

Women supporting women: A discourse analytic study of an  
online miscarriage support group

Ada Veijola  
Bachelor's thesis  
English  
Languages and literature  
Faculty of humanities  
University of Oulu  
Spring 2024

## **Abstract**

Miscarriage is an extremely common and traumatizing event that women cope with in various ways. While research in the past has largely been medical in nature, there has recently been increasing interest in women's experiences and narratives of miscarriage. However, very little research exists on how women communicate about their miscarriage experiences in an online setting and even build community with others who have gone through something similar. It is for this reason that this thesis delves into the communication and community-building among women in an online miscarriage support group using methods from computer-mediated discourse analysis. The findings suggest that the miscarriage experience is central to this community, and that in fact, the group's very existence depends on that shared experience. Furthermore, particularly in light of previous research, the community seems to provide women a safe space to discuss this experience when other support systems have failed or not been sufficient. Despite this, the members of the community maintain a high level of anonymity and scarcely afford personal details outside of their miscarriage experience, indicating a delicate balance between the need for solidarity and the desire to remain safe on the internet.

## **Tiivistelmä**

Keskenmeno on hyvin yleinen ja traumatisoiva kokemus, jota naiset käsittelevät eri tavoin. Aiempi tutkimus aiheesta on ollut enimmäkseen lääketieteellistä, mutta ajan kuluessa paino on siirtynyt naisten omiin kokemuksiin keskenmenosta. Tästä huolimatta naisten välistä kommunikaatiota ja yhteisöllisyyden tunteen luomista verkkoyhteisöissä on tutkittu hyvin vähän. Siksi tämä kandidattutkielma tarkastelee tietokonevälitteisen diskurssianalyysin näkökulmasta kommunikaatiota ja yhteisön rakentamista keskustelupalstalla, joka on sunnattu keskenmenon kokeneille naisille. Analyysi paljasti, että keskenmenon kokemus on keskeinen yhteistekijä, jonka ympärille koko yhteisö itse asiassa rakentuu. Lisäksi, erityisesti aiemman tutkimuksen valossa, naiset vaikuttavat kokevan tämän verkkoyhteisön paikkana, jossa he voivat jakaa kokemuksiaan avoimesti, varsinkin, kun muut tukiverkostot eivät ole olleet riittäviä. Tästä huolimatta, yhteisön jäsenet pysyvät nimettöminä ja kasvottomina, eivätkä jaa henkilökohtaisia tietoja itsestään, lukuunottamatta keskenmenokokemukseen liittyviä yksityiskohtia. Tämä paljastaa, että yhteisössä vallitsee kompleksi tasapaino tuen ja yhteisöllisyyden tarpeen ja nimettömänä pysymisen välillä.

## Table of Contents

1. Miscarriage: A common but traumatic experience .....	4
2. Previous research on miscarriage: From a medical perspective to a human one.....	5
3. Materials and methods of this study .....	7
4. Discourse analysis of the Miscarriage Support Group on What to Expect.....	10
4.1 Titles and content of threads.....	10
4.2 Grammatical and lexical features .....	14
4.3 Interaction among members .....	16
4.4 Sharing of multimodal content.....	19
5. Miscarriage Support Group as a community of experience.....	23
6. Limitations of this study and suggestions for future research .....	24
References.....	25

## 1. Miscarriage: A common but traumatic experience

“I hope at least someone out there, who experienced this kind of pain and this feeling maybe feels less alone, and I’m also hoping that there are people out there, who’ll help me feel less alone,” explains YouTube personality Colleen Ballinger in her video entitled *My Miscarriage* (2021), justifying why she is sharing her story of pregnancy loss on the internet. And she is not alone in her desire for solidarity following this harrowing experience. Miscarriage, as defined by Christiansen et al. (2005), is a pregnancy that has stopped progressing, leading to the fetus dying and being removed from the uterus, either naturally or with medical assistance (p. 823). Unfortunately, it is very common, with one study suggesting that 17% of pregnancies in the United States end in fetal loss (Ventura et al., 2012, p. 4). This is without accounting for the miscarriages that occur so early in pregnancy that people may not even be aware that they are pregnant yet (Mayo Clinic, 2023). Aside from the physical symptoms, such as bleeding and abdominal pain (Wieringa-de Waard et al., 2003, p. 707), many people also suffer from psychological distress, including anxiety and depression, following miscarriage (Lok & Neugebauer, 2007, p. 243). This is particularly concerning in light of the lack of support many women have during and after miscarriage, not only from loved ones but medical professionals (Robinson, 2014, p. 170). It is no surprise, then, that many women, just like Ballinger, seek out the support of others on the internet, and fortunately, there are now online spaces specifically dedicated to discussions about miscarriage.

## 2. Previous research on miscarriage: From a medical perspective to a human one

Research on miscarriages in the field of medicine is abundant, but it is only in the last twenty years that women's voices and first-hand accounts have been brought to the limelight. In 2008, Gerber-Epstein et al. conducted interviews with women whose first pregnancies ended in miscarriage with the goal of “understand[ing] and giv[ing] voice to the women's experience” (p. 1). In their findings, they highlighted the complexity of the miscarriage experience and pointed out that it is simultaneously extremely personal but also social due to its commonality. Rowlands and Lee (2010) similarly interviewed women who had gone through a miscarriage and concluded that their miscarriage experiences were vastly shaped by their interactions with others, including family members and medical personnel (p. 283). However, these interactions are not always positive in nature. Robinson (2014) states that medical literature, as well as women themselves, report that the support they have received from doctors has been insufficient, not to mention that the topic of miscarriage in society is still largely taboo (p. 179). Thus, many women seek support from others who have gone through something similar. McGee et al. (2018) interviewed women who have sought support services following miscarriage and found that many felt isolated and misunderstood by their partners (p. 253). They concluded that religion, as well as sharing their experience with loved ones proved helpful in processing their grief (pp. 526–527). So, community plays a crucial role in navigating the emotional and physical aspects of miscarriage.

This process has been facilitated by the internet. In fact, in recent years, there has been an increasing interest in how miscarriage is being discussed in online spaces. Séjourné, Callahan and Chabrol (2010) posted a questionnaire on miscarriage and gynecology-related forums online and found that some of the main strategies for coping with miscarriage include seeking information, talking to loved ones, and participating in internet forums (p. 408). So, there is a clear need to understand the event and be able to discuss it with others. Another study by Fage-Butler (2017) examined interaction in an online discussion group for home birth. Although not directly related to miscarriage, the study showed that one of the objectives of the forum was to de-stigmatize the concept of home birth (p. 138). Thus, communities like this can provide a safe space to discuss subjects that are typically treated as taboo by society. Jones et al. (2022) were interested in what kinds of topics emerged in blog posts related to miscarriage. These included descriptions of

physical and emotional symptoms, as well as the importance of sharing the story (pp. 801–803). In fact, they noted that many of the bloggers stated that the frequency of miscarriage is “why they decided to share their story, they did not want others to feel alone, they wanted to provide support and speak out...” (p. 803). This is very reminiscent of the quote at the beginning of this paper, further demonstrating that women who have experienced miscarriage have a desire to prevent others from feeling the sense of isolation they have. Similarly, a study conducted by Hardy and Kukla (2015), examined narratives of miscarriage on boards on BabyCenter and Facebook, as well as a few blog posts. Their findings are particularly relevant because of the similarity of their research to this one. They noted that many of the women felt excluded from other motherhood discussion groups and sought out those dedicated to miscarriage to find individuals who have gone through the same thing (p. 114). All of these studies give voice to miscarriage sufferers themselves and highlight important aspects of how they make sense of their journeys. However, in addition to understanding how women talk about their experiences, it may be helpful to paint a picture of how they interact with others in discussions about miscarriage. Thus, the aim of this study is to use tools from digitally mediated discourse analysis to build an understanding of how women interact and build a community of experience through language in an online miscarriage support group.

### 3. Materials and methods of this study

The data for this study was gathered from the Miscarriage Support Group on the What to Expect pregnancy forum. It is public and can be read by anyone but requires an account to comment or create a thread. At the time of the data collection, there were 59,100 members and 26,000 discussions in this group. The data collected for this study consists of screenshots taken of thirteen threads that contain a total of 222 comments. The threads were selected using the “latest activity” filter on the forum. I was not strict on the date the threads were posted because upon scrolling to some very old ones, I noticed that there was no notable variation as far as the topics of discussion over time, so it seemed reasonable to select the ones that have last seen activity. The only strict selection criterion was that there had to be a minimum of three messages for a thread to be selected, as there would be no purpose in analyzing an empty thread or a thread that is too short to contain any significant interaction between individuals. I chose three as the minimum number of messages because this appears to yield enough data for analysis. In threads of only one message, there was no interaction between members of the community, and in threads of two messages, the content of the messages seemed quite often to be unrelated (as in, the individuals were not directly responding to each other). Table 1 below contains information on the threads selected for this study. Each thread has been assigned a number to make it easier to identify them in the analysis.

#	Title of thread	Date posted	Number of comments
1	MVA Pain Control?	Jan 20, 2024	3
2	Sex before my next period	Feb 1, 2024	13
3	Did you dream about / have a premonition you would miscarry before it occurred?	Jan 26, 2024	61
4	question...	Feb 4, 2024	5
5	Post chemical pregnancy	Feb 11, 2024	4
6	How soon after MC can we do it?	Feb 11, 2024	4
7	2nd angel baby?	Feb 11, 2024	3
8	So heart broken.	Feb 11, 2024	4
9	Second pregnancy second loss	Feb 7, 2024	10



10	Is this the sac? (Tw: graphic image)	Feb 10, 2024	4
11	September 2024 group	Feb 10, 2024	73
12	Clotting after D&E. Anyone else? (TW***PICS***)	Jul 6, 2023	3
13	Pregnant again after two losses	Feb 4, 2024	35

*Table 1*

All of the individuals in this group are commenting behind usernames and profile pictures. The usernames do not appear to have any personal information and usually consist of seemingly random combinations of numbers and words. Most of the users seem to have one of the default profile photos offered on the forum, but some have chosen to set pictures of themselves as their icons. Just in case any of these identifiers do contain personal information, they will be blurred in the screenshots, should I choose to include them in this paper or share them elsewhere. However, with this, it is important to acknowledge that it is impossible to know the demographics of the posters outside of what they share in their messages. Because the forum is public, and it is impossible to identify the individuals posting in these threads, it is not necessary to obtain informed consent. It is also reasonable to consider the data public against the standards outlined by Townsend and Wallace (2016), who posit that “questions of whether online postings are public or private are determined to some extent by the online setting itself, and whether there is a reasonable expectation of privacy on behalf of the social media user” (p. 5). Their example of private would include something like a password-protected group, whereas an open discussion on a platform does not fall under this category. The group explored in this study is not password-protected nor does it require membership to view posts, so it can be reasonably considered a public forum. The members also seem to acknowledge this by maintaining a high level of anonymity, which will be discussed in detail in the analysis portion of this paper.

I will be applying a slightly altered version of the dimensions of Computer Mediated Discourse Analysis (CMDA) outlined by Unger (2020) to this analysis. The issues he has determined as significant to consider in this type of analysis are structure, meaning, interaction, social behavior, participation, and multimodal communication (p. 184). Considering the content

of the threads and the nature of the forum, I have made slight changes to these and will be examining the following aspects of the messages:

1. **Topics:** what is being discussed on the forum
2. **Verbal communication:** grammatical and lexical features
3. **Social interaction:** a combination of social norms on the forum and how these are applied in interaction
4. **Multimodal communication:** use of images and profile photos

The data will be analyzed through the four abovementioned modes. Based on this analysis, I will then attempt to conclude if this Miscarriage Support Group could be considered a community of experience, according to the definition set forth by Kivimäki, Malinen, and Vuolanto (2023), which posits that it consists of people “who recognize similarities in their experiences, who share and negotiate these experiences and their meanings with each other, and who start to identify themselves as a group, bound together with a sense of shared experience.” I will describe the specific method of analysis for each of the modes in their respective sections.

## 4. Discourse analysis of the Miscarriage Support Group on What to Expect

### 4.1 Titles and content of threads

When trying to understand a certain community, a good place to start is, of course, the beginning – in other words, how and why the community was formed. Without getting into the history of how the internet and online forums came to be, the formation of this community is fairly clear-cut: its members all have in common the experience of miscarriage. All of them have sought out this forum with the intention of interacting with others who are posting on it. As the findings of Pendry and Salvatore (2015) suggest, people tend to join online forums with the intention of seeking or sharing information or forming or maintaining social relationships. The latter is particularly true for users of stigma-related forums, of which this could be considered one due to its sensitive nature (p. 216). Participation in the discussion is not mandatory, so some users may simply choose to read the material but not interact with it outwardly. However, it is outside of the scope of this study to consider data that is not visible, so only active members of the community are relevant here. It goes without saying that their main topic of conversation is miscarriage, but as previously discussed, it is quite a broad and multifaceted subject. So, in this section, the aim is to identify what miscarriage-related (or potentially unrelated) sub-themes emerge. So, the point of interest is what specifically the members of the forum are talking about.

To do this, I will first examine the linguistic structure and content of the titles of the threads and then analyze the initial posts created with the goal of identifying some overarching patterns. In this regard, Braun and Clarke's (2006) discussion of thematic analysis in the field of psychology provides useful insight: "Thematic analysis involves the searching across a data set... to find repeated patterns of meaning. The form and product of thematic analysis varies... so it is important that [the research question is] considered before and after..." (p. 92). So, the goal is to recognize repeated patterns in the text and mirror them against the research question. Although this approach comes from the field of psychology, it is nonetheless relevant to this study, as psychology is inevitably a consideration when it comes to sensitive and emotionally triggering subjects such as miscarriage. Additionally, features such as punctuation and diction are of interest at this stage of the analysis. Since the objective is to gauge the kinds of discussions that are being held on this

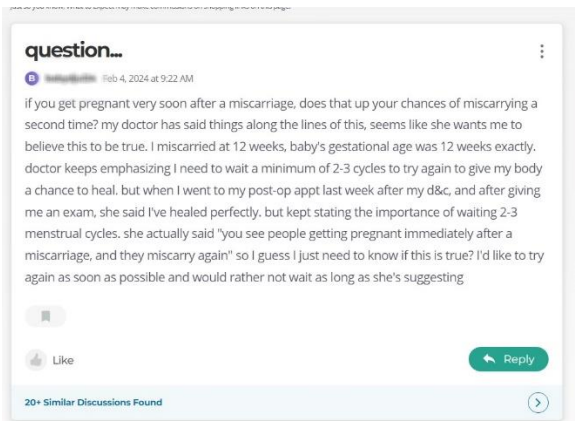
forum, it seems most logical to begin with the titles of the threads before moving on to the content of the posts themselves.

As can be seen in the table in the previous section, the titles of the threads vary greatly. In terms of specificity, they range from quite vague to wordy and specific. For instance, thread 4 is simply titled “question...” with no context provided as to what this question might entail. Meanwhile, the title of thread 3 reads “Did you dream about / have a premonition you would miscarry before it occurred?” which is extremely specific, and anyone clicking on it has a solid idea of what the thread is about. Because of this irregularity, specificity seems to be a personal choice each poster makes, rather than a norm set by the community. What is consistent about most of the titles, however, is that they are worded like questions. For example, thread 6 is entitled “How soon after MC can we do it?” which is a very specific question about when it is acceptable or safe to have sex after a miscarriage. The titles that are not complete interrogative phrases include question marks to indicate that the thread contains some type of query. Thread 1 is an example of this with the title “MVA Pain Control?” which consists only of a noun followed by a question mark but is enough to communicate that the poster has some kind of question related to pain management during a miscarriage. Based on these patterns, it appears that the members mainly consult this forum for the purpose of getting advice or reading anecdotes about miscarriage.

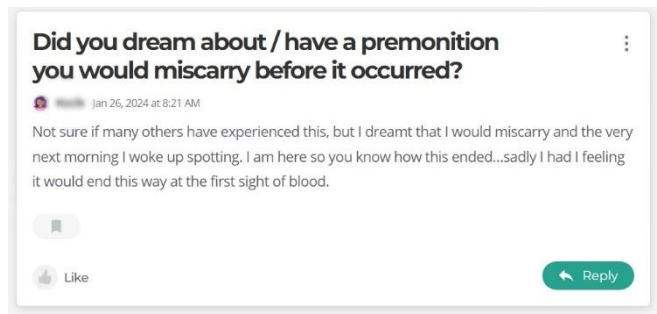
At this point, it is also important to note one pattern that emerges in the titles of threads, namely, the use of trigger warnings. Bridgland, Jones, and Bellet (2023) define a trigger warning as “a statement intended to help individuals prepare for or avoid content” with the distinction that “these warnings differ from other, older types of content labeling...in that they aim to protect individuals whose unique experiences have left them emotionally vulnerable to specific materials” (p. 1). In this community, these warnings are normally marked with “TW:” followed by a short list of potential triggers that the post contains. In this data set, there are two such titles, those of thread 10, which reads “Is this the sac? (Tw: graphic image),” and thread 12, entitled “Clotting after D&E. Anyone else? (TW\*\*\*PICS\*\*\*).” In both titles, the trigger warning is regarding graphic images that may be difficult to look at, especially for someone who has experienced a miscarriage. It is interesting that upon examining the content of the posts, trigger warnings do not seem to be included for posts with detailed descriptions of post-miscarriage bleeding without photos. It appears that sharing visual representations of the same thing is considered crossing some kind of

a line within the community. There will be further discussion on the images in Section 4.4. However, the photos still appear to be posted with the same goal as all other posts: to request advice or anecdotes from other members of the forum. The images simply serve as additional information to aid the community in responding accurately.

This observation is affirmed by the content of the posts themselves. Most of them seem to center around asking the other members for advice or to share their own experiences with miscarriage. For example, the question in thread 4 is about whether getting pregnant soon after a miscarriage makes a subsequent miscarriage more likely or not (see Screenshot 1 below). In fact, the poster shares that this is something their doctor told them, and they are consulting the members of the forum to confirm that it is true. It is rather interesting that even though the initial advice came from a medical professional, the poster in question still seeks counsel from the members instead of accepting the doctor's words at face value. There will be more discussion on this in Section 4.2. There are also certain threads that simply request that the members of the forum share their own experiences with a certain aspect of miscarriage. For instance, the creator of thread 3 asks the community if they had a dream about miscarriage prior to it happening. So, the topics on the thread are not medical in nature but some simply create a space for women to share their experiences with others who have gone through the same thing. This is in line with Hardy and Kukla's (2015) statement that "women who have had a miscarriage may feel that their reactions and experiences do not make sense or fit into a rational and recognizable story that can be publicly consumed or produced. The boards can be used as a place both to express this frustration and to try to forge this kind of articulable sense" (pp. 110–111). In other words, these women may be seeking some kind of solidarity or commiseration through these boards. However, to understand this more deeply, further investigation on the actual verbal communication on the forum is necessary (see Section 4.2).



*Screenshot 1*



*Screenshot 2*

Something that is different between this forum and the one examined by Hardy and Kukla (2015) is that despite the multitude of similarities shared by them, this one does not limit topics like the one in the abovementioned study. They observed that on the forum they analyzed, discussion boards about pregnancy or live birth announcements are not welcome. They state that “[the] guidelines [of the forum in question] suggest that one purpose of the group site is to actively enable narratives that focus on events that are otherwise covered over or crowded out by more conventional stories of conception, childbirth, and parenting” (p. 111). In other words, the forum serves as a space specifically reserved for those who are experiencing or have experienced a miscarriage. However, in the What to Expect miscarriage group, there does not seem to be a similar guideline. The group introduction does not explicitly limit discussion topics. Furthermore, in the data set, thread 13, which is entitled “Pregnant again after two losses” is technically a pregnancy announcement, although the poster then shares their fear of miscarrying again. None of the commenters on the thread seem offended that the person has posted about their successful pregnancy but are instead wishing the original poster good luck or sharing their own stories of how they felt getting pregnant after multiple miscarriages. So, it appears that in some cases, the group does not perceive discussions of successful pregnancies as intervening in their space. Rather, they celebrate with the person and sympathize with the complex trauma that comes with pregnancy following miscarriage. These stories of successful pregnancies could also be a source of hope for the women on this forum and a testament to the fact that it is possible to overcome the difficulties they are currently facing.

## 4.2 Grammatical and lexical features

This section is mostly concerned with the grammatical and lexical features of the written content on the forum. For the purposes of this study, the observation on the relationship between grammar and discourse made by Ariel (2009) is relevant. She suggests that "...speakers choose from among grammatical alternatives those that best serve their communicative (and other) purposes in the specific discourse they are currently engaged in" (p. 32). In other words, people make grammatical and lexical choices based on what they (either consciously or subconsciously) deem to be the most effective at communicating the desired message in the communicative context in question. So, in order to understand the kinds of choices that members of this forum make, I will be examining grammatical features based on the following two questions:

1. What grammatical / lexical features have been chosen?
2. What meaning do these grammatical / lexical features communicate?

The aim of answering these questions is to get a better understanding of some of the linguistic conventions of this forum and thus better comprehend the process by which the group builds community through them.

The grammatical choice that emerges as the most prominent upon inspecting the posts and comments on the forum is the use of first-person pronouns. In fact, every single comment in the data set is written from a first-person perspective. While this observation may seem redundant, it actually provides a valuable insight into the nature of the community because it indicates that all the members are people who are talking about their own, first-hand experiences of miscarriage. In other words, this is not a community for close friends or family members or partners of those who have experienced miscarriage but for the ones directly going through it. This is in line with the observations made in the previous section that the community seems to be built by and for people who share this specific experience. There could be two potential explanations for the exclusive nature of this group: (1) only those who have experienced miscarriage seek out the group in the first place or (2) those who have experienced a miscarriage second-hand or are trying to support someone close to them who is going through it find the group but deem that it is not meant for them. Most likely, the cause is a mixture of the two. But as outlined previously in this paper, many women may feel that in the face of such a life-changing event, it is not acceptable for them to share the emotions they are feeling with people who may not understand them. Kivimäki et al. (2023)

posit that in communities of experience, the members may have a “feeling that memories can be shared only with the members of the community of experience.” While it is impossible to know whether members of this community share their feelings exclusively on the forum or not, it does appear that the forum itself is meant exclusively for the people who share this particular experience.

This is also evident by the use of very specific abbreviations related to miscarriage. These terms are abundant, not only in the titles but also in the content of the threads. Abbreviations that appear often include very general terms, such as “MC,” which stands for miscarriage, and “DR,” which stands for doctor, that may be familiar to people even if they have never been a part of this community or experienced a miscarriage before. However, there are also specialized abbreviations and terms that relate to medical substances and procedures that people outside of this community probably would not understand. For instance, the abbreviation “D&C,” meaning dilation and curettage, a surgical procedure to remove contents from the uterus, in this context, a fetus that is no longer developing, appears quite often, as do terms like “TUI” and “IVF,” which are methods of fertilization. Names of medications are also often employed, as are terms related to tracking of menstrual cycles. This demonstrates that women possess the language to discuss their experiences and can use extremely specific words to express their needs. What is particularly interesting about this community is that despite the frequent use of quite complex medical terminology, it seems to be rather uninterested in academic sources of medical information. In fact, in most threads, members offer their own personal experiences as advice instead of citing medical research, as can be observed from the exclusive use of first-person pronouns (see Section 4.1). At times, it appears that the personal experiences and advice of the other members is valued over the advice of medical professionals (see Screenshot 1). The observation made by Hardy and Kukla (2015) on a similar forum may help explain this phenomenon. They posit that:

“Women often come to the boards specifically because they experience themselves as abandoned by the health care system, or because they don’t feel that traditional medical tools are helping them make sense of what they are experiencing. Women may be in the forum for free advice, for fear of not being taken seriously elsewhere, or because they take themselves to be in the middle of an immediate traumatic event that cannot wait for a visit to the doctor” (p. 111).



The last observation is particularly prominent in the images shared by some members on the forum (see Section 4.4). However, this choice to consult the boards for medical advice may also be a manifestation of some serious issues in women's healthcare that need to be addressed.

### 4.3 Interaction among members

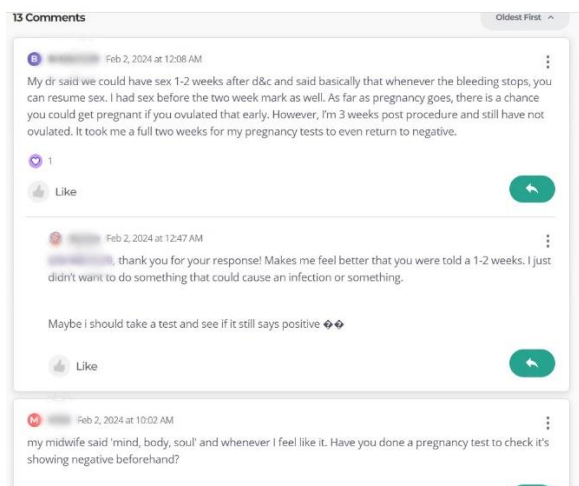
An important aspect of this study is to understand how these women communicate with each other about this extremely difficult and sensitive topic. The interaction that takes place between these women is, of course, a crucial piece of the puzzle. This is going to be quite tricky because of the complex nature of interactional discourse analysis. As Heller (2008), points out:

“The question of what affects what...remains open; while it seems clear that behavior is patterned at a number of levels, from linguistic structure through conversational and discourse structure to the social organization of interactions, the nature of the sources of those patterns and of the relations among them remains obscure...” (p. 261).

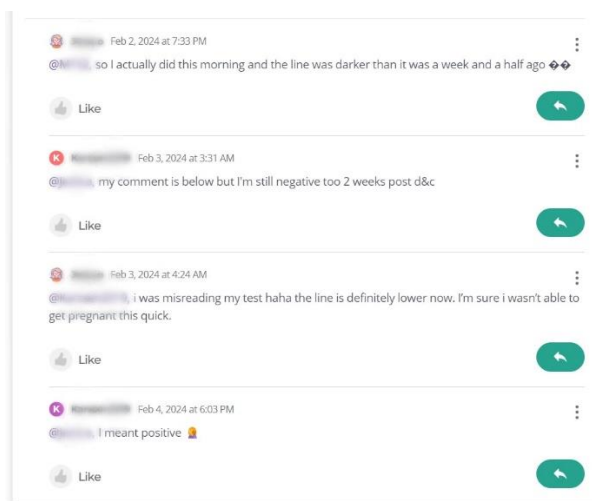
Thus, interactional discourse analysis seems to create more questions than answers. However, the interactive nature of the forum makes it necessary to tackle this challenge. In addition, the research question of this study cannot be answered without it. So, I have simplified the interactional discourse analytic approach to two questions that I will answer on the basis of the data set:

1. How do members of the forum address each other?
2. How does the interaction, if at all, resemble a conversation? (As in, do members first acknowledge what the other person has said in their comment before adding their own opinion? Do members greet each other at the beginning of messages?)

Before beginning the actual analysis, it is important to explain some aspects of the interactivity features on this forum. When viewing a thread, members can either add to it with a comment or alternatively, if there is a specific comment that they want to reply to, they can leave a response directly underneath it (see Screenshots 3 and 4 from thread 2 below). When doing so, the person they are replying to is automatically tagged at the beginning of that comment. There is also a feature that allows users to “like” each other's comments, although the members of this particular forum do not appear to make use of it very often.



Screenshot 3



Screenshot 4

Upon examining comments on the forum, it does seem like there are conversational qualities to the interaction between members. In direct replies, turn-taking takes place in a similar manner to an in-person conversation. Posters ask each other questions, reply to each other, and often times, even take the time to acknowledge what the other person has said before proceeding to their own point. For instance, in Screenshot 3 above, the second commenter begins their reply to the person above by saying “thank you for your response!” before responding to the actual content of the comment. Other such examples are present throughout the rest of the data set. For example, it is common for members to say something along the lines of “I’m sorry to hear that” or “I’m sorry you went through that” when responding to a comment in which someone is sharing a negative experience, which, considering the nature of this forum, happens quite often. This sort of turn-taking is standard for online communities. Meredith (2019) posits that:

“Despite the apparent lack of [turn constructional units] and a clear mechanism for speaker transition, turn-taking still happens in online interaction. Turns are produced, in a sequence, by different participants; it is very rare that an online interaction is a monologue, although some individual posts may be lengthy” (p. 245).

So, since it mimics the nature of real-life conversations, online communities like this one should not be overlooked as a source of comfort and solidarity in the face of difficult life situations, such as miscarriage, in the same manner as in-person interactions.

However, it is important to note that just like any other online communication, the interaction on this forum also displays issues that do not necessarily concern in-person conversations, such as disrupted turn adjacency, in which “the first pair-part and second pair-parts of a sequence are not adjacent but instead are interrupted by other threads of conversation” (Meredith, 2019, p. 245). In other words, conversations may be inconsistent because messages are sent simultaneously, leading to different topics overlapping. The direct reply function on the forum seems to prevent this, helping to keep conversations separate from each other. However, there are still instances of disrupted turn-taking, such as in Screenshot 4. In it, the first commenter posts a response to another comment that reads “so I actually did [take a pregnancy test] this morning and the line was darker than a week and a half ago.” A second user then replies: “my comment is below but I’m still negative too 2 weeks post d&c,” and then, the first commenter posts their response before the second user can correct themselves by stating “I meant positive,” leading to a disruption in the conversation that most likely would not have taken place if the users were speaking in person. However, the mistake in question does not seem to hinder understanding of the conversation at all, and it continues without confusion afterwards, as if nothing happened. This suggests that, just like in real-life conversations, the members of this forum make assumptions based on context, allowing them to move past mistakes quickly and communicate more effectively. So, it appears that despite being online, the interaction on the forum shares certain features with what we perhaps consider normal, real-life conversations, and thus, could serve as an equally valuable source of comfort and solidarity as in-person interactions with women who have experienced miscarriage but with the added veil of privacy provided by anonymity (see Section 4.4).

Another communicative aspect worth mentioning is the lack of nicknames used on this forum. A quick browse of any of the other, strictly pregnancy-related boards on the What to Expect Community page reveals that nicknames like “mama” are very frequently used by members to refer to each other, particularly when the intention is to give them encouragement. However, this feature is completely absent on the miscarriage forum. This makes sense, as members of this forum cannot assume that others who participate in it are “mamas”. It could even be that the nickname may offend someone who has failed to get pregnant or carry a pregnancy to term several times. Of course, there may be individuals who still consider themselves to be mothers, even without having any living children, as suggested by the use of the term “angel baby” (see title of thread 7). This

gives the impression that babies that passed away are still considered such, which would also mean that their mothers could be considered mothers as well. If this was not the case, and the term “mama” was strictly reserved for mothers of living babies, it is interesting that even in threads where the poster has communicated that they have other, living children, the nickname “mama” is still avoided. This is particularly significant because there is no explicit rule anywhere on the board that states that the use of this nickname is not accepted. Thus, it appears that this is an unspoken rule created by the members of this board that sets this group apart from the other pregnancy boards on the community page. So, it could be considered its own entity that is, at least in some ways, independent of others on the platform.

#### 4.4 Sharing of multimodal content

In this final section, I will briefly delve into the multimodal features of the forum. While multimodality does not seem to occur frequently, the option to add photos and emojis does exist, so it is necessary to address in order to get the most complete possible picture of the interaction. Because only a handful of the threads contain actual pictures, I will examine the content of the images without delving too much into lighting, positioning, or other traditional aspects of multimodal discourse analysis. This is because the images usually serve a functional purpose to show some information that cannot be otherwise communicated with words (such as the line on a pregnancy test). I will then mirror this content to the observations made in the abovementioned sections.

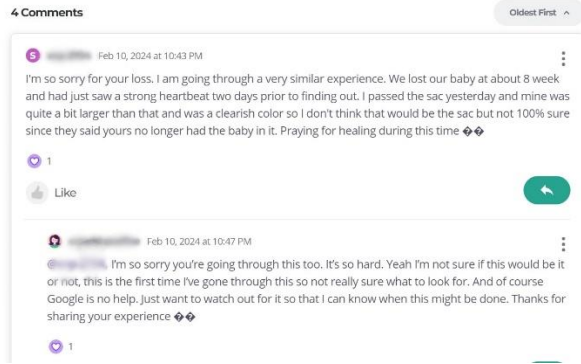
Out of the thirteen threads selected for this study, only three, threads 10, 11, and 12 contain photos. For the sake of clarity and coherence, threads 10 and 12 will be discussed first and thread 11 will be analyzed separately. The reason for this is that the photos in threads 10 and 12 display graphic imagery, including blood and uterine contents, as described in the trigger warnings in the titles of each of the posts, while the pictures in thread 11 are very different in nature. The images in threads 10 and 12 seem to have been posted for practical purposes. The posters are sharing photos of material they have passed from their uterus with the intention of asking the other members of the forum to assist them in identifying it. It may at first appear surprising that instead of consulting their physicians or medical sources on the internet, these women have instead chosen to ask the forum for advice. As mentioned previously in Section 4.2, this could be a result of

women feeling abandoned by the health care system or the situation may seem too grave or immediate for a medical professional to respond to it in a manner that seems timely. Conversely, the decision to post such content on the forum may be related to the struggle of waiting that is associated with miscarriage. In fact, Hardy and Kukla (2015) suggest that:

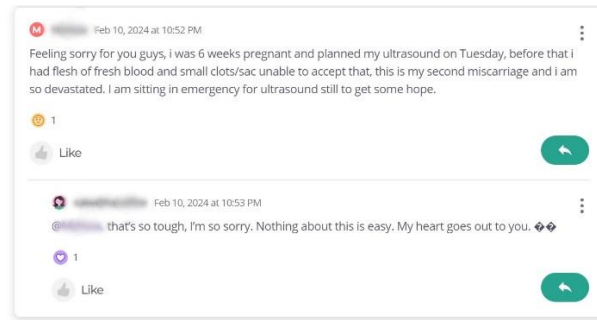
“Women who are waiting to find out if they are miscarrying, or waiting, once they have learned of fetal demise, for the fetus to expel itself, often experience these waiting periods as emotionally complex and intense. They are liminal and anxiety-producing times during which women cannot predict what their bodies will do, and during which they inhabit a difficult status between expectant mother and grieving miscarriage sufferer” (p. 113).

In other words, many women are simply left to wait for the miscarriage to pass without medical intervention while the world around them moves forward. Thus, the sharing of these extremely personal photos may not be so much about receiving medical advice as it is about making sense of both the physical and emotional experience of miscarriage.

Regardless of whether the reason for posting photos of this nature is to respond to an immediate need or to pass the time while waiting, it is certainly a matter of feeling the need to share it with someone. Miscarriage is an extremely isolating experience for many. Bellhouse, Temple-Smith and Bilardi (2018) state that “women have...reported feelings of helplessness, self-blame and guilt associated with the miscarriage, as well as isolation and loneliness” (p. 177). Indeed, while they may have support systems, such as partners, friends, or family, they alone bear witness to the physical manifestations of miscarriage. So, they resort to anonymously posting photos of them on the forum, not only to help comprehend what their body is doing, but to receive the affirmation that they are not alone in that experience. The members of the community seem to understand this need, as reflected in the comments posted under thread 10 (see Screenshots 5 and 6 below). Both of the commenters in these examples describe the kind of discharge they saw during their miscarriage in enough detail that it could almost be considered an image like the one the initial poster shared. Thus, through these images and descriptions, not only can women make sense of their physical miscarriage symptoms but be comforted by the knowledge that they are normal in the given circumstances in a way they may not be able to in the presence of a medical professional or a loved one.



*Screenshot 5*



*Screenshot 6*

Even though the members of this board share extremely personal details about their life, they still maintain a high level of anonymity. Thread 11 is a prime example of this, as its creator shares photos of her pregnancy journey before miscarriage, including positive pregnancy tests, a blanket she made for the baby, and the decaf coffee she bought to replace the caffeinated variety. However, in none of these pictures is there anything that would make it possible to identify who the person is. In fact, this is the case in many other aspects of the forum as well. Most members do not have profile photos and have instead opted for the default ones provided by the platform. Usernames seem to be random combinations of numbers and letters or references to something the user likes, such as cats or coffee, but real names are not used. These signs suggest that even though the topics discussed on the board can be very intimate, anonymity is still highly valued, and there is a certain line that the members do not cross when it comes to sharing personal details. It could simply be that the threshold for posting on the board is lower when there is a veil of anonymity that prevents the comments a person posts from being traced back to them. Omernick and Sood (2013) point out that “[lack of anonymity in online communities] limits participation. Users who are unwilling or unable to identify themselves are excluded from the conversation, and it follows that the community is smaller because of it” (p. 530). Of course, total anonymity is not permitted on this forum, as one must have a What to Expect account in order to post comments. However, based on all the factors outlined in this and the previous sections, it seems that the thing that is central to this board is not who you are but your shared experience with the other members. So, it is not that total anonymity is something that is consciously decided upon, but rather, the identities of the members are irrelevant at the face of the greater mission of the forum, which appears to be

simply to provide a space to discuss miscarriage, which in many other spaces, is seen as a sensitive and even taboo subject.

## 5. Miscarriage Support Group as a community of experience

Based on the analysis above, it can be said that this online miscarriage support group is, indeed, a community of experience, at least according to the definition outlined by Kivimäki, Malinen and Vuolanto (2023), which states that the concept “refer[s] to people who recognize similarities in their experiences, who share and negotiate these experiences and their meanings with each other, and who start to identify themselves as a group, bound together with a sense of shared experience.” In other words, the shared experience becomes the glue that holds the community together. In fact, in the case of this forum, it is the only aspect shared by the community, since personal details are seldom afforded. This high level of anonymity seems to create a fine balance between the sharing of individual experiences and the narrative of a certain collective experience of miscarriage. It seems that members of this community understand that their experiences are unique to them but also seek a level of sameness with others who have gone through something similar. Hardy and Kukla (2015) conclude accordingly that “miscarriage is...an event that others might maintain is, in essence, the absence of a story...[It] is an event that is typically excluded from social narrative space and particularly hard to articulate...Dedicated discursive communities can be places where such stories are built and shared...” (p. 123). This community has its own distinctive features and narratives, but it does seem to provide women a space where not only do they *have* a story, but they can share it without fear of being judged or ostracized.



## 6. Limitations of this study and suggestions for future research

This study, just like most others, has some shortcomings. While I tried to adopt a reflective approach to analysis and constantly challenge my own perceptions and interpretations of the data, there may be alternative explanations that I failed to consider. Such is the trouble of working alone on a highly interpretive research project like this one. Because of this and the relatively small amount of data, it may not be appropriate to generalize these findings to any population. However, these factors do not mean that this study cannot provide some direction for potential future research on this topic. For example, it may be meaningful to interview participants on forums like this to obtain a better understanding of how they view their interactions on it. A different perspective could also be adopted in which men's discussions about miscarriage are analyzed. Brier (2008) suggests that "men's grief following miscarriage was...moderated by several variables, including the vividness of their imagery of the fetus based on exposure to an ultrasound scan and length of pregnancy" (p. 456). It would be interesting to investigate if there exist similar support groups for men going through this, either in person or online. Overall, research on miscarriage, including this study, point to serious issues in the support women receive during and after miscarriage, particularly from healthcare professionals. It is important to address these problems and find effective long-term solutions, especially since miscarriage is so common. This is why it is crucial that research like this continues, as it can provide invaluable insights to finding a way to solve these issues.

## References

- Ariel, M. (2009). Discourse, grammar, discourse. *Discourse studies*, 11(1), 5–36. <https://doi-org.pc124152.oulu.fi:9443/10.1177/1461445608098496>.
- Ballinger, C. (8.2.2021). *My Miscarriage* [Video]. YouTube. <https://www.youtube.com/watch?v=N3sdlur13pQ>.
- Bellhouse, C., Temple-Smith, M.J. & Bilardi, J.E. (2018). “It’s just one of those things people don’t seem to talk about...” women’s experiences of social support following miscarriage: a qualitative study. *BMC women's health* 18, 176. <https://doi.org/10.1186/s12905-018-0672-3>.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*. 3. 77-101. 10.1191/1478088706qp063oa.
- Bridgland, V. M. E., Jones, P. J., & Bellet, B. W. (2023). A meta-analysis of the efficacy of trigger warnings, content warnings, and content notes. *Clinical psychological science*. <https://doi.org/10.1177/21677026231186625>.
- Brier, N. (2008). Grief following miscarriage: A comprehensive review of the literature. *Journal of women's health (Larchmont, N.Y. 2002)*, 17(3), 451. <https://doi.org/10.1089/jwh.2007.0505>.
- Christiansen, O. B., Nybo Andersen, A., Bosch, E., Daya, S., Delves, P. J., Hviid, T. V. & van der Ven, K. (2005). Evidence-based investigations and treatments of recurrent pregnancy loss. *Fertility and sterility*, 83(4), 821-839. <https://doi.org/10.1016/j.fertnstert.2004.12.018>.
- Fage-Butler, A. (2017). Risk resistance: constructing home birth as morally responsible on an online discussion group. *Health, risk & society*, 19(3–4), 130–144. <https://doi.org/10.1080/13698575.2017.1327038>.
- Gerber-Epstein, P., Leichtentritt, R. D., & Benyamini, Y. (2009). The experience of miscarriage in first pregnancy: The women's voices. *Death studies*, 33(1), 1-29. <https://doi.org/10.1080/07481180802494032>.

- Hardy, S., & Kukla, R. (2015). Making sense of miscarriage online. *Journal of social philosophy*, 46(1), 106-125.
- Heller, M. (2008). *Discourse and Interaction*. 10.1002/9780470753460.ch14.
- Kivimäki, V., Malinen, A. & Vuolanto, V. (16.1.2023). *Communities of experience*. Tampere University. <https://doi.org/10.58077/PXX2-ER19>.
- Jones, A., Scoresby, K., & Duong, C. C. (2022). Navigating grief and pregnancy loss through online story telling. *Qualitative Social Work*, 22(4), 795–809. <https://doi.org/10.1177/14733250221108634>.
- Lok, I. H., & Neugebauer, R. (2007). Psychological morbidity following miscarriage. *Best practice & research in clinical obstetrics & gynaecology*, 21(2), 229–247. <https://doi.org/10.1016/j.bpobgyn.2006.11.007>.
- Mayo Clinic. (8.9.2023). *Miscarriage*. <https://www.mayoclinic.org/diseases-conditions/pregnancy-loss-miscarriage/symptoms-causes/syc-20354298>. Accessed 1 March 2024.
- Mcgee, K., PettyJohn, M. E., & Gallus, K. L. (2018). Ambiguous loss: A phenomenological exploration of women seeking support following miscarriage. *Journal of loss & trauma*, 23(6), 516-530. <https://doi.org/10.1080/15325024.2018.1484625>.
- Meredith, J. (2019). Conversation analysis and online interaction. *Research on language and social interaction*, 52(3), 241-256. <https://doi.org/10.1080/08351813.2019.1631040>.
- Omernick, E., & Sood, S. O. (2013). The impact of anonymity in online communities. 2013 *International conference on social computing*. <https://doi.org/10.1109/socialcom.2013.80>.
- Pendry, L. F., & Salvatore, J. (2015). Individual and social benefits of online discussion forums. *Computers in human behavior*, 50, 211–220. <https://doi.org/10.1016/j.chb.2015.03.067>.
- Robinson, G. E. (2014). Pregnancy loss. *Best practice & research in clinical obstetrics & gynaecology*, 28(1), 169–178. <https://doi.org/10.1016/j.bpobgyn.2013.08.012>.

- Robinson, J. (2014). Provision of information and support to women who have suffered an early miscarriage. *British journal of midwifery*, 22(3), 175-180.  
<https://doi.org/10.12968/bjom.2014.22.3.175>.
- Rowlands, I. J., & Lee, C. (2010). 'The silence was deafening': Social and health service support after miscarriage. *Journal of reproductive and infant psychology*, 28(3), 274-286.  
<https://doi.org/10.1080/02646831003587346>.
- Séjourné, N., Callahan, S., & Chabrol, H. (2010). Support following miscarriage: What women want. *Journal of reproductive and infant psychology*, 28(4), 403-411.  
<https://doi.org/10.1080/02646830903487375>.
- Townsend, L. & Wallace, C. (2016). *Social media research: A guide to ethics*. The University of Aberdeen.
- Unger, J. W. (2020). "Digitally mediated discourse analysis." *Researching discourse*, 1<sup>st</sup> ed., Routledge, p. 180–200.
- Ventura, S. J., Curtin, S. C., Abma, J. C., & Henshaw, S. K. (2012). Estimated pregnancy rates and rates of pregnancy outcomes for the United States, 1990-2008. *PubMed*, 60(7), 1–21.  
<https://pubmed.ncbi.nlm.nih.gov/22970648>.
- Wieringa-de Waard, M. W., Ankum, W. M., Bonsel, G. J., Vos, J., Biewenga, P., & Bindels, P. J. E. (2003). The natural course of spontaneous miscarriage: analysis of signs and symptoms in 188 expectantly managed women. *PubMed*, 53(494), 704–708.  
<https://pubmed.ncbi.nlm.nih.gov/15103878>.