

“I HAD A MISCARRIAGE AND I WAS RELIEVED”:  
ANALYZING ALTERNATIVE NARRATIVES OF THE  
MISCARRIAGE EXPERIENCE

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ABSTRACT

Most narratives of miscarriage tend to centre on grief and loss. However, the notion that miscarriage is *only* a tragic event marked by feelings of grief has marginalized other responses that may not conform to this dominant narrative. In this paper, I analyze alternative responses to miscarriage, which subvert the prevailing narrative of grief following miscarriage, by analyzing a selection of five online narratives—four popular online magazine articles and a blog post—on the subject. An examination of these accounts shows how authors use the online space to present alternative experiences that challenge the conventional understanding of miscarriage

INTRODUCTION

In recent years, the Internet has become an important source for bringing awareness on the subject of miscarriage and reproductive disruption (Murray 2015). For example, in July 2015, Mark Zuckerberg, CEO and creator of Facebook, and his wife Priscilla Chan disclosed their experience of miscarriage in a Facebook post (“Mark Zuckerberg...” 2017), which garnered 1.7 million reactions, as of this writing. This was followed by ordinary Facebook users disclosing their personal stories of miscarriage and fertility issues in the comments on this post.

Like Zuckerberg's post, most narratives of miscarriage tend to centre on feelings of grief, loss, heartache, loneliness and depression (see Bansen and Stevens 1992; Boynton 2015; Robinson 2014). However, the notion that miscarriage is *only* a tragic event marked by feelings of grief has marginalized other responses to miscarriage that may not conform to this prevailing narrative. This is because the idea that a miscarriage may not elicit feelings of grief or may even be desirable is not commonly disclosed. Cultural constructions of miscarriage typically center on women's grief, trauma, and active mourning following the event and, as Reagan (2003) argues, are products of history. However, these simplistic understandings fail to encompass the layered complexity and experience of pregnancy loss.

In this paper, I analyze alternative responses to miscarriage, which challenge the prevailing narrative of grief following miscarriage, by analyzing a selection of five narratives—four popular online magazine articles and a blog post. The internet as a medium allows users to disclose personal narratives due to its accessibility, mutability, and the ability to be anonymous or pseudonymous, and it affords the potential to have one's narrative viewed and shared by a larger audience than would be possible in some other forms of media. I will examine them with reference to the concept of agency and how it operates within these narratives, as the authors use the online space to present narratives which subvert conventional representations of miscarriage as *solely* marked by grief and mourning. Furthermore, an analysis centered on framing these narratives as exercises in agency provides an understanding of how individuals negotiate identity within the context of miscarriage. Based on insights from literature and an analysis of narratives that express non-dominant experiences of miscarriage, I aim to examine how miscarriages are interpreted within these discourses, how they contend with dominant narratives, and how they contribute to a greater understanding of the experiences of miscarriage and reproduction.

## MISCARRIAGE

The term “miscarriage” is used to define an early loss of pregnancy that occurs within the first 20 weeks of gestation; pregnancy loss after 20 weeks is known as a stillbirth (“Miscarriage” 2013). An estimated 80% of miscarriages occur in the first 12 weeks of pregnancy, “when the embryo is felt by the woman as part of herself” (Layne 2003). Miscarriages can have significant psychological effects on women, their partners, and families (Robinson 2011). Studies describe the experience of miscarriage as resulting in feelings of “loss, grief, sadness, alarm, fear, and guilt” (Abboud and Liamputtong 2003), bereavement (Moulder 1998), betrayal (Borg & Lasker 1989), and helplessness (Gerber-Epstein et al. 2008). An increase in depressive symptoms and anxiety following a miscarriage can also result in major depressive disorder (Neugebauer et al. 1992; Robinson et al. 1994), post-traumatic stress disorder, and obsessive-compulsive disorder (Brier 2004). Feelings of guilt and shame (Asplin et al. 2014) and marginalization, shame-induced stigma, and physiological trauma have also been reported (Robinson 2011; Seftel 2001). Women also report a desire to make sense of their experience of pregnancy loss (Harris and Daniluk 2010) and some women feel the tragedy of the loss for years after the event (Gerber-Epstein et al. 2008). A miscarriage can cause individuals to question whether they will be able to have children in the future and it can lead some women to question their femininity and fertility (Gerber-Epstein et al. 2008).

Miscarriages are often spontaneous and occur without medical or chemical aids, and are therefore not always within the control of biomedical care and surveillance (Hardy and Kukla 2015). In Root and Browner’s (2001) study, some women believed that miscarriage was caused by not following pre-natal health guidelines, such as failing to follow doctors’ orders or attending prenatal care appointments. Moreover, others in this study attributed the cause of miscarriage to thought rather than action, arguing that “miscarriage is a direct function of the pregnant woman’s desire, or lack thereof, to bear a child” (Root and Browner 2001:205). Testing, diagnoses and treatments regulate and order most pregnancies in North America (Hardy and Kukla 2015). A miscarriage that is desirable, then, subverts biomedical and social norms and narratives; it is a rejection of the dominant meanings of miscarriage ascribed to their selves and bodies. Some may also be rejecting predominant discourses of “good motherhood-to-be” which is characterized by deferring to medical

authority, privileging the fetus's needs, and preparing for birth and motherhood (Musial 2014).

Studies show that cultural factors greatly affect reproductive narratives (Dellicour et al. 2013; Haws et al. 2010). An individual's history with previous pregnancy and infertility experiences and their cultural context shapes how they will respond to pregnancy loss. A study of the experience of spontaneous pregnancy loss for infertile women who conceived through assisted reproductive technology found that women experienced a profound sense of loss and grief, which they shared with their partner (Harris and Daniluk 2010). These women also reported feeling a sense of injustice and unfairness of having to contend with infertility and then pregnancy loss. They reported feelings of awkwardness and anxiety about investing in the pregnancy. However, this study also reported that some women felt relieved after a negative pregnancy test because then they would not have to experience the constant uncertainty that would accompany up to 9 months of pregnancy.

Maker and Ogden's (2003) interpretive phenomenological analysis of the miscarriage experiences of 13 women found that, along with grief, particularly during an initial period of "turmoil," some women who did not want a pregnancy had also described feeling relieved. The final stage of their emotional experience of miscarriage, which the authors termed "resolution," was characterized by women's experiences of moving on and a shift in their responses from turmoil, to adjustment, to resolution. They experienced a decline in their negative emotions and, importantly, saw miscarriage as a learning experience, situating it within their biography.

Relief may also be a factor in the experiences of partners or family members. While some studies examine the experiences of male partners and family members, there are few studies that focus on the experience of pregnancy loss from the male perspective. One such study by Murphy (1998) involved unstructured interviews with five men, all of whom experienced miscarriage as sadness and loss, except one participant in the study who "felt nothing but relief." The author explains that this was due to how "real" the baby seemed to the participant and whether or not he had become "mentally engaged with the idea of being a father" (Murphy 1998:330).

In discussing the value of pregnancy from a philosophical perspective, Stoyles (2015) argues that the responses to learning that a woman has experienced a miscarriage tend to assume that the woman will be distraught. This is often reflected in the messages of consolation offered by friends and relatives. Other responses reflect that the woman did not lose a child and that grief is temporary. Furthermore, responses frequently assume that a woman always desires a child or that, if she does not, she must only be relieved:

...in pro-natalist societies, our social repertoire is found wanting in relation to cases in which a pregnant woman who experiences a miscarriage has no desire to be pregnant either at that specific time or again. When we know or assume that the woman who was pregnant didn't want to be pregnant, there is a tendency to assume that she will feel relief insofar as she has "dodged that bullet" and will now get on with her life. And while she might feel such relief, this is likely to be only one aspect of her experience. (Stoyles 2015:96)

As the author notes, these responses fail to grasp the layered complexity and experience of pregnancy loss and thus fail to adequately respond to it. Stoyles (2015) argues that because the fetus and the pregnant woman are both liminal subjects—as the personhood of the fetus is contested and the pregnant woman can be thought of as a mother and, also, "not yet a mother"—this creates some confusion as to how we should think about pregnancy loss.

Following Comaroff and Comaroff (1992), charting the history of miscarriage discourses helps contextualize the cultural construction of miscarriage and its impact on women's embodied experiences of miscarriage and motherhood. For example, Withycombe (2015) analyzed letters authored by women writing about miscarriage in the 19th century, and finds that a collaboration between women who experienced miscarriages and the doctors who studied the expelled embryos and fetuses was key to the rise of embryology and the scientific knowledge of reproduction in the 19th century. While some women and their families objected to the use of expelled fetal tissue as specimens for scientific study, many did not express moral objections to doctors who wished to study the products of a miscarriage. This, according to Withycombe (2015), is due to how reproduction was understood at that time. Rather than a medicalized

and momentous social event, some women were “exhausted by a married life of never-ending reproduction” (Withycombe 2015:256). Due to restrictions on birth control and safe and legal abortions, women had few, if any, safe choices in preventing pregnancies. Thus, some women were “relieved, or even overjoyed, at the event of miscarriage, and for those who were less than thrilled about being pregnant, seeing the lost pregnancy as a specimen may have been emotionally helpful” (Withycombe 2015:256). Some of the narratives I analyze speak of similar birth control and abortion restrictions and moral dilemmas, along with financial, emotional, and physical burdens, which may have contributed to the sense of relief expressed in these accounts.

Importantly, Withycombe (2015) states that medical discussion and women’s narratives on miscarriage at that time did not employ a language of blame or failure, in contrast to how individuals frame contemporary experiences of miscarriages. The author argues that this is due to women’s increasing sense of control over their fertility in the modern era which contributes to a feeling of failure, loss and sadness; this, along with the connections between ideal motherhood and womanhood, have helped shaped contemporary experiences and narratives of miscarriage.

In her historical exploration of representations of miscarriage, Reagan (2003) argues that the meaning of miscarriage is historically and culturally constructed. She writes that, at the beginning of the 20<sup>th</sup> century, miscarriage was believed to be harmful to women. Then a shift in thinking resulted and miscarriage was considered a blessing instead; but, by the end of the century, it was seen as a source of emotional devastation. Reagan (2003) notes that a new social movement is encouraging women to speak about their grief following miscarriage and these narratives are no longer only confined to woman’s magazines. Grief is an expectation and pregnancy loss is now associated with the mourning mother.

Early 20<sup>th</sup> century experiences of miscarriages were marked by fear of illness and death for child-bearing women, and later, blame was ascribed to women for pregnancy loss (Reagan 2003). By mid-century, for women who did not desire a child or the prospect of pregnancy, a miscarriage was considered good luck, especially in light of harmful and illegal abortion practices. During the 1980s,

there was an increase in the coverage of miscarriage, especially on support groups for grief due to pregnancy loss. An obstetric nurse who noticed that people were often dismissive of the experiences of women who miscarried formed one of the earliest of these support groups in 1977 in Illinois. Popular magazines and periodicals painted miscarriage as a personal tragedy and a social movement of white, middle-class women in the US constructed new meanings for miscarriage, equating it with losing a child (Reagan 2003).

This movement is centered on active mourning and rituals such as candlelight ceremonies, biblical ceremonies, and using jewellery, crafts, and other objects to commemorate the child. Thus, the “mourning mother” as a social figure who is engaged in these rituals is a more socially productive and positive representation than the “guilty mother” who may have caused her child’s death (Reagan 2003:366). Even institutions such as hospitals now perpetuate an expectation of mourning following pregnancy loss that is projected on all people. These institutionalized messages are also politically charged, driven by feminist and women’s health movements for respectful care, but also embedded in thinly disguised political ideologies and belief systems such as Catholicism and anti-abortion movements, which only serve to inhibit open dialogue on the range of feelings, emotions and experiences regarding pregnancy loss.

The formulaic treatment by institutions of care for pregnancy loss, prescriptive mourning rituals and expectations of behaviour constrain and obscure other meanings of miscarriage and experiences of loss, which do not conform to convention. Now, Reagan (2003:363) notes that, “some women still greet their miscarriages as good news; these women and their relief, however, are neither reported by newspapers nor celebrated by hospitals. Such a feeling is one that women are expected to keep to themselves.” The following analysis of online narratives that present a wider range of responses, including relief, seeks to expand current understandings of experiences of miscarriage.

## ONLINE DISCLOSURE

Foucault (1978) explains that, with the rise of Christianity, care of the self became less about writing, self-reflection, and self-mastery, and instead became a rite requiring people to acknowledge faults and

temptations in order to produce truth about the self. Foucault makes the claim that:

The confession became one of the West's most highly valued techniques for producing truth. We have since become a singularly confessing society. The confession has spread its effects far and wide...One confesses in public and in private, to one's parents, one's educators, one's doctor, to those one loves; one admits to oneself, in pleasure and in pain, things it would be impossible to tell to anyone else, the things people write books about. (Foucault 1978:59)

It can be argued that self-disclosure of personal, sensitive information in the online environment is a form of confession of which Foucault writes. Kantrowitz-Gordon (2013:876) explains how “the advent of social media...has contributed to the rapid expansion of the confessional society where a confession is available to a potentially enormous audience and the authority figure has been removed as the sole listener.” Using Foucauldian discourse analysis, Kantrowitz-Gordon (2013) examined Internet confessions for post-partum depression and found that women used confessional language (such as “admit,” “confess,” “share,” and “tell”) while initially resisting confessing their depression, but that their despair compelled them to disclose their experience. This author reasons that, “Once performed, the confessional act transformed their distressed thoughts into a reality that could be shared with family, peers, or health professionals” (Kantrowitz-Gordon 2013:876). Moreover, the mothers’ needs to confess also helped them overcome the stigma and shame of not meeting the ideals of the “good mother” discourse. Kantrowitz-Gordon (2013) concludes that writing about the pressures of motherhood and depression on the Internet may allow for emotional release and the online environment can provide safe social support for mothers with post-partum depression.

Parr (2008:160) suggests that online social spaces are better conceived of as “intense spaces for transitional selves that are nonetheless providing sustainable geographies of communality for some.” These virtual communities provide a space for individuals to feel a sense of belonging by having their emotions and subjective experiences validated by other, often like-minded individuals.

Individuals feel like they are insiders of these discursive communities in contrast to the “outside world,” where some users feel excluded. This is because computer-mediated communication can provide some anonymity in comparison to face-to-face communication; this “allows a person to discuss fears, ask factual questions and discuss common experience to reduce isolation,” while “[helping] each other cope with shared problems” through writing (McKenna et al. 2002). It is suggested that online social spaces may be even richer and more intimate than offline social worlds as asynchronous communication allows participants to take the time to carefully consider how they want to represent themselves and what aspects they will choose to highlight (Parr 2008; Suler 2004; Walther 1996). So, the online textual medium is particularly useful for “writing the distressed or ill self” and is a promising resource for study (Parr 2008:45).

Hardy and Kukla’s (2015) study analyzed some contemporary discussions on miscarriage by women online on forums and blogs. They found that women often seek out online spaces because they feel that the health care system has abandoned them and traditional medical tools are insufficient to help them articulate the experience of miscarriage. Similarly, the narratives I analyze may be seeking to carve out a new space for articulating complex feelings about miscarriage, as the current discourse on miscarriage fails to account for the range of emotions that accompanies the experience. The miscarriage narratives discussed here are an exercise of autobiographical storytelling and they involve, to varying degrees, a presentation of the narrative as a learning experience for both the author and the reader.

## METHOD

A Google search for narratives that characterize the experience of miscarriage as positive or a source of relief, using the terms “miscarriage” and “relief” or “positive”, yielded several articles in online magazines and blogs, along with thousands of (mostly anonymous/pseudonymous) posts on message boards. Of these, I selected five accounts of the miscarriage experience because they each represent a range of experiences, provide enough information to contextualize the narrative, and are all leading results on Google, which means they have a wider reach than other such accounts. All

of the narratives are in English and four of the five were published in popular online magazines/ newspapers: theGuardian.com, Slate.com, MensHealth.com, and Ravishly.com. The fifth is a blog post from a personal website. All of these accounts are by white, middle-class to upper middle-class authors living in the US and Western Europe.

## ANALYSIS OF ALTERNATIVE NARRATIVES

*Sarah F.*

On Ravishly.com, Sarah Fader (2016) writes about her experience with miscarriage describing her pregnancy loss as a “chemical pregnancy,” caused by a chromosomal abnormality. Sarah uses the biomedical explanation to explain that this is the most common cause of miscarriages. Her initial reaction in discovering that she was pregnant was that of shock and fear because her previous experiences with childbirth had resulted in severe post-partum depression. After two children, Sarah explains, she was not ready for a third child and describes feeling relieved upon finding out that she miscarried, but also felt that she was unequipped to respond to a friend’s pregnancy loss. As Sarah explains, “the only experience I had with miscarriage was the feeling of relief that I had one. What was I supposed to say to a loved one who wanted this pregnancy more than anything in the world?” (Fader 2016). She goes on to say that there needs to be a more “diverse language” to deal with the subject of pregnancy loss because “no two people are the same... Each person processes miscarriage differently.” She also promotes a set of pregnancy loss cards sold online which she sent to the aforementioned friend. Sarah communicates feeling shock and fear but also relief, and later, guilt at being unable to respond to pregnancy loss. She also uses the online space to advocate for greater representation of the variety of experiences of pregnancy loss and to promote a product that is intended to create awareness of pregnancy loss. Her experiences of pregnancy loss are shaped by her history of previous pregnancy and post-partum depression and are constituted in relation to the experiences of her friend. In advocating for the diversity of experiences, Sarah accounts for both her experience of relief in relation to other experiences such as the grief experienced by her friend.

*Sarah S.*

On Slate.com, Sarah Shemkus writes a detailed account of her experience with pregnancy loss called “Losing the Baby: My Week in Gestational Limbo.” She starts her narrative by explaining how her miscarriage occurred while she was decorating her Christmas tree. She sets out the piece by explaining that popular accounts of miscarriage on television do not adequately explain what a miscarriage is “actually like.” She starts by detailing finding out about the pregnancy via sonogram. Like Sarah F., Sarah S. also explains her miscarriage using biomedical language; “It starts when cell division in the embryo grinds quietly to a halt; the blood and the passing of tissue that we think of as “a miscarriage” are but the final phase.” She describes feeling neither pregnant nor “unpregnant,” and that the process is long and ambiguous. The experience of miscarriage for Sarah S. was marked by confusion, sadness, and guilt that, she explains, are all documented on baby blogs, except for her feelings of foolishness and relief. Sarah feels foolish and naïve for imagining a future with a child. She also feels guilty because she may not have “grieved enough.” When her narrative turns to grief, she acknowledges the taboo nature of feeling this way: “Occasionally, I even feel a bit relieved, though I know I’m not supposed to admit such a thing.”

For Sarah S., her relief is due to feeling that she and her partner were not ready for a child either financially or emotionally. However, there is a resignation in this relief as she also writes that, “At least we no longer have to plan an expensive move. At least we’ll have less debt by the next pregnancy.” She also felt great anxiety at the prospect of pain and bleeding that would accompany passing the fetal tissue. Her descriptions of the bleeding and the care that her husband provides for her are deliberately detailed to compensate for the dramatic but inadequate representations of miscarriage in film and television.

### *Carrie*

Relief is front and center in Carrie’s account (Saum 2015) of her miscarriage experience on her personal website. For Carrie, disclosing that her miscarriage was a relief is a liberating experience as she describes that it feels “amazing to admit that...(but) it also feels terrifying.” She contrasts her experience with society’s opinions

on women's bodies but makes it clear that this is about "[her] family, it's about me." This assertion differs from the previous accounts because it clearly sets out that she is not writing for educational purposes. This account is reflective of the medium of the blog itself, which is usually an intensely personal space. However, Carrie *is* writing for an audience nonetheless (Saum 2015).

She details finding out that she is pregnant and the immediate realization that she did not want to be pregnant. Her vivid descriptions of exhaustion and sharp pains caused by pregnancy symptoms, along with "panic and despair," are ameliorated by the discovery of pregnancy loss. Carrie also discloses that she had had a previous miscarriage. She makes it clear that there was "no joy in the passing, but there was peace. And I wept with relief" (Saum 2015).

Carrie's relief is due to the fact that her son was diagnosed with a severe illness and management of his care is extremely expensive. Her marriage was also affected by the strain of caring for her son. Therefore, she felt relieved because she would not be able to carry or care for another child under these circumstances. Carrie writes that she did not discuss miscarriage with others much because she did not want others to know that she was relieved and that it "seemed wrong to express that," particularly in the context of others experiencing issues with fertility. However, Carrie concludes her account by declaring that

I give myself permission to feel deep relief without guilt...My relief does not make me selfish. It does not make me heartless. It does not disqualify my precious friends who are struggling profoundly on their fertility journey. It does not mean anything at all. It's just a feeling, and like all feelings, it will pass. Something new will rise up in it's place. One day soon, I'll feel grief for those beings who would be my babies. I'll feel grateful that they chose me to be their mama, even if it was only for a very brief moment in time. Maybe I will still feel the relief of knowing that life did not give me with more than I could bear. Or maybe I will feel all of those things at once. But for now, relief is enough. (Saum 2015)

Carrie's declaration encompasses the aforementioned ideas about the complexity of the miscarriage experience, but it also contains notes

of empowerment and self-advocacy. Her account, like Sarah F.'s, is necessarily relational and she also uses the space to bring attention to the diversity of emotions that are possible following pregnancy loss.

### *Dan*

Dan Slater's (2010) account on MensHealth.com is one of the few narratives of pregnancy loss featuring a male perspective. He starts out by explaining that when he found out his girlfriend was pregnant, she immediately told him that she could not have an abortion. He then discusses how he and his girlfriend met, that they were incompatible, and how his perception of his "biological clock" played a role in his attempts to adjust to the reality of fatherhood despite not feeling ready to take on the role. He also explains that he took on the role as the "serious young man, solid and reliable," "protector," and as a support for his girlfriend. Dan spends much of the piece discussing his sense of self before, during, and after the pregnancy and the subsequent miscarriage. He talks about how his sense of self was split between two people: one who hoped for a miscarriage and another who could not give up his "act as the caring partner." Dan and his girlfriend separated shortly after the miscarriage.

This account presents a broader view of the temporality of the experience of miscarriage and is structured like Maker and Ogden's (2003) stages of turmoil, adjustment and resolution. While the previous accounts focus on the bodily experiences of the women as they experienced miscarriage, Dan's account focuses on his life before, during and after the miscarriage as opposed to the sensations or physical symptoms his girlfriend experienced. While he mentions the spotting that occurs preceding the miscarriage, the focus is on his role as the caring partner who rubs his girlfriend's back, buys her pads, and tries to distract her. In the absence of the physical sensations in the women's accounts, Dan's account is centered on his psychological experience of understanding his life as a man caught between single life and fatherhood. Dan's account, then, focuses on "the motivating factors and interior psychic life of the individual" (Frank 2010). It is also important to note that, unlike the previous accounts, there is no call for changing the discourse on miscarriage. Instead this is biographical story about a man who is unprepared for the responsibilities of fatherhood rather than the experience of

miscarriage. This echoes Murphy's (1998) study that showed how engagement with the idea of fatherhood was directly related to feelings experienced following a miscarriage.

### *Penelope*

Penelope Trunk's (2009) is perhaps one of the earliest accounts of disclosing miscarriage on the Internet. Trunk, who was 42 years old when she wrote this article, had tweeted: "I'm in a board meeting. Having a miscarriage. Thank goodness, because there's a fucked-up three-week hoop-jump to have an abortion in Wisconsin." She explains that she was caught by surprise when this tweet caused an uproar and was later reported by television and news media, and was shocked by their outrage. Echoing the other women's narratives, she writes "I am not sure why people think there is a "correct" emotion for miscarriages. For anything, really. Emotions are complicated" (Trunk 2009). In addition, like most of the other women (except Sarah S.), Penelope is also a mother. She says that she did not want a third child and that she had experienced a miscarriage before which was a source of extreme grief and emotional pain for her. Another reason that she did not want a child is because one of her children has autism, which increases her likelihood of having another child with autism to 90%, and her age indicates that the pregnancy would be a high risk. However, in contrast to the other women, Penelope states that her miscarriage was also a relief because now she would not need to have an abortion, especially in a state where abortion laws are especially prohibitive.

For Penelope then, her account is a way to advocate for increased dialogue on miscarriage but also for abortion rights. She states that her mother is a feminist who congratulated her for her tweet. Because of the attention the tweet received, Penelope explains that she is happy she tweeted it. She concludes her piece by advocating for women's empowerment and agency stating:

The more women talk about their experiences, the more power they have to shape those experiences. Words such as date rape and antenatal depression are empowering because they give us ways to talk about issues that were hidden when we did not have the language to express

them. We have a word for miscarriage. We should use it to explore the complicated issues around it. (Trunk 2009)

Like the other women's accounts, Penelope also calls for an expansion of the dialogue around miscarriage, women's experiences, and reproductive rights in general.

Each of these narratives are an exercise of agency in relation to an assemblage of people, discourses, and relationships. As Robb (2010) notes, agency is structured within "a material and social reality" and "it is the socially reproductive quality of action within social relationships." As these accounts show, agency is exercised within material realities and social realities that encompass the authors' relationships with their partners, children and other family members, but also healthcare specialists, the medical establishment, and society at large.

Agency is culturally and historically constructed (Comaroff and Comaroff 1992) and Carrie, Penelope, and Sarah F. all signal the cultural factors or a previous history of lack of dialogue on miscarriage to situate their narrative. Bilge (2010) emphasizes that conceptions of agency need to account for mutually constitutive processes without normalizing or homogenizing categories or assumptions. All of these accounts show the complexity and seemingly contradictory emotions that accompany miscarriage such as grief, relief, pain and happiness without privileging one over another.

## CONCLUSION

Narratives of the experience of miscarriage are typically concerned with grief and mourning; they are products of culture and history (Reagan 2003), which constrain and obscure alternative responses to miscarriage that do not conform to this theme. This paper analyzed alternative responses to miscarriage, which subvert or challenge the prevailing narrative of grief following miscarriage. An examination of 5 online narratives of miscarriage shows how authors use the online space to present alternative experiences and responses to miscarriage which subvert conventional representations of miscarriage as *solely* marked by grief and mourning. This paper

highlights that all of these feelings and others are part of the miscarriage experience and that no two experiences are exactly the same, just as no two individuals are exactly the same.

Furthermore, using agency as a framework provides an understanding of how individuals negotiate identity and understand their own miscarriage experiences. These narratives exemplify an agency that centers on personhood, selfhood, and the way that individuality is discursively constructed or emerges within different contexts and at different times (Frank 2010). Based on insights from literature and an analysis of narratives that express non-dominant experiences of miscarriage this paper contributes to a greater understanding of the experiences of miscarriage and reproduction. Future research should continue to expand on the meanings and diversity of miscarriage narratives with particular attention to intersectionality by looking at the experiences of: women of colour, immigrant and refugee women, LGBTTTQ\* individuals, people with disabilities, and people from low-income brackets, to examine how these contexts and intersecting identities shape responses to miscarriage.

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