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Experiences of Pregnancy Loss in Israeli First-Time Expecting Fathers: A Qualitative Study

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The aim of this study was to explore the experiences of pregnancy loss in first-time expecting fathers. Participants were 14 Jewish Israeli men who experienced pregnancy loss that occurred at least 3 months before their participation and who had no other children at the time of the loss. Semistructured interviews were conducted. Thematic analysis revealed five theme clusters. The first was "consolidating father identity": Men had been engaged in consolidating their identities as fathers as pregnancy progressed and felt this identity was lost following the pregnancy loss. The second cluster was "experiencing the loss": Shock, confrontation, and somatization were the main reactions. The third cluster was "reconstructing meaning": fathers engaged in meaning reconstruction to make sense of and cope with the loss. The fourth cluster was "experiencing disenfranchisement": Social and self-disenfranchisement were found as barriers to grief. The fifth cluster was "preparing for future fatherhood": Fathers were concerned that the loss would negatively affect their attachment with future children. Findings suggest that pregnancy loss may lead to deconstruction of the fatherhood identity, thereby necessitating meaning reconstruction processes to take place. They also suggest that men oscillate between confronting and avoiding their loss. Finally, these findings highlight a need for individual and group interventions as well as implementation of inclusive communication within health care systems to support men in their grief after pregnancy loss.

Public Significance Statement
The experiences of Jewish Israeli first-time expecting fathers following pregnancy loss were analyzed using thematic analysis. Deconstruction of the fatherhood identity compelled processes of sense making, meaning reconstruction, and grief. Findings may inform both individual and group interventions for men in support of their process of grieving over their loss.

Keywords: men, fathers, pregnancy loss, disenfranchised grief, qualitative research

Pregnancy loss affects women and men all over the world. An estimated 15% of all clinically recognized pregnancies end in a miscarriage (Devall & Coomarasamy, 2020). In 2019, an estimated 1.9 million babies were stillborn (United Nations Children's Fund, 2020). It is also estimated that 73.3 million induced abortions take place annually worldwide (Bearak et al., 2020). The definition of pregnancy loss has changed over the years to include any pregnancy that does not eventuate in the birth of a living baby, regardless of how far along in the pregnancy the loss occurs and whether it is planned or spontaneous (Séjourné & Goutaudier, 2020; Wenzel, 2014). Pregnancy loss is a life-changing event capable of precipitating prolonged emotional difficulties (Kersting & Wagner, 2022). The psychological impact of pregnancy loss on women is well-documented and well-recognized (Andipatin et al., 2019; Cassaday, 2018; Murphy & Cacciatore, 2017; Obst et al., 2020, 2021). Studies have found that women often experience feelings of shame, self-blame, and are at risk of developing posttraumatic stress disorder, anxiety, and depression following pregnancy loss (Due et al., 2018; Feasey, 2019; Köneş & Yıldız, 2021; Omar et al., 2019).

Pregnancy itself is an issue still contestably considered a "women's issue" (Due et al., 2017). This may explain why most research on the experience of pregnancy loss focuses on women. Studies in recent years highlighted the need for more research on the experiences of men following pregnancy loss (Leichtentritt & Weinberg-Kurnik, 2016; Lohan, 2015). Indeed, the last decade has seen an expansion of this literature (Obst et al., 2021). Several studies have found that men generally tend to experience symptoms of grief like those experienced by women (Campbell-Jackson et al., 2014; Huffman et al., 2015; Volgsten et al., 2018). While such findings may be in line with the notion that pregnancy loss is, like pregnancy itself, a women's issue, other studies suggest that men engage in fundamentally different strategies to cope with the loss (Campbell-Jackson et al., 2014; Obst & Due, 2019; Wagner et al., 2018). According to Obst et al. (2020), studies support the notion that men cope in less visible ways in comparison to women. One study of men's narratives of pregnancy loss revealed consistent

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narratives of self-blame, loss of identity, and a need to hide feelings of grief and anger (McCreight, 2004). The nature of the loss itself was perceived as vague, particularly with respect to the question of whether the deceased could be considered a baby, and they the fathers (McCreight, 2004).

A major theme, consistently emerging in studies of pregnancy loss, is a sense of obligation that men feel toward their grieving partner, to uphold the role of the "supporter" (Due et al., 2017; Jones et al., 2019; Meaney et al., 2017). Men also report a lack of social recognition of their grief, describing feeling overlooked and marginalized by their surroundings (Obst et al., 2020). This phenomenon has been described as "disenfranchised grief," an experience of loss that is not openly recognized, mourned, or socially supported (Doka, 1999, 2008; Kauffman, 2002). These findings indicate that pregnancy loss may be a devastating experience to fathers, particularly due to the potential impact of loss of identity.

Past research suggests that the transition of men into first-time fatherhood is a stressful process, affecting both their mental health and well-being, as they find themselves having to balance multiple roles and reinterpret their place within the family (Baldwin et al., 2018; McCreight, 2004; Venning et al., 2021). Although the transition into fatherhood is well-documented, little is known about the contribution of these identity transformations toward the intricacies of pregnancy loss in first-time fathers (McCreight, 2004). Despite growing interest in the experiences of fatherhood and pregnancy loss in men (Due et al., 2017; Nguyen et al., 2019), the experiences of first-time expecting fathers of pregnancy loss are still underresearched in comparison to the general populations of women and men. The aim of the present study was to expand on and deepen existing knowledge regarding the experience of pregnancy loss in first-time expecting fathers. To achieve this aim, semistructured interviews were conducted with 14 Israeli men, and an inductive thematic analysis of the interviews was performed on the interviews.

Method

Sample

The present study received ethical approval from the institutional review board of the institution with which it is affiliated. Participants were recruited through purposive sampling. Advertisements were posted on internet forums and Facebook groups with group administrator approval. These forums included the following: "Miscarriage and Pregnancy Loss—Support," "Miscarriage and Stillbirth … And Everything in Between," "The Rainbow After the Storm—Pregnancy After Loss," and "Men's Support Groups." Members of these groups were women and men who experienced pregnancy loss (including stillbirths), or men in general. Men were invited to contact the research team directly. Candidates were provided with full information regarding the study when they made contact via email or phone, as soon as their compatibility with the inclusion criteria was ascertained. The inclusion criteria were as follows: (a) married Jewish Israeli and Hebrew-speaking men; (b) who experienced pregnancy loss that had occurred at least 3 months prior to the interview; and (c) had no other children at the time of the loss.

Fourteen men aged 28–55, who met the inclusion criteria, were interviewed (see Table 1, for demographic details). Written informed consent was given by all men before their participation. Interviews were conducted in Hebrew and lasted between 30 and 90 min (60 min on average). Identifying information was removed from the transcripts to ascertain anonymity, and all study material was saved under password to ensure confidentiality. Quotes were translated into English by the third author, a native speaker of Hebrew who is proficient in English. They were approved by the first author, a native speaker of Hebrew who is also proficient in English, and by the second author, a native speaker of Hebrew with bilingual proficiency in English.

Design

Participants were interviewed by the third author, a male graduate medical psychology student with experience in conducting and analyzing qualitative interviews. The interviews were semi-structured and took place between January and March 2021 (see Table 2, for interview guide). All interviews were conducted on the online videoconferencing platform Zoom, due to social distancing measures set at the time in response to the COVID-19 pandemic.

A general opening question was used in the beginning of each interview: "Please tell me about the pregnancy loss." Subsequent

Table 1
Participant Characteristics

Name[a]	Age	Marital status	Ethnicity	Time elapsed since pregnancy loss
Aaron	37	Married	Jewish	6 years
Benjamin	35	Married	Jewish	3 months
Daniel	28	Married	Jewish	5 months
Ethan	55	Divorced	Jewish	21 years
Isaac	37	Married	Jewish	3 years
Jacob	35	Married	Jewish	6 years
Levi	40	Married	Jewish	5 years
Michael	36	Married	Jewish	6 years
Nathan	46	Married	Jewish	13 years
Joseph	37	Married	Jewish	7 years
Simon	36	In a relationship	Jewish	1 year
Jonathan	40	In a relationship	Jewish	6 years
Ezra	30	Married	Jewish	3 months
Samuel	35	Married	Jewish	4 months

[a] Pseudonyms were assigned to participants to maintain their anonymity.

Table 2
The Interview Guide

Questions
1. Please tell me about the pregnancy loss.
2. Please tell me about your life since you experienced the pregnancy loss.
3. Has your relationship with your spouse changed since the loss? If so, how?
4. What were your thoughts during the pregnancy? What expectations did you have?
5. What did you feel in the moment when you were told about the loss?
6. What did you do to cope with the loss?

questions consisted of follow-up, exploratory, and open-ended questions, including: "Please tell me about your life since you experienced the pregnancy loss."; "Has your relationship with your wife changed since [the loss]? If so, how?"; "What did you feel the moment you were told about the loss?"; and "What did you do to cope with the loss?"

Data Analysis

Data analysis was performed by all three authors using Braun and Clarke's method for thematic analysis (Braun & Clarke, 2006, 2019). It is a well-documented and vastly used method for thematic analysis of qualitative data. It lends structure and depth to the analysis and consists of six clear steps: (a) becoming familiar with the data; (b) generating codes; (c) generating themes; (d) reviewing themes; (e) defining and naming themes; and (f) locating exemplars. Its depth stems from the notion that a theme captures a prominent aspect of the data in a patterned manner, focused primarily on meaning making, regardless of whether the theme captures a commonality or the majority experience as it were (Braun & Clarke, 2006).

The interviews were transcribed by the third author, a native speaker of Hebrew who also conducted the interviews, then individually read and re-read several times by all three authors, to allow for familiarization with the data. Initial codes were generated from each of the transcripts. The codes were converted into categories, based on their belonging to the same conceptual area. The categories were sorted into themes and descriptions for each theme were created. Themes were then discussed between and reviewed by all three authors to check whether they required better definitions.

To avoid bias, the researchers discussed their analyses with each other throughout the study. Disagreements on themes and excerpts were resolved through discussion and exploration of alternative explanations for both data and conclusions. Unanimous agreement on themes and extracts served as a prerequisite for them to be included in the final article. The most descriptive quotes were chosen, upon unanimous consent, to complement the themes. Braun and Clarke's method was strictly followed to ensure the integrity of the data (Braun & Clarke, 2006). The authors analyzed the data independently, then compared and discussed the analyses until consensus was reached regarding themes, quotes, and conclusions. The generalizability of the data was also considered as can be observed in the relative heterogeneity of the sample.

Researcher Reflexivity

The authors are experienced in the field of medical psychology. All authors have worked in hospital settings with patients and their relatives. The first author has worked directly with women and men who had experienced pregnancy loss. The researchers have extensive experience in the collection and interpretation of qualitative data; experience gained through conducting multiple qualitative studies in their field. To avoid bias, the researchers discussed their analyses with each other throughout the study. Any disagreements on themes and excerpts were resolved through discussion and exploration of alternative explanations for both data and conclusions.

Results

Five theme clusters emerged: "consolidating father identity," "experiencing the loss," "reconstructing meaning," "experiencing disenfranchisement," and "preparing for future fatherhood."

Consolidating Father Identity

Most men had been engaged in consolidating their identities as fathers before the loss occurred. This process involved nurturing expectations regarding their parenthood. Men described lifelong planning, from childhood to adulthood, of what their future as parents would eventually look like. The men's engagement in reforming their identities hinted at what they would stand to lose in the event of pregnancy loss. Expectations, plans, hopes, and dreams had all been on the line.

Expectations

The men visualized themselves as fathers, sometimes long before the pregnancy. They had thought about the timing in which they would eventually become fathers: "When we got married, I felt I was ready to become a father … I could see myself holding a baby and raising them" (Aaron). The men had also given thought to what kind of fathers they would be to their children. "While I never nurtured any fantasy of having a child who would further my lineage … I do remember that as a teen I dreamed about playing soccer with my son" (Benjamin).

Planning

Participants also engaged in de facto planning for fatherhood. For example, some spent time watching other people, other parents, observing their attitudes toward rearing and educating children: "I remember looking at parents, observing their education methods and attitudes … As a teen I already knew [the kind of parent I wanted to be], I had it all figured out in my head" (Isaac). Another way of planning manifested in conceptualizing a model for fatherhood that is different from their own father's:

> If I look at my relationship with my father, it was good, but it could be better. My father would leave the house at 8 a.m. and come back late at night. I would like to be a more involved father (Levi).

Nesting activities were also reported, where men participated in shopping for the nursery or decided with their spouse that a growing family requires larger accommodations: "When we reached the end of the first trimester … We moved to a larger apartment … The week after [delivery] we were supposed to go to Ikea to buy the furniture for the baby's room" (Daniel).

Experiencing the Loss

Men described several major reactions to receiving the news that their baby was no longer alive.

Detachment and Shock

Most men reported shock as their initial emotional response.

> We went in and he [the doctor] put the ultrasound on, then said: "not good, not good at all." Those were his exact words. We were both shocked. It was like a black screen had been pulled down and covered our eyes (Nathan).

Men who were absent when life-threatening complications or miscarriages were first diagnosed often engaged in information seeking behavior upon finally receiving the news:

> I was trying to ask as many questions as I could, to check … Maybe they didn't do all the tests. By the time I got the news, my wife had already processed it … It was the darkest weekend we had ever gone through (Simon).

For some, absence during the initial announcement also represented minor involvement in the pregnancy in general. Among some of these men, the revelation seems to have led to conflicted feelings about a lack of involvement: "I'm not proud of it, but I was less involved in this pregnancy, even emotionally, during the tests and all" (Michael). The unexpected loss seems to have had the effect of compelling the men to confront their own feelings about and involvement in the pregnancy.

Somatization

While most men experienced emotional distress expressed through shock or confrontation, some men described somatic responses to the loss:

> It was like a panic attack, I don't know for sure, because I was under a lot of stress and felt sad. I began hearing noises, tinnitus-like, they were loud. I felt dizzy. I had never experienced anything like it (Benjamin).

These responses may indicate a reaction attributable to people who generally have somatic reactions to loss but may also reflect a broader phenomenon indicative of how tragic losses affect expecting fathers. This requires further exploration.

Reconstructing Meaning

The themes in this cluster represent meaning reconstruction processes. These were utilized by participants to make sense of the loss and as a coping style.

Perspective

Some of the men felt they could put the present loss in perspective, thereby curtailing its potentially enduring emotional effects. Many of these men had been in battle during active duty in the Israeli army. Participation in combat likely involved exposure to intense and prolonged stress and trauma. Coping with such events, over time, would have required tremendous resilience and other inner resources. As evinced in Ezra's words:

> During the event [of pregnancy loss], you put it in perspective. I say it with great sadness. I did the same during Operation Protective Edge when people in my unit died. I remember telling myself I should embrace the right perspective. There is a limit to what we can control in life … You need to live day by day.

Surviving and overcoming other tragedies from their past was therefore perceived by the men as hardening experiences that would empower them to cope with almost any hardship.

Comparison

Another way men constructed the meaning of their experience was by comparing their coping styles with those of their partners, or of the opposite sex in general. Men expressed a propensity for repression in tandem with a problem-focused coping style: "From my perspective, I think that men … are much more task-oriented. Men are like, you know that when you give me a task [I'll know what to do] … I mean, I'm more task-oriented than my wife. It's part of the experience" (Benjamin). Another example: "I think that the world of men, particularly in this story, is about moving on. Don't talk to me about this stuff. That's how I acted in front of my friends at least" (Nathan).

Faith

To make sense of the loss, some men relied on their faith for meaning and strength. As Ethan described:

> They sent us to a Rabbi. In our distress, we thought "why not?," so we went. He basically told us to follow the doctors' recommendations. That was it. When I walked out of there I was at peace, I understood it was better this way, rather than having a sick child.

Other men directed feelings of anger and disappointment at God, as they found no consolation in their faith: "In all honesty, this is effed up. I mean, what the hell? My mom passed away a few months ago, it's been a rough year, leave me alone. I beg God to leave me alone" (Isaac).

Memorial

A common thread in coping with their loss included physical representations, symbolic gestures, and rituals that were meant to help remember the child and commemorate the loss. Some men kept mementos of their child, something to remind them of their child, allowing them some form of contact with their memory. As Simon recalls:

> During labor, I asked a friend to bring me a piece of paper, some paint, and a brush, so that I could sign it with the baby's foot. I asked the nurse if she could stamp it on the paper. See, we didn't want a picture, his head was bleeding … We keep the foot stamp in our bedroom, it's faded … but that's the only real memory we have.

Other men chose more remote representations to remember their child by:

> A winter burial, in the rain, we went with my wife's father, to the fetus burial plot in the cemetery. I held him, walk him down his final path … I go there once a year. Parents aren't supposed to bury their children (Jacob).

Advocacy

Men felt their loss engendered in them a sense of duty, a strong willingness to make a meaningful contribution to the subject of pregnancy loss, particularly the men's perspective. As Jacob states:

> I truly see it as a mission, to speak out. I spoke about it on a T.V. show the other day. It's important, I see great value in it. It's important to show others that [coping] is possible. It's not easy, but there is a path you must take forward.

Experiencing Disenfranchisement

While most men adopted strategies to cope with their loss, often in private and with their partner, many felt their grief was mostly unacknowledged. Reconstructing the meaning of loss of both the baby and the father identity, as part of the grieving process, was hindered by disenfranchisement of the men's grief.

Self-Delegitimization

One factor that may reflect disenfranchisement of grief is self-delegitimization. This refers to any case where individuals feel that their own feelings and actions do not have legitimacy. Some men attributed this lack of legitimacy to stereotypical perceptions of masculinity: "My conversations are of the inner kind. It's a typical masculine feature. If I had to divide up the world based on gender, women would probably have more conversations, while men would have more inner monologues" (Ezra). Self-delegitimization seems to be widespread among men, as Jonathan describes:

> There's a WhatsApp group for men who experienced stillbirth, it's not very active. I've also seen the women's group on Facebook, it's much more active. Why is that? Statistically, 1000 men experience stillbirth. I haven't seen 1000 men join the group. The system neglects them.

Access to Support

Men felt that their access to support was limited compared to their partners. Most men felt there was little to no acknowledgement of their grief: "The greatest difficulty for men is the lack of support mechanisms. There simply aren't any. Mainly because no one understands why we need support. It's as if we don't experience the loss. Not us, not the men" (Nathan). Men often attributed the lack of support to the inherent social perception that women are the "real patients" while men are expected to be there to lend support rather than receive it: "She was the patient, and I was next to her. Medically, it's like that. Her body went through the trauma, not mine. But mentally and spiritually, it's the both of us" (Daniel).

Preparing for Future Fatherhood

This theme describes the men's concerns regarding future pregnancy losses and their ability to become and act as fathers to their future children.

Attachment

Some of the men were concerned that they would find it difficult to attach to future children they may have. Some described how they felt during a subsequent pregnancy, after the pregnancy loss: "During the first pregnancy the baby already had a nickname, I would touch my wife's belly, call out "tiny." In the second pregnancy, none of it, not at all" (Levi). "Look, up until the moment the baby came out, I couldn't really connect. I was only able to connect when she was born, after a long time of avoiding any connection, mentally avoiding it" (Jacob). This was often coupled with anxiety about the pregnancy and the health of the baby:

> It was a different pregnancy altogether. The anxiety level was hysterical … My wife would walk around with a doppler, checking for a pulse every couple of hours. There wasn't a single night where I wasn't up with her, checking for pulse (Jonathan).

Men effectively utilized a splitting mechanism during the pregnancy. Emotional attachment to the baby was suppressed, while most of the focus and energy went to physical aspects of the pregnancy, like the baby's physical health.

Discussion

The present study explored the experiences of men following pregnancy loss who had no prior children. The findings are encapsulated in five theme clusters which map the fathers' pregnancy journey, from construction to deconstruction and reconstruction.

Themes revealed through thematic analysis can be interpreted as a chronology that delineates the men's experience of pregnancy loss. The first theme, "consolidating father identity," represented construction. The second theme, "experiencing the loss," represented deconstruction. The third theme, "reconstructing meaning" represented reconstruction, while the fourth theme, "experiencing disenfranchisement," represented a challenge for reconstruction. The fifth theme, "preparing for future fatherhood," represented apprehension.

Establishing one's identity as a father is the foundation on which the experience of the pregnancy was constructed. The men emotionally invested in cultivating their expectations, in planning, and in nesting. These represent the infrastructure upon which they constructed their identities as fathers. Identifying as a father during, and oftentimes even before the pregnancy, is a finding that is in line with existing literature (Baldwin et al., 2018; Due et al., 2017; McCreight, 2004).

The first encounter with loss was upon discovering that the baby was not alive anymore. Destruction of expectations, hopes, and dreams that had been nurtured prior and during the pregnancy ensued. The initial reaction to the loss was of shock. This expression of shock corresponds with evidence from previous studies. Several studies have reported shock as a common reaction by men upon receiving news of the loss (Miller et al., 2019; Nguyen et al., 2019; Obst et al., 2020).

Other reactions, such as confrontation and somatization, constitute novel findings regarding the experience of men. One previous study compared women's display of grief with that of men and found that women's physical experience of pregnancy may account for the seemingly stronger emotional bond women have with the pregnancy and child (Nazaré et al., 2012). However, there is little else known about the physical experience of men during their spouse's pregnancy. The present findings suggest that, while men do not physically carry the pregnancy, their grief is registered and may manifest itself both emotionally and somatically. Indeed, somatic symptoms were reported by men following the loss. This may indicate that men have a strong emotional bond to the pregnancy and child, though one that is sometimes demonstrated somatically.

Past research suggests that men's greater involvement in and attachment to the pregnancy (having seen the baby during an ultrasound appointment, for instance) leads to a more intense experience of grief following its loss (Nazaré et al., 2012; Puddifoot & Johnson, 1999). The present findings provide additional insight pertaining to the experience of men whose emotional or physical involvement was minimal, either when the loss occurred or throughout the entire pregnancy period. Some men expressed guilt and remorse, whereas others turned to practical remedies demonstrated through information seeking behavior. Losing their child compelled the men to search and confront their feelings about their level of involvement throughout the pregnancy.

Confronting the feelings engendered by the loss represents one aspect of grief. Another is a process of meaning reconstruction (Fiore, 2021; Gillies & Neimeyer, 2006; Stroebe & Schut, 2010). In line with findings from the previous studies (Lockton et al., 2021; McCreight, 2004), men engaged in meaning reconstruction as a way of coping. Putting the loss in perspective was one manifestation of meaning reconstruction. Participants in the present study were all Israeli men; some of whom had been soldiers in combat. They felt that by overcoming tragedies from their past, their resolve has been strengthened, thereby empowering them to cope with the present loss.

Other ways the fathers used to reconstruct the meaning of their loss were through faith, memorializing, and advocacy. Men who relied on their faith for meaning were either comforted or disillusioned with it. While some found comfort in the words of religious figures with whom they consulted on how to make sense of their loss, others were angry and felt that they were punished despite their faith. While it has been noted that men may find comfort in faith and attempt to strengthen it following the loss (Nguyen et al., 2019), accounts of disillusionment seem to have not been reported. The role of faith and spirituality as a coping mechanism warrants further exploration. It is unclear whether these different attitudes toward faith stem from, for example, the intensity of one's religiosity, or from other measures pertaining to one's faith.

Fathers essentially engaged with the loss in a manner consistent with the dual-process model of coping with loss which asserts that an oscillation between confronting and avoiding the loss reflects adaptive grieving (Stroebe & Schut, 2010). This dynamic is best understood as an oscillation between coping with loss-oriented and restoration-oriented stressors. The development of a new identity, transforming "father" into "father of a deceased child," evident in the fifth theme (i.e., "preparing for future fatherhood"), is an example of a restoration-oriented stressor, whereas remembering and memorializing generally fall under the category of loss-oriented stressors (Stroebe & Schut, 1999).

These efforts of fathers to engage in meaning reconstruction, as part of their grieving process, were hindered by disenfranchisement. Disenfranchised grief is experienced by people who are coping with a loss that is not openly acknowledged, publicly mourned, or socially supported (Doka, 1999, 2008). In some cases, social disenfranchisement may generate self-disenfranchisement (Kauffman, 2002). Thus, the griever internalizes delegitimizing stigmas and attitudes that are prevalent in society.

While men do not physically experience the pregnancy, they do experience a loss of parental identity, hopes, and dreams, like their partners (Due et al., 2017; Kotelchuck, 2022). However, social disenfranchisement and self-disenfranchisement are well-documented in the context of pregnancy loss (Barney & Yoshimura, 2020; Cassidy, 2021; Fernández-Alcántara et al., 2021; Lang et al., 2011; Markin & Zilcha-Mano, 2018). In the present study, we found that fathers felt that they were disenfranchised in two aspects—their identity as fathers was discounted and their grief following the loss was delegitimized.

One attitude that stood out among the men was the assertion that concealment and self-sufficiency were traits and coping styles integral to the masculine identity. Their acceptance of concealment as a masculine trait can be considered a form of self-disenfranchisement (Martin & Doka, 2011; Obst et al., 2020). It is predicated upon the notion that a trait cannot be changed, thereby delegitimizing alternative coping styles, such as sharing. It may also be emblematic of social disenfranchisement, as social constructions of masculinity do see men as typically self-sufficient. The widely used Bem Sex-Role Inventory, which measures an individual's identification with traditionally masculine or feminine traits, certainly does (Bem, 1981; Donnelly & Twenge, 2017). If self-sufficiency as a trait, and concealment as a coping style, are considered integral to masculinity by societal definitions, society may also treat other expressions as delegitimate.

While sharing thoughts and feelings regarding the experience might have been helpful in garnering support from others in their social circle, fathers in the present study reported limited access to support that seemed to be independent of how much they involved others in their experience. Fathers felt that there was little to no acknowledgement of their grief, which they attributed to an inherent sense that women are the "real patients," while men are typically expected to play a more supportive role in the event of pregnancy loss and support their grieving spouse in its aftermath. This finding is in line with reports published in previous qualitative studies (Due et al., 2017; Obst et al., 2020).

The loss of a child engendered fears and concerns regarding future pregnancies among the men. Concerns regarding subsequent pregnancies are well-documented phenomena following pregnancy loss—in both mothers and fathers (Armstrong, 2001; Brooten et al., 2015; Obst et al., 2020). Men reported fears of the possibility that something may go wrong with the pregnancy, the prospect of further emotional and physical pain, and of losing another baby (Brooten et al., 2015). In the present study, fathers expressed similar concerns, but also reported concerns about their ability to form attachment to future children. Several fathers who experienced a subsequent pregnancy reported difficulty to emotionally attach to the pregnancy and, indeed, the child. While there is some insight regarding the ability of mothers to form prenatal attachment following pregnancy loss, little is known about fathers in this regard (Gaudet et al., 2010).

The present study should be considered within the context of its limitations. All participants in the study were Jewish, which means that the sample does not represent the entire population of men who cope with pregnancy loss in Israel or indeed the world. It may be the case that societal expectations of men in Israel differ from those that are common in other cultures. However, generalization is not a stated goal of qualitative research (Polit & Beck, 2010), and it was not an objective set for the present study to achieve. The researchers also recognize that focusing exclusively on the experiences of men could potentially give credence to a narrow *masculine* versus *feminine* view of grieving, which in turn might alienate people of all genders who find validation in coping styles that would be considered more *masculine* or more *feminine*. Therefore, the researchers encourage both gender-specific and comparative analyses as ways

of increasing inclusivity in research without having to forgo significant opportunities for in-depth explorations of people of any gender.

Conclusions

The present study suggests that the experiences of Israeli first-time expecting fathers are complex and impact their lives on multiple fronts—emotionally, physically, cognitively, and interpersonally. The present findings suggest that these men go through a journey of meaning reconstruction, however, may be faced with disenfranchisement of their grief. These findings may help guide health care professionals in their interactions with first-time expecting fathers, particularly with respect to acknowledgement of men's grief following pregnancy loss. Findings also highlight the importance of supporting men in their grief. The previous studies have indicated that family or couples counseling could have a disenfranchising nature (Wagner et al., 2018). Therefore, men might find individual therapy and support groups beneficial (Obst & Due, 2019), as these are conducive to meaning reconstruction and might lessen self-disenfranchisement by virtue of encouraging openness and communication. Future research should continue to focus on further exploring the experiences of men as well as on increasing knowledge regarding disenfranchising settings, attitudes, and language in health care.

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