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From loss to growth: A narrative study of transformational journeys among mothers after miscarriage

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Abstract

This study explores the transformational journeys of mothers after miscarriage, focusing on how they narrate their experiences of loss, coping, and growth. A qualitative narrative research design was employed involving five mothers from Lucena City, Philippines who experienced miscarriage within the past three to ten years, selected through snowball sampling. Data were gathered through semi-structured interviews and analyzed using thematic analysis, guided by Swanson's Middle Range Caring Theory and the Pagdadala Model of Sikolohiyang Pilipino. The findings revealed themes of career-driven lifestyles during pregnancy, emotional struggles such as grief and trauma, reliance on family and faith as coping mechanisms, and the redefinition of self and motherhood after loss. Despite pain and stigma, participants described gradual healing through support systems, meaning-making, and renewed perspectives on motherhood. The study is limited to five participants from Lucena City, which may affect the generalizability of the findings; however, the results highlight the need for compassionate, culturally grounded psychosocial support and interventions to assist mothers in their healing and growth.

Keywords: *resilience, identity reconstruction, narrative research, psychosocial support*

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1. Introduction

Losing a loved one is universally acknowledged as a source of grief, yet pregnancy loss remains underrepresented despite its comparable emotional impact. Miscarriage, defined as the spontaneous loss of a pregnancy before the 20th week, is a common but deeply personal experience affecting millions of women worldwide. Globally, an estimated 23 million miscarriages occur each year, or approximately 44 per minute, with a risk of 15.3% for all recognized pregnancies (Quenby et al., 2021). Despite its prevalence, the psychological consequences of miscarriage are often overlooked and left many women to cope with grief in isolation. Unlike other forms of loss, miscarriage lacks formal mourning and public acknowledgment and societal norms also discourage open discussion, which limits emotional and psychological support. Studies show it can cause stress, anxiety, and sadness (Muhaisin et al., 2022), affect identity and motherhood expectations, and often lead to feelings of incompleteness and reduced self-confidence. In addition, limited access to mental health care contributes to prolonged distress (Bilardi & Temple-Smith, 2023), particularly in contexts such as the Philippines, where miscarriage is often met with silence rather than structured support.

In the Philippine setting, pregnancy loss is significant; however, attention to its psychological effects remains limited. The 2022 National Demographic and Health Survey reports that 13% of pregnancies in Central Visayas and 8% in Western Visayas end in miscarriage (Philippine Statistics Authority, 2022). Despite these figures, many women receive little to no professional support. Cultural expectations may also encourage mothers to remain strong and private in their grief, which can hinder healing. Studies show that although 37% of women with a pregnancy history experienced miscarriage, only 32% discussed their grief with a healthcare provider and only 25% received mental health recommendations (Doyle et al., 2023). Moreover, only 16% sought professional mental health services despite expressed need. Differences in partners' responses may also affect relationships and add emotional strain (Tian & Solomon, 2020).

The Philippines has established legal recognition of mental health through Republic Act No. 11036, also known as the Mental Health Act, which mandates the integration of mental health services into the national healthcare system (Republic of the Philippines, 2018). However, the law provides a general framework for mental health care and does not specify structured bereavement protocols for miscarriage-related grief. This suggests that psychosocial support for pregnancy loss may still be integrated within general mental health services rather

than delivered through a condition-specific framework. Furthermore, global health evidence indicates that mental health services remain unevenly accessed and are often not fully specialized for specific conditions such as grief following pregnancy loss (World Health Organization, 2025). This highlights a possible gap in the specificity of institutional responses to miscarriage-related experiences.

While prior research on grief has explored post-traumatic growth in other forms of loss (Whalen & Tisdell, 2022), miscarriage remains underexamined from a narrative perspective despite its prevalence. It affects 10–15% of known pregnancies and is often underreported and rarely discussed (WHO, n.d.). Despite its emotional impact, limited research has focused on how mothers make sense of and transform their experiences of loss. Thus, this study explores mothers' lived experiences of miscarriage, focusing on their coping, resilience, and personal transformation, particularly how meaning-making shapes their psychological adjustment.

2. Literature Review

2.1. Theoretical Framework

This study is anchored in Swanson's Middle Range Caring Theory (1991) and Decenteceo's (1999) Pagdadala Model of Sikolohiyang Pilipino. Swanson's theory outlines five caring processes: knowing, being with, doing for, enabling, and maintaining belief that support mothers in processing grief and coping. On the other hand, the Pagdadala Model frames miscarriage as a journey toward meaning and identity reconstruction (Cardiño & Distor, 2022).

2.2. Miscarriage

Miscarriage is medically defined as the unplanned loss of a pregnancy before a specific stage of fetal development. However, the exact gestational age varies across medical sources. Earlier studies commonly define miscarriage as occurring before 24 weeks of gestation (Devall et al., 2020). These studies emphasize medical management approaches such as expectant, medical, and surgical interventions. Despite these approaches, pregnancy loss may still occur. As a result, many mothers experience emotional distress, including disappointment and exhaustion.

More recent literature expands this understanding by emphasizing biological and systemic factors. For instance, Galván-Márquez et al. (2024) define miscarriage as occurring

before 20 weeks and attribute it to genetic and physiological causes. Beyond medical definitions, recent studies also highlight the role of healthcare systems and social contexts in affecting mothers' experiences. Meluch (2021) does not primarily focus on defining miscarriage but instead highlights communication challenges between healthcare providers and patients during emergency care. It emphasizes how poor communication and lack of empathy from healthcare providers can increase emotional suffering, while Huff (2024) emphasizes the presence of unrecognized or "hidden grief," often accompanied by isolation and societal misunderstanding.

The literature shows that miscarriage is not only a medical condition but also a significant emotional and social experience. While earlier studies focus on clinical definitions and management, more recent research highlights the difficult psychological, social, and institutional factors that influence how mothers experience and cope with pregnancy loss.

2.3. Experiences of Mothers After Miscarriage

Mothers who experience miscarriage often go through serious emotional and social challenges, including sadness, guilt, confusion, and lasting psychological distress. Earlier studies show that even after physical recovery, emotional difficulties such as anxiety and reduced psychological well-being may continue (Iwanowicz-Palus et al., 2021). This shows that miscarriage is not only a physical event but also an emotional one. More recent studies (2022–2025) show how strong these emotional effects can be. Many women experience depression, anxiety, and post-traumatic stress after miscarriage, especially younger mothers (Khan, 2024; Parveen et al., 2025). These experiences are often made worse when there is little emotional support, which makes recovery more difficult.

Recent research also points to the role of social and healthcare experiences. Some mothers feel alone or misunderstood because of a lack of empathy from healthcare providers and limited psychosocial support (Figueredo-Borda et al., 2022). Others find it difficult to stay emotionally connected with family and friends, which can add to their sense of isolation (Boakye et al., 2025). The effects of miscarriage can also continue into future pregnancies. Women who become pregnant again often feel fear, anxiety, and cautious hope, showing that the experience of loss does not easily go away (Fernandez-Basanta et al., 2023). However, support from others can help mothers cope and slowly recover. While earlier studies focus on

emotional outcomes, more recent research also highlights the role of support systems and social expectations in shaping how mothers deal with their loss.

2.4. Redefining Identity and the Role of Motherhood After Miscarriage

Mothers try to understand themselves and their role after losing a pregnancy. Without a living child, many feel confused, empty, and deeply sad, which affects how they see themselves as mothers. Studies show that a mother's identity is not lost but slowly changes after miscarriage. Rossen et al. (2023) found that sharing stories helps mothers continue to see themselves as mothers. Giannatiempo et al. (2024) explained that miscarriage interrupts the early formation of parental identity, especially when there is little emotional support. Minton et al. (2023) showed that social stigma can affect how mothers see themselves, while Bamigbala (2022) found that support, shared experiences, and personal strength help mothers rebuild their identity. These studies show that mothers continue to reshape their sense of motherhood by accepting their loss and finding meaning in their experience.

2.5. Transformation

Healing and growth happen through the ways mothers cope, the support they receive, and how they come to understand their loss. Studies show that coping and support are important in recovery after miscarriage. For instance, Karisa et al. (2024) found that practices such as mindfulness, counseling, and support from family and others help reduce stress and support emotional healing. Similarly, Galeotti et al. (2022) explained that women who receive empathy and understanding cope better, while lack of support can make recovery more difficult. Support from others and being open about the experience also help mothers adjust. Freedle and Oliveira (2022) found that sharing one's story and receiving positive responses help women process their loss and grow emotionally. Alqassim et al. (2022) also showed that peer and community support reduce feelings of isolation and help build strength.

Personal reflection also helps mothers gradually move forward. Facão and Madeira (2024) explained that thinking about the experience and giving it personal value supports emotional adjustment. Navabinejad et al. (2024) added that through coping and support, women slowly rebuild how they see themselves and regain a sense of control in their lives. These studies show that mothers go through a process of healing where they cope with their

loss, receive support, and slowly rebuild themselves, leading to growth, transformation and a renewed sense of purpose.

3. Methodology

3.1. Research Design

This study used a narrative research design to explore how mothers who experienced miscarriage make sense of their loss, coping, and transformation through personal stories. This method enables the identification of key themes and a richer understanding of meaning-making and identity reconstruction (Creswell & Poth, 2018).

3.2. Participants of the Study

The study involved five (5) mothers from Lucena City, Philippines who experienced miscarriage within the past 3 to 10 years. Participants were selected using snowball sampling, where one participant referred another who met the criteria. This method is appropriate for sensitive topics where participants are difficult to locate.

Table 1

Profile summary of mothers who experienced miscarriage

Pseudonym	Age	Household and Family Structure	Miscarriage History and Context
BMG	40	Lives with her husband; has two pregnancy histories. Husband serves as primary caregiver and support system.	Experienced miscarriage four years ago at age 35–36. Received strong emotional and physical support from her husband during recovery.
MSA	45	Mother of four living children; husband works far from home. Eldest child provides emotional support.	Experienced miscarriage four years ago at age 41 (fifth pregnancy). Relied on her eldest child as main source of strength.
CRM	45	Mother of eight living children; initially depended on family but later relied on herself due to caregiving demands.	Experienced miscarriage three years ago at age 42. Described pregnancies as delicate and emphasized self-reliance in coping.
VMBA	-	Primary breadwinner; works as a saleslady with an additional part-time job. Lives with her family and has living children.	Experienced two miscarriages (six and four years ago), second at age 26. Husband provided consistent emotional and physical support.
VSA	38	Vendor; lives with family and has three living children. Strong family support system.	Experienced miscarriage 6–7 years ago at age 32. Family served as her primary source of strength throughout recovery.

The profiles in Table 1 demonstrate that miscarriage affects mothers across different stages of adulthood, from early adulthood to midlife. Despite differences in family structure and sources of support, each mother continues to carry significant caregiving responsibilities while coping with the emotional impact of pregnancy loss. This suggests that maternal resilience is a continuous process of balancing daily responsibilities with internal healing, regardless of age or personal circumstances.

The number of participants was based on data saturation, meaning no new information was obtained from additional participants (Creswell & Creswell, 2018). As interviews progressed, participants' narratives began to show recurring patterns in emotional experiences, coping strategies, and meaning-making processes. These patterns were observed consistently across participants to indicate convergence in key experiences. At the same time, some variations in personal interpretation and coping emerged, reflecting divergence across cases. The repetition of these patterns confirmed that the data had become sufficiently rich and redundant, and additional interviews no longer contributed new insights.

3.3. Instrumentation and Data Gathering Process

The study used a semi-structured interview guide with open-ended questions to allow participants to share their experiences while staying aligned with the study objectives (McIntosh & Morse, 2015, as cited in Clandinin et al., 2025).

Informed consent and permission were obtained prior to data collection. Interviews were conducted individually, either face-to-face or online depending on participants' preference, lasting approximately 30 minutes to 1 hour and audio-recorded with consent. Responses were transcribed for analysis, and confidentiality was strictly maintained throughout the process.

Participants were also given the freedom to choose the time and location of the interview, and all sessions were conducted in private, participant-selected settings to ensure comfort, safety, and confidentiality while minimizing external pressure or influence. There were two researchers present during the interview and both observed strict confidentiality in handling all collected information.

3.4. Data Analysis

The study employed thematic analysis to examine the data. This process followed the approach of Braun and Clarke (2006, as cited in Naeem et al., 2023), beginning with familiarization through transcription and repeated reading of the interviews. Initial codes were generated to identify meaningful responses, which were then grouped into themes based on shared ideas. These themes were reviewed, refined, and clearly defined to represent the participants' experiences. This approach allowed the researchers to capture both the individual stories of the mothers and the common patterns in their emotional experiences, coping mechanisms, and transformational journeys after miscarriage.

3.5. Research Ethics and Approval Process

The study adhered to ethical standards and obtained approval prior to data collection. Participation was voluntary with informed consent, including the right to withdraw at any time. Confidentiality and anonymity were ensured using pseudonyms, and data were securely managed in line with the Data Privacy Act of 2012. Given the sensitivity of the topic, participants could pause or stop at any point, and debriefing was done after each interview.

Prior to the conduct of the study, formal approval was secured from the research adviser, and the institutional research ethics and review committee. During the initial evaluation, the committee raised concerns due to the sensitive nature of the study, particularly its focus on the mothers after miscarriage, which involves deeply personal and emotionally significant experiences. In response, the researchers provided a comprehensive justification of the study's importance, highlighting the limited local research on miscarriage, the need to explore mothers' lived experiences of loss, healing, and growth, and the study's potential contribution to psychological understanding and culturally sensitive support. In addition, a detailed ethical protocol was presented, outlining participant protection measures, confidentiality safeguards, psychological risk management, and data security procedures. After careful evaluation of these elements, along with the validated interview guide and supporting ethical documents, the committee granted approval, recognizing that the study met institutional ethical standards and posed minimal risk when conducted with appropriate safeguards.

Before each interview, participants were recruited through snowball sampling and were approached in a respectful and non-intrusive manner. They were provided with a complete set of documents, including the informed consent form, confidentiality agreement, and official

letters indicating institutional and ethical approval. Participants were given adequate time to review these materials, and any questions or concerns were addressed before participation. Written informed consent was obtained prior to the interview.

As part of the preparation, a structured psychological briefing was conducted. The researchers clearly explained the purpose, scope, and nature of the study, particularly its focus on the transformational journeys of mothers after miscarriage. Participants were informed that miscarriage is a deeply personal and sensitive experience involving emotional, psychological, and social dimensions. They were not required to label or define their experiences in a specific way. Instead, they were encouraged to share their personal narratives of loss, healing, and growth in their own words, allowing them to express their experiences authentically without imposed interpretations.

Participants were also explicitly informed of their rights. These included the right to decline answering any question, the right to pause or stop the interview at any time, and the right to withdraw their participation or request the removal of their data even after the interview had concluded. While no physical risks were anticipated, it was acknowledged that discussing miscarriage could evoke emotional discomfort or distress. It was clearly communicated that the study was not a form of therapy; however, appropriate support measures were in place if needed. Participants were also given the freedom to choose the time and location of the interview, and all sessions were conducted in private, participant-selected settings to ensure comfort, safety, and confidentiality while minimizing external pressure or influence.

During the interviews, the researchers maintained a respectful, non-judgmental, and empathetic approach to allow participants to share their narratives at their own pace. Close attention was given to participants' emotional well-being throughout the process. If any signs of discomfort or distress were observed, the interview was immediately paused, and participants were given the option to discontinue, reschedule, or continue based on their preference.

After each interview, a structured psychological debriefing was conducted. Participants were given the opportunity to reflect on their experience, raise any concerns, and ask questions about the study. The researchers conducted an emotional check-in to ensure that participants were in a stable and comfortable state before concluding the session. Participants were reassured that all information shared would remain strictly confidential.

Pseudonyms were assigned, and all identifying details were removed during transcription. Audio recordings and transcripts were securely stored in password-protected files accessible only to the researchers. Data will be retained for a limited period in accordance with institutional guidelines and will be permanently deleted thereafter.

As a way of expressing gratitude and appreciation, participants were given a small token after the interview. This was clearly communicated as a voluntary expression of gratitude and not as an incentive that could influence their decision to participate. The entire process was conducted in accordance with the principles of respect for persons, beneficence, and confidentiality.

4. Findings and Discussion

4.1. Painful Realization of Miscarriage Through Physical Symptoms and Medical Confirmation

The participants narrated their painful realization of miscarriage through both physical symptoms and medical confirmation. They recalled how signs such as bleeding and cramping created fear and sadness. These symptoms were later confirmed by doctors as miscarriage, which made the reality of their loss more difficult to bear. The combination of physical experiences and medical confirmation defined how they came to realize their miscarriage.

Table 2

Participant narratives on their painful realization of miscarriage

Participant	Verbatim Statements
BMG	*"So, first time na ah..nag-positive… sobrang saya namin… tapos napalitan din naman agad yung lungkot kasi wala na siya agad."* *(So, it was our first time… getting a positive result… we were really happy… but the happiness was quickly replaced by sadness because we lost the baby right away.")*
VMBA	*"…may guilt. Siyempre may guilt. Kasi buhay yun eh… tapos sinabi ng OB, 'Wala na.' … kung sana mas inuna ko muna yung sarili ko…" ("…there's guilt. Of course, there's guilt. Because that was life… and then the OB said, 'It's gone.' … maybe if I had prioritized myself first…")*

Across the participants, their narratives converge in that miscarriage was realized through physical symptoms like bleeding and cramping, followed by medical confirmation that made the loss more real and painful. However, they diverge in their emotional responses, as some immediately felt deep sadness and shock, while others emphasized guilt and self-blame.

While the trigger of realization was similar, their personal emotional interpretations of the experience varied. This reflects the emotional burden of fear and guilt in the process of accepting miscarriage. This finding is supported by Baird et al. (2018), who found that women experiencing early pregnancy loss often report distress, confusion, and difficulty processing the sudden loss.

4.2. Emotional and Psychological Aftermath of Miscarriage

Participants described miscarriage as both an immediate emotional experience and a continuing psychological struggle. Initially, they reported grief, regret, longing, and self-blame, often linked to the perceived loss of the opportunity to fulfill motherhood. Feelings of "what could have been" were evident, along with physical discomfort that reinforced their emotional distress. While some participants expressed strong regret and self-blame, others showed quieter sadness and gradual acceptance.

Table 3

Participant narratives on their emotional and psychological experiences

Participant	Verbatim Statements
BMG	*"Sobrang nanghihinayang ako kasi.. sana may anak na ako, sana may inaalagaan ako…..So sobrang nanghihinayang ako. akala ko kasi yun na, yun na hinihintay namin matagal na." ("I feel such deep regret because… I should have a child by now, I should be taking care of one… I really feel that sense of loss. I thought that was finally it—the one we had been waiting for for so long.")*
CRM	*"Medyo nakakalungkot din. Siyempre, anak mo rin yung kahit ano mangyari.." ("It's also quite sad. Of course, no matter what happens, it's still your child.")*
VMBA	*"Yung sakit andun pa rin, yung pag.. pagsisisi na hindi na nga sana pinakinggan ko yung sarili ko. Andun eh, sa first week kasi talagang dalamhati ka pa talaga, talagang luksa up to the max. Siyempre, pangalawang beses, kumbaga parang pangalawang beses ko sinayang yung binigay sa akin." ("The pain is still there—the regret, wishing I had listened to myself. It hasn't gone away. In the first week, you're really in deep grief, truly mourning to the fullest. Of course, the second time… it feels like I wasted what was given to me for the second time.")*
VSA	*"Siguro sa physical, may sakit pa din yung ano. Kasi para ka din nanganak ganon. O kaya yung parang matinding dysmenorrhea yung nararamdaman mo. Tapos sa ano naman.. emotionally, malungkot syempre na wala yung ano, blessing." ("Maybe physically, there's still pain… because it feels like you've also given birth, or like you're experiencing severe dysmenorrhea. And emotionally, of course, it's sad that the… the blessing is gone.")*
MSA	*"Hindi, siyempre nung una naiisip mo na nalulungkot ako. Although naiyak din ako habang nalulungkot, nag-iisip ako minsan kasi nag-iisa ako sa amin dito e, mga bata nasa pagpasok lahat.. Sana meron na akong apat na taon ngayon kung.. nabuhay si baby ganon..Nanghihinayang.." ("No, of course at first I kept thinking about how sad I was. I cried while feeling that sadness, and sometimes I would find myself thinking—especially since I'm alone at home and the kids are all at school—that I should have had a four-year-old by now if the baby had lived… I really feel that sense of loss.")*
CRM	*"Eh ayon lang rin yung talagang hindi mo malilimutan sa parte ng buhay mo, yung mawalan ka ng anak, kahit na ba……. dugo pa lang yon. Siyempre nakakalungkot pa rin." ("That's really the one thing in your life you can never forget, losing a child, even if... it was just a blood. Of course, it's still sad.")*
VSA	*"Lungkot siguro nga kasi nga hindi siya natuloy. Parang na-expect mo na magkakaroon ka ulit ng baby, then yun, mawawala pala siya." ("I guess it's the sadness... because, you know, it didn't push through. It's like... you were already expecting that you'd have a baby again... then, that's it... you just find out it was gone.")*

Over time, these emotional responses were re-experienced through memories, particularly during moments of solitude. Being alone created space for reflection, where participants imagined the life they could have had with their child, which renewed feelings of sadness and longing. For some, these reflections deepened their emotional experience, while others acknowledged the permanence of the loss as part of their lived experience.

Although all participants experienced sadness, their responses varied in intensity and expression from active grieving and self-blame to silent reflection and acceptance. While miscarriage is a shared experience, the process of coping and meaning-making remains deeply individual. According to Galeotti et al. (2022), miscarriage often leads to isolation and withdrawal, with the presence of loneliness following perinatal loss (Adlington et al., 2023). These findings support the participants' experiences that miscarriage involves both immediate emotional pain and continuing psychological challenges.

4.3. Support and Sufferings: Diverse Social Reactions from Social Circle

Others' responses influenced mothers' healing, as support eased grief while judgment or silence increased it and affected how they coped.

Table 4

Participant narratives on social support

Participant	Verbatim Statements
BMG	*"Lagi nilang pinapalalahanan na magkakaroon din… ibibigay din yung sa inyo ni Lord." ("They always remind us that it will also come… and that God will also give what is meant for you.")*
MSA	*"Happy lang… huwag niyong paka-stressin ang mga beauty niyo." ("Just be happy… don't stress your beautiful selves too much.")*
CRM	*"Pakiramdam mo, nag-iisa ka lang." ("You feel like you're all alone.")*
VMBA	*"Andyan na yung judgment… tsismis dito, tsismis doon." ("There's judgment everywhere… gossip here, gossip there.")*

The mothers experienced both comfort and pain from the people around them after miscarriage. Some felt supported through kind words and reassurance, while others felt alone, judged, or hurt by insensitive comments and gossip. This shows that genuine understanding and empathy from others are very important, as they can either help mothers heal or make their pain even heavier. These narratives show that social responses can either ease or worsen

suffering. This finding is aligned with the work of Kalu (2019), Fernandez-Pineda et al. (2024), and Díaz-Pérez et al. (2023) who emphasize the importance of genuine, empathetic support in recovery after pregnancy loss.

4.4. Dodging Isolation Through Spousal and Peer Support

For many, the presence of supportive spouses, friends, and family became a source of strength that helped mothers cope with miscarriage. Table 5 presents how spousal and peer support served as a buffer against isolation.

Table 5

Participant narratives on spousal and peer support

Participant	Verbatim Statements
MSA	*"Hindi, kasi marami akong friends. Maganda talaga maraming friends. Tsaka yung hindi yung friends na friends ka lang, kapag kasayahan, nandun din naman sila kapag nandyan. Basta sa hirap at ginhawa, nandun sila. " ("No, because I have a lot of friends. It's really nice to have many friends. And not just friends when everything is fun—when you need them, they're there too. Basically, through thick and thin, they're there for you.")*
BMG	*" lumalapit agad ako sa asawa ko, ganyan. Humihingi ako ng hug, ganyan. So far hindi, okay naman sya." ("I immediately go to my husband and ask for a hug like that. So far, he's okay with it.")*
VMBA	*"Well, yung nangyari sa akin, hindi naman totally kasi may partner nga ako na supportive." ("Well, it wasn't completely like that for me because I have a supportive partner.")*
VSA	*"Hindi ganun kabigat kasi may mga taong nakasuporta sa akin tulad ng pamilya ko na hindi naman nila ako pinabayaan." ("It wasn't that heavy because I had people supporting me, like my family, who didn't leave me on my own.")*

The participants showed similar experiences in how support from partners, family, and friends helped lessen their feelings of isolation after miscarriage. However, their experiences also differed, as some relied more on their spouse for comfort, while others found strength in friends or family support. These repeated patterns across participants, with no new responses emerging, show that thematic saturation was reached and that support plays an important role in helping mothers cope. This finding is aligned with Taybeh et al. (2023) and Conroy et al. (2023), who highlight the importance of peer and social support in reducing isolation, and with Silverio et al. (2024) and Bergonio et al. (2025), who emphasize the role of partners and family in easing emotional distress after pregnancy loss.

4.5. Coping and Pathways to Healing Through Faith, Social Interaction, and Acceptance

Faith, social interaction, and personal acceptance served as key coping mechanisms that helped mothers manage their grief and gradually move toward healing. Table 6 presents how these strategies provided emotional relief, meaning, and strength throughout their journey.

Table 6

Participant narratives on healing process

Participant	Verbatim Statements
BMG	*"Pakikipag-interact… malaking tulong yung nagtatrabaho ka… nakakalimutan mo siya pansamantala." ("Interacting with others helps a lot… having work really helps you forget about it, even just temporarily.")*
MSA	*"Pakikipag-usap or chanting… ibig sabihin ko sa chanting, prayer." ("Talking to others or chanting… by chanting, I mean prayer.")*
CRM	*"Nakikipag-chismisan ako… mabawasan yung lungkot." ("I talk and gossip with others to ease my sadness.")*
BMG	*"Kahit na gumive-up ka na… pag ginusto ni Lord, ibibigay niya… at least na-experience ko both, yung mawalan at magkaroon." ("Even if you've already given up… if it's God's will, He will give it… at least I experienced both—losing and having.")*
MSA	*"Tuloy lang ang buhay, huwag na tayong padadaig sa mga problema." ("Life goes on, let's not be defeated by our problems.")*
CRM	*"Pag hindi ka mag-move on… lagi kang emote emote." (If you don't move on… you'll just keep being emotional all the time.")*
VSA	*"May dumating na ulit na blessing." ("A blessing came once again.")*

Across participants, coping was expressed through both interpersonal and spiritual practices. Some mothers found comfort in talking with others, staying socially active, and engaging in daily routines, while others relied on prayer, faith, and trust in God to make sense of their loss. These experiences show that healing was not a single process but a combination of emotional expression, social connection, and spiritual meaning-making.

Participants also described healing as gradual, shaped by acceptance and the ability to move forward despite the pain. While some focused on continuing life and letting go over time, others found hope in the belief that their loss had meaning or that future blessings would come. These patterns indicate that coping and healing are interconnected processes supported by both social and spiritual resources. This finding aligns with Alqassim et al. (2022), who emphasized the role of social support in reducing emotional distress, and with Kalu (2019) and Suffah and

Kilis (2024), who highlighted the importance of faith and spiritual meaning-making in recovery after miscarriage.

4.6. Self-Paced Healing Amid Pressures

The mothers' own readiness to heal allowed them to move forward without pressure, regulating their emotions at their own pace. Table 7 presents this self-paced healing process.

Table 7

Participant narratives on acceptance and recovery

Participant	Verbatim Statements
BMG	*"Wala naman akong naramdaman na kailangan ko na mag-move on." ("I didn't feel like I needed to move on.")*
MSA	*"Wala namang pressure kasi wala namang nagsisisi sa akin." ("I don't feel any pressure since no one is putting the blame on me.")*
CRM	*"Hindi ko naman pinilit agad na maka-recover ako." ("I didn't force myself to recover right away.")*
VSA	*"Nagkaroon ako ng acceptance." ("I reached a point of acceptance.")*

Healing emerged as something the participants allowed to happen naturally, without rushing themselves or feeling forced to recover. Their experiences show that some simply waited until they were emotionally ready, while others gradually accepted their loss without external pressure. These narratives show that healing was self-directed, not forced. This aligns with Bellhouse et al. (2019) emphasized that women need compassionate care and sufficient space to process grief following miscarriage, and with Bergonio et al. (2025), who reported that Filipino mothers heal better when recovery happens at their own pace with supportive, non-demanding social environments.

4.7. Gradual Healing Through Renewed Motherhood

Healing after miscarriage was a gradual process driven by faith, social support, and the arrival of another child. Table 8 presents this gradual healing through renewed motherhood.

These narratives show that healing developed through hope, time, and bodily recovery, not through sudden closure. New motherhood gave meaning to loss, while time and restored health created space for acceptance. This aligns with Murphy et al. (2021), who found that pregnancy after loss often brings renewal and hope.

Table 8

Participant narratives on healing

Participant	Verbatim Statements
BMG	*"Nung dumating yung baby… unti-unti ko nang nakalimutan yung pangyayari na yun." ("When the baby came… I slowly forgot about what had happened.")*
CRM	*"Parang ito yung kapalit… na nawala sayo." ("It seems that this is the replacement… that you have lost.")*
VSA	*"Nung mawala na rin yung physically na sakit… doon ko naisip na hindi talaga para sa akin." ("When the physical pain stopped… that's when I understood that it wasn't really meant for me.")*

4.8. Growth in Relationships, Faith, and Personal Strength

Miscarriage was a transformative event that led to stronger relationships, faith, and personal strength. Table 9 presents this growth.

Table 9

Participant narratives on growth

Participant	Verbatim Statements
BMG	*"Tinanggap namin na magkasama pa rin kami kahit magkaroon o hindi ng baby." ("We accepted that we would stay together whether or not we had a baby.")*
MSA	*"Nagtrabaho ako… tinuloy-tuloy na ako… regular na." ("I worked… I continued... I became regular.")*
VMBA	*"…tumatag ka lang kasi nadagdagan yung nalampasan mong problema." ("...you simply grew stronger as the difficulties you overcome became more challenging.")*
VSA	*"Kailangan siguro talagang pag sinabi ng doktor na… bedrest, magbedrest ka." ("Maybe it is indeed necessary if the doctor tells… if on bedrest, you should take bedrest.")*

These accounts show that growth emerged through strengthened relationships, renewed purpose, and wiser self-care. Mothers transform loss into resilience staying committed to partners, becoming more independent, and learning to protect their health in future pregnancies. This aligns with Brandão et al. (2019), who found that dyadic coping strengthens marital resilience after reproductive challenges.

4.9 Strengthened Maternal Identity Through Selflessness, Responsibility, and Resilience

Miscarriage changed the mothers' identity, building a stronger sense of duty and resilience. Rather than weakening them, the experience strengthened their commitment to sacrifice and protect their children. Table 10 represents this growth.

Table 10

Participant narratives on maternal identity

Participant	Verbatim Statements
BMG	*"Hindi pala dapat lagi uunahin yung sarili… siya na yung inuuna ko." ("I should not always put myself first… I'll be putting him first.")*
MSA	*"Lahat ng mga pwedeng pagkakitaan… ginagawa ko." ("Every possible thing to do to earn money… I will do it.")*
VMBA	*"Pag may dumating na problema… may solusyon." ("When a problem happens… there is a solution.")*
VSA	*"Mas alagaan ko siguro yung mga anak ko kasi… nakaramdam na ako ng sakit na mawalan." ("I should probably take better care of my children considering… that I've felt the pain of losing it.")*

These narratives show that miscarriage strengthened maternal identity by reinforcing sacrifice, perseverance, and emotional strength. Mothers became more committed to providing, more hopeful in adversity, and more protective of their children. This reflects that Filipino motherhood was deeply rooted in sacrifice and responsibility, Villazor (2023), who found that grieving parents often develop stronger caregiving values and protective parenting after loss.

4.10. Motherhood Defined as Unconditional Love and Shared Care

Miscarriage showed that motherhood is about selfless love and sacrifice rather than just birth. For these mothers, it became a commitment to give themselves fully to their children.

Table 11

Participant narratives on sacrificial love

Participant	Verbatim Statements
BMG	*"Pag-iging nanay, unconditional love talaga sa anak. Kaya mong i-give up yung sarili mong buhay para sa anak mo. Yun yung pinakamaano kung i-describe. Kaya mong i-sacrifice yung sarili mo para sa kanila." ("Being a mother means having unconditional love for your child. You can give up your own life for your child—that's how I would best describe it. You are willing to sacrifice yourself for them.")*
MSA	*"Pagiging ina, sa akin kasi sacrifice. Sacrifice talaga. Whether malungkot ka, at least okay lang yun, napagdaanan mo lang yun. Kung baga dumaan lang. Parang dumaan lang tapos ay di yun, move on and then sacrifice para sa mga anak na nabubuhay pa……. Para bang ilog, sunod ka lang sa agos…" ("For me, being a mother means sacrifice—truly sacrifice. Even if you feel sad, it's okay, it's something you just go through. It just passes. Then you move on and keep sacrificing for your children who are still living… It's like a river—you just go with the flow.")*

Participant	Verbatim Statements
CRM	*"…mas kine-care mo yung mga anak mo ngayon. Kasi sa mga pinagdaanan mo, na.. ayaw mo ng mangyari pa yon." (…you take more care of your children now. Because of what you went through, you don't want it to happen again.)*
VMBA	*"Mother is a provider talaga, hindi lang yung father. … Kasi pag-silang mo, yung sa pag aalaga mo, sa pagmamahal mo, pati yung sarili mo, ibibigay mo. So bilang isang ina, para sa akin, a mother is the real provider." ("A mother is really a provider, not just the father. Because when you give birth, with your care, your love, even yourself, you give it all. So for me, a mother is the real provider.")*
VSA	*"Yung mga anak natin ay magmumula, sa atin magmumula yung kanilang panimulaan ng kanilang pag-uugali. Kung saan sila man gagaling, magmumula yun sa ina o sa magulang." ("Our children will learn from us, from us will come the beginning of their behavior. Wherever they grow, it will come from the mother or the parent.")*

These narratives show that motherhood, after loss, is seen as giving without conditions through love, protection, sacrifice, and guidance. The mothers did not define themselves only by the child they lost, but by the children they continue to love and care for.

4.11. Confidant of Experience and Path to Healing

After their loss, mothers became a source of support for others facing the same experience. By sharing their stories and offering guidance, they turned their pain into a way to help and encourage other women.

Table 12

Participant narratives on transformation

Participant	Verbatim Statements
MSA	*"At least yung pinagdaanan mo… maging lesson mo yan para ikaw ay maging strong." ("At least what you went through… let that be your lesson so you can become strong.")*
CRM	*"Inapply ko rin sa kanila para hindi sila mahirapan maka move on." ("I also applied it to them so they wouldn't have a hard time moving on.")*
VSA	*"Nire-refer ko sila sa aking OB-GYNE… sundin yung advices ng doktor." ("I refer them to my OB-GYNE… and tell them to follow the doctor's advice.)*

The participants described how their own experiences of miscarriage later became a way to support and guide other women going through the same situation. Some shared lessons on emotional strength, while others gave practical advice and referrals to medical care to help others cope better. This reflects a consistent pattern across accounts, indicating thematic saturation and showing that healing also extends through helping others heal.

5. Conclusion

This study explored the emotional struggles, coping mechanisms, and transformational journeys of mothers in Lucena City, Philippines who experienced miscarriage. The findings show that miscarriage is not only a physical loss but also a deeply emotional and psychological experience that affects mothers in different ways. Many of them experienced grief, sadness, self-blame, and recurring emotional pain; however, they were able to cope through support from family, friends, and partners, as well as through faith, social interaction, and personal acceptance. Through these experiences, the mothers engaged in meaning-making, which, based on the Pagdadala framework, refers to the process of carrying their emotional burdens (*pagdadala*), going through lived experiences (*pinagdadaanan*), and gradually moving toward a sense of direction or acceptance (*patutunguhan*). This process allowed them to reinterpret their loss and rebuild their sense of self and motherhood. The findings also reflect a broader social reality, where emotional and psychological support for miscarriage is not always formally provided within the healthcare system. This suggests that their resilience is affected not only by personal strength but also by the limited institutional support available to them.

The study highlights the need for more accessible and structured psychosocial support to better assist mothers who experience miscarriage. Future research may include a larger and more diverse group of participants or explore the long-term effects of miscarriage in different contexts. Despite these contributions, the study is limited by its small sample size of five participants from Lucena City and its reliance on self-reported experiences, which may not represent all mothers; however, it still provides meaningful insights into how Filipino mothers carry and make sense of their experiences of loss within their personal and social realities.

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Institutional Review Board Statement

This study was conducted in accordance with the ethical guidelines set by the authors affiliated university. The conduct of this study has been approved and given relative clearance by the Research Ethics Review Committee regarding the data gathering involving human subjects.

AI Declaration

The authors declare the use of Artificial Intelligence (AI) tools, specifically Gemini, QuillBot, and Grammarly, for language refinement and improving clarity of the manuscript. These tools were used to assist in paraphrasing and enhancing sentence structure only. All ideas, analysis, and interpretations presented in this paper are the original work of the authors. The authors take full responsibility for the accuracy, integrity, and final content of this manuscript.

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