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Abstract: The ways in which celebrities speak about their experiences of pregnancy loss could provide a platform from which women in the audience can make sense of their own loss, and go some way towards helping, not the pain or grief *per se*, but the shame, silencing, guilt and loneliness that is often said to follow the experience.

This article will examine the ways in which pregnancy loss is presented in popular celebrity listicles and, drawing on extant work from the fields of celebrity, gender and health studies, consider the ways in which they can be said to offer comfort and camaraderie to the 1 in 4 women who have experienced, or will go on to experience, a miscarriage. However, while the listicles might be applauded for drawing attention to an experience shared between female celebrities and their audience, these short-form articles routinely present miscarriage as a back story to a successful pregnancy outcome, with little health information or links to available support beyond these first-person accounts.

Key Words: Pregnancy loss; miscarriage; celebrity; media; listicles; motherhood.

Celebrity miscarriage listicles: the help and heartache of *mothers* talking about pregnancy loss

Introduction

Although pregnancy loss can be a difficult, distressing and isolating experience, women are reminded that they are not alone in feeling sad, shocked, confused, numb, angry, jealous, guilty, empty or lonely after the event (Miscarriage Association 2020)¹. Indeed, the UK's pregnancy information and research charity Tommy's notes that although miscarriage is common it can be devastating for couples in the UK and worldwide² (Tommy's 2020a). And yet, it has been suggested that the disclosure of loss "by public figures as well as family and friends could lessen feelings of isolation for those who have had a miscarriage" (Elaine Nsoesie and Nina Cesare 2017). The ways in which celebrities are reported to have spoken about their experiences could provide a platform from which women in the audience can make sense of their own pregnancy loss, and go some way towards helping, not the pain or grief *per se*, but the shame, silencing and isolation that is said to be often associated with the experience (Bellhouse et al 2019).

This article will examine the ways in which pregnancy loss is presented in popular celebrity listicles, and, drawing on extant work from the fields of celebrity, gender and health studies, consider the ways in which these short-form articles might offer comfort and camaraderie to the 1 in 4 women who have experienced miscarriage. It is interesting to see how often celebrity pregnancy loss narratives comment on physical, cognitive and emotional responses, the lived reality of age-related miscarriage risks and those risks associated with multiple pregnancy losses. In short, how often women from the entertainment arena speak of the personal narrative alongside or at the expense of the physical or statistical reality of loss.

The article will draw on a small number of 'celebrity miscarriage listicles' as they appeared in a google search for that term in 2018. The search looked to mirror that of a

¹ There is no single way to move on from pregnancy loss. How a woman feels will depend on her circumstances, her experience and what the pregnancy meant to her (Miscarriage Association 2020).

² I am using the terms miscarriage and pregnancy loss interchangeably because of the fact that irrespective of the form of pregnancy loss; be it miscarriage, missed miscarriage, miscarriage due to ectopic, molar pregnancy or stillbirth, the experience can be similarly devastating for women, partners and families (Catherine Collins, Damien Riggs and Clemence Due 2014, 44-50).

routine user looking for shared experiences in a celebrity saturated online landscape, with the possibility of spanning a diverse range of news, digital media, health, entertainment, celebrity and parenting sites³. The search opened up a myriad of pages that announced a fixed number of ‘Celebrities Who Opened Up About Their Miscarriages’. Caroline Bologna’s 2015 and 2017 entries were deliberately rather than randomly chosen here as they announced the greatest number of celebrity faces and narratives, 21 followed by 50, respectively. (Bologna 2015, Bologna 2017). Subsequent random sampling of results linked to the search term made it clear that alternative pregnancy loss listicles routinely echoed the names, faces and narratives seen in Bologna’s entries. Bologna’s celebrity miscarriage listicles and supplementary celebrity narratives were analysed according to the ways in which these famous figures were seen to present their pregnancy loss to the reader. The research looked to uncover how and when these narratives became public in terms of subsequent pregnancy or birth announcements; how often individuals drew attention to their own emotional, physical and medical experiences and if and when these women spoke of their own role in opening up a dialogue, conversation and communication on the topic of loss.

Listicles

The listicle is a short-form article written in a list-based format based around a single theme or topic, with the word listicle being presented as a portmanteau derived from both list and article. Although there is a wealth of popular commentary on the form and themes as they relate to the listicle, there is currently little academic work to account for the popularity of this ostensibly new media form. In his book on the slow death of print media, Sean Dodson looks at the ways in which local newspapers have routinely replaced hard news with lighter, cheaper, more accessible content, with listicles playing a part (Sean Dodson 2016). Dodson makes the point that listicles were “previously reserved in print journalism as an accompanying sidebar to a leading story or as a standalone special piece such as the annual *Sunday Times Rich List*” (Sean Dodson cited

³ Because the algorithms that create our Google results are personalised, this research cannot be fully replicated. That said, I am keen that this article be used as a springboard for further quantitative and qualitative research in order to gather a robust data set for the number of celebrity miscarriage listicles available online, and to discover how readers make sense of such media texts. This research should consider the ways in which searches have been said to reproduce class and race-based norms and stereotypes (Safiya Umoja Noble 2018)

in Julia Williams 2017). And yet, today, listicles can now be seen as *the* story, rather than an accompanying sidebar (Sean Dodson 2016).

Popular commentary on the listicle is littered with negative assertions, critiquing the media form for being trivial, vacuous, ephemeral (Roly Sussex 2018) and of dubious quality (Julia Williams 2017). Listicles have been read as “vapid” and “unsubstantial” (Aaron Levins 2017) “nonsense” (Simon Brown 2016), accused of generating advertising revenue at the expense of the “traditional journalistic values of accuracy, balance or fairness” (Sean Dodson 2016). The form is routinely accused of both “plagiarism and dumbing down” themes and topics for readers (The London Evening Standard 2013). That said, for every critique there is a listicle champion, those voices who applaud the media form for the engaging way in which it seeks to capture the fleeting attentions of a busy reader. Steve Denning makes the point that “the popularity of listicles reflects a more profound reality that we need a way to filter and process the information being thrown at us. Listicles let us distil information in a very digestible way” (Steve Denning 2014). From this perspective, an interest in listicles does not signal a lack of interest in news or current events, rather it signals a desire to “maximize time and gain as much new information as possible while working within the limitations of busy lives” (Next Thought 2019).

Although we might expect “childish and fatuous” (Judith Sloan 2019) lists relating to “Animals Who Are Extremely Disappointed in You” (Jack Shepherd 2012) and endless soundtrack choices (Buzzfeed 2020), there are also listicles based on politics (James Pasley 2019), business delegations (Tim Ferguson 2014) and community safety (Jonathan Pickles 2018). Moreover, listicles can speak of the zeitgeist (Lahna Pottle 2020) and touch on hard news (Miriam Berger 2014, Arika Okrent 2014). There are even end of year listicle roundups (Lily Horner 2016) and listicles of listicles (Ellen McCarthy 2016). Indeed, media companies who might otherwise mock or deride this particular media form themselves succumb on occasion (Newsdesk 2018).

Denning champions the short media form for helping to accumulate a “breadth of knowledge” (Steve Denning 2014) while Liz Owens Boltz, Brian Arnold and Rohit Mehta consider the potential affordances that the listicle format may offer for learning and teaching (Liz Owens Boltz, Brian Arnold and Rohit Mehta 2017). Roly Sussex uses

the term “facticle” to foreground a listicle with a little more information and education than “43 things your gut is trying to tell you about your diet ...” (Roly Sussex 2018). If listicles by *The Ball State Daily News* can encompass “The funeral of George Floyd, reforms following his death, proposals by Democrats in Congress to overhaul policing, the lay-offs of millions of workers during the COVID-19 pandemic and Tropical Storm Cristobal” (The Daily 2020) then there is scope for a more honest dialogue about miscarriage. I would suggest that listicles could house pregnancy loss information for invested readers intertwined with celebrity narratives, after all, listicles can be understood as sites of learning that encourage reader knowledge, empathy and introspection (Newsdesk 2018).

Celebrity Miscarriage Listicles

Irrespective of the source of the listicle, celebrity miscarriage narratives share a consensus in terms of faces seen and stories shared. There is a relatively small but growing number of women from the film, television and sporting arena who have spoken openly about their pregnancy losses, and it is these stories that find their way on to the contemporary celebrity miscarriage listicles. Writing in 2015 for the original internet newspaper, the HuffPost, Caroline Bologna introduced us to “21 Celebrities Who Opened Up About Their Miscarriages to Support Other Women” (Caroline Bologna 2015), while her updated compilation includes the names, faces and pregnancy loss stories of 50 famous women (Caroline Bologna 2017). An examination of contemporary listicles, and the accompanying entertainment arena, can offer an insight into the ways in which specific themes, topics and debates are being read within mainstream media, and as such, we must pay attention to what is being included and overlooked in such bite-sized media fare. After all, as celebrity scholars Su Holmes and Sean Redmond attest ‘few would now challenge the idea that celebrities have a special or privileged place in the media world; they reverberate at its centre’ and ‘have symbolic access to the pulsating heart of modern life and the power lines that operate there’ (Su Holmes and Sean Redmond 2010, 1). Access to the pulsating heart and power lines could be read as having a platform, a voice, an audience. As such, these listicles could be said to have the ability to raise awareness about the commonality and lived experiences of loss. However, while these listicles might be applauded for drawing attention to the experience shared between female celebrities and their audience, even a cursory glance at Bologna’s entry, and the broader tabloid, gossip and entertainment

sphere makes it clear that the gendered entertainment sector routinely presents miscarriage as a backstory to a more successful pregnancy outcome, with little meaningful information or education beyond these first-person accounts.

If celebrities can be used to “rebrand” political parties, gender movements, climate debates and health choices (John Street 2004; Ella Whelan 2015), then there exists the possibility that celebrities such as American actress and model, Jamie King, the Italian-American entertainment reporter and television personality, Giuliana Rancic and American television performer, Ashley Williams might be in a position to help inform or educate audiences about the experience of pregnancy loss. Celebrity miscarriage listicles are in a unique position to take pregnancy loss public, the suggestion here being that public interest could be seen to counter the feelings of shame, self-blame and isolation too often reported by those who have been affected (Linda Lane 1997; Clare Bellhouse et al 2019).

Available information and the need for education

It is easy to locate statistics relating to pregnancy loss in the UK. One in eight pregnancies end in miscarriage among women who know they are pregnant, and that figure increases to one in four before the woman is aware of her pregnancy (NHS 2018a). One in four women of childbearing age have experienced or will go on to experience miscarriage (Tommy’s 2020b), with one in 100 experiencing recurrent miscarriage (3 or more miscarriages in a row) (NHS 2021a). While ectopic and molar pregnancies affect one in 100 and one in 600 conceptions, respectively (Miscarriage Association 2018), stillbirth affects one in every 200 births (NHS 2018b). Data from the Centers for Disease Control and Prevention presents similar statistics for women in the US (CDC 2018a; CDC 2018b; Resolve 2020).

The head of Google Health, David Feinberg informs us that seven per cent of Google’s daily searches are health related as people ask the search engine about a myriad of conditions, symptoms and medications (Feinberg cited in Murphy 2019). As a population we look to the digital world for answers to medical questions as they are needed. Therefore, even though pregnancy loss details are readily available, it does not mean that we seek them out proactively. Rather, it is routinely those who are worried about or are currently experiencing a loss who tend to search for information, answers

and support networks (Pritchard 2015). Those unaffected by loss have no obvious reason, interest or investment in looking for or engaging with such statistics. The problem here then is that this is self-perpetuating. After all, if only those who experience loss first-hand look to understand it, there exists little scope to negotiate the current silence and stigma that is said to accompany the experience. Fertility and pregnancy loss education might go some way towards encouraging a broader dialogue (Alexandra Sifferlin 2015; Joyce Harper et al 2019), with the tabloid, gossip and the celebrity sector playing a part.

Due in part to a lack of formal education and wider social commentary, women today are said to be naive about the commonality and physical experience of loss. Over half of all respondents to a recent survey on the topic believed miscarriage to be “uncommon” (Caroline Bologna 2017; Katherine Hobson 2015). In short, there is a “stark difference between what people think, and what is medically known about miscarriage” (Zev Williams cited in Catherine Pearson 2013). Dr Iris Gorfinkel tells us that after nearly three decades of practising women’s health, she is “continually taken aback by ongoing erroneous beliefs surrounding miscarriage” (Iris Gorfinkel 2015). Gorfinkel makes the point that “[d]espite improved access to better information sources than ever through the Internet” misunderstanding and miscommunications about pregnancy loss remain (Iris Gorfinkel 2015). Perhaps unsurprising if we consider the ways in which those women who have suffered from miscarriage routinely self-censure (Igrid Kohn and Perry-Lynn Moffitt 2000; Katherine Hobson 2015). Extant literature makes it clear that women tend to keep their pregnancy loss private, which in turn leads to isolation from friends, family, colleagues and communities, especially when conversations or activities draw attention to a new pregnancy or birth announcement (Rebecca Feasey 2019, 143-188; Natalie Romero 2016). In their seminal work on stigma, infertility and pregnancy loss, Linda Whiteford and Lois Gonzalez inform us that the fear of stigmatisation keeps women affected by pregnancy loss “struggling to overcome the condition, suffering their losses in silence, and hoping that their hidden burden will stay hidden” (Linda Whiteford and Lois Gonzalez 1995, 30). And yet, it is only when we can discuss the reality of pregnancy loss openly that we will be able to offer meaningful support for women, partners and families who have experienced it (Collins, Riggs and Due 2014, 44-50; Radhiks Sanghani 2015).

Although *Centuries of Solace: Expressions of Maternal Grief in Popular Literature* (Wendy Simonds and Barbara Katz Rothman 1992) notes that there has been frequent writing about pregnancy loss for over two centuries, contemporary women refer to a “conspiracy of silence” (Kohn and Moffitt 2000, 133) that is said to engulf the “physical, emotional, and logistical side effects of miscarriage” (Margaret Gibson 2016). This silence is self-perpetuating because the very women who have themselves experienced miscarriage bemoan the loneliness and isolation of loss - as they themselves self-censure⁴ (Sifferlin 2015). Women routinely have access to medical and health literature, at least online⁵, and although this can alleviate practical questions, it does little to quell the loneliness that is often said to follow a loss. Louisa Pritchard speaks for many when she says “for most women, at the time when you desperately need love and support, the taboo, secrecy and shame surrounding miscarriage makes it the loneliest place on earth” (Louisa Pritchard 2015). This feeling echoes around the culture of celebrity as we hear Ashley Williams ask “[i]f 25 percent of my peers are currently experiencing miscarriages right alongside me, why wasn’t I prepared? ... Why don’t we talk about it? Why was I feeling embarrassed, broken, like a walking wound?” (Ashley Williams cited in Taylor Pittman, 2016). Although miscarriage is a common experience amongst women, these experiences are subject to what Michel Foucault refers to as the “triple edict of taboo, nonexistence, and silence” (Foucault 1980/1998, 5). In the late 1990s Linda Lane looked to “sketch the taboos and silences that surround pregnancy loss and explore the ways that pregnancy-loss support groups are challenging them” (Linda Lane 1997, 291). This article seeks to add to this work, looking at the ways in which celebrity narratives in general, and celebrity listicles in particular can “put miscarriage and stillbirth into discourse” (Linda Lane 1997, 291).

Accessible and non-profit health and medical online resources such as the UK’s NHS website are available to women should they wish to have further information about the causes, symptoms, treatment options and aftercare as it relates to pregnancy loss (NHS

⁴ Respondents to a recent questionnaire relating to miscarriage care in the UK found that “only 23% of women who had miscarried spoke about their experiences with a friend” (Mumsnet 2016; Nsoesie and Cesare 2017)

⁵ On the back of hearing Feinberg announce that Google is “organising the world’s health information and making it accessible to everyone”, Professor Helen Stokes-Lampard, Chair of the Royal College of General Practitioners has been quoted as saying: “[i]t’s a good thing for patients to take an interest in their health, but we would recommend that they use reputable, unbiased UK websites, such as NHS.uk, as a source of safe reliable health advice” (Murphy 2019).

2018a). However, even though such sites offer links to bereavement support groups, and psychological therapies, there is little in the way of a personal connection here, little to encourage the reader to share her experience with others. Even when women in the family building blogosphere go a stage further and offer personal narratives of pregnancy loss, they too are routinely anonymous figures behind a keyboard. The bloggers are witty, visceral and engaging but they are not “known” to the readers beyond their *noms de blogs*, their experiences of disrupted pregnancy and the routine happy ever after (Rebecca Feasey 2019, 143-188). And yet, hearing about a pregnancy loss from a famous celebrity is said to lessen feelings of isolation (Zev Williams cited in Alexandra Sifferlin 2015). After all, these are faces known, figures seen and personal and professional narratives already acknowledged. These women can speak of pregnancy loss, but they are not restricted to or defined by it because of a readers’ broader personal and professional knowledge of the woman in question.

Celebrities who make their health diagnosis, illness and treatment public are in a position to raise public-awareness and effect change as it relates to their condition (Mary Casey and Mike Allen 2003, 1327). Indeed, broader research on health, risk narratives and celebrity culture make it clear that increased visibility of a disease, disorder or diagnosis can lead to increased awareness in the wider audience as it relates to the demographic in question⁶ (Margaret Kelaher et al 2008, 1327; Dan Ashton and Rebecca Feasey 2014). The ways in which famous celebrities and indeed celebrated figures reveal their personal stories of miscarriage can be seen to put a biography and star persona to a pregnancy loss story. These revelations then have the opportunity to offer up a dialogue for women who have experienced loss, while simultaneously educating the broader celebrity readership.

Miscarriage is a leveller within and beyond the celebrity arena. Irrespective of youthful appearances, hair styles, fashionable accoutrements or sartorial choices, famous women, like their invested and interested public, are affected by pregnancy loss (Rebecca Feasey 2014). Miscarriage is so common that it has, is, or will affect the women that we know

⁶ Australian singer Kylie Minogue’s revelation about her battle with breast cancer raised awareness of the disease in popular print and electronic media and led to an increase in women seeking mammograms in the wake of the reporting. While appointments rose by 40 per cent for those previously screened women, it soared by 101 per cent for those previously unscreened (Margaret Kelaher et al 2008, 1327).

and those that we know of, irrespective of whether we are told about those experiences. And it is to those women that we know of who look to speak about their experiences of miscarriage that I will now turn.

Named but not shamed in the miscarriage listicles

In an article entitled “Cosmopolitan Charity and the Public Fashioning of the Celebrity Soul”, Jo Littler looks at the near-ubiquitous trend for famous faces from the entertainment arena to support global charities alongside their celebrity labour. Littler suggests that celebrities offer very public support for ‘the afflicted’ in order to balance their commercial image with a compassionate persona (Jo Littler 2008, 237). However, in the case of the celebrity miscarriage narratives and accompanying listicles, it is the women themselves who are presented as the news story, not an ‘other’ to bolster an altruistic persona.

Although motivation for sharing stories of pregnancy loss cannot be confirmed without direct access to the celebrities in question, one might take their public sharing as an authentic desire to share a common experience for the benefit of women, couples, their friends, families, and by extension, broader communities. In “50 Celebrities Who Opened up About their Miscarriages” Jamie King, Giuliana Rancic and Ashley Williams are all trying in their own way to encourage a conversation about pregnancy loss (Caroline Bologna 2017). English singer-songwriter, Lily Allen goes further because not only does she share her experiences of miscarriage and stillbirth, but also encourages her fans to donate to an organization that supports families affected by infant loss (Caroline Bologna 2017). To have these women highlight the commonality of miscarriage and challenge the secrecy that is routinely associated with loss is crucial in publications dedicated to broader entertainment and celebrity journalism, rather than in niche or targeted blogs or threads.

However, while the entertainment arena picks up on celebrity pregnancy loss narratives, it is clear that these stories focus on personal thoughts, feelings and journeys rather than drawing attention to symptoms or causes as they are commonly introduced in medical literature about loss. The fact that these women have all experienced miscarriage means that they are aware of the commonality and reality of this experience, and are in a position to both garner public interest and open up a broader dialogue about loss. This is

not to say that they get copy approval on their interviews or have any control over the ways in which their words or stories are employed in popular listicles, but by starting the conversation, there is at least the chance that their voices are heard. That said, by shifting our attention to healthy newborns or long grown up children, these celebrity listicles might actually be said to distract readers from the routine reality of miscarriage or pregnancy disruption.

Miscommunication or just missing communication

Jamie King mentions that she “was hiding what I was going through for so long” and only spoke candidly about her multiple miscarriages on the back of her successful pregnancy and new maternal role (Caroline Bologna 2017; Strohm 2020). This does not mean that she is down-playing her earlier experience of loss, but rather, that she appears to be speaking as a mother about miscarriage rather than as a woman struggling with family building, and there is a difference in emphasis here. Likewise, American singer-songwriter Beyonce, another recurring name on the miscarriage listicles, spoke publicly about the miscarriage she suffered before becoming pregnant with her daughter in her HBO special, *Life is But a Dream* (Caroline Bologna 2017). A miscarriage is revealed, but again, only after a successful pregnancy announcement. The examples continue. American actress, Melissa Rauch “announced her pregnancy alongside a painful recollection of a past miscarriage” (Melissa Rauch 2017) and American singer-songwriter, Mariah Carey spoke of an earlier miscarriage “while pregnant with her twins” (Jesse Spero 2010). American reality star-come-host, Jamie Otis talks about balancing “the all-consuming love she has for her baby girl with the feeling of loss she still has for her son” (Erica Tempesta 2017). In short, an overwhelming number of women mentioned on the aforementioned pregnancy loss listicles are talking as existing or expectant mothers.

Even those women who speak of recurrent miscarriages continue to provide hope for those who are themselves affected by loss and anxious about family building. American model and entrepreneur, Christie Brinkley opened up about her three miscarriages, Jamie King, five and American former figure skater Nancy Kerrigan, six over the course of a few short years, and yet these women all went on to have successful pregnancies (Caroline Bologna 2017). The fact that popular listicles have titles such as “Stars with Rainbow Babies” (Hollywood Life 2018) and “Famous Moms and Dads

Speak Out About Miscarriage” (Parenting 2019) reminds us of the trauma, tragedy and maternal optimism being presented in these short-form articles. With motherhood understood as a marker of adult female maturity and appropriate femininity, pregnancy loss can leave some women to question their family roles, relationships, life choices and identities (Evelina Sterling 2013, 88). However, although some of the women on these lists speak of their inability to carry a baby to term, opting instead to use a surrogate (American actress, Elizabeth Banks) (Ranker 2020) or looking to adoption (Australian actress, Deborah-Lee Furness) (Vengrow and Brown 2019) in order to create a much longed for family unit, these women still perform in line with appropriate definitions of womanhood as motherhood. The suggestion seems to be that appropriate motherhood demands discretion. The fact that these women were able to *reveal* their miscarriage stories and exclusively share their experiences of pregnancy loss makes it clear that the “12-week rule” still holds sway within and beyond the entertainment arena.

Pregnancy books, leaflets and online materials in the UK and US encourage women and couples to keep their pregnancy a secret until after a successful 12-week scan. This implies that the loss of a pregnancy before that time should by extension remain undisclosed⁷. Picking up on extant literature on miscarriage and pregnancy disruption in the media (Richard Petts 2018, Clare Bellhouse et al 2019), a feature for the feminist online magazine, *Stylist* makes this point when it tells its readers that the rule “reinforces the idea that miscarriage is something that you should feel guilty about and keep secret” (Stylist 2011). Likewise, a revealing post on the Selfish Mother blogzine makes the point that “this silence feels more like a gag on womankind, not a saving grace, not a dutiful act of self-protection as we are encouraged to think” (Rebecca Parfitt 2017; see also Not Here Anymore cited in Cassie Murdoch 2012). While the 12-week rule asks women and couples to airbrush pregnancy disruptions out of the potential family picture, sites such as *Stylist* and Selfish Mother are looking to break the societal taboo.

We are witnessing a contemporary desire to speak more openly about pregnancy loss from those who themselves remain silent about their own experiences, and this

⁷ By extension, there are no examples of a celebrity sharing details of a mid-pregnancy or anomaly scan that shows anything other than a healthy baby, developing as expected.

contradiction is self-fulfilling. These women routinely speak of their frustration at adhering to the 12-week rule and yet struggle to break it, in part because of the fear of social awkwardness. However, it is clear that for some women, the fear of social bumbling is compounded by the very real possibility of workplace marginalisation and discrimination. As Kristen Jones comments in her work on pregnancy disclosure and discrimination, “pregnancy is *often* stigmatized within the workplace” (Kristen Jones 2017, 239, emphasis added).

The difficulty here is that if women wait until the third trimester, in what they erroneously believe to be a “safe zone” before revealing that they are pregnant, it leaves them open to the risk of either announcing a pregnancy via a miscarriage announcement, or remaining silent about the pregnancy loss. Both can be difficult, be it played out publicly or in private. With this in mind, celebrity miscarriage testimonials could go some way towards opening up a conversation about loss.

Most women who miscarry may well go on to have uneventful and successful pregnancies, but this seems to downplay that fact that many women will experience miscarriage and that for those women who have experienced two miscarriages “the risk of another miscarriage increases” (Mayo Clinic 2018). The NHS tells us that even where recurrent miscarriages occur “60% of these women go on to have a successful pregnancy” (NHS 2021b). 60 percent *might* appear comforting or reassuring, but they can look low for the remaining 40 percent of women who have already experienced recurrent miscarriage and remain committed to family building. And yet, it is the “celebs who have had babies after devastating miscarriages” (Hollywood Life 2018) that the listicles ask us to click on, with no choice of a listicle for those famous women who remain involuntarily childless. There is a missed opportunity to communicate with audiences about the risks and statistics involved here, or to offer role models for those who go on to mother and those who do not, not in terms of salacious or sensationalistic “high alarm” stories, but more in the manner of a general fertility comment in an otherwise confessional account of loss (Sarah Sangster and Karen Lawson 2015).

In short, celebrity miscarriage listicles, women’s magazines, tabloids, the broader entertainment arena and by extension, UK and US society more broadly all form a consensus in that miscarriage should be followed by motherhood. Women diagnosed

with infertility are encouraged to try reproductive treatments or technologies in order to adhere to the longstanding notion of woman as mother. So too, women who have experienced miscarriage or multiple pregnancy losses are routinely encouraged to plan for future pregnancies, seek medical support, embrace third party assisted conception, or as a last resort in both cases, adopt (Feasey 2019). Irrespective of the emotional, physical or financial health or wealth of the women in question, the shared narrative is that miscarriage is a common yet unfortunate event on the journey to motherhood, the destination itself does not and should not change. Miscarriage and pregnancy loss are shared here as painful experiences, but the fact that these celebrities speak about loss after going on to build or extend their families makes it clear that we are being asked to read the physical and emotional pain and heartache of loss as a worthwhile maternal sacrifice. The reductive notion of womanhood as motherhood remains (Feasey 2019).

More worryingly perhaps are not the omissions, but the falsehoods as they help to circulate the long standing and ubiquitous myths that surround miscarriage, as it relates to female fault and the gendered target of blame. Although the National Health Service makes it clear that an ‘increased risk of miscarriage is *not* linked to a mother’s emotional state during pregnancy’ (NHS 2018c, emphasis added), icons, actresses and celebrity activists can be heard linking their pregnancy losses to stress, anxiety and work (Caroline Bologna 2017).

A recent miscarriage myth survey found that almost “70 percent of women who miscarried erroneously believe ‘stress’ caused pregnancy loss, and more than a quarter blame [them]selves for miscarriage” (ava science 2018). Gorfinkel makes the point that “[d]espite improved access to better information sources than ever through the Internet, those suffering pregnancy loss largely continue to be under the false impression that the loss had been self-generated” (Iris Gorfinkel 2015). The short narratives in these listicles miss an opportunity to educate a generation of women and debunk these long-standing myths that continue to cause “unnecessary guilt and suffering for women today” (ava science 2018). These women were not, and should not feel responsible for their pregnancy losses. And yet, self-blame and shame are widespread in the celebrity miscarriage confessional. This notion of “beat[ing] myself up” (Caroline Bologna 2017) is played out, repeatedly and in detail in these listicles.

While American television personality, author and entrepreneur Bethenny Frankel suggests that “[y]ou blame yourself as a woman” (McConville and Mauer 2018), journalist Lisa Ling mentions that “I felt more like a failure than I’d felt in a very long time” after her pregnancy loss (Caroline Bologna 2015). So too, American former figure skater and actress, Nancy Kerrigan tells us that she “felt like a failure” after a missed miscarriage (Cole Delbyck 2017; Jazmine Polk 2017). American actress, Lela Rochon states that “the biggest problem was me. You always feel that it is your fault when something happens” (Caroline Bologna 2017). These emotions are not uncommon, indeed they make up a concerning consensus in narratives of pregnancy loss. In a pronatal culture, women who are unable to get pregnant or stay pregnant are devalued, stigmatized and presented as failing to adhere to “acceptable boundaries of ‘proper’ womanhood” (Edge 2015, 138). Evelina Sterling makes the point that women can be “hit at their very core” as pregnancy disruption, “challenges basic beliefs, faith and hope in the ‘normal’ workings of our bodies, and may leave people feeling broken and defective” (Sterling 2013, 3). Celebrities are not immune, irrespective of the wealth, luxury, glamour or simple difference of lifestyle, and there might be something reassuring in this commonality of experience.

Several women included in the pregnancy listicles were noted as speaking to a change that the pregnancy loss made in their lives, be it divorce, weight gain or a battle with depression and anxiety. Lily Allen makes the point for many when she notes that pregnancy loss “changes a person” (Caroline Bologna 2017). That said, this change was channelled by a number of performers through their creative talents (Caroline Bologna 2017). These candid and/or creative confessions might offer some comfort to readers and audiences who have themselves miscarried, and provide an insight into the experience for those who have not experienced loss, be they friends, family or partners.

However, the listicles do little to debunk the common myths associated with miscarriage, so too, they miss an opportunity to inform their readers about the reality of age-related pregnancy loss. When we are told that the 49 year old television actress, Vanessa Marcil experienced her seventh miscarriage 2 months after announcing her pregnancy we are not informed that the risk of miscarriage increases with age, and therefore, at 49, not only was the Marcil unlikely to get pregnant, she was always going to be at a high risk of miscarriage (Harper 2018). After all, women under 30 have a 1 in

10 chance of miscarriage, women aged 35-39 have a 2 in 10 chance that their pregnancy will end in miscarriage while women over 45 have more than a 5 in 10 chance (NHS 2018c). So, at the age of 49, more than half of all pregnancies will end in miscarriage. Not to mention the age of the father because “the quality of the sperm has a bearing on how likely a miscarriage is to happen” with age being a prime factor here (Allan Pacey cited in Anna Keel, 2016).

Celebrity miscarriage listicles and accompanying pregnancy loss revelations, confessionals and tell-all’s are routinely limited to a small number of famous women from the entertainment arena whose miscarriage narratives are shared as part of a broader pregnancy celebration or maternal narrative. However, these listicles and their accompanying channels of media discourse are in a situation whereby they could inform and educate readers about the statistical, physical and logistical reality of miscarriage, alongside the emotional experience. By way of an important example, ‘African American women experience all types of pregnancy loss more often than white women’ be it miscarriage, stillbirth, preterm birth, and infant death’ (Mukherjee et al 2013, Oliver-Williams et al 2015, Triunfo et al 2019, Czukas 2020), but this is ignored and overlooked in the celebrity miscarriage listicles⁸.

The news and entertainment media are currently picking up on former First Lady, Michelle Obama’s revelations that she turned to artificial reproductive technologies to conceive her daughters on the back of a miscarriage (Michelle Obama 2018). Obama picks up on the feelings of pain, guilt and shame that are routinely voiced in the short-form celebrity miscarriage listicles before asking us to open up the dialogue, making the point that ‘I think it’s the worst thing that we do to each other as women, [to] not share the truth about our bodies and how they work’ (Obama cited in David Smith 2018).

Like the women included on the aforementioned listicles, Obama is speaking publicly about a miscarriage that she experienced decades earlier while commenting on her later successful pregnancy outcomes. Moreover, although Obama suggests that we need to speak to “young mothers” (Obama cited in David Smith 2018) about the reality of

⁸ Black women are one and a half times more likely to experience infertility than their white counterparts (Chandra, Copen and Stephen 2013).

pregnancy loss statistics and experiences, I would suggest that the message about miscarriage and the broader experiences of pregnancy loss need to extend beyond that particular demographic. The shroud of secrecy must be lifted in order to encourage open, candid dialogue and mainstream communication, and this comes not simply from the availability of targeted medical sites and bespoke support services, but from a broader conversation that includes celebrity miscarriage listicles.

Nowhere is this more evident than in a *New York Times* feature where Meghan, The Duchess of Sussex speaks of her feelings of pain, loss and heartache in relation to her own recent miscarriage (The Duchess of Sussex 2020). In line with the argument presented here, commentators noted that “hearing stories like Markle’s is a reminder that you’re never alone” (Broster 2020). Markle is rare in that she is speaking of pregnancy loss outside of an accompanying successful pregnancy announcement, and although that narrative will help, alongside family building vloggers, bloggers and diarists, to further mainstream miscarriage experiences, these partial narratives say little about symptoms, causes, diagnosis, management or the aftermath of loss.

Conclusion

One might suggest that it is possible, or indeed preferable to separate out the personal narrative of pregnancy loss from the physical narrative. However, if we remember that women who have experienced pregnancy loss rarely speak out about their experiences, be they emotional or physical, then celebrity pregnancy loss narratives could be used to help us break through the silence that is seen to shroud both the physical and psychological experience of pregnancy loss. An opportunity to discuss probing transvaginal ultrasounds, pregnancy disruption, pain, cramping and management is as important as understanding the emotional impact that loss can have on women, couples, their friends and family (Allison Gibson 2016).

By drawing on health and media research it is clear that celebrity narratives have the potential to inform, educate and even incite action in a particular demographic. And as such, it is clear that celebrity miscarriage listicles, like their blogger, vlogger and campaigning counterparts in the online sphere are in a unique position to offer evidence-based facts and figures about miscarriage. However, these listicles currently look to reassure rather than educate, offering hope rather than foregrounding the lived

reality of loss. The promise however is great if health-related celebrity reporting, be it miscarriage listicles or beyond were to combine rigorous health messages alongside their heartfelt happy endings.

One may question if listicles, the entertainment sphere or the educational system are appropriate places for a discussion of pregnancy loss, but, if not, I ask future work to consider where the discussion could or should take place. I hope that this article will act as a springboard for further research, specifically audience research to help better understand the relationship between pregnancy loss, media representations and health education (British Fertility Society 2018; Hepburn 2018; Harper et al 2019).

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No declaration of interest

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