

European Journal of Psychotraumatology

ISSN: 2000-8066 (Online) Journal homepage: www.tandfonline.com/journals/zept20

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To cite this article: Asuman Buyukcan-Tetik, Mustafa Anil Topal, Turan Deniz Ergun, Sabahat Cigdem Bagci, Kubra Kizilirmak & Paul A. Boelen (2024) Is pregnancy loss (that) disenfranchised? Evidence from a vignette study, European Journal of Psychotraumatology, 15:1, 2398354, DOI: 10.1080/20008066.2024.2398354

To link to this article: https://doi.org/10.1080/20008066.2024.2398354

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EUROPEAN JOURNAL OF PSYCHOTRAUMATOLOGY
2024, VOL. 15, NO. 1, 2398354
https://doi.org/10.1080/20008066.2024.2398354

EUROPEAN JOURNAL OF PSYCHO-TRAUMATOLOGY
THE OFFICIAL JOURNAL OF THE EUROPEAN SOCIETY FOR TRAUMATIC STRESS STUDIES

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BASIC RESEARCH ARTICLE

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Is pregnancy loss (that) disenfranchised? Evidence from a vignette study

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ABSTRACT

Background: Perceiving that society disregards grief after pregnancy loss (disenfranchised grief) elevates bereaved parents' psychological burden.
Objective: In this research, we aimed to compare the disenfranchisement of pregnancy loss with four other loss types considering the bereaved's gender.
Method: We collected data from Turkish participants ($N = 1,280$) using a 5 (loss type) x 2 (gender) between-subjects design with randomly assigned vignettes. Participants reported their expected grief and behavioural tendencies toward the bereaved. We conducted MANOVA and ANOVA analyses.
Results: Results revealed that participants expected higher grief for pregnancy loss than two other disenfranchised grief types (former colleague's death, grandfather's diagnosis with Alzheimer's). Expected grief for pregnancy loss was higher than or similar to the level for the best friend's loss across examinations but lower than the level for the one-year-old child's loss. Behaviour tendencies were alike across vignettes, and their results did not paint a coherent picture. Findings did not differ by the bereaved's gender.
Conclusion: Pregnancy loss might be less disenfranchised than bereaved parents perceive it, and parents' perceptions could be targeted in therapeutic interventions.

¿Está la pérdida del embarazo (tan) marginalizada? Evidencia empleando viñetas clínicas

Antecedentes: Percibir que la sociedad marginaliza el duelo luego de la pérdida del embarazo (duelo marginalizado) incrementa la carga psicológica de los padres en duelo.
Objetivo: En esta investigación, el objetivo fue el comparar la marginalización de la pérdida del embarazo con otros cuatro tipos de pérdida considerando el género de los deudos.
Métodos: Se recolectó información de participantes turcos ($N = 1.280$) empleando un diseño de 5 (tipo de pérdida) x 2 (género) entre los participantes con una asignación aleatoria a viñetas clínicas. Los participantes respondieron sobre su expectativa sobre el duelo y tendencias de conducta frente a los deudos de las viñetas clínicas. Se realizaron análisis de MANOVA y ANOVA.
Resultados: Los resultados mostraron que los participantes esperaban niveles más altos de duelo para los casos de pérdidas del embarazo que para otros dos tipos de duelo marginalizado (fallecimiento de un colega del trabajo; diagnóstico de la enfermedad de Alzheimer a un abuelo). La expectativa del duelo por pérdida del embarazo fue igual o más alta que para la pérdida de un mejor amigo en todos los análisis, pero fue menor que para la pérdida de un hijo de un año. Las tendencias de conducta fueron similares en todas las viñetas clínicas, y sus resultados no fueron coherentes. No hubo diferencia en los hallazgos según género.
Conclusión: La pérdida del embarazo podría ser menos marginalizada que lo que perciben los padres en duelo, y las percepciones de los padres en duelo podrían ser un objetivo de las intervenciones terapéuticas.

ARTICLE HISTORY
Received 1 March 2024
Revised 9 August 2024
Accepted 20 August 2024

KEYWORDS
Pregnancy loss; disenfranchised grief; parenthood; vignettes; perception

PALABRAS CLAVE
Pérdida del embarazo; duelo marginalizado; parentalidad; viñetas clínicas; percepción

HIGHLIGHTS

- We investigated whether pregnancy loss is more disenfranchised by society than four other loss types considering the bereaved's gender.
- We collected data from a large sample in Turkey.
- Pregnancy loss might be less disenfranchised than argued in the literature.

Pregnancy loss can be defined as the involuntary and unintended loss of an unborn baby (McDonald et al., 2022). It includes miscarriages (earlier pregnancy loss) and stillbirths (later pregnancy loss), considering factors such as the week of pregnancy and the deceased baby's weight and length. The criteria for differentiating these two pregnancy loss types significantly vary across institutions, such as the National Health Service UK (2021) and the World Health Organization (WHO, 2023). However, the minimum

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Supplemental data for this article can be accessed online at https://doi.org/10.1080/20008066.2024.2398354.

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cut-offs for defining a stillbirth are 20 weeks of pregnancy, 350 grams of birthweight, and 25 centimetres of length across different criteria (for the complete list of criteria and definitions across institutions, see Da Silva et al., 2016). Around 10% to 15% of pregnancies end with miscarriages and 1% with stillbirths (Centers for Disease Control and Prevention, 2022; WHO, 2023).

Many bereaved parents perceive their experience of pregnancy loss as traumatic and report high levels of grief afterward (Horesh et al., 2018; Lok & Neugebauer, 2007). Consequently, pregnancy loss is associated with lower levels of psychological (e.g. more frequent depressive symptoms) and relational (e.g. lower relationship satisfaction) well-being in bereaved parents (Gold et al., 2010; Thapar & Thapar, 1992). Despite the heterogeneity in parents' experiences (Mørk et al., 2023), on average, those mental health symptoms are subject to continue for one (Güçlü et al., 2021; Lok & Neugebauer, 2007) to three years (Campbell-Jackson & Horsch, 2014). Those symptoms may also spill over to parents' relationship with their later-born children (Turton et al., 2009).

Notwithstanding these adverse outcomes, to what extent society is aware of and acknowledges these consequences for bereaved parents is still largely unknown. Pregnancy loss is argued to be associated with *disenfranchised grief* (Doka, 1989), meaning that bereaved parents' grief after a pregnancy loss is likely to be publicly unrecognized, ignored, or underestimated (Cacciatore, 2011; Obst et al., 2020). Accordingly, bereaved parents are likely to feel socially excluded, marginalized, and lacking support, which would add to their psychological ill-being and hinder their psychological recovery (Glaser Chodik & Baum, 2023). Moreover, disenfranchised grief could also be an obstacle for them to receive high-quality health care after the loss (Ellis et al., 2016). Interestingly, this claim of disenfranchised grief after pregnancy loss has received hardly any evidence because, critically, existing knowledge relies on the reports of the bereaved parents themselves but not of the third persons in the society (e.g. Bellhouse et al., 2018; Miller et al., 2019). That is, current research reflects society's disenfranchisement *perceived by bereaved parents*, not *society's actual disenfranchisement*. In this study, we aimed to investigate whether pregnancy loss is (that) disfranchised by society compared to four other loss types (a former colleague's death, the grandfather's diagnosis with Alzheimer's, one-year-old child's death, and best friend's death).

As a second aim, we sought to examine whether society's disenfranchisement of pregnancy loss (if any) differs toward bereaved mothers vs. fathers. Pregnancy loss is pictured mainly as a maternal experience, resulting in 'double-disenfranchised grief' for fathers due to both the event and gender (Obst et al., 2020, p. 11). We aimed to contribute to the limited evidence on society's reaction to fathers' experience after pregnancy loss.

1.1. Operationalization of disenfranchised grief

There is no agreement on a method to assess disenfranchised grief in the literature. Some studies focused on society's expectations of the bereaved people's grief levels and social distancing tendencies toward the bereaved as the main proxies of disenfranchised grief (e.g. Eisma, 2018; Penman et al., 2014). In this research, we, too, consider an expectation of no or low grief as the core element of disenfranchised grief. Society may not be able to understand the parent's grief after pregnancy loss due to an unawareness of the loss's significance (Glaser Chodik & Baum, 2023). Such an unrecognition or underestimation could occur due to reasons like the absence of remains of the deceased, lack of formal rituals, and the perception of parents' limited time to develop shared experiences and a strong attachment with the unborn baby (Cacciatore, 2011; Corr, 1999; Doka, 1989; Obst et al., 2020).

Disenfranchised grief could also determine behaviours toward the bereaved (Doka, 1989), assessed using a social distancing scale (e.g. acceptance of the bereaved as a neighbour or friend; Eisma, 2018; Penman et al., 2014). Low and high levels on the scale indicated society's approach and avoidance behaviour tendencies, respectively. Nevertheless, approach and avoidance behaviours were shown to be associated with differential regulatory and morality systems and not necessarily strongly related (e.g. Carver, 2006). In the current study, we considered these two behaviour tendencies separately.

After pregnancy loss, some people may not notice the parent's grief or feel the need to support the bereaved (i.e. low approach, low avoidance). Others, however, may be aware of the parent's grief but engage in avoidance behaviours due to reasons such as ambivalence about what to do/say (i.e. low approach, high avoidance). People may also enact approach behaviours following social expectations despite their unwillingness (i.e. high approach, low/high avoidance). Considering these competing possibilities, we used approach and avoidance behaviour tendencies for exploratory purposes.

Another discussion about disenfranchised grief is whether loss types could strictly be categorized as losses eliciting disenfranchised vs. enfranchised grief. Robson and Walter (2013) argued a hierarchy comparing each loss with others (e.g. less/more disenfranchised grief) instead of a binary categorization. Therefore, we investigated the society's relative expected grief levels and approach and avoidance behaviour tendencies toward people bereaved due to

pregnancy loss vs. other losses. We compared pregnancy loss with disenfranchised (i.e. a former colleague's death, grandfather's diagnosis with Alzheimer's) and enfranchised loss types (i.e. one-year-old child's death, best friend's death). The categorization of these loss types was based on the literature (Corr, 1999; see Supplemental Materials for a discussion on our loss selection).

1.2. Previous research on society's reactions to pregnancy loss

To our knowledge, only three studies investigated the reactions to pregnancy loss by collecting data from society rather than the bereaved parents themselves. First, Canadian university students were found to expect bereaved mothers with stillbirth vs. miscarriage to have higher grief (Plagge & Antick, 2009). Second, Australian participants found bereaved parents sharing their stillbirth memories more appropriate if they were shared with partners or families than colleagues (Keeble et al., 2018). Additionally, the longer the time since the loss (five years vs. one year), the less likely the participants were to find conversations appropriate.

Like our research, Thornton and colleagues (1991) compared American college students' perceptions of enfranchised (deaths of a child, husband, a loved one) and disenfranchised loss types (death of a homosexual lover, a miscarriage, an elective abortion) through vignettes. Their results contradicted the disenfranchised grief picture of miscarriage. Participants reported that friends and relatives of the bereaved would expect more grief reactions after miscarriage than the other two disenfranchised grief types. Moreover, expected reactions to miscarriage and the deaths of a spouse and a child were almost identical.

However, all three studies had small samples, primarily composed of women. Second, two of them (Plagge & Antick, 2009; Thornton et al., 1991) investigated the reactions towards only mothers, and Keeble et al. (2018) did not mention the parent's sex. Lastly, they were conducted in developed countries with individualistic cultures, reducing their generalizability to other contexts. We overcame these limitations by comparing society's reactions toward bereaved women and men after pregnancy loss vs. four other losses using a sample from Turkey, a relatively collectivistic country (Kagitcibasi, 2007).

1.3. Bereaved mothers vs. fathers

Disregarding fathers' experience after pregnancy loss, as shown in the literature (e.g. Obst et al., 2020), may be rooted in the fact that the baby physically develops within the mother's body, and the father's attachment is socially perceived to increase at a slower pace (McCreight, 2004; Tanacıoğlu-Aydın & Erdur-Baker, 2022). However, fathers' expectations and worldviews are also shattered after pregnancy loss, and they, too, have high psychological distress and pay social costs (Aydin & Kabukcuoğlu, 2021; Miller et al., 2019). For example, bereaved fathers from Israel reported lacking support and being avoided by friends and family members after pregnancy loss (Glaser Chodik & Baum, 2023). Thus, we aimed to contribute to the limited knowledge about fathers' experiences and examine whether society's reactions to bereaved mothers and fathers after pregnancy loss differ (see the hypotheses below).

1.4. Context: Turkey

The socio-cultural environment matters in understanding the reactions to pregnancy loss. Some sentences widely used in the Turkish culture for comforting the bereaved parents (e.g. 'You are still young, you can have another child') signal the parents that their current loss is minimized, and the possibility of new generations counts (Tanacıoğlu-Aydın & Erdur-Baker, 2022). Indeed, parenthood is positively related to social status in Turkey (Bahtiyar-Saygan & Sakallı-Uğurlu, 2019; Kagitcibasi & Ataca, 2005). High levels of sexism, conservatism, and patriarchal values in Turkey (Engin & Pals, 2018; Sakallı-Uğurlu et al., 2007, 2018) are among some of the potential candidates influencing the society's perception and reactions to pregnancy loss, based on the findings in other cultures (e.g. Chalmers et al., 2024). Nevertheless, research on this topic in Turkey is rare, and cross-cultural comparisons of reactions and their mechanisms are non-existent.

1.5. The present study

In this study, we had two research questions: (1) is pregnancy loss more/less disenfranchised than four other loss types? (2) Does disenfranchisement of pregnancy loss (if any) differ across bereaved mothers and fathers? We conducted a between-subjects vignette study with a 5 (loss type) × 2 (gender) design in Turkey. We generated our hypotheses regarding society's expected grief levels and considered approach and avoidance behaviour tendencies toward the bereaved people in an exploratory manner.

We compared pregnancy loss with two disenfranchised (a former colleague's death, a grandfather's diagnosis with Alzheimer's) and two enfranchised grief types (a one-year-old child's death, a best friend's death). We anticipated pregnancy loss to elicit higher expected grief than disenfranchised losses and to lead to the same or similar grief compared to the enfranchised losses. This was because pregnancy does not represent a relatively distant relationship, as is the

case with some disenfranchised grief types (like a former colleague's death), but a loss of kinship (like a one-year-old child's death) and a close relationship (like a best friend's death). Moreover, pregnancy loss involves a physical death, unlike a grandfather's diagnosis of Alzheimer's. We also anticipated mothers to receive higher grief than fathers after pregnancy loss. This aligns with the context characteristics of Turkey, where kinship and parenthood, especially motherhood, are highly valued (Bahtiyar-Saygan & Sakallı-Uğurlu, 2019; Kagitcibasi & Ataca, 2005). Hypotheses (H1–H4) and exploratory questions (EQ1–EQ2) are presented below and were preregistered (https://osf.io/te2cg).

H1: We predicted pregnancy loss to receive higher expected grief than the other two disenfranchised losses in our study (i.e. a former colleague's death, a grandfather's diagnosis with Alzheimer's).

EQ1: We explored the difference in expected grief for pregnancy loss vs. a one-year-old child's death as well as vs. the best friend's death. Considering the underestimation of pregnancy loss (Tanacıoğlu-Aydın & Erdur-Baker, 2022), pregnancy loss could be expected to receive lower expected grief than the loss of a one-year-old child. However, similar levels across these two loss types were possible because close family ties, in general, are highly valued in Turkey (Kagitcibasi & Ataca, 2005), and Thornton et al. (1991) found no difference in reactions to miscarriage vs. a child's death.

H2: Bereaved women would receive higher expected grief than bereaved men in the vignettes about pregnancy loss and one-year-old child loss, considering that mothers are generally perceived as the 'chief mourner' after child loss (Cimete & Kuguoglu, 2006; Tanacıoğlu-Aydın & Erdur-Baker, 2022).

H3: Men bereaved due to pregnancy or one-year-old child loss would receive higher expected grief than men bereaved due to three other losses (i.e. a former colleague's death, a grandfather's diagnosis with Alzheimer's, best friend's death), considering that a child loss is at the top of the hierarchy of losses in most cultures (Robson & Walter, 2013).

H4: Gender difference in expected grief (i.e. the difference between the ratings of grief expected from women vs. men in the vignettes) would be more prominent in the pregnancy loss vignette than in the vignettes about three other loss types (i.e. a former colleague's death, a grandfather's diagnosis with Alzheimer's, the best friend's death). This is because differential grief expectation would be more about motherhood vs. fatherhood rather than the bereaved's gender.

EQ2: Gender differences in expected grief after pregnancy loss vs. one-year-old child loss were explored. Because gender represents motherhood and fatherhood in both vignettes, we could not have a strong hypothesis. Nevertheless, given that fathers' loss, compared to mothers' loss, is argued to be more disenfranchised after pregnancy loss (Obst et al., 2020), the difference in expected grief levels from mothers vs. fathers after pregnancy loss would be larger than differences in expected grief after a one-year-old child loss.

2. Method

2.1. Participants and procedure

To reach a diverse sample representing the adult (18+) Turkish population, a licensed data collection company in Turkey with solid experience in scientific research collected the data through phone interviews for two months (May–June 2023). Before the main data collection, we conducted two pilot studies to improve the clarity of the vignettes, items' flow and content, and instructions: one with 10 participants to get detailed qualitative feedback, thanks to the research assistants, and another one with 50 participants through the data collection company. In the latter, we also checked the scales' reliability levels and variables' distributions and received feedback from the participants with different socioeconomic levels. After participants consented to their contribution, they were randomly assigned to one of the vignettes (see below) and responded to the items accordingly. No quota for each vignette's sample was set. Completing the survey took 12.54 minutes on average (SD = 5.42). Participants did not receive any incentives. The research, including the payment to the data collection company, was approved by the funding institution and Sabanci University's Research Ethics Council (FASS-2022-46). The demographics of our sample of 1,280 participants residing in 73 different cities of Turkey are presented in Table 1.

2.2. Vignettes

We used ten (5 loss types × 2 genders) one-sentence vignettes with a between-subjects design. A similar one-sentence vignette design was applied by Philippkowski et al. (2021). The five loss types were pregnancy loss, a former colleague's death, a grandfather's diagnosis with Alzheimer's, a one-year-old child's death, and best friend's death. We used the names Ayşe (a woman's name) and Ali (a man's name) in the vignettes to differentiate the gender of the bereaved (Dennis et al., 2022). To illustrate, we had two vignettes for pregnancy loss: 'Ayşe lost her unborn baby during her pregnancy last month' and 'Ali lost his unborn baby during his wife's pregnancy last month.' Considering the research goals and power limitations, we kept the time since loss constant (see Supplemental Materials for an explanation about the selection of 'last month' and the vignettes in Turkish and English). Participants were explained that their responses could vary depending on other factors, such as the expectedness of the loss, but they were asked to

Table 1. Sample Characteristics.

	Pregnancy loss		Former colleague's loss		Grandfather's Alzheimer's		Child loss		Best friend's loss	
Gender of the bereaved in the vignette (*N*)	Men (125)	Women (134)	Men (129)	Women (122)	Men (122)	Women (130)	Men (121)	Women (128)	Men (134)	Women (135)
Women participants (%)	51.2	50	39.5	59	54.9	42.3	43	57.8	51.5	45.9
Age (*M* (*SD*))	38.86 (10.12)	40.82 (10.34)	39.24 (10.63)	38.69 (10.50)	40.48 (11.59)	40.01 (10.42)	39.44 (10.17)	41.23 (11.25)	40.36 (11.00)	41.40 (10.76)
Socioeconomic status (*M* (*SD*))	5.24 (1.77)	5.10 (2.07)	5.34 (1.70)	5.18 (1.95)	5.43 (2.05)	5.08 (1.75)	5.19 (2.06)	5.11 (1.83)	5.28 (2.05)	5.10 (1.89)
Education (%)										
No education, but literate	0.8	0.7	0.8	0	2.5	0.8	0	1.6	0	0
Primary school	5.6	11.2	11.6	6.6	9.8	6.9	6.6	10.9	8.3	10.4
Secondary school	18.4	19.4	13.2	19.7	14.7	23.1	19.8	22.7	21.0	21.5
High school	46.4	36.6	36.4	32.8	41.0	38.5	38.8	36.7	36.8	38.5
2-year community college	10.4	8.2	7.8	5.7	11.5	10.0	8.3	6.2	5.3	11.8
4-year university	16.8	23.9	28.6	33.6	18.0	19.2	24.0	20.3	27.1	15.6
Master's & PhD	1.6	0	1.6	1.6	2.5	1.5	2.5	1.6	1.5	2.2
Marital Status (%)										
Single	27.2	18.7	21.9	30.3	17.2	25.4	21.5	25.0	23.9	18.5
Married	64.0	67.9	68.0	56.6	70.5	59.2	66.1	54.7	67.1	65.9
Divorced	8.0	11.2	9.4	12.3	8.2	12.3	9.1	16.4	6.0	12.6
Widowed	0.8	2.2	0.8	0.8	4.1	3.1	3.3	3.9	3.0	2.3
Parents (%)	66.4	72.4	62.8	61.5	73.8	63.1	71.1	65.7	64.2	71.9
Experienced the same loss in the vignette (%)	13.6	14.9	15.5	13.9	27.9	27.7	8.3	11.7	16.4	18.5
Experienced distressing losses (%)										
None	16.0	23.9	17.1	16.5	16.4	15.4	18.2	13.3	12.7	18.5
One	28.8	19.4	28.6	25.6	21.3	22.3	18.2	28.1	32.1	25.9
Two	33.6	31.3	28.7	30.6	28.7	34.6	35.5	31.3	31.3	25.2
Three	12.8	13.5	17.8	12.4	10.6	16.2	14.0	17.9	14.2	16.3
More than three	8.8	11.9	7.8	14.9	23.0	11.5	14.1	9.4	9.7	14.1

Note. We measured subjective socioeconomic status using a 10-step ladder representing increasing levels. One participant did not respond to the marital status question.

respond based on the provided information. We had three attention-check questions after the vignettes regarding the loss type, gender of the bereaved person, and time since the loss in the vignette. No or wrong response to any meant that the participant could not continue with the survey.

2.3. Measures

2.3.1. Expected grief

We measured participants' expectations of the bereaved person's grief level using an adapted version of the 22-item Traumatic Grief Inventory-Self Report Plus (Lenferink et al., 2022; Turkish version: Baş et al., 2022). For example, the original item 'I felt bitterness or anger related to his/her death' was used as 'Ayşe felt bitterness or anger related to her baby's death during pregnancy' in the vignette about a bereaved mother's pregnancy loss. Participants reported their expectations on how often the bereaved experienced each reaction in the past month, following a similar method by Penman et al. (2014). We administered a 5-point Likert scale (1 = *Never*, 5 = *Always*). The reliability levels were high across the vignettes (Average α = .95; range: .91–.98; Supplemental Materials).

2.3.2. Behaviour tendencies

Participants' tendencies to engage in approach and avoidance behaviours toward the bereaved people in the vignettes were measured using the adapted versions of the items in Bagci et al. (2020). The original items assessed the behaviour tendencies toward possible outgroup members (e.g. refugees). In our study, approach (e.g. spending time with the bereaved person in the vignette) and avoidance (e.g. staying away from the bereaved person in the vignette) behaviour tendencies included five and three behaviours, respectively (see Supplemental Materials). Participants responded to the items on a 5-point Likert scale (1 = *Strongly disagree*, 5 = *Strongly agree*). The reliability levels varied by the vignettes (Average $\alpha_{approach} = .73$, Average $\alpha_{avoidance} = .66$; $range_{approach} = .57–.86$, $range_{avoidance} = .57–.81$; Supplemental Materials). The average correlation between approach and avoidance behaviour tendencies was −.27 ($p < .001$), confirming our decision to assess these behaviour tendencies separately.

2.4. Strategy of analysis

We examined the main effects of loss type and gender and their interaction on expected grief and approach and avoidance behaviour tendencies through a 5 (loss type) × 2 (gender) between-subjects MANOVA using IBM SPSS Statistics (Version 23). We also conducted contrast and simple effect analyses with Bonferroni correction. The minimum sample size for detecting a small effect with 80% power ($\alpha = 0.05$, $f^2 = 0.01$) in MANOVA and ANOVA was determined using G*Power 3.1 (Faul et al., 2009). We exceeded the requirement of 1,199 participants with our sample of 1,280 participants (see Supplemental Materials for data cleaning). Data and syntax files can be obtained from the first author.

3. Results

Descriptive statistics are presented in Table 2 (see Supplemental Materials for their figure). MANOVA results revealed a significant main effect of loss type (Pillai's Trace = .257, $F(12, 3810) = 29.779$, $p < .001$, $\eta_p^2 = 0.086$), but not gender (Pillai's Trace = .003, $F(3, 1268) = 1.373$, $p = .249$, $\eta_p^2 = 0.003$). The interaction between loss type and gender was non-significant (Pillai's Trace = .008, $F(12, 3810) = 0.844$, $p = .605$, $\eta_p^2 = 0.003$). ANOVA results for loss type indicated a significant effect on expected grief ($F(4, 1270) = 108.376$, $p < .001$, $\eta_p^2 = 0.254$) and approach ($F(4, 1270) = 11.904$, $p < .001$, $= 0.036$) and avoidance behaviour tendencies ($F(4, 1270) = 3.398$, $p = .009$, $\eta_p^2 = 0.011$). Below, we present the results for each research question and exploratory analysis.

> H1: We predicted pregnancy loss to receive higher expected grief than the other two disenfranchised losses in our study.

The comparisons across vignettes are presented in Table 3. Confirming Hypothesis 1, participants expected higher grief for pregnancy loss than for the loss of a former colleague and the diagnosis of the grandfather with Alzheimer's. These results indicated that pregnancy loss is more enfranchised than the other two disenfranchised grief types. Similarly, the approach behaviour tendency toward the bereaved was higher for the pregnancy loss vignettes than the vignettes about the loss of a former colleague and the grandfather's diagnosis with Alzheimer's. However, avoidance behaviour tendencies toward the bereaved did not differ across the vignettes about pregnancy loss, the loss of a former colleague, and the grandfather's diagnosis with Alzheimer's.

> EQ1: We explored the difference in expected grief levels for pregnancy loss vs. a one-year-old child's death as well as vs. the best friend's death.

As shown in Table 3, participants reported significantly lower expected grief levels for pregnancy loss than for child loss. Furthermore, the expected grief level reported for pregnancy loss was higher than for the loss of best friend. These results showed that although pregnancy loss is more enfranchised than best friend's loss, it still is not as enfranchised as child loss. The approach and avoidance behaviour tendencies toward the bereaved did not differ when

Table 2. Means (and standard deviations) across vignettes.

	Pregnancy loss		Former colleague's loss		Grandfather's Alzheimer's		Child loss		Best friend's loss	
Gender of the bereaved in the vignette (*N*)	Men (125)	Women (134)	Men (129)	Women (122)	Men (122)	Women (130)	Men (121)	Women (128)	Men (134)	Women (135)
Expected grief	3.71 (0.71)	3.84 (0.56)	3.12 (0.86)	3.02 (0.83)	3.05 (0.80)	3.15 (0.73)	4.02 (0.45)	4.17 (0.45)	3.61 (0.60)	3.61 (0.63)
Approach behaviour tendency	4.06 (0.38)	4.08 (0.41)	3.93 (0.45)	3.89 (0.47)	3.87 (0.52)	3.97 (0.37)	4.09 (0.40)	4.14 (0.49)	4.03 (0.35)	4.10 (0.49)
Avoidance behaviour tendency	1.57 (0.49)	1.60 (0.54)	1.62 (0.58)	1.69 (0.69)	1.67 (0.53)	1.66 (0.53)	1.51 (0.58)	1.51 (0.57)	1.58 (0.55)	1.54 (0.57)

Table 3. The comparison of pregnancy loss vignettes with other vignettes.

		Expected grief					Approach behaviour tendency					Avoidance behaviour tendency				
		Contrast estimate	F-value (1, 1275)	*p*	95% CI	η_p^2	Contrast estimate	F-value (1, 1275)	*p*	95% CI	η_p^2	Contrast estimate	F-value (1, 1275)	*p*	95% CI	η_p^2
Pregnancy loss vs.	Former colleague's loss	**0.706**	**139.596**	**.001**	**[0.589–0.823]**	**.099**	**0.160**	**17.244**	**.001**	**[0.085–0.236]**	**.013**	−0.068	1.854	.174	[−0.166–0.030]	.001
	Grandfather's Alzheimer's	**0.673**	**127.012**	**.001**	**[0.556–0.790]**	**.091**	**0.143**	**13.728**	**.001**	**[0.67–0.219]**	**.011**	−0.077	2.402	.121	[−0.175–0.020]	.002
	Child loss	**−0.324**	**29.227**	**.001**	**[−0.441–0.206]**	**.022**	−0.050	1.677	.196	[−0.126–0.026]	.001	0.077	2.368	.124	[−0.021–0.175]	.002
	Best friend's loss	**0.167**	**8.069**	**.005**	**[0.052–0.282]**	**.006**	0.003	0.004	.947	[−0.072–0.077]	.000	0.029	0.357	.550	[−0.067–0.125]	.000

Note. Results in bold are statistically significant.

pregnancy loss is compared with child loss or best friend's loss vignettes.

> H2: Bereaved women would receive higher expected grief than bereaved men in the vignettes about pregnancy and one-year-old child losses.

Expected grief or behaviour tendencies (approach or avoidance) did not differ by the gender of the bereaved in the vignettes about pregnancy and child losses (Table 4).

> H3: Men bereaved due to pregnancy or one-year-old child loss would receive higher expected grief than men bereaved due to other losses (i.e. the diagnosis of a grandfather with Alzheimer's, the loss of a former colleague, the loss of a best friend).

The results are presented in Table 5. Participants expected men to have higher grief in the pregnancy loss vignette than in the vignettes about the loss of a former colleague and the grandfather's diagnosis with Alzheimer's. No difference emerged between the expected grief levels reported for men after a pregnancy loss vs. the loss of best friend. Additionally, bereaved men in the child loss vignette received a higher expected grief level than they did in the vignettes about the loss of a former colleague, the grandfather's diagnosis with Alzheimer's, and the loss of best friend. These results indicated that parenthood matters for society's enfranchisement of men's grief, albeit the picture was more evident for child loss than for pregnancy loss.

Regarding approach behaviour tendencies toward the bereaved men, participants reported higher levels in the pregnancy loss vignette than in the vignettes about the loss of a former colleague and the diagnosis of the grandfather with Alzheimer's. Bereaved men in the child loss vignette elicited higher approach behaviour tendencies than in the vignettes about the loss of a former colleague and the grandfather's diagnosis with Alzheimer's. Additionally, bereaved men in the child loss vignette received lower avoidance behaviour tendencies than in vignettes about the diagnosis of the grandfather with Alzheimer's. Other comparisons for the behaviour tendencies toward the bereaved men in pregnancy and one-year-old child loss vignettes vs. other vignettes were not significant.

> H4: Gender difference in expected grief (i.e. the difference between the ratings of grief expected from women vs. men in the vignettes) would be more prominent in the pregnancy loss vignette than in the vignettes about three other loss types (i.e. the diagnosis of the grandfather with Alzheimer's, the loss of a former colleague, and the loss of a best friend).

As shown in Table 6, the gender difference in expected grief was slightly higher in the pregnancy loss vignette than it was in the vignette about a former colleague's loss. This result, however, should be interpreted cautiously, given the non-significant gender

Table 4. Gender differences across vignettes.

	Expected grief				Approach behaviour tendency				Avoidance behaviour tendency			
	Mean difference	F-value (1, 1270)	*p*	95% CI	Mean difference	F-value (1, 1270)	*p*	95% CI	Mean difference	F-value (1, 1270)	*p*	95% CI
Pregnancy loss	0.134	2.546	.111	[−0.031–0.298]	0.017	0.097	.755	[−0.089–0.123]	0.031	0.200	.655	[−0.106–0.169]
Former colleague's loss	−0.101	1.417	.234	[−0.268–0.066]	−0.043	0.623	.430	[−0.151–0.065]	0.066	0.855	.355	[−0.074–0.205]
Grandfather's Alzheimer's	0.098	1.337	.248	[−0.068–0.265]	0.102	3.480	.062	[−0.005–0.210]	−0.010	0.022	.883	[−0.150–0.129]
Child loss	0.152	3.161	.076	[−0.016–0.320]	0.046	0.705	.401	[−0.062–0.155]	−0.005	0.004	.949	[−0.145–0.136]
Best friend's loss	−0.001	0.00	.992	[−0.162–0.160]	0.065	1.493	.222	[−0.039–0.169]	−0.039	0.320	.572	[−0.174–0.096]

Note. Positive (negative) mean differences represent women (men) were rated with slightly higher but non-significant scores.

Table 5. The comparisons of bereaved men in pregnancy and child loss vignettes with bereaved men in other vignettes.

		Expected grief				Approach behaviour tendency				Avoidance behaviour tendency			
		Mean difference	*p*	95% CI	Hedges' *g*	Mean difference	*p*	95% CI	Hedges' *g*	Mean difference	*p*	95% CI	Hedges' *g*
Pregnancy loss vs.	Former colleague's loss	**0.588**	**.001**	**[0.422–0.754]**	**0.745**	**0.131**	**.017**	**[0.023–0.238]**	**0.311**	−0.052	.462	[−0.191–0.087]	–
	Grandfather's Alzheimer's	**0.654**	**.001**	**[0.486–0.823]**	**0.871**	**0.187**	**.001**	**[0.078–0.296]**	**0.417**	−0.099	.169	[−0.239–0.042]	–
	Child loss	**−0.315**	**.001**	**[−0.483–0.146]**	**0.518**	−0.035	.529	[−0.144–0.074]	–	0.058	.417	[−0.083–0.199]	–
	Best friend's loss	0.097	.246	[−0.067–0.262]	–	0.026	.627	[−0.080–0.133]	–	−0.006	.927	[−0.144–0.131]	–
Child loss vs.	Former colleague's loss	**0.903**	**.001**	**[0.735–1.070]**	**1.295**	**.166**	**.003**	**[0.057–0.274]**	**0.373**	−0.110	.122	[−0.250–0.030]	–
	Grandfather's Alzheimer's	**0.969**	**.001**	**[0.800–1.139]**	**1.488**	**.222**	**.001**	**[0.112–0.332]**	**0.473**	**−0.157**	**.030**	**[−0.299–0.015]**	**0.287**
	Best friend's loss	**0.412**	**.001**	**[0.246–0.578]**	**0.765**	.061	.262	[−0.046–0.169]	–	−0.065	.360	[−0.203–0.074]	–

Note. Results in bold are statistically significant.

Table 6. The comparisons of gender difference in pregnancy loss with gender differences in other vignettes.

		Expected grief					Approach behaviour tendency					Avoidance behaviour tendency				
		Contrast estimate	F-value (1, 1270)	*p*	95% CI	η_p^2	Contrast estimate	F-value (1, 1270)	*p*	95% CI	η_p^2	Contrast estimate	F-value (1, 1270)	*p*	95% CI	η_p^2
Gender difference in pregnancy loss vs.	Gender difference in former colleague's loss	**0.235**	**3.871**	**.049**	**[0.001–0.469]**	**0.003**	0.060	0.611	.435	[−0.091–0.212]	0.000	−0.034	0.119	.730	[−0.230–0.161]	0.000
	Gender difference in grandfather's Alzheimer's	0.035	0.088	.766	[−0.199–0.270]	0.000	−0.086	1.230	.268	[−0.237–0.066]	0.001	0.042	0.175	.676	[−0.154–0.237]	0.000
	Gender difference in child loss	−0.018	0.023	.879	[−0.253–0.217]	0.000	−0.029	0.145	.703	[−0.181–0.122]	0.000	0.036	0.129	.720	[−0.160–0.232]	0.000
	Gender difference in best friend's loss	0.135	1.313	.252	[−0.096–0.365]	0.001	−0.048	0.400	.527	[−0.197–0.101]	0.000	0.070	0.511	.475	[−0.122–0.263]	0.000

Note. Results in bold are statistically significant. Contrast estimates show whether the society's reaction to bereaved men vs. women (i.e. gender difference) differed in pregnancy loss vignette vs. other vignettes.

differences across the scenarios (Table 4). This comparison was likely significant due to the minor gender differences in opposite directions in these two vignettes (Table 4). Other gender differences in expected grief, approach or avoidance behaviour tendencies did not vary across the vignettes.

EQ2: Gender differences in expected grief after pregnancy loss vs. one-year-old child loss were explored.

The minor gender differences in pregnancy loss and one-year-old child's loss vignettes (see Table 4) did not significantly differ from each other (Table 6, Contrast estimate: pregnancy loss vs. child loss).

3.1. Subsequent analysis

We also re-ran the analysis controlling for the participants' characteristics (age, gender, socioeconomic status, education, parenthood status, experience of the same loss, their number of distressing losses). Again, we did not find any interaction between loss type and gender or a main effect of gender. The main effect of loss type remained significant. Furthermore, in additional analyses for each approach and avoidance item, neither a significant main effect of gender nor an interaction effect appeared. However, the loss type kept its main effect on all approach items and one avoidance item.

4. Discussion

We aimed to compare the disenfranchisement of pregnancy loss to four other loss types and investigate whether it differed as a function of the bereaved parent's gender. We assessed disenfranchised grief by measuring society's expected grief level and behaviour tendencies toward the bereaved. Regarding society's expected grief levels, in general, our results revealed that pregnancy loss was not as disenfranchised as two other disenfranchised loss types (i.e. a former colleague's death, a grandfather's diagnosis with Alzheimer's). Furthermore, pregnancy loss was more or similarly enfranchised than best friend loss but less enfranchised than child loss. No difference emerged in the societal reactions toward bereaved women and men.

The finding that bereaved parents' grief after pregnancy loss is not that disenfranchised seems to contradict previous claims in the literature (e.g. Cacciatore, 2011; Obst et al., 2020). However, it does not necessarily do so. Doka (2002) emphasized kinship to the bereaved as the most significant factor predicting the enfranchisement of grief: 'First and foremost, in most Western societies, the family is the primary unit in social organization. Hence, kin ties are clearly acknowledged in norms and laws' (p. 8). Our results aligned with these notions in the Turkish context, where family ties are highly valued and perceived as the culture's building block (Kagitcibasi & Ataca, 2005). Although the baby was still unborn, the deceased baby might still be perceived as a family member representing the next generation. Thus, pregnancy loss might be evaluated as loss of kin and, therefore, suitable to be enfranchised.

The lack of evidence for pregnancy loss's disenfranchisement most likely stems from assessing society's perception, while the previous studies primarily measured the disenfranchisement perceived by bereaved parents. Our results revealed that bereaved parents' beliefs about how others see them may not perfectly reflect the truth (Kenny & DePaulo, 1993). This bias likely originates from a communication gap, stemming from factors such as pregnancy loss being a taboo topic in society and parents' concealment of or silence about their experience (Bute & Brann, 2015). Furthermore, not having the opportunity to share emotions with others due to the absence of common grieving rituals (e.g. funerals, social gatherings) in the case of pregnancy loss may widen this gap. Accordingly, Carmack and DeGroot (2024) showed that people are confused about what to say and how to express their compassion when they write sympathy cards after pregnancy loss, thus having difficulty in conveying their emotions to the bereaved parents. This may be an even more challenging task when they interact with the bereaved parent in person. Accordingly, not communicating with the bereaved parent or saying some 'wrong' sentences may lead the bereaved parents to perceive that their grief is ignored or underestimated.

However, pregnancy loss still did not elicit the same grief as a child's loss. This finding indicated that society expects bereaved parents' grief levels to be heightened by the child's age, a possible sign of parental involvement and investment in the child (Wijngaards-de Meij et al., 2005). Reflecting on society's consideration of both social bonds and parental involvement in their evaluation, pregnancy loss and best friend's loss (another enfranchised grief type) had similar assessments in some of our examinations, albeit neither was considered to elicit grief as strongly as a child loss.

Unexpectedly, our research showed no difference in reactions to women's and men's losses. Because women are more expressive of their emotions, they are likely perceived as having higher grief than men (Stroebe et al., 2001). Nevertheless, such a gender difference was not consistently supported (Burke & Neimeyer, 2013). Moreover, in contrast to the arguments about the double-disenfranchisement of fathers' grief in the literature, we found that men's grief is expected to be higher after pregnancy loss than other disenfranchised grief types. Combined with the findings above, these results suggest that

loss type is more influential on society's evaluation than the bereaved's gender. Whether we can find the same result using a within-subjects design (i.e. each participant responds to the items for bereaved mothers and fathers) is a question awaiting future research. Perhaps the hierarchy of losses (e.g. mothers' vs. fathers' grief; Robson & Walter, 2013) is not activated in people's minds when each loss is evaluated separately. We refrained from eliciting comparisons to receive participants' independent and sincere thoughts. Furthermore, due to the high number of vignettes in our study, a fully within-person design was not feasible.

We also explored whether society's approach and avoidance behaviour tendencies depended on the loss type and the bereaved's gender. The behaviour tendencies were similar across the vignettes, showing their limited ability to discern societal reactions to others' loss. However, the low correlation between approach and avoidance behaviour tendencies confirmed our expectation that these tendencies do not always move in opposite directions. Further studies should find other methods for capturing avoidance and approach behaviours toward the bereaved.

4.1. Strengths, limitations, and future research

Unlike most prior work, our study concentrated on the disenfranchisement of grief by focusing on society's perspective, not the bereaved parents', and was the first to test the differential societal reactions to bereaved mothers and fathers. We had a large sample from Turkey, a context with interdependent, conservative, and patriarchal values.

Despite these strengths, a few limitations should be noted. First, we conducted our study through phone interviews to reach a nationally representative sample (e.g. city, education, age), given that online surveys can mostly reach educated young-to-middle-aged participants in Turkey. Nevertheless, this method might have increased the risk of receiving socially desirable responses for approach and avoidance behaviour tendencies. Such social desirability was unlikely for participants' expectations of another person's grief. Future studies should collect data using other methods. Second, we used indirect assessments (i.e. expected grief and behaviour tendencies) to operationalize disenfranchised grief following similar applications in the previous literature (Eisma, 2018; Penman et al., 2014). However, in this field, a need for a scale directly asking the participants about their disenfranchisement is apparent.

Third, our results reflected the average societal reactions to miscarriage and stillbirth due to not mentioning the gestational period. Because society's reactions to stillbirth vs. miscarriage were shown to be more intense (Plagge & Antick, 2009), enfranchisement could be more robust than we found if we were to use a vignette about a stillbirth experience. Similarly, the interaction between gestational period and gender, as well as the moderating roles of other factors surrounding the pregnancy loss experience (e.g. abortions vs. spontaneous losses), require further examination. Fourth, future research should assess the relative disenfranchisement of pregnancy loss in contrast to other loss types. For example, is pregnancy loss more/less enfranchised than parent loss (i.e. kins from different generations)? Fifth, studies are awaited to examine the impact of time since loss. Are results the same for the losses that happened last year? Perhaps expected grief after pregnancy loss gradually becomes closer to the other disenfranchised grief types. Sixth, we do not know if our results are specific to the study context. We invite cross-cultural comparisons to test the generalizability of our findings and to assess the possible context-specific and individual-level moderators influencing the reactions to pregnancy loss (e.g. collectivism, patriarchal values, religiosity).

Another fascinating line of research could be comparing society's reactions with the bereaved parents' experiences by collecting data from both sides with the same assessments and investigating bias and accuracy levels (cf. West & Kenny, 2011). Finally, although our research focused on society's perception of the bereaved parents' grief levels, pregnancy loss can also elicit other types of societal reactions (e.g. blaming the mother; Pollock et al., 2020). Factors influencing different types of reactions (e.g. sympathy, disenfranchisement, stigma) to pregnancy loss particularly (e.g. political orientation; Chalmers et al., 2024), and disenfranchised grief in general, await further research and a systematic review.

4.2. Implications

Our study raises the question of how to narrow the discrepancy between actual and perceived disenfranchisement of pregnancy loss. Raising society's awareness of pregnancy loss's frequency and consequences and informing bereaved parents about society's actual evaluation could contribute to higher quality communication between them and, in turn, bereaved parents' well-being. Despite the development in public awareness, research revealed ongoing limited and incorrect knowledge surrounding pregnancy loss (Bardos et al., 2015). Furthermore, it is critical to investigate and publicly share information on how (not) to support bereaved parents. For example, bereaved mothers' desire to be hugged was mentioned in qualitative studies (Tanacıoğlu-Aydın & Erdur-Baker, 2022), indicating their need for nonverbal support. Shedding light on such behaviours could guide society and help bereaved parents feel supported. Those behaviours could also be targeted in family therapies and intervention programmes.

5. Conclusion

Our study adds to the literature by highlighting that bereaved parents' typical perception that society ignores, unrecognizes, or underrates grief after pregnancy loss does not perfectly reflect the truth. This bias, however, could increase the psychological burden of bereaved parents while they already grieve for their deceased baby. Therefore, future studies investigating methods to overcome this perception gap are highly recommended.

Open Scholarship



This article has earned the Center for Open Science badge for Preregistered. The materials are openly accessible at https://osf.io/te2cg.

Disclosure statement

The authors have no conflicts of interest and agree on the manuscript's content and the authors' order.

Funding

This research was funded by a grant from the Scientific and Technological Research Council of Turkey to the first author (Grant number: 122K565).

Data availability statement

Data and syntax files could be requested from the first author. Our study was preregistered (https://osf.io/te2cg).

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