

Lived Experiences of Couples Regarding Grief Caused by Recurrent Miscarriages in Infertile Women: A Phenomenological Study

Hoda. Zaraj¹, Manijeh. Firoozi^{2*}, Katayon. Vakilian³, Fatimah. Nosrati⁴

¹ Ph.D. Candidate, Department of Psychology, Caspian International Campus, University of Tehran, Tehran, Iran

² Associate Professor, Department of Psychology, Faculty of Psychology and Educational Sciences, University of Tehran, Tehran, Iran

³ Professor, Department of Midwifery, Arak University of Medical Sciences, Arak, Iran

⁴ Associate Professor, Department of Psychology, Faculty of Psychology and Education, University of Tehran, Tehran, Iran

* Corresponding author email address: mfiroozy@ut.ac.ir

Editor

Donatella Di Corrado^{id}
Associate Professor, Department of
psychology, Kore University of
Enna, Enna, Italy
donatella.dicorrado@unikore.it

Reviewers

Reviewer 1: Mohammad Masoud Dayarian^{id}
Assistant Professor, Department of Counseling, Khomeinishahr Branch, Islamic
Azad University.Komeinishar/Isfahan,Iran. dayariyan@iaukhsh.ac.ir
Reviewer 2: Kamdin Parsakia^{id}
Department of Psychology and Counseling, KMAN Research Institute, Richmond
Hill, Ontario, Canada. Email: kamdinparsakia@kmanresce.ca

1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph discussing “disenfranchised grief,” the authors state that “many women report that others minimize the loss by referring to the fetus as ‘tissue.’” While this discussion is theoretically valuable, the manuscript would be strengthened by deeper integration of sociocultural and religious norms specific to the Iranian context. The current discussion primarily relies on international literature, but the phenomenological significance of miscarriage in Iranian family systems, particularly regarding stigma, motherhood expectations, and religious interpretations of fetal personhood, requires more culturally grounded elaboration.

The rationale for selecting descriptive phenomenology rather than interpretive phenomenology requires further methodological justification. In the Methods section, the authors mention Husserlian phenomenology and bracketing (“epoché”), but they do not adequately explain how the research team operationalized phenomenological reduction during coding and interpretation. For example, what concrete reflexive procedures were implemented to prevent prior assumptions regarding miscarriage grief from shaping theme construction? More detailed reflexivity procedures should be reported to improve methodological rigor.

The subtheme “guilt and self-blame” contains highly significant clinical implications, particularly regarding maladaptive cognitions and possible traumatic guilt. However, the Discussion section does not sufficiently connect these findings to trauma-informed frameworks or reproductive trauma literature. The authors should consider integrating trauma theory to explain why recurrent miscarriage may lead to persistent hypervigilance, intrusive self-monitoring, and bodily mistrust.

In the section titled “Multilayered Grief: Successive and Invisible Losses,” the authors insightfully discuss grief extending beyond fetal loss into the loss of future identity and imagined parenthood. However, the findings would benefit from greater theoretical integration with ambiguous loss theory or continuing bonds theory, particularly because participants repeatedly described attachment to unborn children and enduring emotional presence of the lost pregnancies.

The theme “Distorted self-concept” is one of the strongest contributions of the manuscript, yet the authors sometimes conflate infertility-related identity disruption with miscarriage-related identity disruption. Since infertility itself may independently undermine femininity, masculinity, and self-worth, the manuscript should more clearly distinguish which identity injuries emerged specifically from recurrent loss versus infertility history.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The participant composition raises concerns regarding representativeness of the dyadic experience. Although the article claims to investigate “couples’ lived experiences,” only 3 of the 17 participants were men. This imbalance limits the extent to which the findings can truly be interpreted as “couple-centered.” The manuscript should more explicitly acknowledge that the resulting themes are predominantly women-centered and that male grief narratives may have been underdeveloped because of the sampling structure.

In the inclusion criteria, the manuscript states that participants had “absence of a psychiatric diagnosis based on the DSM-5-TR.” However, the authors do not explain how psychiatric exclusion was assessed. Was a structured clinical interview administered? Was screening based solely on self-report or medical records? Since emotional distress is central to the phenomenon under investigation, clarification of psychiatric screening procedures is essential for methodological transparency.

The interview guide presented in the Measures section contains rich phenomenological prompts; however, the manuscript does not specify the average duration of interviews, the number of couple versus individual interviews, or whether interviews were conducted in multiple sessions. Given the emotionally sensitive nature of recurrent miscarriage, reporting these procedural details would substantially improve the credibility and transferability of the study.

The authors mention that “MAXQDA 2020 software was used to organize and code the data,” yet the analytic pathway from 342 significant statements to 128 initial concepts and finally 6 themes is insufficiently demonstrated. The manuscript would benefit from a coding audit trail or an additional table illustrating how exemplar codes were transformed into subthemes and overarching themes. This would significantly enhance transparency in the phenomenological reduction process.

In Table 1, the demographic distribution reveals substantial heterogeneity in the number of miscarriages (2–8) and infertility duration (2–10 years). However, the manuscript does not analytically address whether participants with prolonged infertility and multiple miscarriages described qualitatively different grief structures compared with participants who experienced fewer losses. Some degree of comparative thematic interpretation across severity levels would strengthen the analytical depth of the findings.

The theme “Emotional turmoil” is theoretically coherent and richly supported by quotations; nevertheless, several participant quotations are followed by highly interpretive emotional descriptions from the researcher (e.g., “her voice lowered,” “silent tears while speaking”). The authors should clarify whether these observations were systematically documented in field notes and incorporated into analysis, or whether they represent retrospective interpretive additions. Without methodological clarification, there is a risk of overinterpretation.

Authors revised the manuscript and uploaded the document.



2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.