AN EXPLORATION OF AFRICAN AMERICAN MEN'S EXPERIENCE WITH PERINATAL LOSS

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DEDICATION

First, I give all the glory and praise to God. Second, to my husband, Jacob, and our rescue dog, Freedom. Thank you for unconditional support. I wish to thank my committee members who encouraged me with their excitement and curiosity on the topic and offering their expertise and time generously.

I dedicate my dissertation to my good friends, J. D. and R. D., who unbeknownst to them, challenged me in ways I could not imagine. This is for them and their rainbow baby boy and angel twin baby boys. No one knew your struggles and thoughts, and you kept putting one foot in front of the other. You have opened my eyes to a world I would not have been able to understand without you allowing me into your world. Thank you.

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ABSTRACT

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The purpose of this study was to explore how African American men experience perinatal loss. As there is currently little to no research on how African American men address the emotional expressiveness, barriers they have faced, access or utilization to mental health services following a miscarriage, this study gathered the narrative of what was experienced. Using the integrative phenomenological framework, the African American men's stories formed three central themes: the strong, silent African American man, family first-therapy second, and broken barriers. This explains how the respondents managed their grief independently; how their community (family and friends) were their initial line of defense following their partners' miscarriage and therapy was considered if necessary; and finally, the barriers shed light to the notion of how the respondents turned to their partner following the miscarriage. The racial-ethnic and gender component is valuable as it challenges professionals to examine and provide appropriate attention to being informed about how to meet African American men's needs with intention.

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INTRODUCTION

Miscarriage is an experience that many parents face. According to the Centers for Disease Control and Prevention (2018), six perinatal deaths occur with every 1,000 births in the United States. Approximately 10 – 15% of pregnancies end in miscarriage by the 20th week of gestation (Mukherjee et al., 2013). The unfortunate experience parents endure has been documented in multiple journals and researched extensively from the perspective of mothers. More specifically, the primary focus of much miscarriage research has been on middle-class, Caucasian parents (DiMarco, Menke, & McNamara, 2001; Kavanaugh & Hershberger, 2005). When examining miscarriages in African American populations, reports indicate a higher frequency of perinatal loss in comparison to Caucasians (Arias, MacDoman, Strobino, & Guyer, 2003). While African Americans are twice as likely to experience miscarriages than any other race, there is little research to describe the ordeal they endure following perinatal loss (Arias et al., 2003).

Purpose

As women are considered the principal participants in topics regarding pregnancy, fathers' contributions to research on the topic are negligible. The aim of the current study was to explore how miscarriages impact African American men. More specifically, the current study primarily focused on discovering how African American men address the

emotional impact, their grieving process, the access to or utilization of support and mental health services. Through the theoretical application of intersectionality, narrative, and disenfranchised grief, the study was able to conceptualize the importance of acknowledging how African American men are impacted following a miscarriage.

This research is salient as it addresses the multiple identities and roles African American men play in society and how current research can positively impact the African American community regarding miscarriages. The problem in recent literature lies in that most studies primarily focus on women and Caucasians. Through the phenomenological approach, existing literature has current knowledge of African American fathers' experiences during or following a miscarriage through their narrative, barriers they may have faced, and feelings of marginalization.

Significance of the Study

While there are several reasons for the higher mortality rates within the African American community, those within the population endure different stressors. African Americans are faced with more frequent acute life stressors and unfair treatment from society (i.e., racism and discrimination) in comparison to Caucasians that alters the capacity to which managing the loss of a child becomes more challenging (Kavanaugh & Hershberger, 2005). With the notion of grieving the loss of a child through a miscarriage being difficult for African Americans, it is essential for the current body of literature discussing miscarriages to include African American men's experiences.

Recent studies identified that fathers are negatively impacted by their partner's miscarriage; however, the recall of their experience was in relation to what their partners went through. Wagner, Vaughn, and Tuazon (2018) reported fathers feeling insignificant during their partner's pregnancy and believed their role was to defend and protect, though that was challenged following a miscarriage. With studies reporting men's limited range of their emotionality, mothers stated the need of wanting to know what their partner's emotions were (Armstrong, 2001; Johnson & Baker, 2004). This makes researching father's experiences a necessity, specifically with African American men, because male participants strongly believed their role was to support their partners during pregnancy or following a miscarriage (Abboud & Liamputtong, 2005).

Gender stereotypes, especially in the grieving process, show a drastic difference between men and women, and this can be attributed to the preservation of masculinity. While women are identified as having the ability to freely express their emotions, men face societal consequences; thus, there is maintenance to be emotionally distant (Stinson, Lasker, Lohmann, & Toedter, 1992). During a miscarriage, fathers reported feeling angry, lonely, and shocked; however, their emotions are more likely to be internalized because of their need to emotionally support their partners (Sperry & Sperry, 2004; Wagner et al., 2018). This reinforces the belief that men are emotionally inexpressive, but this does not support that fathers experience grief less than mothers. This study stresses the value of inclusion for African American men and their experience with miscarriage as

it will provide insight and current knowledge on how to attend to their emotional needs that are often discounted.

With activities surrounding the pregnancy of the couple mainly attributed to women, several developing studies examined fathers' experiences; however, the impact of a miscarriage is scarce. This reinforces the message that fathers' experiences during their partner's pregnancy have minimal impact as they are included in research in relation to mothers. While the lack of emotional expression is widely researched in men from a social and gender context, in the occurrence of a miscarriage, fathers' reporting of emotional expression is often minimized (Bonnette & Brown, 2012). Gathering African American men's narratives on their experience with their partner's miscarriage, clinicians will have the opportunity to conceptualize the grieving process with cultural appropriateness and understanding.

It is likely that the reason there is a minimal amount of research on miscarriage from the fathers' perspective is that the topic is not necessarily seen as a men's issue. When men experience similar loss as their partner, their role has been confined to setting their emotions aside and attend to their partners. The emotional health of men appears to be overlooked in these studies considering men are expected to maintain their emotional state following a miscarriage (Turton et al., 2006). Men consistently are discounted in studies pertaining to the process of pregnancy and even more so, during a miscarriage.

As previously stated, studies examining miscarriages mainly focus on women. As there are studies emerging that examine men's experiences with perinatal loss, the focus

has not included the cultural or ethnic-specific implications of miscarriages. The marginalization of emotional expression for men is apparent; however, there is currently no research on African American fathers' experiences following a miscarriage. With limited exploration in research on how miscarriages affect African American fathers, it is vital for clinicians and researchers to understand how to appropriately attend to their needs.

Research Methodology

Through the exploration of gathering African American men's experience with miscarriage, the current qualitative research utilized the interpretative phenomenological framework to recognize and conceptualize their emotional expression, feelings of marginalization, and potential barriers in accessing or receiving mental health services. Using this methodological framework was essential to the research as it provided the personal experiences of African American men discussing miscarriage, which has not been examined before.

As African American men are the focal point for this study, their narratives were specific to their experience, recorded, transcribed, and formed into significant themes with supporting statements. Prior to the process of collecting data, each participant was given an informed consent and confidentiality form and ensured that any identifying information will not be used. All recordings and transcription of the interview were saved onto a protected zip drive.

CHAPTER II

LITERATURE REVIEW

Miscarriage is an experience that many parents face. With pregnancy loss occurring in the 12th and 24th week of gestation and between 15% and 50% of pregnancies result in a miscarriage (Brier, 2008; Kavanaugh & Hershberger, 2005; Rinehart & Kiselica, 2010). In comparison to Caucasians, the perinatal data demonstrate that African Americans are more than twice as likely to experience a miscarriage (Arias et al., 2003). African Americans are faced with more frequent acute life stressors and unfair treatment from society in comparison to Caucasians that alters the capacity to which managing the loss of a child becomes more challenging (Kavanaugh & Hershberger, 2005).

Women have been the primary focus of miscarriage studies mainly because of the impact they endure. In addition to the physical symptoms associated with miscarriages (bleeding, cramping, and pain), researchers identified women who experience miscarriage exhibit symptomologies of depression, anger, anxiety, self-blame, or guilt (Adolfsson, Larsson, Wijma, & Bertero, 2004; Swanson, Connor, Jolley, Pettinato, & Wang, 2007; Wojnar, Swanson, & Adolfsson, 2011). African American women described feeling unprepared for the loss, experiencing a sense of disbelief during their miscarriage, having suicidal ideations, frequently crying, insomnia, and remaining silent

about their loss (Kavanaugh & Hershberger, 2005). When describing the experiences among lesbians, themes of feeling out of control, sadness, and the hurt in undergoing a miscarriage after the complex planning and hopes of having a baby were present (Wojnar, 2007).

Aside from mothers being the primary focus on miscarriages, several studies discussed how both parents react to perinatal loss. Parents in some cultures do not have the opportunity to externalize their loss and want to feel validated for their loss by hospitals (Tseng, Cheng, Chen, Yang, & Cheng, 2017). Parents reported feeling a sense of shock and despair to learn that despite the amount of vigorous treatments utilized to get pregnant it still resulted in perinatal loss (Kavanaugh & Hershberger, 2005). The ambiguity of being unsure if their unborn child will make it to full term perpetuated the stressful experiences parents felt during pregnancy.

Relationally, few studies examined the level of disruption between the couples after a miscarriage; however, this was also primarily described from the mother's perspective. Layne (2003) described how mothers who miscarry felt excluded from their social role and cohort of procreating peers. Following the miscarriage of their baby, African American mothers reported feeling abandoned and unsupported by their partners who deserted them (Kavanaugh & Hershberger, 2005). The expectations of a woman being a mother have embedded the importance of childbearing to the extent that losing the child during pregnancy creates a dissonance of the self. The meaning of being

pregnant holds a level of status and prestige for expecting mothers, thus when there is a miscarriage, there is a disruption in the route to motherhood (Carolan & Wright, 2017).

As there are countless studies describing women's experiences with miscarriages, fathers' experiences are only recently being documented in research. With a scarcity of studies examining fathers and miscarriage, the impact is overlooked. Bonnette and Brown (2012) stated that women are the focal point in the study of miscarriages because men do not share similar experiences or understanding of perinatal loss as severely as women. While fathers do not experience the physical phenomenon of pregnancy or miscarrying, studies have argued that men suffer loss similar to women (O'Leary & Thorwick, 2006; Wagner et al., 2018). Men are faced with the cultural expectation that alters the impact of miscarriage, thus resulting in a reduction in grief symptoms sooner than women, and the minimization of emotional expressions (Bonnette & Brown, 2012; Wagner et al., 2018).

The emotional examination of men is a developing area of research during their partner's pregnancy or miscarriage. Johnson and Baker (2004) stated that during pregnancy, mothers have remained the primary focus on research as their study examined the implications of coping skills predicted men's emotional symptoms following miscarriage and childbirth. As fathers described feeling a loss of control when their partner miscarried, African American fathers with low-economic statuses felt the need to control their own emotions to prevent further emotional distress from their partner (Kavanaugh & Hershberger, 2005). This specific knowledge aligns with the female-

oriented approach that fathers are to ensure their partners' needs and emotions are being supported following a miscarriage.

Societal expectations on masculinity were discussed as an alteration in the impact of miscarriage for fathers. With fathers describing feeling the inability to control the progress of the pregnancy, as fathers, the narrative of being a defender, provider, and the protector was challenged. The meaning-making of fatherhood led to guilt and regret in the occurrence of a miscarriage (Wagner et al., 2018). While mothers expressed wanting their partners to be forthcoming with their emotions, studies reported that men are less likely to externalize feelings of grief to take on the role of being a protector for their partners (Armstrong, 2001; Bonnette & Brown, 2012; Johnson & Baker, 2004; Kavanaugh & Hershberger, 2005). Abboud and Liamputtong (2005) further solidified that the male participants in their study felt their role in the occurrence of a miscarriage was to support their female partner.

The gender stereotypes in the grieving process have been extensively studied, which further perpetuates the belief of the maintenance of male masculinity. Women have consistently been aligned with being more emotional, while men are considered stoic, emotionally distant, and less likely to grieve openly following pregnancy loss (Stinson, Lasker, Lohmann, & Toedter, 1992). This does not necessarily mean that men feel less grief. Wagner et al. (2018) reported that fathers' immediate reaction to their female partners miscarrying was shock and disbelief; however, they were shifting between attempting to balance their own grief and caring for their partner. Rather than

being able to directly have an expression of grief, fathers reported experiencing higher levels of anger and loneliness, denial of their personal grief, and fear of feeling loss (Sperry & Sperry, 2004). Stinson et al. (1992) concluded that while mothers are more likely to have established a social network of support, the same cannot be said or provided for fathers. With this supporting the American norm of the male inexpressiveness, men are shown to be left in emotional isolation when their partner miscarries.

Men's experience with miscarriage is an area in research that is lacking and is problematic as it assumes the stance that due to the lack of knowledge on the topic, miscarriage impacts women more so than men. In a systematic review of men's experiences with pregnancy loss, nine studies specifically identified men's impact on the pregnancy loss, while four studies examined their psychological impact (Due, Chiarolli, & Riggs, 2017). None of those studies examined men's experiences of miscarriage from a culturally or ethnic-specific standpoint.

The potential health implications of men's experience following pregnancy loss, including disenfranchised grief, depression, anxiety, and avoidance behavior, should be a concern for professionals in working with men and their families (Cumming et al., 2007). Following a miscarriage, men have described a loss of identity as a father and protector, which is associated with their experience of grief and loss as well as remaining busy as an attempt to distract themselves from feeling physically and emotionally exhausted (Armstrong, 2001; O'Leary & Thorwick, 2006).

Perhaps the reason behind the limited research of men's experience with miscarriage is mostly due to the notion miscarriage is not considered to be a concern for men. Men may have been placed in roles to parent, being present at childbirth, and caretaker for their significant other, thus reinforcing the belief that men's emotional and grieving experiences are insignificant (Murphy, 1998). As men are expected to manage their emotional process following a miscarriage, their emotional health is one that mental health professionals should attend to rather than to encourage them to solely be the supporter, especially when men experience loss similar to their partners (Turton et al., 2006).

As previously stated, the majority of studies focus on the mother's perspective and experience in the occurrence of a miscarriage while the impact it has on fathers is barely recognized. With their experiences slowly being recognized in research, men still find themselves and their feelings marginalized when their partner miscarries. There is a disregarded group of men whose experiences seem to remain in the shadows: African American men. Exploring African American men's experience in the incident of a miscarriage is an area in research that is neglected. While fathers have reported having inadequate social support in comparison to their partners, there is currently a limited examination of what African American men's experiences are and barriers they have faced following a miscarriage (Stinson et al, 1992). As African American men's experiences have not been observed, this study plans to attend to the grieving process from a cultural standpoint following a miscarriage.

Grief

Loss of any kind, such as relationships, a sentimental object, or an event resulting in loss, is likely to conjure negative emotions and adverse physiological symptoms. Grieving the loss of a miscarried baby is a complicated emotion for parents to process, which makes addressing grief difficult. The presence of cognitive difficulties occurs when parents lose their child during pregnancy, they become focused on wanting to know what happened and why (Betz & Thorngren, 2006). Kavanaugh and Hershberger (2005) reported parents (more so mothers) feeling shocked, thinking of what could have been, and feeling irrational or very emotional. The men who reported their grief experience following a miscarriage expressed it in a culturally prescribed manner, however not from an ethnic-culturally perspective (i.e. anger, aggression; Stinson et al., 1992).

Depending on cultural recognition of the externalization of emotions, some fathers find themselves abiding by rules of internalizing their grief. Tseng et al. (2017) discussed how providing meaningful and culturally competent care within different levels of care following a miscarriage can minimize the severity of the grieving process. Parents who are socially isolated or lacking social support require more follow-up and validation of their loss (Peters, Lisy, Ritano, Jordan, & Aromataris, 2015). With these studies identifying how parents from different cultures experience miscarriage, one can only imagine what African American fathers face.

Grief is an established research area as it pertains to the process of living and there are known psychological and physiological symptoms associated with it. Bosticco

and Thompson (2005) stated that while grieving is normal, everyday activities such as eating, sleeping, and breathing are interrupted following a miscarriage. Parents' feelings associated with grief include fear, guilt, abandonment, anger, and disbelief when grieving the loss of their unborn child (Bosticco & Thompson, 2005). In the occurrence of a miscarriage, most parents are unaware and feel that the grieving process is difficult considering the loss was sudden and unexpected (Stack, 1980).

In relation to grief and gender expectations, women felt able to express their grieving process openly, while men were expected to remain strong, support others while pushing their emotions aside (Stinson et al., 1992). This corroborates fathers' experiences in their grieving process. As most men anticipate their partners to have a healthy pregnancy, they also imagine themselves entering into roles as fathers; however, in the occurrence of a miscarriage, fathers find themselves feeling shocked and surprised, sadness or depression, anger, and marginalized (Abboud & Liamputtong, 2003; Cumming et al., 2007; Murphy, 1998). In the wake of their partner's miscarriage, research indicates that fathers reported feeling guilt and self-doubt as their role to nurture, protect, and defend their unborn child unexpectedly disappeared (Janssen, Cuisinier, DeGraw, & Hoogdiun, 1997; Tseng et al., 2017; Wagner et al., 2018).

Grief is an emotional and physical state that is experienced in vastly different and oftentimes misunderstood reactions. Although certain symptomology of grief is considered to be universal, the experiences and expression could vary based on the culture and social construction attached to the process. Most African Americans' ability

to process grief occurs with the support of family, friends, church, and a strong community. Despite the communal efforts provided to grieving families, when low-income Black/African American families mourned, one-third reported feeling immense, negative pressure from their environment that provided the ability to mourn; however, their capacities to do so depleted (Fulmer, 1987).

Having African American fathers describe their grieving experience with miscarriage is an avenue that has not been ventured. With grief being examined through the lens of the dominant culture, African American men's grieving process is overlooked. To explore their emotional process would provide research on how clinicians can be culturally competent when working with this underrepresented population. While it is normal to grieve, African American men deserve a chance to have space where their experiences can be validated and discussed with care and acceptance.

Stigmatization of Mental Health

In the presence of any form of trauma, medical condition, death, or psychological issues, individuals are faced with the matter of how those issues are managed. For those in the mental health field, there are some populations that are more difficult to reach. African Americans have a long-standing historical mistrust with mental health services. With slavery, racial discrimination, and stereotypes, African American men are less likely to participate in programs that promote mental health and their perception of masculinity enhances the difficultness of seeking help (Greif et al., 2011; Hall & Sandberg, 2012; Wilkins, Whiting, Watson, Russon, & Moncrief, 2013).

In the United States, Caucasians are afforded access to mental health services and use them more frequently in comparison to racial and ethnic minorities who are less likely to utilize services when it is needed and oftentimes receive an insufficient quality of care (Davey & Watson, 2008). From a cultural-communitive perspective, minorities scored higher on detachment from the experience and attended support groups less frequently in comparison to Caucasians due to the avoidance of professionally organized groups (DiMarco et al., 2001; Esposito, Buckalew, & Chukunta, 1996).

While African American mothers felt abandoned or unsupported by hospital staff and some family members following their miscarriage, the fathers described unfair treatment regarding their role as fathers by not placing their name on their child's birth certificate (Kavanaugh and Hershberger, 2005). In relation to experiencing miscarriages, the lack of adequate support for African American men reinforces the lack of social recognition of their experiences among other issues that may be dismissed.

Experiences such as those described reinforce the mistrust as it carries over into the usage of mental health services. The cultural mistrust is also linked to a cultural taboo in African American communities in the utilization of mental health services. Atkinson (2004) mentioned that shame and embarrassment were associated with African Americans using mental health services, thus further increasing the rejection of seeking help. An African American coping style in the presence of hardship, *John Henryism*, is described as continual over-functioning and possessing a level of determination of

achieving goals at their expense; hence, speaking with a therapist about life stressors is unnecessary (Breland-Noble, Bell, & Nicolas, 2006; Jones & Shorter-Gooden, 2003).

Due to the level of mistrust in the community, African Americans are more likely to disclose their needs or issues to trusted family and friends, or the church, thus, decreasing the chances of needing to seek professional help from mental health providers (Fox, Berman, Blank, & Rovnyak, 1999). Davey and Watson (2008) stated that African Americans will seek out other alternatives to meet their needs due to fear of therapists' inadequate cultural sensitivity or knowledge about African Americans.

Despite the fear the community holds, African American women are more likely to seek mental health services more than African American men (Gonzalez, Alegria, & Prihoda, 2005). African American couples who were experiencing marital problems, reported wanting to keep issues in their marriage to themselves, leaving it to God, or solving the issues independently out of fear of being culturally misunderstood or not trusting therapists to fully comprehend what they were experiencing (Vaterlaus, Skogrand, & Chaney, 2015).

While the information regarding African Americans underutilizing mental health services seems discouraging, having the opportunity to share their experiences with those who share similar cultural understanding may be the key researchers and clinicians need to assist African American men. The acknowledgment describes and defines the relationship between couples who have experienced miscarriage and mental health providers in a therapeutic setting. As African Americans are underrepresented in most

bodies of research regarding mental health, this further sets a limitation on researchers and clinicians' ability to fully externalize, understand and process their experiences. As African American fathers' emotional well-being is overlooked, the message of feeling unimportant or remaining in the role of providing and supporting increases. This is an essential piece from a systemic perspective to advocate on to overcome the disparities on a racial and ethnic level in America.

Theories

African American men are part of a system where they are faced with multiple levels of marginalization: being black and being a black man. In the African American community, research focuses on the hyper-masculinity of men (Cunningham, Swanson, & Hayes, 2013; Rogers, Scott, & Way, 2015). Regardless of socioeconomic standing, African American men face a variety of contextual inequalities compared to Caucasians (Allen, 2015). Where men are considered larger and more intimidating than women, African American men are deemed as threatening, violent, and suspicious (Buckley, 2018). Conceptualizing African American men's experience with miscarriage is explained with intersectionality, narrative, and disenfranchised grief to further explore how current research does not attend to African American men's needs.

There have been negative narratives that are attached to African American men over the centuries creating stereotypes on how they are as fathers; however, there are also studies that provide a positive counterargument on African American fathers. Highlighting the high parental involvement, racial resiliency and determination were used

to describe African American fathers while examining their idea of manhood (Allen, 2015; Coles, 2001; Mandara, 2006). Having African American fathers express their personal narrative with their partner's miscarriage can provide a diverse level of understanding for researchers and clinicians.

Narrative

In couples and family therapy, narrative therapy is an approach that is used to treat a variety of systemic and social issues. With African American men facing competing messages from society, they are often working to provide a reality to appease the major society. Through the discourse, African American men are frequently regarded as the 'hidden voices' as attempts to conceptualize their manhood as fathers fail (Hunter & Davis, 1994). To be able to voice their experiences in life, specifically, when their partner miscarries, African American men can open the door to a cultural understanding without feeling dismissed by the dominant perceptions of masculinity.

With the narrative theoretical framework, African American men's concept of masculinity and fatherhood challenges the structure of their identity with competing messages that can be seen in music, movies, and history. In the occurrence of a miscarriage, the narrative framework uses story and language to examine the impact of African American men's experience (Suddeath, Kerwin, & Duggar, 2017). White and Epston (1990), founders of narrative therapy, focused on the stories couples and family have constructed, thus making fact-seeking or objective truth, futile.

It is relevant that African American men have a place to describe their experiences with miscarriage as it is an avenue that is neglected in the larger society. French intellect, Foucault, prescribed how Western societies categorizes people as normal or not normal, criminals, or sick to separate or oppress people on the basis of those types of distinctions (Freedman & Combs, 1996; Suddeath et al., 2017). In the African American community, fathers are minimized as the hyper-visible racialized other and conceptualize their manhood with the dominant culture for men (i.e., black adolescents who grow up without a father are at higher risks of being criminals, poor academic outcomes, substance abuse; Allen, 2015; Caldwell, Sellers, Bernat, & Zimmerman, 2004; Pan & Farrel, 2006).

As African American men's experiences are disproportionately different from other ethnic groups in the United States due to the history of racial profiling, racism, and microaggression, narrative framework can create the shift for African American men from holding a narrative that is self-degrading to a positive, self-enhanced racial identity (Buckley, 2018; Howard, 2013). For African American fathers, using narrative can be an opportunity to slowly debunk years of racial and gender stereotypes as they describe their experience with miscarriage. As fatherhood is considered one of the masculine performances for African American men, their experiences with their partner's miscarriage can be the focal point in current research (Allen, 2015).

Intersectionality

The multiplicity and complexity of the lived experiences of African American men is an area that is becoming a developing area in research. Intersectionality is a theory that has been used in critical race and feminist studies to capture types of discriminatory intersect that further subjugate others in different ways while contributing to systemic injustice and social inequality (Butler, 2015; Crenshaw, 1989). From a systemic perspective, intersectionality is not commonly used; however, it can embrace the multilayered human existence and how it relates to larger systems (Seedall, Holtrop, & Parra-Cardona, 2014). Simply put, this theory offers an imperative, integrative framework when exploring marginalization of social and gender identities, inequalities that produces oppression among ethnic minorities (Leung, 2017).

Intersectionality can be utilized to understand African American fathers' experience with miscarriage as it addresses the systemic model of gender, race, social isolation, culture, and ethnicity (Burnham, 2012; Crenshaw, 1989). Specifically, African American men's inability to verbalize their emotions regarding their partner's miscarriage, conform to gender expectations, and personal meaning of the ideology of masculinity places them into an intersecting, marginalized group. Intersectionality has been used in a wide variety of ways; however, for this study, it will be used to explore how African American fathers' position in the occurrence of a miscarriage can provide a diverse context to their experiences.

Miscarriage is a topic that is scarcely discussed in the African American community, or more specifically, among African American men. While their experiences may not be silenced or overpowered solely by political reasons, other theories (i.e., feminist and antiracist discourses) neglect to address intersectional identities (Butler, 2015; Crenshaw, 1989). Using intersectionality theory examines the overlap and interdependent systems of disadvantages African American face. This awareness will allow room for there to be a healthier acknowledgment of the differences in our society.

Generally speaking, men do not fall into the oppressed social categorization, however, African American men do. This study is in no way stating men's experience in society places them in a position of being the gender faced with traditional discourses. For African American men, being black and the overlap of being a man, sets them in a place where their experiences are unrecognized, underrepresented, and undervalued; hence, prolonging the message of silence in their experience with miscarriage among other issues.

Harrison (2017) utilized intersectionality to describe the marginalized identities of young adolescent women of color described that the theory does not simply explain the intersecting marginalized characterization, but rather how those identities leave the group oppressed. With African American men identifying with being black, male, falling into the social perceptions of masculinity, and being marginalized in their experiences with miscarriage, intersectionality theory will explore their gender-racialized experience as they make meaning of their experiences.

Disenfranchised Grief

As stated earlier, miscarriage is a recurrent incident that couples experience, however, the majority of studies simply focus on the mothers' experience. With the cultural perceptions of masculinity and being African American, miscarriage is considered a disenfranchisement for African American men as there is a lack of support and understanding of their experiences. While men reported a decrease in grief symptoms sooner than women, they are placed in a position of putting their grief on hold to assist and support their partner after a miscarriage due to the cultural expectations of masculinity (Wagner et al., 2018). It is vital to state that for men to feel comfortable in expressing their grief, their partners are to acknowledge men's grief and the significant impact of miscarriage (Rinehart & Kiselica, 2010).

Fathers find themselves in a place where their experiences with miscarriage prevent them from openly expressing their hurt. Several studies documented how fathers believed their roles in relation to others hindered their ability to grieve. Wagner et al. (2018) identified fathers who felt the need to remain strong for the mother, and avoided expressing grief to fulfill their role as a provider and supporter. What tends to happen for fathers in grief is that their stories are compared to how they are expected to support mothers and that reinforces their grieving process to be suppressed or downplayed (Obst & Due, 2019). This further solidifies the lack of social recognition fathers have when grieving the loss of their unborn child and why further research is needed to explore the

complexities of the disenfranchised grief men endure, specifically for African American men.

Outside of the lack of emotional recognition men face in the occurrence of a miscarriage, men identified a lack of support from family members, hospital staff, friends, and support services. Wagner et al. (2018) found that while the father's family and friends were able to provide logistical support after a miscarriage (i.e., bring meals to the house, time off, deadline extensions), their roles or relationship with others hindered their grieving process due to the lack of emotional validation from cultural or societal expectations. This further perpetuates the male role being described as inexpressive, being self-reliant, and not needing support (Stinson et al., 1992). More importantly, fathers' experiences with miscarriages can heighten their sense of loss when their ability to grieve, future hopes and expectations of becoming a father, and having a family are unacknowledged (Rinehart & Kiselica, 2010). These findings from previous studies are consistent with the disenfranchised grief theory and how men feel alienated. African American men may also exhibit similar reactions; however, this study will be able to affirm those experiences from a cultural perspective, as that is what is lacking in current research.

Due to the absence of consideration and support from culture and society, African American men fall in a place where their experience is disenfranchised. With miscarriage, fathers feel as if they cannot be a part of the process as mothers have been the primary focus. With the disappointment from not receiving the support or the

understanding of the possible grief being experienced, men continue to make efforts to stressfully minimize their experience (Barr & Cacciatore, 2008; Sperry & Sperry, 2004; Tseng et al., 2017; Wagner et al., 2018). African American fathers who have experienced a miscarriage would fall into the category of disenfranchised grief. There has not been a current study exploring their experiences with miscarriage and how they manage the emotionality in their silence.

Problem Statement

African American men's experiences following a miscarriage is a unique problem in that while grief has been conceptualized through the lens of how Caucasians process grief, that form of generalization places marginalized populations in a position of feeling invalidated or misunderstood. African American grief is culturally different as it required more community support than professional interventions. While African American men do not physically experience miscarriages, studies are consistently neglecting the cultural difference and professionals are provided limited information on how to better attend the needs of their clients appropriately. The purpose of the current study is to illuminate the grieving process, support system, and barriers African American men experience following a miscarriage to inform clinicians on addressing their needs from a culturally sensitive and competent stance.

Gathering the narrative from African American men is the necessary step needed to address perspective barriers and provide mental health professionals, relationship educators, and medical professionals cultural information pertaining to how they react to

miscarriages and their grieving process. Furthermore, the information can also provide insight into cultural, male-sensitive interventions for African American men who may have adopted maladaptive coping skills following a miscarriage.

Research Questions

As previous studies have determined that African American men are subjugated by racial, gender, and social expectations to withhold their experiences in the occurrence of a miscarriage, the current research plans to attend to the deficient, and gain a deeper understanding from the lived experiences of African American men. African American men serve as a misunderstood and oppressed population whose stories are often overshadowed by invalidating stereotypical narratives. The intersectionality of those entities further preserves and strengthens the message that following a miscarriage, it is not an event for them to express.

While many women have been deemed to be emotionally articulate and are provided support in the occurrence of a miscarriage, it does not mean that men, specifically African American men, are not as emotional due to their inability to articulate what is being felt. Studies have indicated that men struggle between externalizing their emotions and suppressing the grief of losing a child to attend to or support the needs of their partner (Armstrong, 2001; Obst & Due, 2019). African American men have not been given the appropriate space to identify and express their emotions and shared experiences in a safe, healthy environment. With the following research questions, the current

research will be able to address the gap in research to assist African American men properly:

1. How do African American men experience grief following a pregnancy loss and the impact it had on their relationship?
2. What supports are available to African American men following their partner's pregnancy loss?
3. What are the barriers to accessing support for African American men and how were they overcome?

CHAPTER III

METHODOLOGY

The purpose of this qualitative study was to explore and describe how African American men experience perinatal loss or miscarriage. With the lived experiences of miscarriages narrated by African American respondents, the goal of the phenomenological framework was to have individuals express their miscarriage experiences, feelings of marginalization, and barriers in receiving or utilizing mental health services to manage the emotional reaction from pregnancy loss (Creswell, 2007). Understanding the perspective of perinatal loss African American men have endured can shed light on what is missing in current research. The phenomenological framework aligned with the purpose of the current study as it provided an exploration of African American men's experience with miscarriage, their personal, emotional, and communal/societal responses to the occurrence of a miscarriage.

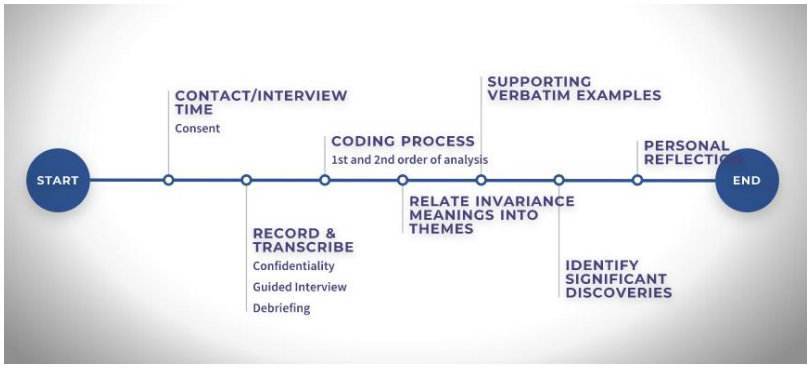


Figure 1. Data Collection and Analysis Process

When using this framework, this study applied a circular process, which included four steps, when exploring the lived experiences of African American men in the occurrence of a miscarriage. Swanson-Kauffman and Schonwald's (1988) method, which includes bracketing, analyzing, intuiting, and describing, was used to explore and describe a social phenomenon. Bracketing is the process by which assumptions and preconceived notions about African American men's experiences are set aside during the interviewing process. It was imperative that their narratives and meaning-making were not shaped by what studies have mentioned or knowledge from the researcher. Analyzing was where the transcription of their stories were examined and coded multiple times to induce specific themes that were embedded in their lived experiences.

Intuiting occurs when there is a reflexive process where personal struggles, reflecting on the experience with participants, and the empathetic meaning-making comes to light. Field notes were used to monitor the researcher's experiences with participants. Finally, describing involves the evidence from the participants that support the themes constructed from the coding process. To further expand on the exploratory aims of the present study, questions from previous studies and a semi-structured interview approach were used to gather African American men's miscarriage and grieving narratives (Abboud & Liamputtong, 2005; DiMarco et al., 2001; Kavanaugh & Hershberger, 2005; Obst & Due, 2019; Wagner et al., 2018). The current study was guided by the following research questions:

1. How do African American men experience grief following a pregnancy loss and the impact it had on their relationship?
2. What supports are available to African American men following their partner's pregnancy loss?
3. What are the barriers to accessing support for African American men and how were they overcome?

Participants

For this study, African American men were the focal point in understanding their lived experience in the occurrence of a miscarriage. The primary criterion for the inclusion of this research was men who are African American, of African descent, or Black residing in the United States. The inclusion criteria were (a) to be in a committed relationship (long-term relationship or married) or were in a committed relationship, (b) who have experienced a miscarriage during the relationship, and (c) at least 18 years of age and older. The rationale behind the inclusion criteria for the current study is to maintain relevancy and consistency with the theoretical frameworks and research questions pertaining to this specific gender and ethnic group.

The recruitment plan for gathering participants was obtained through convenience sampling of personal contacts and social media outlets (i.e., Facebook, Twitter; see Appendix A). A total of six African American male respondents participated. Taking ethical consideration and proper screening for eligibility to participate in the study into account, as the primary researcher, I took necessary precautions to present an explanation

of the purpose of the study, confidentiality, and require consent to participate in the study. Considering the sensitivity of the topic of miscarriages, ethical considerations were carefully considered by checking if the respondents were able to proceed with the interview if they were experiencing psychological distress.

The most notable outcome in this study was the amount of feedback received following the distribution of the study's flyer calling for willing participants. The flyer was posted on major social media sites (Instagram, Facebook, and Twitter), the lead pastors at a majority African American megachurch, one webpage that posts positive images and content for black fathers, and a group that encourages African American individuals on their PhD or EdD journey. In the four months of data collection, there were eight willing participants; however, six followed through while the remaining two were non-responsive after sending or submitting their consent forms. Out of the six respondents, five were referred from families and friends, and one was from the PhD/EdD group. I did not expect to receive eight willing participants considering the nature of the topic.

Field Site

As I did not have direct contact with the respondents, the research was conducted remotely. All the respondents chose to be interviewed through a phone call. I used my Google phone number to call the participants at the time and date they chose. The interviews were recorded using a recording app called Voice Memos on a password-

protected phone. To uphold confidentiality, privacy, and ethical considerations, all interviews were conducted at a home office in Houston, Texas.

Data Collection and Analysis

The current study approached the data from a qualitative method with the Modified Stevick-Colaizzi-Keen process as described by Moustakas (1994) to organize and analyze data. This included (a) a consideration of each statement made by participants with an unbiased, open-mind, and respect in the process of describing their experiences with miscarriage; (b) recording and transcribing the stories verbatim; (c) relate the invariant meanings or patterns into themes; (d) synthesize the selected meanings and themes with supporting verbatim examples from interviews; (e) and construct a description of personal reflection of the experience with participants and their shared narratives.

More specifically, the data collection process was conducted over four months and was comprised of holding interviews, transcription of recorded interviews, and a written field and reflexive/reflective notes. Prior to collecting data, each participant was provided consent and confidentiality form (see Appendix C) and notified that as their interview would be recorded, any identifying information will not be redacted. The rationale behind these steps was to establish a sense of trust and comfort among the participants. The interviews were set up on the availability of each participant.

An Excel spreadsheet was created with the initial themes and statements from each interview followed by each interview and was then uploaded into NVivo 12 Pro, a

qualitative data analysis software. The codes created from the interviews were formed by the respondents' frequently used terms and shared experiences/stories. Although NVivo 12 Pro was used to assist in the organization of the data collection and data analysis, the final decision of themes, patterns, and significant discoveries was constructed from me. As the primary researcher, I played an imperative role in the generation and interpretation of the data; the themes and significant findings were carefully selected from the coding process.

Triangulation of Data Collection and Analysis

The data sources that were utilized for conducting this research were the following: the African American male respondents, written field and reflexive/reflective notes, Voice Memo recording program, and the transcripts. Ethical considerations were included in the research by way of ensuring the interviews were immediately transcribed to avoid unsupported interpretations and redacting identified information.

During the analysis, I went through three phases of coding. The first phase of coding occurred immediately after the interviews were transcribed. I was able to identify statements that corroborated with previous research and initial patterns from the interview by making notes next to those statements. The second phase of coding occurred with the inclusion of my field and reflexive/reflective notes. These notes encompassed acknowledging preconceived assumptions that could influence the findings and processing my experience with each respondent. Phrases or statements that were repeated multiple times were color-coded as they synthesized current literature on male emotional

expression, their supportive role following their partner's miscarriage, and the African American community's relationship with mental health services. Finally, the last phase of coding was through the utilization of NVivo. This allowed for a further in-depth review of each transcribed interview and revision of themes and patterns. Significant phenomena that were considered new discoveries and additive to the body of literature, were included in the themes and descriptions. Considering the narrative theoretical approach that was identified as one of the frameworks for the current study, it is imperative to code, make meaning, and develop an explanation of the patterns and themes.

Trustworthiness and Rigor

To address and uphold the trustworthiness and rigor of the current study in exploring African American men's lived experiences following a miscarriage, necessary steps were taken to ensure credibility, dependability, confirmability, and transferability (Marshall & Rossman, 2016). These aspects and the process of safeguarding the current study were put in place to solidify trustworthiness. Utilizing the triangulation process of current and relevant literature review and interview, theoretical background, searching for alternative evidence from current literature, member checking during the interview, a prolonged obligation in the field, developing a consistent audit trail, and identifying researcher's bias were vital factors in maintaining the study's trustworthiness. These were necessary plans of analysis that were used to certify that the data and interpretations of the interview are credible and sound (Lincoln & Guba, 1985).

Role as the Researcher

As the primary researcher of the current study, the role that was taken was one in which a mutual understanding and the internal elements of the culture are relatable and established. As an individual who is considered Black, African American, or African, the data and interpretation of the significant findings were mediated through the human instrument. Being aware of the beliefs most African Americans hold about the utilization of mental health services, how men experience a lacking range of vulnerable emotions, and not considering their experience following their partner's miscarriage allowed me to properly check my biases and subjectivity by continuously monitoring and reducing dispositions when interpreting themes/patterns from the interviewing process.

Researcher's Paradigm

Aside from taking an emic approach, I also align with a constructivist approach to truth and knowledge. I believe that an individual comes to understand reality through experiences and reflecting on those experiences, hence the plan of analysis was through a narrative approach. The process of acquiring knowledge is subjective and active where new experiences are attached to prior experiences. With the emic approach, I tried to make sense of the data collected while focusing on the intrinsic cultural distinction that is meaningful to the African American community. While not being part of the Black male population, momentarily immersing myself in their world allowed me to gather detailed rich information about their beliefs and personal experiences.

CHAPTER IV

DATA ANALYSIS AND FINDINGS

The purpose of this study was to explore African American men's experiences with perinatal loss. The focus was to understand how they navigate their masculinity, grief, mental health, and emotional expression following their partner's miscarriage. To guide this study, I concentrated on the following research questions:

1. How do African American men experience grief following a pregnancy loss and the impact it had on their relationship?
2. What supports are available to African American men following their partner's pregnancy loss?
3. What are the barriers to accessing support for African American men and how were they overcome?

For the purpose of this study, it was appropriate to use a phenomenological framework to understand and discover the necessary truths and experiences of African American men following a miscarriage. More specifically, to gather the essential experiences African American men had with their partner's miscarriage, possible feelings of marginalization in emotional expression, and potential barriers in receiving or utilizing mental health services to manage their emotional responses.

Using interpretative phenomenological analysis (IPA) was necessary to explore how each African American male participant made sense of their personal and social experiences following their partner's miscarriage. The purpose of IPA is to bring awareness to the meanings of certain experiences and events through a thorough examination of the respondent's lifeworld, explore their experiences, and is concerned with the perception of a given event (Smith & Osborn, 2009). Due to the specific methodological framework that was used in this study, phenomenological studies usually recommend 5-25 participants and I anticipated to have between eight to ten participants; however, six was the final number because saturation was reached (Creswell, 1998).

In this qualitative study, each participant was asked questions from an Institutional Review Board approved guided interview. Questions were grouped into three categories: experience with grief and impact on their relationship, support system and services, and barriers with support system and services. In addition to completing each interview with the participants, reviewing the recordings and transcription, and written field notes during each interview, the following themes emerged from the raw data:

1. The Strong, Silent African American Man
2. Family First, Therapy Second
3. Broken Barrier

In the following section, I describe the coding process that constructed the themes and patterns from the interviews and illustrate how they can be used to exemplify the significant findings that exceeded expectation during the beginning phases of the study.

Coding Process

The coding process of qualitative data can be assessed from multiple angles. Saldaña (2016) described the coding process as an opportunity to link and discover themes and grasping meaning to a given phenomenon. For the preparation and analysis of the raw data, these general steps were taken: the data was reviewed and examined multiple times to begin forming a foundation for constructing patterns, revisiting the objective and saliency of the study to ensure the data and forming patterns are in alignment, evolving a framework (coding) to identify significant concepts and phrases, and making connections with the identified patterns to create themes.

In the initial process of coding, I kept written field notes (see Figure 2) of my initial experiences with each interview. This included words or phrases that corroborated with previous research and hunches about the respondent's grieving process and discoveries about how these African American men experienced following their partner's miscarriage. During the transcription of each interview, the field notes were reexamined for consistency and clarification which solidified the patterns and themes that would be utilized for the data analysis. Notes were created on each document describing and expanding on the thoughts and discoveries from each interview. Last, a spreadsheet was created to organize the questions and the responses from each interview. Those responses

were phrases or words that were repeated multiple times as well as themes that summed up what was verbalized.

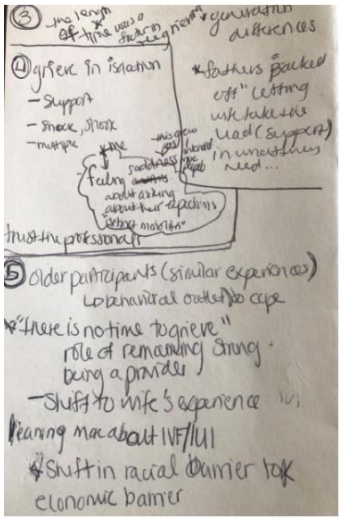
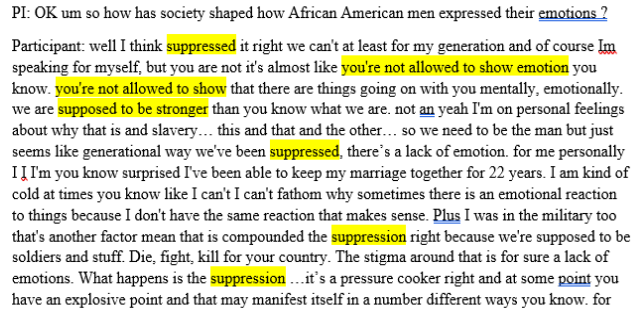


Figure 2. Field Notes

NVivo Pro

In the second process of coding, NVivo, a powerful qualitative data analysis software was used. Since the questions that were asked during the interview were opened-ended, it was efficient to set up the datasets in NVivo as nodes. The responses to those questions are gathered together to identify themes and patterns. In this process, all interviews and spreadsheets of the original data were imported into the software where the responses from each participant were selected as open-ended, which allowed the program to identify themes and sentiments in the responses. Some of the codes that were reoccurring or repeated were also put up for considerations as themes (see Figure 3). This

allowed the program to generate preliminary results for further exploration in gaining insight into their responses.



PI: OK um so how has society shaped how African American men expressed their emotions ?

Participant: well I think suppressed it right we can't at least for my generation and of course Im speaking for myself, but you are not it's almost like you're not allowed to show emotion you know. you're not allowed to show that there are things going on with you mentally, emotionally. we are supposed to be stronger than you know what we are. not an yeah I'm on personal feelings about why that is and slavery… this and that and the other… so we need to be the man but just seems like generational way we've been suppressed, there's a lack of emotion. for me personally I I I'm you know surprised I've been able to keep my marriage together for 22 years. I am kind of cold at times you know like I can't I can't fathom why sometimes there is an emotional reaction to things because I don't have the same reaction that makes sense. Plus I was in the military too that's another factor mean that is compounded the suppression right because we're supposed to be soldiers and stuff. Die, fight, kill for your country. The stigma around that is for sure a lack of emotions. What happens is the suppression …it's a pressure cooker right and at some point you have an explosive point and that may manifest itself in a number different ways you know. for

Figure 3. Coding for Themes

Using the word frequency query function (see Figure 4) in NVivo, the program was set to identify the most frequently used words from the transcribed interviews. This data analysis was used to support the codes and themes for this study.

Figure 4. Word Frequency Query

Several examples of statements that were coded *hard to express* from the participants answers to the series of questions from the Experience with Grief and Impact on Relationship were:

- "It is hard to express… as a man, it is hard to express Emotions. I feel like men, in general, have a hard time expressing themselves emotionally and

also as an African American I guess you can combine that. As an African American and a male together: it is harder."

- "Well I think suppressed it right we can't at least for my generation and of course, I'm speaking for myself, but you are not it's almost like you're not allowed to show emotion you know. you're not allowed to show that there are things going on with you mentally, emotionally"
- "So, I find it that it is a little bit hard for men to express really how we truly feel when it comes to sentimental things. mostly because we feel like it makes us feel a certain way or we kind of feel like it makes us feel vulnerable."

The following statements provided by the participants were coded as *protector, provider, and supporter* due to multiple reiterations as well as supporting findings from previous studies of male gender expectations:

- "Also, in our nature, we are more of a protector so again it makes us we don't really want no one to see that side of us. The softer side."
- "And I needed to be supportive and I was more supportive about my wife than about myself. I felt like I was… I was going to be all right and that was kind of worried about her physically and if this was going to happen again"

- "When I did lose my daughter from the miscarriage it was more like I was hurt and at the same time, I knew I needed to be strong for my partner because I felt like she needed my support."

The subsequent statements were coded as *taking the partner's lead*. The meaning behind that code was in response to how the participants decided to have their partner's lead communication with family and friends or when wanting to discuss feelings surrounding the miscarriage.

- "I just wanted her to manage that communication so if she wanted to reach out and tell people or if we were at a family dinner or whatever and say, 'Hey I had a miscarriage', then I would deal with that. In our relationship, normally she's the one to disseminate information"
- "My wife, she told me we were going to wait to tell people about it but we waited about a week"
- "I was excited and I wanted to figure out everything but like I said once I saw her lack of enthusiasm and I understood why then I was like OK we will just we'll go at a slower pace and go the way you want to go."

The next statements provided by the participants were coded as *a comforting partner* to represent their verbatim recollections to what they did when they once found out about the miscarriage and attempted to console their partner:

- “And once everything started to happen that evening, I just try to be by her side and hold her. And that's all you can really do period at least that's what I felt”
- “I just …I tried to comfort her because I knew she… I almost felt like she was more sad than I was. Like she was really hurt so I tried to comfort her. To let her know that it was OK.”
- “So, you know, she started crying and I tried to comfort her, saying ‘it’s okay. We are gonna try again’.”
- “I just hugged my wife and we cried, and he left the room and we stayed in there for a good little while and cried and cried and cried”

When exploring the codes for African American men’s perception or relationship with mental health services, the code that was constructed was *essential if needed* based on the awareness of the stigma that African Americans do not seek therapy. The following statements supported this code:

- “Yeah, I’ve bitten the bullet and when I’m feeling some type of way about something, I’ll seek help. So, I am fine as a man, as an African American male, I am fine with sitting down and talking to somebody about something. So, I don’t have any problem with that”
- “It is not that I don't believe that African American men shouldn't seek counseling from a …I don't know what they call them …a mental doctor …it's not that I don't think they should seek it because I do. I think some

of that stuff should if you can catch it early before it gets to the point where you almost lose your mind, I think it is warranted"

- "It's kind of twofold. I think mental health services work for most people. In the time that I've had it, it has not worked for me"

Themes

During the coding phases of the transcription, I came across several significant findings that were substantial discoveries from what was not previously mentioned in recent research. As the interview process answered the research questions as well as supporting what was established in previous studies about male emotional expression, several key themes were also not addressed in previous literature regarding African American men and their grieving process following their partner's miscarriage. The three substantial themes that were discovered were: the strong, silent African American man, family first - therapy second, and broken barrier.

The Strong, Silent African American Man

With the lack of visibility and support that has been placed in the African American community regarding mental health, it is fathomable to discover the issue the community has expressed in not utilizing services to having minimal existing research in understanding the Black, male grieving process. This is vital in this research as it translates to the experience of their ethnicity and gender as it magnifies their reactions to their partner's miscarriage.

Grief, as we know, is acknowledged by its complexity, multidimensional phenomenon influenced by a multitude of external factors that are mental, physical, social and/or emotional (Lipscomb & Ashley, 2018). While grief or bereavement is a normal response to any kind of loss, for the African American man, it is a process that is found to be experienced in isolation, hurried, ignored or through suppression. The respondents reported experiencing grief in a vast variety of ways. One mentioned how he was taught to push away his emotions to be strong by stating "I think it is something that people just push away, and you just try to be 'strong'. And that could mean not showing emotions like not crying and so I mean, I don't think it is really dealt with at all."

Another respondent reported the difficulty most African Americans may have when it comes to grieving and how the grieving process can occur in a short period of time by mentioning "I just grieve for a couple of days maybe and I'm fine. And I think most men don't really grieve unless it's somebody really close to them I feel like. But as far as myself, I do grieve but it's just not a prolonged experience." This respondent experienced his process of grief by suppressing his emotions to maintain his role of being strong: "Well, my grieving process weather is loss or failure or for whatever the case may be again it is one of suppression where we have to play the strong part… I think we just roll with the punches you know."

The role of the silent, strong African American man is also characterized by the need to grieve in isolation. This respondent's experience was another reminder of what African American men may do internally to keep their grief personal:

> Me personally, as an African American man, if I do grieve, as far as like somebody grieving or passing or something like that, I tend to want to do that to myself. I don't want to do a lot of grieving or to the point where I am crying. I try to do that…I try to stay to myself as far as getting really, really emotional. That is really about it. I try to be by myself and have some alone time with I grieve.

The strong, silent African American man can be described as the man who may question his ability to grieve as he attempts to continue on with normalcy:

> I don't think they …the kind of guys that I deal with and myself too, we internalize it and feel like we don't have time to grieve. Like there is no time to really take out time for yourself to say, 'I'm really grieving' and I have to miss work or I'm going through the grieving process and I can't attend whatever I need to attend. So, you feel like you have to be the strong one and be a man about it so to speak. That's how I feel about that.

This respondent's experience described how knowing he was hurt by the miscarriage took the back seat as him choosing to support his partner was more important:

> So grieving for African American men I think is more of, from my experience, when I did lose my daughter from the miscarriage it was more like I was hurt and at the same time I knew I needed to be strong for my partner because I felt like she needed my support.

The strong, silent African American man theme is to shed light on the notion of the respondent's ability to equate being strong by dealing with their grief silently while also being strong for their partner. In this theme, 5 of the respondents reported that this grieving behavior was learned from a male role model or family member. The only form of representation the respondents recognized about grief was through male members in their community who did not cry or show any emotions or would sense something was amiss, however, nothing was discussed, and everything went back to 'normal'. This respondent described what he did to return to that place of normalcy: "I don't think I went into anything weird or started eating too much or anything like that. I don't think I had any effect… well me personally, I just kinda pushed through and tried to regain some normalcy after that event."

It is also important to recognize that through silencing or minimizing their grieving process to play a strong, supportive partner, the respondents were cognizant of the effect the miscarriage had on their mental health based on their physical health. This respondent described how his sleep was disrupted following losing his daughter:

> Lack of appetite for sure; sleep was on and off…I would wake up in the middle of the night sometimes…the first thing was like why me and then it was what do you mean you could not find the heartbeat…So it was why me and then it turned into anger and then it turned to hurt and then it became more anger and then I just broke down.

Interestingly, the respondents did not report sharing this with their partners, which solidified the discovery in this study of African American man managing in silence. This respondent reported noticing his increase in food intake to manage his emotions and the effects of that*:*

> …before the miscarriage I was vegan. And then after the miscarriage, that is when I fell off. I gained a lot of weight which of course isn't good for your health…I would eat later at night, I would eat bigger portions, I guess I was eating for comfort, I guess. And I felt like … I didn't really think it was just for me. It was for her too because it is almost like I felt like she felt better when she ate so I would eat to do it with her. I do believe that because of my eating I was supposed to get back on high cholesterol medications. Before I wasn't and I think I went back to pre-diabetic.

The strong, silent African American man is also faced with experiencing the different symptomologies of grief. Whether their grieving process was shortened or ignored, these respondents described what they did following their partners' miscarriage: "I went back to work I didn't take any time off. Nothing really or nothing physically. My blood pressure went up a little bit; I was a little bit spacey like mentally. nothing physically, it was more of a mental thing. Like I just kind of consumed my mind." This has been associated with their inability to process their vulnerability considering they managed these things on their own.

This is important to note because as they have recalled their physical or mental health (i.e., symptomology), the silent, strong African American man's behavior can be mistaken as not caring for their partner because their grieving was not overt or does not meet the standard of what society would deem as 'appropriately grieving': "I think that was bad because I feel like because I didn't bring up my own emotions with that, I think that she felt that I didn't care sometimes. And that's not true. I did care I just… I guess I wasn't trying to bring it up." The strong, silent African American man theme is solidified by the respondents reporting taking up the role of being the comforter and supporter for their partner following the miscarriage:

> At first, it was trying to figure out how to work together because she was more in an emotional state than I was because she was the one who was bearing the child. And it was just and then she had the clinginess stage and she didn't want to be by herself and I understood that, and I was okay with it.

As some of them could not or did not express their emotions in the presence of their partners, being the strong comforter and consoling their partner was their way of responding to their partner's grief while they were silently grieving or internalizing their emotions:

> She always cried and I hate to see her cry and there were times where we could have or wanted to talk about it but I wouldn't because I just didn't like I didn't want to upset her, but it was like never a good time like she would be having a

good day and if I bring it up then it will turn into a bad day for her and so I would just internalize it.

Attentiveness to their partner's emotional needs took precedence over what they were experiencing.

Family First, Therapy Second

Over centuries, the African American community has had to cope with trauma and stress they have personally faced or passed down through generations. This coping style, *John Henryism*, describes an over-functioning determination to certain goals that may require psychological strength which reinforces that speaking with a therapist is not necessary (Breland-Noble et al., 2006; Jones & Shorter-Gooden, 2003). The coping style can also be related to the evidence the respondents provided to grieving, but also pushing through.

Ultimately, when it came to deciding who to notify about the miscarriage, their parents (primarily the mother), followed by a couple of close friends (based on shared experiences or level of comfortability) were first on the list. More importantly, the respondents took their partner's lead in the dissemination of the news:

> My wife, she told me we were going to wait to tell people about it, but we waited about a week. And we kind of grieved together and the first person I told were my parents. probably my mom. because I talked to her more than I talked to my dad but I'm pretty sure it's my mom…I would have been more comfortable telling probably my mom or my dad or probably my second oldest brother or my sister.

> Actually, any immediate family I would have felt comfortable telling but 1st we need to news like that you kind of go to your mom because she always says the right thing, you know.

During moments of trials and tribulations, it is also prominent for African Americans to seek religious practices to help alleviate the hurt they are experiencing. This is not uncommon; however, this respondent was the only one who reported how his family used their religious faith to help him:

> We both told her parents first and then I remember going to my parents' house and telling them about it. They just kind of consoled me and told me in God's time this is going to take place; if it wasn't meant to be you can't question God. That was the first person I verbally told it was my mom and my dad. And we told her parents about it together.

While most of the respondents reported informing their family members first, this respondent contacted and preferred to be in the presence of his best friend following the news of his partner's miscarriage:

> The first person I called was my best friend and then I called my parents. I called my mother, my grandparents and then I drove to my best friend's house. I didn't really want to be around my folks at that time. And then I drove all the way up to my partner's house…I felt more comfortable telling my best friend first then I did some of my folks because that would have been their first great-grandchild.

This is important to note because the family first-therapy second theme brings attention to the immediate contact based on comfortability and bond followed by the possibility and contemplation of the utilization of mental health services.

The information provided on who the respondents decided to tell was consistent; however, when they were asked about the utilization of any professional help following the miscarriage, one respondent reported to seeing his therapist then later couples counseling, while the other respondents did not use resources or were not offered guidance:

> So, the first service I had was my individual counseling two weeks later. I had had my individual counseling the day before we found out about our child. At the second week, I had my counseling session and then a week later …well within that week we started couples counseling in individuals counseling to try to get through this.

Some of the respondents recalled making the conscious decision to not mental health services: “Uh …I don't think there was any support offered to me after the miscarriage…I didn't access any services or anything like that”; and surprisingly, they did not remember their doctors referring them or their partner to any services following the miscarriage: “No one. It was just like, people checking on me, but as far as anything else. Like a recommendation to talk to somebody? I did not have anything like that. Nothing.”

Family first-therapy second reiterates the importance of how the African American respondents felt about sharing the news with their families or community, was also their decision-making about utilizing mental health services:

> I think once my mom told … and I didn't really tell a whole lot of people, but my mom told my brother and then my brother called period and then my mom told my sister and then my sister called, and it was just kind of how it goes in my family. like professional services? None.

The respondents made the autonomous decision on their needs at the time and depending on the level of support provided to them by their family, seeking therapy is an afterthought.

> What kind of support? It was more so verbal. Like I said my mom would call and talk to me; my brother would come by and talk to me and it was genuine. It was genuine support…No, I didn't seek any counseling, or I should say we did not seek any counseling. It was more so just the family. We didn't or I didn't seek any counseling or any professional help.

This respondent described an interesting position to when it would have been appropriate to seek a therapist:

> We had an open relationship with the church that we could have tried to seek some grief counseling, but I don't think we did any of that though. I do believe that again based on the timing of it like if this had happened with the first kid, I think we would have definitely wanted to seek all of that stuff out immediately

but having one baby already and again not having any real trouble getting pregnant, we didn't employ all those services just yet.

With his relationship to the church, he was aware of where to access the resources for their grief should they have found it to be necessary. This respondent strongly believed that depending on when the miscarriage occurred in their marriage, a reoccurring medical issue pertaining to reproduction, and the length of the pregnancy prior to the miscarriage, utilizing those services at their church or seeking a therapist would have been compulsory.

Within this finding, previous research supports that sometimes family, friends, or church offered better support and possibly helpful solutions to the issues African American men faced (Sanders-Thompson, Bazile, & Akhar, 2004). African Americans have been given the choice to keep their issue in the family, between their partners or clergyman, or remain silent. This is not what the respondents expressed as according to the code *necessary if needed.* Despite what their culture may have thought or currently believe about the utilization of mental health services, the respondents held independent beliefs that they would have used it if they really needed it. African American men have declared a desire and willingness to seek out therapeutic help when needed; however, they face some apprehension because of the lack of diverse strategies, and culturally appropriate interventions and techniques (Ward, 2005).

Broken Barrier

African American men have expressed concern regarding the stigma about

seeking mental health services, psychological vulnerability, and that it is considered 'wrong' to seek help which all impacts their ability to adopt relational coping behaviors (Ward, Wiltshire, Detry & Brown, 2013). When discussing potential barriers the African American respondents may have had following their partner's miscarriage, there appeared to be a shift from "Black people do not go to therapy" to "I did not seek it because I did not need it." That was a surprising discovery.

When it came to describing barriers (i.e., wanting to discuss feelings or miscarriage with their partner) the respondents were asked about, there was a resounding pattern of holding back, and sometimes, for good reason:

> The only barrier there was I didn't want to again she is obviously in a fragile emotional state and I did not want to exacerbate that to the negative with her so the only barrier would be OK how much should I talk about this should I bring this up or should I not and so forth .and so again I just let her lead that communication around what we were doing. And I think for her she was at a state where she's like "I have got a little baby here that I need to take care of and we're going to have another child as long as they told me that nothing was internally wrong with her'.

The initial thought behind the broken barrier was to describe how the African American men in this study did not hold on to the notion of men shying away from their partner following something as traumatic as a miscarriage. The respondents expressed turning to their partner during the emotional time as a way to show or express their ability

to sit with their partner's grief:

> Again it was just trying to figure out the right word and trying to figure out like what can you talk about …I know wherever you turn we're going to see babies here and there and it didn't make it better than where I worked I had a coworker who was pregnant and it kind of made things a little awkward but we managed to we've found a median. She is a sports fan and I am a sports fan and so we found something to where we were able to talk about and start laughing here and there and making it a little bit easier on both of us.

The time and patience this respondent allotted to deciphering when to approach his partner speak to the relational coping pattern of how they work to move through their grieving process.

The broken barrier in the following responses was significant in that the respondent's presence appeared to soften the interactions with their partners. These respondents described how not discussing what they were feeling was functional because it served the purpose of being there for their partners:

> Well, the only barrier with that is that she was pretty like whenever she spoke of it was the real intent. She always cried and I hate to see her cry and there were times where we could have or wanted to talk about it, but I wouldn't because I just didn't like I didn't want to upset her.

This respondent's coping behavior broke barriers as he explains the open line of communication that existed in his relationship. This open communication was referring to

his willingness to be receptive to whenever his partner wanted to converse or process the loss of their child:

> …we had a pretty open line of communication and so if there was any time, she wanted to talk I was willing to talk. I never did come to her with any question or wanted to talk but I always had an open line of communication with her. So, there wasn't any barriers there at all. It was always if she wanted to talk that's fine and I would never like press the issue. I felt like I was always there for her with the open line of communication if she wanted to talk about it, but I never went and questioned her about maybe her body or nothing like that.

The respondent's sense of agency, love for their partner, sympathy for what she went through, and timing supported the notion that the only barrier was to hold back and allow their partner to lead the communication as described by this respondent:

> So, like I said when I tried to comfort her, but I guess I would try not to bring it up with her but like I said I could really tell that she had a different attitude and a different and everything changed. I guess the barriers where I didn't wanna bring up more emotions with her…it would be the emotions of it.

He assessed his partner's emotional state and decided it would be better to meet her where she was.

More importantly, the broken barrier describes the African American respondents doing something valuable: to be present. This respondent reported the barrier he

experienced was not wanting to bring anything up because the event and emotion were still raw or wanted to spend the time to comfort:

> Oh. With my partner, no. I don't feel like I had barriers discussing it emotionally. Just when it's fresh, the emotions were raw. It was something I did not want to repeat over and over…you're like, "Oh I have to go through this all over again." But I feel like the further I get away from the experience it is easier to talk about.

The respondents demonstrated a willingness to discuss the miscarriage mainly when their partner's initiated. The broken barrier, in this finding, sheds light on the relational receptiveness to talk or listen and not remain in isolation. This discovery was found to be salient in this study because it can include an additional narrative with African American men grieving: to maintain an emotional level of stability and functionality (i.e., if someone is crying, someone is consoling). The barrier was broken by the willingness to do something most researchers and society have not examined from African American men: communication. Thus, perpetuating the strong, silent African American man.

CHAPTER V

DISCUSSION

The current study was set to explore African American men's experiences with perinatal loss. Being able to understand how African American men grieve, manage their emotional expression with their support system, and potential barriers in America have been stated as the main issue due to the lack of literature shedding light on their stories. As previously discussed, African American men do not physically experience miscarriages, however, their emotional and psychological experiences have not been acknowledged. With what was discovered, the mental health field can be one step closer to attending the needs of African American men appropriately. In this section of the research, I will discuss the researcher's bias and significant findings that could inform clinicians on addressing African American men and the community from a culturally sensitive and competent stance.

This chapter contains discussion and future considerations to help answer the research questions regarding African American men and their experiences with miscarriages:

1. How do African American men experience grief following a pregnancy loss and the impact it had on their relationship?

2. What supports are available to African American men following their partner's pregnancy loss?
3. What are the barriers to accessing support for African American men and how were they overcome?

Interpretation of the Findings and Recommendations

Through the coding process, there were three noteworthy themes that were discovered: strong, silent African American man, family first – therapy second, and broken barrier. As we have established that women are the primary focus of miscarriage studies due to the physical symptomologies they experience (i.e., depression, anger, self-blame), it is equally important to understand how men process their partner's miscarriage (Swanson et al., 2007). While these findings are valuable for the purpose of the research, the next steps in how clinicians and educators can utilize these findings to promote action rather than restating past stereotypes of how men grieve or process their emotions. As we make attempts to challenge those beliefs, we can be encouraged to challenge our approach and narratives we perpetuate which inhibits the attention underrepresented population deserves.

Reconstructing Emotional Expression and Emotional Response

Throughout history, it is of no surprise that the African American community struggles to find solace in the utilization of mental health services in America. Certain cultural implications perpetuate the difficulties men face when the opportunity to externalize and validate their loss is limited (Tseng et al., 2017). How African American

men express their emotions and the response they are often met with can hinder the process of building the bridge between emotional self-awareness and seeking help. Caucasian people tend to recognize when an African American man is angry faster than Black happiness and angry Caucasian faces; this explains the notion that more people are influenced by negative stereotypical information about individuals from different racial backgrounds (Smith, LaFrance, & Dovidio, 2017; Taylor, 1991). This has been reported to be one of the most profound reasons for the lack of mental health utilization (Davey & Watson, 2008). While it is factual to find that we are systematically influenced by information based on race and gender, we also fall prey to the trap and misunderstanding of what is being experienced. To increase attachment to their experiences and culturally competent groups geared to their needs, there may be an increase in attendance, rather than avoidance, of professionally organized services (DiMarco et al., 2001; Esposito et al., 1996).

Both the African American community and society are due for reconstructive surgery of how African Americans deal with their emotions and how we respond. When studies record African American mothers feeling unsupported following a miscarriage, we can only expect to wonder if the same feelings are transferred to their male counterparts (Kavanaugh & Hershberger, 2005). As clinicians are utilizing the importance of primary and secondary emotions, this information can benefit the society in taking an introspective inventory. While the nation is evolving, it is imperative to allow the African American community to relearn the meaning of masculinity and

emotional expression or evolve from the ancient beliefs that have categorized them as the group that does not see the value or importance of seeking mental health services. Even as the intersectional identities (i.e., Black and man) impacts Black emotional expression, there tends to be a gravitational pull to holding onto what it means to be Black and male (Butler, 2015). As these two entities should not be in a dichotomous relationship, it does, however, work against African American men because being able to express emotions contradicts the nature to which they were given.

The findings in this study corroborated with previous research, African American men internalized their emotions while experiencing feelings such as anger and shock in order to be emotionally supportive to their partners (Sperry & Sperry, 2004; Wagner et al., 2018). It is not conducive to expect a lack of emotional expression from African American men and deem it a problematic issue while demeaning their masculinity and resent them because of that stereotypical expectation. This double-bind tends to place African American men in a holding cell with the doors wide open, but vicious dogs waiting to attack should they move. This indirectly places them to believe that the essence of being a strong, Black man is to exist without being vulnerable with themselves, their partners, and society. As we come to understand the evolution of how African American men express their emotions, our response should also evolve to meet their needs.

Extinction of the Monolith

Within the Black community, there has been a resounding echo to each other and to the outside world: we are not monolithic. Black cultural experiences are vastly different globally. With the steady willingness to understand that we are shaped by a conglomerate of experiences, environments, and upbringing, African American men can express emotions and masculinity uniquely as hypermasculinity tends to be restrictive and oppressive. The idea that African Americans are expected to continue to uphold the narrative of not seeking mental health services solely because "it is a White thing" or "Black people do not go to therapy," is obstructive to our intelligent nature and human experience. That narrative can no longer be used as a crutch or excuse to not seek or ask for help. We are not confined to the generalized trends that have been studied because those beliefs are passed down to the next generation. The societal and self-marginalization needs to be eradicated to make room for a cultural paradigm shift to occur so we can move past overlooking men on topics considering their emotional states (Turton et al., 2006).

With the extinction of the belief that African Americans should function within the walls of struggling with mental illness because the community does not believe the use of those services is imperative to understand African American's needs. If not, we are making young, African American men susceptible to what they think they are not supposed to be accessible to, thus perpetuating the false narrative to maintain their masculinity by being emotionally distant (Stinson et al, 1992). One of our many goals as

clinicians, educators, and mental health providers is to create an environment where African American men are included in the talk of being resilient in obtaining growth and health. This cannot be obtained if we still preserve the homeostatic belief that African Americans do not utilize therapy, even less for African American men. They are to be included in the body of literature that promotes control over their autonomy with the knowledge and awareness of culturally responsive and responsible professional services. As we collectively move towards a less rigid notion of what African American men can do emotionally, we, in turn, can help emphasize their strengths and recognize that their masculinity and blackness encompass more than what they have been taught.

The extinction of the monolith serves a purpose for the African American community, researchers, educators, and mental health professionals, and other communities that are impacted by similar cultural stigmas that inhibits them from speaking up to seek help. With men experiencing depression and avoidance behavior, there must be a willingness to expand beyond the status quo, especially when certain populations tend to feel ostracized or disenfranchised from the helping field due to a lack of understanding or knowledge of their experiences (Cumming et al., 2007).

Access to mental health professionals will always be in competition with African American religious affiliations and business establishments (i.e., salons or barbershops). More times than not, the focus is placed on refusing professional services because the community knows more about the African American experiences thus decreasing the likelihood of being misdiagnosed (Allen, Davey, & Davey, 2010). Now, we can place the

focus on changing the narrative that it is acceptable to see a therapist, increasing the bond between African Americans and mental health professional's relationship, and bridging the gap to having access to appropriate cultural interventions. This bond includes incorporating culturally relevant interventions, strategies, and approaches that are considerate of the intersectionality and diversity of the lived experiences of African American men, especially following a perinatal loss (Lipscomb & Ashley, 2018).

The Systemic Paradox

The most valuable part of the possible transformation that should be made for African Americans is representation and what is observed does not always equate to a singular absolute meaning. The respondents reported learning about emotional expression and how to grieve from their environment and this cannot be disputed. Interestingly, one respondent learned how to attempt to stabilize the emotional distress during the grieving process: by being silently supportive and comforting. To comfort is a human characteristic we all possess; however, for men, they are expected to also be verbally expressive.

As the male species grieve or feel covert and comfort overtly, it is perceived by their partners as not caring, expressive, thus disconnecting from emotions (Stinson et al, 1992). From the respondent's stories, they recalled watching the male figures in their family rarely showing emotions, but rather doing things (i.e., being silent, returning to work immediately, playing sports). As their grief is followed by the continuation of everyday activities or attempting to regain normalcy, it is perceived as avoidance rather

than a misunderstood coping skill. Davey and Watson (2008) mentioned that African Americans are likely to seek out alternative motives to meet their emotional needs due to their fear of seeing a therapist. For the respondents, remaining in the sadness of their partner's miscarriage and the loss of their unborn child was unbearable, and that feeling was translated to doing something (i.e., supporting, comforting, providing).

Representation is important to note because this gives African American men the chance to witness how emotions are felt and expressed from a constructive view. The respondents mentioned that when it came to how society shaped how African Americans express emotions, they reported to either feel the need to always remain strong, be angry or show violence, or not express anything, while compassion or vulnerable emotions are not shown to be favorable (Buckley, 2018; Sperry & Sperry, 2004). These are limited options for the men to choose from, thus encouraging them to internalize their emotions. African American men are allowed to have an adequate response if they show emotions like crying and expressing fear. Without the appropriate representation of what or how that may look, we cannot expect them to be able to show it and reiterating their inability to show vulnerable emotions. If we are hoping for African American men to do what they have not been able to do, we should be able to do and show them what they have not seen.

The duality of being a man who does manly things and having a soft, vulnerable side is a topic that is being discussed and slowly changing the meaning of being a man while diminishing the hypermasculinity of African American men (Cunningham et al.,

2013). This can be paradoxical because society wants African American men to be vulnerable and to express this softer side; however, there is not a physical representation of what that looks like and they are faced with being socially reprimanded. African American men should not need to place their emotions needs on hold or wait they are no longer able to keep it together to seek help. This is beyond having access as there is embedded normalcy in seeking treatment for addictions; however, the same does not seem to be said about mental health.

The other distinction to mention is the communication that the respondents mentioned. Whether it was by being influenced by their partner to follow their lead in who they decide to tell about their miscarriage, discussing when to try again, or encouraging other African Americans to speak about their struggles, the respondent homed in on talking. Part of communication is listening to what is also being conveyed nonverbally as well as African American men being asked how they are feeling. The African American men in the study read their partners which activated their role as a supporter (Turton et al., 2006). This should not be in isolation by not asking how they feel or what they need. We are more tuned in to what they were doing (the behavior) and rarely asking how or what they feel because it is often not expected for them to know or share. Even with the internalization of their emotions following their partner's miscarriage, the African American men increasing attentiveness and communication with their partner equates to their receptivity to their partner's needs. This discovery supports the unseen attention African Americans receive.

Research Bias

Marshall and Rossman (2016) stated that a research study should reflect the identity of the researcher through identifying perspectives, assumptions, gender, social class, and other factors that are used in the construction of a researcher. As the researcher of this current study, I had to refrain from imposing my thoughts or beliefs on the data collection process. This was done by asking the respondents to clarify or expand on their answers to certain questions. Prior to conducting the interviews, a thorough examination of previous studies on grief, emotional expression, and African Americans' relationship with mental health services. Studies consistently stated that African Americans experience miscarriages more often than other ethnicities in America, switched into the supporter and protector role, experienced a limited range of emotions, thus internalizing their emotions (Abboud & Liamputtong, 2005; Arias et al., 2003; Armstrong, 2001; Sperry& Sperry, 2004; Wagner et al., 2018). These findings support the theme of some African Americans possibly feeling marginalized.

As this confirmed what I knew about the gender and racial expectations in America, I began to form the notion that I would expect that the respondents would align with previous research findings, especially with the lack of mental health utilization in their community. Unbeknownst to me, I anticipated hearing similar stories of distrust and refusal in accessing or seeking mental health services, and uncertainty in how to verbalize their grief about the loss of their unborn child or partner’s miscarriage. In full transparency, I recognized my own reaction following the miscarriage of a close friend

and the emotional support and words of encouragement given to my friend. It was during a moment of reflection weeks later did I realize that I did not consider the well-being of the partner. This began the journey to understand what African American men experience following a miscarriage.

The risk of having a multitude of knowledge on a specific topic is the limited window one may have when noticing substantial findings. My role and position as the researcher were detrimental to the completion of this study, especially with the absence of my bias I hold of African American men being marginalized on this topic; however, the credibility and dependability of the findings could have been faltered if this bias persisted. To ensure that I was keeping my bias in check during the research process, my research advisor pre-checked and edited my interview questions and I kept written reflexive and reflective notes. As I was checking my position in the approach in the data collection, I was able to identify the significant findings from the coding process.

The current research is salient as it focused on the lacking information on how African American men grieve, more specifically, following a miscarriage considering the majority of the literature concentrates on women and Caucasians (Kavanaugh & Hershberger, 2005). The issue with most research is that the grieving process is generalized without consideration of the intersectionality of African American men which can impact the grieving process. Through the phenomenological approach, existing literature will have relevant knowledge of African American men's experiences following their partner's miscarriage.

Limitations

As this qualitative study was structured to follow a phenomenological method, the study faced several limitations when exploring the African American men's experience with their partner's miscarriage. Due to the chosen sampling approaches, there was a possibility that participants fell under similar educational or socio-economic status, which can potentially decrease the generalizability of the participants in the study. Since I did not inquire about their educational level or socio-economic status, I could not determine if this was a threat to the study. Also, researcher bias and influence could occur in participant selection, data collection, and analysis which can reduce the rigor and integrity of the study. Understandably, their narratives only present their personal knowledge and understanding of their miscarriage experience, emotional expression, and potential barriers to seeking and utilizing mental health services. The stories they shared cannot be generalized to the larger African American community and this can be considered a limitation. The point was to attempt to examine beyond their stories to find shared meanings in how they made sense of their miscarriage story and emotional expression experiences. This is what makes this study different because the information is lacking in this area.

As the findings aligned with previous research and shed light on their experiences through the theoretical lenses chosen for this study, the common meanings that are shared generally in the African American community around mental health services were understood (i.e., *Black people do not do that; that is a White person thing*). This provided

a quicker meaning of their experiences as well as the deeper interpretation of the shift that was occurring. This may not be easily noticed or translated by those who are not familiar with the sayings and meaning. This research also faced unexpected moments during the recordings that I could not control (i.e., Amber Alerts and noisy backgrounds from the respondents' end).

Future research on the topic of African American men experiencing miscarriage should focus on the advocacy and interventions in increasing the utilization of mental health services or making attempts to normalizing the expression of emotions for men. By recognizing that African Americans are least likely to seek counseling services and experience miscarriages more frequently than another racial group, professionals should focus on promoting adequate mental health collaborations for the community. Increased knowledge and cultural competency in working with African American men can also enhance the efficacy of counselors in their ability to reach the marginalized population.

Implications

Exploring African American men's experience with perinatal loss is salient to the current body of literature as it addresses the lack of knowledge and acknowledgment of the male counterpart during a grieving process, specifically, a Black man's experience after a miscarriage. The racial-ethnic and gender component is valuable in the sense that it propels professionals to have a larger conversation in placing the appropriate attention on being informed about how to meet African American men's needs with intention. It is

imperative to know that these entities do not exist in a vacuum in an effort to promote, acknowledge, and amplify African American men's needs.

Educators and Researchers

One of the most productive contributions we can make is to provide accurate and sufficient information to others regarding how African American men grieve. Acknowledging the fluidity in the grieving process rather than pushing the notion that it is a progressive, step-by-step method to eventually overcoming the loss of their unborn child. Grieving following a perinatal loss is a complicated emotion for parents to process. With the inclusion of how African American men experience grief, the relevancy of this study lies in understanding their experience from an ethnic-culturally perspective (Stinson et al., 1992). Acknowledging the presence of grief from the perception and experience of African American men can allow us to expose the ways we have had limited thinking of how grief is processed outside of the Euro-normative standards. If we have concluded that parent's feelings (fear, guilt, anger) are associated with grief following a miscarriage, it is up to us to think of the grieving complexities African American men face while expecting to remain strong for their partner and family (Bosticco & Thompson, 2005; Stinson et al., 1992).

As we include in-depth research on how African American men grieve, we must expand our acceptance of expecting to see emotions and behaviors (i.e., anger and aggression) during the grieving process at face value. With further examination, we know that when we are culturally inclusive in research and disseminating the information, we

are less likely to minimize the severity of the grieving process, thus being socially inclusive of African Americans experiences and approach their needs with appropriate social support (Peters et al., 2015). Research has identified the gender differences and expectations of men and women during the grieving process; however, more focus is spent on the primary emotions. Primary emotions are described as nonunique human emotions, whereas secondary emotions are unique to the human emotional-feeling experience (Demoulin, Pozo, & Leynes, 2009).

In other words, the African American men's primary emotions (anger, aggression), whether adaptive or maladaptive, are well-studied because it is the initial response that is overt. The respondents recalled emotions such as hurt and sad, identified their secondary emotions which translates to them "feeling their feelings"

> (i.e. I broke down crying. I literally, literally lost it because I felt lost. I felt like I didn't know what to do; I didn't know how to react I didn't know anything. You have all those mixed emotions: you're mad, hurt, sad… you know, you're angry and you're wondering why you and everything).

Researchers and educators are encouraged to examine how their bias influences their approach and interpretations of the grieving process that could negatively impact African American men's experiences. As people's narratives and perceptions of personal experiences are continually evolving, it is only appropriate to extend the same attention and insight into how African American men grieve.

Churches

Countless researchers have examined how little African Americans utilize mental health services. Recognizing how transgenerational issues of mistrusting mental/medical services, racial discrimination, and stereotyping, African American men are less likely to engage in or seek therapy, thus impacting the necessary changes to the insufficient level of care they are likely to receive (Davey & Watson, 2008; Greif et al., 2011; Hall & Sandberg, 2012). This is where Black churches or churches in general play a critical role in addressing mental health issues (specifically, grief) because they are the link to providing culturally sensitive and appropriate mental health care for African American men (Allen, Davey, & Davey, 2010).

A collaborative networking relationship between mental health providers and churches is neither a recent nor novice idea. For years, some Black churches have held onto their beliefs that keeping up with religious faith and sanctions can help alleviate or 'cure' mental health issues and mental health providers use the research findings of African Americans not using or seeking therapy to perpetuate the underutilization and mistrust. The church is considered safe and familiar, while mental health is not (Davey & Watson, 2008). As there are more churches recognizing the importance of mental health, Black clergy are the first line of defense in providing appropriate referrals for the congregation or having a mental health professional working for the church who can ethically refer out (i.e. "The Bible calls for us too fellowship and convene amongst each other and that's why those men groups and things like that at the church but very seldom

do you have a very qualified person in that group to really help you deal with grief"). The union of churches and mental health professionals can do far greater good for the African American community rather than within its own entity in isolation.

The findings provided in this study can be considered as having sufficient evidence in how churches can maximize their strength and influence in understanding the cultural needs of their congregation and having the resources available to make referrals. The respondents reported wanting someone who is qualified to provide the proper care and treatment with their current presenting needs.

Policymakers

When it comes to the incorporation of higher-level factions to push efforts in including the creation and implementation of culturally inclusive laws that would benefit African Americans, public policymakers are vital. It is understandable that we do not know everything there is to know about a given culture; however, with African Americans history in America and their increase probability of them unknowingly having a mental health issue, it is not productive to continue ignoring their needs (Bilkins, Allen, Davey & Davey, 2015).

This means that on a larger scale, we need to acknowledge how African Americans, or people in general, are not benefiting from the health industry in relation to their mental health/providers. Revisiting and restoring the integrative behavioral model's access to mental health services is one step closer to executing a more inclusive and culturally intentional framework (Andersen, 1995; Regier & Goldberg, 1978). If the goal

is to take vital local network information or consensus regarding the needs of African American men, it is important to take the findings from this study into account as an initiative to influence African American men's engagement in mental health services. The integrative model (see Figure 5) suggests the continual involvement of the community, family system, and churches plays a salient role in the symbiosis relationship between African Americans and mental health services (Davey & Watson, 2008). Those who are influential in public policy are also vital in enforcing the importance of having access to these and many other services.

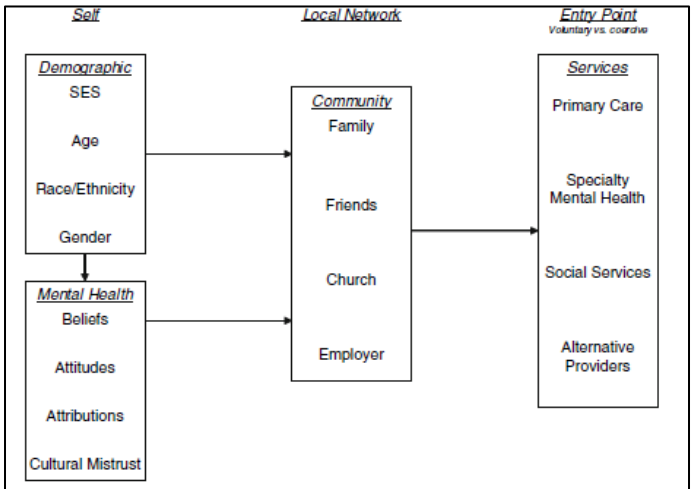


Figure 5. Integrative Model. Adapted from Davey & Watson (2008).

Conclusion

African American men should have the affordance to show and express their vulnerability without sacrificing their ability to be strong. They should have the choice to be both. The stories of the hyperviolent African Americans should be eradicated for growth. Setting the foundation to the next generation on what to do when they are faced

with mental health issues and having the tools to discuss it. This approach is conducive to the adaptive survival for African Americans. The findings from the study solidified that there is a shift for the African American community regarding grief, emotional expression, and the usage of mental health services. The respondents provided information that they covertly grieved, but their attention and focus were on their partner's; their barriers included not needing therapy at the moment of the miscarriage; and most importantly, they described wanting to be heard in being acknowledged in the hurt they also felt and removed from the male narrative that they do not feel their feelings.

The support for African American men does not need to mimic that of the women; however, there can be attention and acknowledgment of their ability to balance the internalization of their grieving process while supporting their partners (Stinson et al., 1992; Turton et al., 2006). A culturally, meaningful approach can minimize the marginalization of their grieving experiences and increase dialogue among African American men (Tseng et al., 2017). The intersectionality of the African American men's experience sheds light on the different differences allowing room for flexibility to a more inclusive narrative of being Black and male. This flexibility illuminates the areas that are unrecognized and underrepresented for African American men, thus taking them from a position of experiencing disenfranchised grief to embracing and expanding their masculinity.

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APPENDIX A

Flyer

AFRICAN AMERICAN MEN'S EXPERIENCE WITH MISCARRIAGES

Participants Needed

- Are you an African-American male who have experienced whose partner had a miscarriage?
- You are currently in a committed relationship at the time of miscarriage.
- Are you over the age of 18?

If you answered YES to any of the statements, you may be eligible to participate.

PURPOSE: The purpose of this research is to explore African American men's experiences with their partner's miscarriage, discuss support (emotional/social) and barriers following the miscarriage.

Please contact the researcher to set a time and date to be interviewed. Interviews will be confidential.

TEXAS WOMAN'S UNIVERSITY

Principal Investigator: Yemi Lekuti, MS, LPC-I
ylekuti@twu.edu 940-489-2478

Faculty Advisor: Aaron Norton, Ph.D.
anorton@twu.edu 940-898-2677

APPENDIX B

Guided Interview Questions

Experience with Grief/Impact on Relationship

1. How long have you been with your partner?
2. Describe your experience as an African American and men and emotional expression?
    a. (Prompt) How has society shaped how African American men express their emotions?
        i. (Probe) What would you like others to know about how African American men express their emotions?
        ii. (Probe) Explain your view on African American men (you) and grieving
        iii. (Probe) Where did you learn how to process grief?
3. Describe your relationship with your partner after the miscarriage?
4. How would you describe your behavior around/with your partner after the miscarriage?
5. Please describe what you did when you found out about the miscarriage?
    a. (Prompt) Tell me about your health following the miscarriage.
        i. (Probe) Describe any changes to your sleeping and eating patterns, awareness of any physical symptoms or illness following the miscarriage.
    b. (Probe) Tell me the emotions, feelings, and thoughts you had at that moment of the miscarriage

Support System/Services

6. How would you describe your relationship with mental health services?
7. Tell me about your experience of the pregnancy before the miscarriage?
    a. What were your expectations?
8. Who did you tell after finding out?
    a. (Prompt) Who did/would you have feel/felt comfortable telling?
    b. (Prompt – if they did not tell anyone) What was the deciding factor that you decided to keep the news to yourself?)
    c. (Probe) What would you have wanted your partner (family/close friends) to know about what you were feeling?
9. Who checked on you following the miscarriage?
10. Describe the kind of support that was offered to you following the miscarriage
    a. (Probe) Which services did you personally access?

Barriers with Support/Services

11. Describe any barriers you had when (wanting to) discussing miscarriages?
    a. (Probe) …wanting to or describing how you felt about the miscarriage with your partner?
    b. (Probe) … seeking or using mental health services following the miscarriage?
12. How would you describe the attention African American men receive following a miscarriage?
13. How would you encourage other African American men to seek help?

APPENDIX C

Consent Form

TEXAS WOMAN'S UNIVERSITY (TWU)
CONSENT TO PARTICIPATE IN RESEARCH

Title: The Exploration of African American Men's Experience with Perinatal Loss

Principal Investigator: Yemi Lekuti ..... ylekuti@twu.edu 940-489-2478
Faculty Advisor: Aaron Norton, PhD ..... anorton@twu.edu 940-898-2677

Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Ms. Yemi Lekuti, a Ph.D. candidate at Texas Woman's University, as a part of her dissertation. The purpose of this research is to culturally explore African American men's emotional expression or impact, the grieving process, access or utilization of support and mental health services following a miscarriage/perinatal loss. As a participant, you will be asked to take part in a phone or video conference interview regarding your experience following your partner's miscarriage. This interview will be audio-recorded, and we will use a code name to protect your confidentiality. The total time commitment for this study will be about 2 hours. The greatest risks of this study include potential emotional discomfort or distress when recalling your perinatal loss experience. Due to this possibility, a referral list of counseling resources has been provided to you with this consent form. We will discuss these risks and the rest of the study procedures in greater detail below.

Your participation in this study is completely voluntary. Please review this consent form carefully and take your time deciding whether you want to participate.

Description of Procedures

After you have expressed your interest in the study, you will participate in the Initial Phone Call, which includes being prescreened to qualify to participate, setting up an interview date, and answering any questions regarding the consent form. This initial phone call will take approximately 15 minutes. As a participant in this study, you will be asked to spend approximately one hour of your time with the researcher. The researcher will ask you questions about your emotional/mental state, reactions to your partners' miscarriage, grieving process, and the kind of support you used following the miscarriage. You and the researcher will decide on the time and date of the interview. You and the researcher will decide on a code name for you to use during the interview. The interview will be audio-recorded: if you choose to be interviewed over the phone, the interview will be recorded using Voice recorder in a secure laptop; if you choose to have a video conference (Doxy.me), the interview will be recorded using Voice Memo on a secure phone. Doxy.me is a secure, HIPAA, and HITECH compliant video conference platform that is used to have and provide confidential therapy sessions. The researcher will write down key phrases you have used for clarity and accuracy when reviewing what you have said. To be a participant in this study, you must be an African American or African descent male, at least 18 years of age or older and have experienced a miscarriage in your current, committed relationship.

Potential Risks

The researcher will ask you questions about how your perinatal loss experience has affected you. A possible risk in this study is discomfort or emotional distress with these questions you are asked. You may also experience fatigue due to time spent being interviewed. If you become tired or upset, you may take breaks as needed. You may also stop answering questions at any time and end the interview. If you feel you need to talk to a professional about your discomfort, the researcher has provided you with a list of resources.

Another risk in this study is the loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. As a precautionary suggestion, please ensure that you are at a secure location during the time of your interview. A code name will be used during the interview. Identifiable information will not be used or will be removed in the study (i.e. names, location of places, or people).

The audio recording and the written interview will be stored in a password protected zip drive. Only the researcher and her advisor will hear the audio recording or read the written interview. The audio recording and the written interview will be destroyed within three years after the study is finished. The signed consent form will be stored separately from all collected information and will be destroyed three years after the study is closed. The results of the study may be reported in scientific magazines or journals but your name or any other identifying information will not be included. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions. Your audio recording and/or any personal information collected for this study will not be used or distributed for future research even after the researchers remove your personal or identifiable information (e.g. your name, contact information).

You should let the researcher know at once if there is a problem and she will try to help you. However, TWU does not provide medical services or financial assistance for any form of injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. If you would like to know the results of this study, we will email you. *

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study, you should ask the researchers; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

_____ _____

Signature of Participant Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____ or Address: _____

Referrals for Counseling

I recognize that it may have been distressful or difficult for you to share your experience. Your participation in this study would be an encouragement to other African American men, their spouses, and professionals to be culturally aware and responsive.

- Grief Recovery Center
  i. 2040 N Loop W #300, Houston, TX 77018
  ii. 832-413-2410
- Bo's Place
  i. 10050 Buffalo Speedway, Houston, TX 77054
  ii. 713-621-2700
- Eddins Counseling Group – Montrose
  i. 1501 Crocker St Suite #2, Houston, TX 77019
  ii. 832-324-2982
- Eddins Counseling Group – Heights
  i. 5225 Katy Fwy Suite #103, Houston, TX 77007
  ii. 832-225-8518

If you are experiencing a crisis (suicidal ideation, depressive symptoms) following this interview, you can contact:

- Houston Crisis Hotline: 832-416-1177
- National Alliance on Mental Health (Greater Houston): 713-970-4419
- Harris Center Crisis Line: 1-866-970-4770

If you reside outside of the Houston area, please visit the Psychology Today website (https://www.psychologytoday.com/us) or the American Association for Marriage and Family Therapy website (https://www.aamft.org/Directories/Find_a_Therapist.aspx) to find a therapist near you.