated a sense of closeness, individuals who are experiencing PAL perhaps consider their partner as the perfect person who can genuinely understand what it means to go through such a transitional event. Couples experiencing PAL could use this opportunity to verbalize assurance and confidence in their relationship. Therefore, couples experiencing PAL should incorporate communication that fosters empathy and the perception that PAL is a shared experience irrespective of the outcome.

Third, the significance of interaction during PAL for couples in the study is evident in their sense of feeling situated which permeated throughout the data. Therefore, it is relevant for couples experiencing PAL to be intentional with the type of narrative they create about loss. Despite the varying instances of relational uncertainty and interference participants described as part of their experience of PAL, couples still reported their relationship grew stronger during the period. The level of closeness couples experienced is evident in the joint narratives couples created of the experience of perinatal loss and the subsequent pregnancy. For instance, in place of speaking of their loss as a relationship destabilizing event, couples in this study described the experience as an avenue to appreciate each other in a positive light, as well as provided opportunities for self and relationship development. In this vein, couples experiencing PAL could seek ways to record their narratives e.g., individual or joint journaling. Such a record provides an opportunity for couples to see how their relationships has transitioned over time from the perinatal loss to the period of a subsequent pregnancy.

Fourth, when seeking opportunities for relationship development during PAL, it may be important for relationship partners to focus on developing confidence in self, partner, and the relationship. Confidence in these areas is necessary for alleviating relational uncertainty. For instance, mothers in my study expressed a feeling of guilt if the pregnancy fails and how it might contribute to relationship dissolution in the future. Therefore, mothers will likely benefit from communication that enhances their confidence in the relationship irrespective of the outcome of the subsequent pregnancy. Additionally, with the goal of fostering partner confidence in mind, spouses of first-time fathers should also engage in communication that fosters self-efficacy related to the role and responsibilities of fatherhood.

Additionally, couples experiencing PAL should consider maintaining or initiating shared activities during PAL which are beneficial for relationship functioning. As the analysis in my study revealed, couples engaged in different day to day routines. Although some these routines are necessary for the pregnancy (e.g., taking a walk), couples in this study adapted them as part of relationship maintenance routines. For instance, conversations during the evening walk were reserved for fantasizing about a future with the baby and couples verbalized these happy thoughts to one another. Therefore, couples experiencing PAL could consider creating shared activities during the period that simultaneously serves the purpose of relationship maintenance and other pregnancy needs.

Finally, couples could consider engaging in individual activities that would facilitate a space for disengaging or engaging with thoughts and emotions related to the subsequent pregnancy on their own. Then, convene to have conversations about these thoughts, feelings and emotions. A couple (Amelia and Ethan) who used a similar strategy in my study explained such an arrangement provided the opportunity for them to process difficult thoughts and emotions alone i.e., independent emotional decompression, and make sense of them before actively engaging in conversation their partner. One of benefits of this strategy is it relieves the dyad of additional responsibilities of their spouse's emotional management given both individuals are navigating the same challenge. Mothers would likely benefit more from this strategy as they are already confronted with the physical challenges of pregnancy combined with the psychological and emotional strain of ruminating on the possibility of a reoccurring loss.

Conclusion

Through the integration of a communication theory and relationship-focused coping model (RFCM), this study met its two primary goals. First, to better understand how couples

who experienced PAL make sense of the event as a relationship transition and resilience occurrence. Second, to explore the DC strategies couples employ during this period for the purpose of relationship functioning and maintenance. Combined, this study succeeded in contributing to the empirical knowledge of how perinatal loss shapes couples' relationships and the experience of subsequent events related to the loss. Thereby, expanding the scope of communication and relationship research.

Regarding the first goal, this study identified relational episodes which shaped couples' experience before and during PAL as a period of personal and relationship development. Particularly, my findings revealed that developing a favorable relationship identity during the waiting period facilitated an easier transition into the period of PAL. As my analysis revealed, couples transformed their relationship during the waiting period in two ways. First, couples created a perception of their relationship as a safe space in which they could vulnerably discuss their emotions and thoughts. This response to the experience of perinatal loss increased couples' confidence in self, partner, and the relationship; hence facilitating a perception of the other member of the dyad as a reliable coping partner.

Second, my study's findings reveal coping with the subsequent pregnancy after perinatal loss as a dyad was a strategic process for couples to sustain relationship functioning. The strategies employed were positively perceived when DC behaviors seemed intuitive. Even more, intuitive behaviors described favorably were coping responses which matched the emotional and empathy needs of the mothers in my study. My findings also show DC can manifest as dyadic disengagement. For couples in this study, dyadic disengagement included finding different spaces to initially process thoughts and emotions independently, then convene to make sense of the process as a couple. Whereas some couples chose to share an understanding of when they

want to actively engage with emotions and thoughts about the subsequent pregnancy. To summarize, I explored parents experience of PAL to understand (1) relationship transition, turbulence and stress and (2) relationship-focused coping as part of the strategies for relationship maintenance during PAL.

Limitations and Future Directions

This dissertation study opens up conversation about relationship transition, navigating issues of relational turbulence and interdependence as an opportunity for resilience. Therefore, this study provides an opportunity for future research to apply other theories including the Theory of Resilience and Relational Load (Afifi, Merrill & Davis, 2016) or Communication Theory of Resilience (Buzanell, 2010) that can uncover other resilience patterns and behaviors that couple who experienced perinatal loss employ during a subsequent pregnancy. The findings of self and relationship development in this study abound in relationship identity renegotiation and reconstruction (Buzanell, 2010). Future studies could attend to the ways these identity processes contribute to how people perceive their experience of resilience during a stressful transitional event.

Moreover, other DC models, such as Systematic Transactional Model (STM) (Bodenmann, 1995) could provide a broader insight into positive and negative DC behaviors that relationship partners employ when navigating stressful incidents such as PAL. According to Bodenmann and colleagues (2017), there are factor that shape relationship partners motivation to participant in DC during a stressful experience including the general and situational resources of partners. Drawing from this characteristic of STM, its application to PAL research will perhaps facilitate the exploration of how resources outside of the relationship including seeking information online, from personal network members, and professional health provider might

shape how participants make sense of the period of subsequent pregnancy. Even more, given how fathers in my study described themselves as a bystander during the subsequent pregnancy, applying the lens of STM to support provision could facilitate a deeper understanding of how fathers make of the subsequent pregnancy as more stressful for their wives.

However, this dissertation has methodological limitations related to the sample. Most of the participants in the current study were currently pregnant and others had previously completed a pregnancy at the time of the interview. Hence, the excitement of conception or having a successful pregnancy after one or more perinatal losses may have heightened a positive sense-making for couples while talking about their lived experience of the subsequent pregnancy. This sense-making process perhaps led to the tempering of the recollection of events that have negative consequences for the relationship during PAL. Although, interviewing participants who are currently in the period of the subsequent pregnancy also pose as a strength of the current study. These participants are likely to recall occurrences they consider salient and important. Thereby, increasing the chances of providing their most recent thoughts.

Even more, most of the couples in the current study reported the waiting period was less than six months. Therefore, couples did not experience additional stressor that may have emerged due to a prolonged period between the loss and next conception. Future studies could address these limitations in one of two ways: (a) recruit participants who experienced a longer waiting period between the perinatal loss and the subsequent pregnancy or (b) recruit participants who are no longer in a relationship with their partner.

Although, my study succeeded at achieving its goal to uncover couples' coping needs during pregnancy after perinatal loss related to relationship functioning, participants in the study were individuals in heterosexual married relationships. Participant homogeneity in this aspect

was unintentional. However, this limitation inhibited an insight into the experience of same-sex couples and cohabiting couples. Additionally, six out of the eight couples in the study did not have living children. This factor limited our understanding of the coping needs, issues of relational uncertainty, and interdependence of couples with living children. Future studies can address this sampling limitation by recruiting more participants from the groups missing in the current study.

Given that the current study achieved the goals described above, its finding address some of the gaps in existing research. For instance, to promote relationship and individual wellbeing, one of the contributions of RTT to relationship research has been to draw relationship partners' attention to the issues that may materialize during a period of transition. However, many of these studies do not explicitly explore episodes that may result in distress for members of the dyad. The current study fills this gap by highlighting distressing episodes during PAL as a transitional event e.g., finding relational balance, and how couples navigate these occurrences. Even more, the relational turbulence framework promotes a descriptive understanding of relationship transition, relational turbulence, and issues of interdependence. This current study adds to the handful of interpretive understanding of these phenomena. For instance, the findings from my study provided an opportunity to explore why issues of interdependence do not emerge only when one partner inhibits the attainment of individual goals; but also, when a partner refuses or avoids participating in joint activities that have individual and dyadic rewards (e.g., sexual intimacy and satisfaction). For future research–with a focus on the context of loss, grief, and bereavement–I intend to further explore how relationship partners experience this transitional moment and cope with related stressors in the future. I anticipate that my findings will make contextual contributions to understanding the complex processes and manifestations of

relationship turbulence and interdependence. One of the approaches I intend to employ for data collection is asking interviewees to chart their progress over time after the pregnancy loss.

Regarding the research on DC, the findings of the current study also address some of the gaps in existing literature on RFC. First, the extant work on relationship-focused using RFCM are mostly quantitative. This method of data collection and analysis places a limit on the extent participants can describe the intricate details of their DC experience. Therefore, the current study provided a space for participants to elaborate on their unique experience of DC and how they make sense of relationship maintenance. Even more, as a qualitative endeavor, the current study provides information that expands the understanding of the dynamics of DC in another context beside caregiving. For example, in place of active engagement–a preferred DC coping strategy that dominates caregiving research–participants in the current study were also intentional about when to actively disengage from emotions, thoughts, and topic related to the subsequent pregnancy. For future research, I intend to continue pushing the boundaries of relationship-focused coping beyond an emphasis on the mediating effect or association between DC components and relationship satisfaction. I anticipate the findings of such research will provide a rich description of couples' thoughts and feeling during DC which are of essence to their sense-making of PAL or other challenging periods as a lived relational experience.

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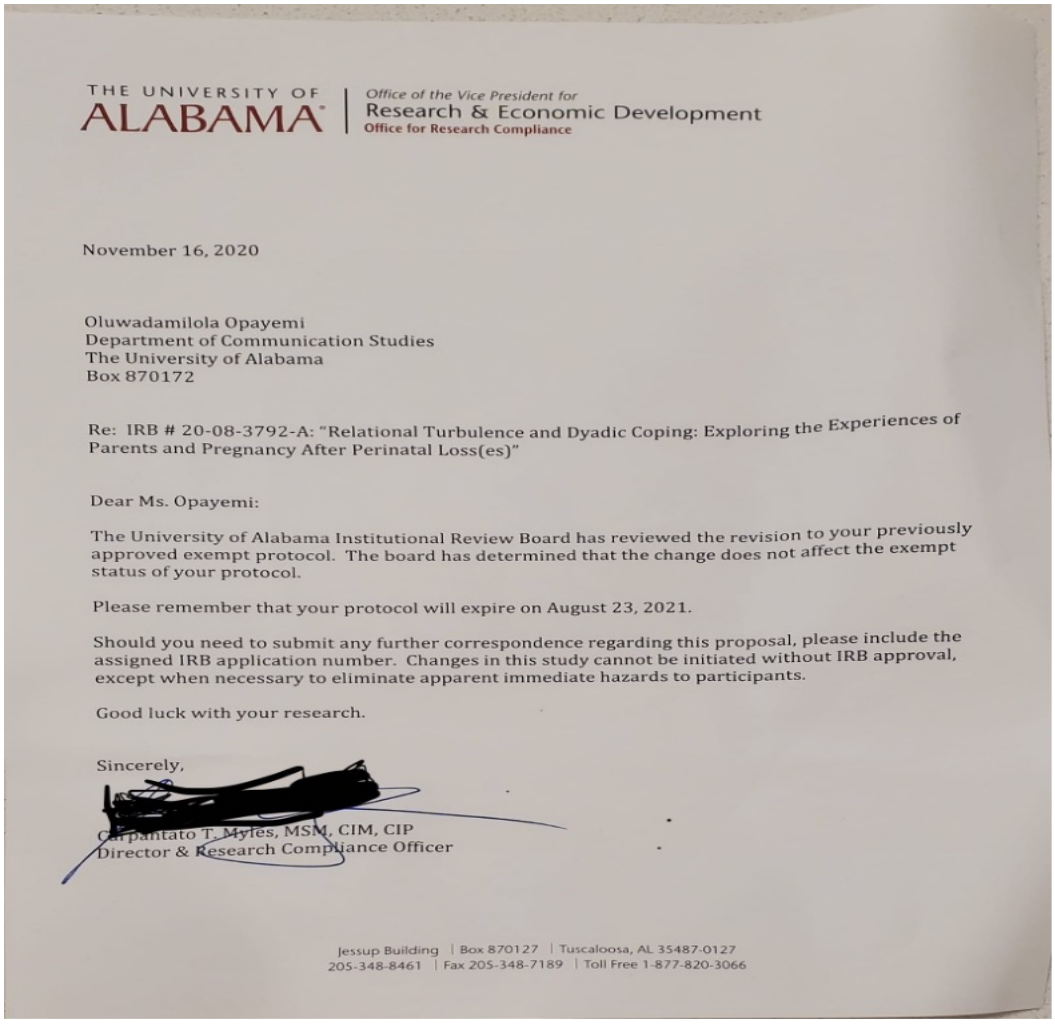
APPENDIX A

IRB Certification



THE UNIVERSITY OF ALABAMA | Office of the Vice President for Research & Economic Development
Office for Research Compliance

November 16, 2020

Oluwadamilola Opayemi
Department of Communication Studies
The University of Alabama
Box 870172

Re: IRB # 20-08-3792-A: "Relational Turbulence and Dyadic Coping: Exploring the Experiences of Parents and Pregnancy After Perinatal Loss(es)"

Dear Ms. Opayemi:

The University of Alabama Institutional Review Board has reviewed the revision to your previously approved exempt protocol. The board has determined that the change does not affect the exempt status of your protocol.

Please remember that your protocol will expire on August 23, 2021.

Should you need to submit any further correspondence regarding this proposal, please include the assigned IRB application number. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants.

Good luck with your research.

Sincerely,

Carpantato T. Myles, MSM, CIM, CIP
Director & Research Compliance Officer

Jessup Building | Box 870127 | Tuscaloosa, AL 35487-0127
205-348-8461 | Fax 205-348-7189 | Toll Free 1-877-820-3066

Project Title: Relational Turbulence and Dyadic Coping:
Exploring the Experience of Parents and Pregnancy After Perinatal Loss(es)

Please read this informed consent carefully before you decide to participate in the study.

Consent Form Key Information:

1. To participate in this study, you must be at least 18 years.
2. You will participate in two sets of interviews that will be about 45 to 90 minutes long.
3. The interview questions are about your experience of pregnancy after perinatal loss
4. Your identity will not be connected to the responses you provide during the interviews.
5. You ***may*** be contacted to participate in a follow up interview.

Purpose of the research study: The primary purpose of my research is to gain knowledge about what it is like to be pregnant after one or more perinatal losses. I am specifically interested in discovering how coping with pregnancy after perinatal loss impacts the relationship between couples and what couples do to support each other during this period.

What you will do in the study: Depending on your preference and convenience, you will participate in two audiotaped in person or video conferencing interview expected to last for about 45 to 90 minutes. During the interview you will be asked to talk about

a. What it is like to experience perinatal loss
b. How your loss impacted your relationship.
c. What it is like to be pregnant after your loss
d. How you and your spouse/partner coped as support well supported each other during pregnancy after the loss.

Time required: Each interview will require about 45 - 90 minutes of your time

Follow-up interview: In the event the researcher would like to follow-up about information provided in the first interviews, would you be willing to be contacted for a follow-up interview.

☐ I agree to participate in a follow – up interview.
☐ I do NOT agree to participate in a follow – up interview.

Audio/Visual recordings: To assist in data analysis an audio recording of the interviews will be stored and transcribed. The researcher might also use audio recordings during public presentations of the findings of this research study. Please indicate your consent for using audio recordings in public.

☐ I agree to allowing my audio recordings to be used in public presentations.
☐ I do NOT agree to using my audio recordings in public presentations.

Risks: Talking about perinatal loss may lead to emotional discomfort and recollection of sad memories. This is the only risk that is likely to occur during the interviews. More serious risks are currently unforeseeable.

Benefits: You and your partner/spouse will receive $50 (i.e. $25 per participant) as compensation for your time and participation. However, you must complete the individual and couple's interview to receive the compensation.

Project Title: Relational Turbulence and Dyadic Coping:
Exploring the Experience of Parents and Pregnancy After Perinatal Loss(es)

Confidentiality: No identifying information collected during the research will be included in research reports and findings. The information that you give in the study will be handled confidentially and assigned a code number. The list connecting your name to this code will be kept in a passworded file. When the study is completed, and the data have been analyzed, this list will be destroyed. All interview transcription will be stored on UA box, an encrypted password – protected online server that only the research team has access to.

Voluntary participation: Your participation in the study is completely voluntary. You can refuse to be in it. If you start, you can stop at any time. In addition, there are instances a researcher would like to conduct a follow interview with a participant to collect more data about an initial information provided by the participant. Please check the appropriate box below:

Right to withdraw from the study: Taking part in this study is voluntary. If you start, you can stop at any time. You have the right to withdraw from the study at any time without penalty. Your audio will be destroyed should you decide to withdraw.

How to withdraw from the study: If you want to withdraw from the study during the interview, tell the interviewer to stop the interview. However, you will not receive the $50 compensation.

Compensation/Reimbursement: You and your partner/spouse will receive $50 (i.e. $25 per participant) as compensation for your time and participation once you complete the individual and couple's interviews.

If you have questions about the study or need to report a study related issue, please contact:
Name of Principal Investigator: Lola Opayemi
Title: PhD Student
Department Name: College of Communication and Information Sciences
Telephone: 475 – 439 – 6790
Email address: ooopayemi@ua.edu

Faculty Advisor's Name: Dr. Josh Pederson
Department Name: Communication Studies
Telephone: 205-632-0501
Email address: jrpederson@ua.edu

Project Title: Relational Turbulence and Dyadic Coping:
Exploring the Experience of Parents and Pregnancy After Perinatal Loss(es)

If you have questions about your rights as a participant in a research study, would like to make suggestions or file complaints and concerns about the research study, please contact:
Ms. Tanta Myles, the University of Alabama Research Compliance Officer at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at http://ovpred.ua.edu/research-compliance/prco/. You may email the Office for Research Compliance at rscompliance@research.ua.edu.

Agreement:
☐ I agree to participate in the research study described above.
☐ I do NOT agree to participate in the research study described above.

Signature of Research Participant — Date

Print Name of Research Participant

Signature of Investigator or other Person Obtaining Consent — Date

Print Name of Investigator or other Person Obtaining Consent

UNIVERSITY OF ALABAMA IRB
CONSENT FORM APPROVED: 11-16-20
EXPIRATION DATE: 9-23-21

Perinatal Loss Research

University of Alabama, Tuscaloosa

uastudy001@gmail.com
(205) 315 - 3014

Are you in a committed romantic relationship?

- Have you experienced perinatal loss (miscarriage, stillbirth or neonatal death) with your current partner?
- Have you been pregnant since after the loss?
- Can you and your spouse/partner participate in two face to face or video conferencing interviews?

I would like to hear about how you coped with the pregnancy after perinatal loss. Each **interview will be about 45 to 90 minutes long**.

Couples will receive $50 as compensation for their time.

Please call **(205) 315 - 3014** or email **uastudy001@gmail.com** if you would like to participate.

APPENDIX B

RECRUITMENT STATEMENT

Hello,

I am conducting a research designed to gain knowledge about what it is like to be pregnant after one or more perinatal losses. I am specifically interested in discovering how coping with pregnancy after perinatal loss impacts the relationship between couples and what couples do to support each other during this period.

If you agree to participate in the study, I will meet with you and partner at two different times. The first meeting will be for individual interviews (i.e. I will interview you and your separately). The second meeting will be for couple's interview (i.e. I will interview you and your partner together). Each of this interview is expected to be at least 45 minutes long.

Depending on your availability, preference and convenience, you and your partner will decide the location, dates and times for the interviews. The interviews can be conducted face to face at a location of your choice or via video conferencing application (Zoom, WhatsApp, Facetime, Google Hangout etc.).

You and your spouse/partner will receive $50 each as appreciation of your time once we complete the two sets of interviews.

Please use the link below to provide your contact information:
https://universityofalabama.az1.qualtrics.com/jfe/form/SV_9BpyybqUZ1vKI6N

APPENDIX C

QUALTRICS FORM

Please indicate how you would like to be contacted to set up your interview dates.

- Email:
- Phone Call:

Please provide your contact information in the box below

Please provide your partner's contact information in the box below

Please specify your preferred interview dates and method below

- Face to face
- Video conferencing

Couple's interview date and time:

My interview date and time:

My Spouse/Partner interview date and time:

Thank you. The primary investigation will confirm receiving your information within 48 hours through your indicated preferred method of communication.

APPENDIX D

INTERVIEW PROTOCOL

Individual Interview

Remind participants about the purpose of the study:

"In these interviews, I am trying to gain a deeper understanding of what is like to cope with pregnant after a perinatal loss and the changes people experience in their relationship. I am really interested in hearing about your loss, your coping strategies and adjustments in your relationship. These stories will help me make sense of what your live experience."

Briefly explain the process of the interview:

"Sometimes, participating in an interview can be a little awkward. Especially when the interviewer asks a question about something the already speaker said. This can sometimes make the speaker feel he/she is being asked to repeat the same thing over and over. I will likely do the same. Please bear with me, I'll only be asking these questions so that I can be sure I really understand what you said."

Opening Questions:

1. How long have you been with spouse/partner?
2. What has it been like being married/engaged/cohabiting with X?
3. Tell me about your loss, what was it like losing a pregnancy?

Prompts (a) as a woman/man (b) as an individual in the relationship

4. What did (does) it feel like being pregnant after your perinatal loss?

5. What was it like deciding to try again after your loss? Personally,

Prompts (a) what were the easiest decisions you had (have) to make (b) what were the toughest decisions you had (have) to make

1. Tell me about the significant changes you noticed in your relationship during the time

Prompts (a) between the perinatal loss and the next conception (b) and the duration of your (your partner's) pregnancy after loss?

2. Could you explain the significance of these changes for you as

Prompts: (a) an individual in the relationship (b) as an expecting parent

3. But what do you think is responsible for the changes you noticed in your relationship during your pregnancy?

Prompts: (a) your actions/behavior (b) your partner's actions/behavior

4. Could you describe the major concerned you have (had) as you notice(d) these changes in your relationship?

Prompts: (a) self (b) partner (c) relationship

5. Could you explain why you had these major concerns?

Prompts: (a) self (b) partner (c) relationship

Dyadic Coping:

1. How do (or did) you handle the stress and challenges associated with being pregnant after loss?
2. What are some things you do to help you feel better about grief from the loss during the new pregnancy?

3. What do you think about couples helping each other get through a life event such as PAL?
4. Could you tell about the ways you and your partner cope(d) with the pregnancy after loss

Prompt: (a) on daily basis or day to day activities (b)Besides things you did on daily basis, what other things non occasionally?

5. In what ways do you feel these things you did with your partner helped you coped with during the pregnancy?

Prompts: (a) Let's start with the day to day activities (b) how about the occasional activities?

Closing Question

1. If you ever encounter someone experiencing PAL, what recommendation would you make to such an individual or couple?
2. What are the other things you would like to share about your experience that I have not asked about?

Other Potential Prompts:

"I want to be sure I understand. Can you tell me more about what ———— felt like?

"Tell me more about…"

"When you say ———, think about another time during your pregnancy that you felt that way. Describe that to me."

Thank you so much for your time. I really appreciate your participation and sharing your experience with me. Some of the things you talked about here might come up in the couple's interview. Please let me know if there is anything we discussed you would like me to refrain from bringing up during the couple interview.

Couple Interview

Relational Turbulence and Dyadic Coping:

Exploring the Experience of Parents and Pregnancy After Perinatal Loss(es)

Remind participants about the purpose of the study:

"In these interviews, I am trying to gain a deeper understanding of what is like to cope with pregnant after a perinatal loss and the changes people experience in their relationship. I am really interested in hearing specific stories about your coping strategies and adjustments in your relationship. These stories will help me make sense of what you experience during that period."

Briefly explain the process of the interview:

"Sometimes, participating in an interview can be a little awkward. Especially when the interviewer asks a question about something the already speaker said. This can sometimes make the speaker feel he/she is being asked to repeat the same thing over and over. I will likely do the same. Please bear with me, I'll only be asking these questions so that I can be sure I really understand what you said."

Opening Questions

Before we proceed with today's interview, please tell me did you ruminate on any of the questions I asked or the things you discussed during your individual interview?

If participant responds yes, ask:

i. Please share your thoughts with me

ii.But why did this question or this specific thing you discussed stand out to you?

1. Could you describe some of the shared routine in your relationship prior to the pregnancy?
2. How has these routines changed if at all during this pregnancy?
3. For the routines you have succeeded in maintaining, what do you do (have you done to) achieve this?
4. As a couple, why do you feel it is important to continue with these routines?
5. Could you describe the new routine you feel you and partner have established, if at all because of this pregnancy?
6. How do you feel these additional or changes in routine is impacting your relationship?
7. In general, (don't think about this pregnancy) how do you usually cope issues that stresses you out as a couple?
8. Thinking about this pregnancy and how you cope with some of its stressor as a couple, could you describe the changes that you've made if at all to the coping strategies you just described?
9. Why do you feel these changes to your general coping strategies are required or necessary for this pregnancy?
10. Besides your regular coping strategies as a couple, could you describe other coping strategies you have adopted specifically if at all for this pregnancy?

Concluding Questions

a. Is there anything about the successful pregnancy that is related to the routine in your relationship that I have not asked you about and you would like to share?
b. Is there anything about your experience as an expectant couple after a loss that I have not asked you about and you would like to share?

Other Potential Prompts:

c. *"I want to be sure I understand. Can you tell me more about what it felt like?*

d. *"Tell me more about…"*

e. *"When you say_____ , think about another time during your pregnancy that you felt that way. Describe that to me."*

Thank you so much for your time. I really appreciate your participation and sharing your experience with me.