

Quick-Look Report: USMC.2017.0005



Insights from the Marine Corps Organizational Culture Research Project: Pregnancy Loss

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About the Marine Corps Organizational Culture Research (MCOCR) Project

What is MCOCR?

The MCOCR Project is a small, exploratory, qualitative research effort intended to gather Marine perspectives on a range of issues related to Marine Corps culture. The project resulted in 150 semi-structured interviews and 32 semi-structured focus groups with 267 unique participants (nine Marines participated in both an interview and a focus group). All participants were volunteers, and the project was conducted under a protocol approved by the Marine Corps Human Research Protection Program. The project was conducted under Marine Corps University's academic freedom policy.

How should the information in this report be used?

Because of the non-representative sample, data and analysis from MCOCR are intended to inform discussions in conjunction with other information sources. They should not be used to make broad claims about Marines or Marine Corps programs and policies.

Were Marine statements fact-checked?

No. The intent of the project was to gather Marine perspectives without regard to whether the perspectives were based on full knowledge of current Marine Corps policies and programs. In some cases, it was important to capture misperceptions, as they have implications for internal Marine Corps messaging.

What are the project's limitations?

1. The MCOCR sample was not designed to be representative of the Marine Corps population in terms of sex, race/ethnicity, MOS, or other characteristics. Therefore, the data cannot be used in statistical analysis designed to make claims about all Marines. Sample demographics are included in the March 2018 report from the project, available at <https://apps.dtic.mil/docs/citations/AD1079774>.
2. The project did not include reservists or recently retired/separated Marines due to Marine Corps interpretation of DoD guidance on information collections at the time the research was designed.
3. We did not actively seek volunteers above E-8s and O-5s; therefore, the senior voice is not strong in the sample.

Who funded and sponsored the project?

The project falls within the normal scope of work of CAOCL's Translational Research Group (TRG), and the majority of the project was funded out of CAOCL's existing budget. Manpower and Reserve Affairs (M&RA) requested that the research be done, but the research design, conduct, and analysis were controlled by TRG. M&RA provided assistance with logistics, travel for research team members who were not part of CAOCL, and funding to accelerate transcription of audio recordings.

When and where were data gathered?

Between August and October 2017, the research team gathered data at the following locations: Pentagon, MCB Quantico, MCB Camp Lejeune, MCAS Cherry Point, MCB Camp Pendleton, MCAGCC 29 Palms, MCAS Yuma, and MCB Camp Butler (Okinawa).

What are the qualifications and characteristics of the research team?

The principal investigator is a cultural anthropologist with more than 20 years of experience working with and doing research on national security organizations, including 10 years leading research teams on projects focused on the Marine Corps. The composition of the MCOCR research team has changed between 2017 and 2020, but team members have possessed graduate-level educational backgrounds in the following disciplines: cultural anthropology, sociology, cultural geography, international relations, education, communication, and evaluation science. Data gathering teams included male and female researchers. To the maximum extent possible, participants were allowed to choose the sex of the researcher with whom they interacted. All team members thus far have been Caucasian. The data gathering team included two members with Marine backgrounds. One was a recently retired field-grade Marine officer, and the other was an active duty company-grade Marine officer. The research team also consulted with other social scientists and Marines during design and analysis.

Executive Summary

This report offers a glimpse of what it is like to experience pregnancy loss as an active duty Marine. Dismissed, uncomfortable, awkward, this topic and those experiencing it often face silence, speaking broadly of western culture. In the Marine Corps specifically, this culture of silence is exacerbated by policy and leadership issues as well as cultural ideas of how and what a Marine should be. Using stories of pregnancy loss (pp. 2-4) that arose during data collection for the Marine Corps Organizational Culture Research (MCOCR) Project, this quick look report addresses the following points:

- 1) **Marine Corps policy regarding pregnancy loss is underdeveloped**, dealing largely with leave time post-loss but not, for example, detailing how physical activity and fitness tests are to be handled after the bodily changes experienced by many women who lose a pregnancy. Additionally, existing policy is ambiguous, leaving it up to the Marine's commander to determine convalescent needs. Addressing the gaps and adding clarity, while not a panacea, may address vulnerabilities caused by ignorance and bad leadership. (pp. 4-5)
- 2) **The senior leaders in these women's accounts responded with a lack of empathy** to Marines who had very recently gone through the physically and mentally traumatic event of losing a pregnancy. Such callousness could be representative of a larger cultural orientation emphasizing efficiency, standardization, and numbers. This is contested by another cultural orientation, captured in statements such as "taking care of our own" and "Mission first, Marine always." (pp. 5-7) While both are present, at times, the former is privileged and can inform leadership behavior and policy enactment.
- 3) The lack of shared experience and the taboo nature of the topic present challenges to engendering an empathetic response from others. Normalizing the female reproductive process and reframing how it is discussed may help **shift perspectives** about the female experience and body and how those nest within the Marine identity. (pp.7-8)
- 4) The women in these stories confront the callousness and ignorance with the practiced response of pushing on, for **fear of appearing weak or not fitting in**. At times, this leads to detrimental outcomes for self and others. (pp. 8-9)
- 5) These women's experiences and their seniors' responses signal a need to interrogate **the boundaries of the collective Marine identity**. Marine Corps identity is constructed around the male experience and body. Accommodating experiences outside that limited construct challenges notions of what it means to be a true Marine. These stories of pregnancy loss can help identify areas where **Marine Corps identity is restrictive** and not inclusive of all the possible ways to be a Marine. (p. 10)

Through the lens of an oft-overlooked, socially charged topic, we offer Marine voices to highlight gaps in policy and leadership and examine Marine identity and values to help inform future deliberations on the construction and development of the force.

Introduction

Losing a pregnancy is a common occurrence, yet one typically experienced silently. According to the Mayo Clinic, about 10-20% of all pregnancies, likely even more, end in miscarriage,¹ and other

¹ "Miscarriage," Mayo Clinic, accessed September 19, 2019, <https://www.mayoclinic.org/diseases-conditions/pregnancy-loss-miscarriage/symptoms-causes/syc-20354298>.

pregnancies result in stillbirth². Often people do not distinguish between the two and refer to any pregnancy loss as a miscarriage, no matter the gestational age at the time of occurrence. In the United States and the other western countries³, when the topic arises, it creates a discomfort for many, leaving those experiencing or who have experienced a miscarriage or stillbirth often facing a cultural silence⁴ and grappling with its meaning alone. “The tragedy of miscarriage has traditionally been private, an event grieved largely by the mother, on her own.”⁵ Of note, many situate the emotional response solely in the woman, as the above quotation suggests, ignoring the potential emotional impact on male partners.⁶ Working parents face additional ambiguity with work place policies and practices that privilege pregnancy and parenthood and may not accommodate the unique conditions that pregnancy loss present. This quick look report will examine Marines’ accounts of pregnancy loss while serving as active duty Marines to highlight some issues that warrant consideration by Marine Corps leadership.

In 2017, the Translational Research Group at the Center for Advanced Operational Culture Learning undertook an in-depth research project to explore Marine perceptions of Marine Corps organizational culture, specifically looking at leadership, cohesion, and gender bias.⁷ We spoke with 267 Marines in 150 interviews and 32 focus groups across the Marine Corps enterprise. As the exploratory nature of the research warranted a semi-structured interview and focus group format, we allowed Marines to approach the broadly presented topics in any way they chose and also to present other topics of importance to them. Pregnancy and parenthood arose in the data quite frequently. Embedded within the conversation surrounding pregnancy, four participants offered personal accounts of pregnancy loss within the Marine Corps context and the challenges they faced because of policy gaps and leadership failings. While depicting experiences of only a subset of Marine parents, these women detail an oft-ignored common life event of Marines that creates bodily changes and impacts Marines in their professional and personal lives. These stories warrant attention as they provide a window into a taboo space and present a lens through which to examine these women’s layered experience as Marines with policy, leaders, and culturally constructed ideas of Marine identity.

Marine Voices

One story comes from a seven-person, all-female officer focus group.⁸ The following exchange occurred in response to a question about the issue of motherhood in the Marine Corps and the challenges women face as mothers.

² A miscarriage is spontaneous loss prior to the pregnancy’s 20th week; loss at or beyond 20 weeks is considered a still birth.

³ Other cultural groups experience pregnancy loss differently. See Susie Kilshaw, “How Culture Shapes Perceptions of Miscarriage,” *SAPIENS* (July 27, 2017). <https://www.sapiens.org/body/miscarriage-united-kingdom-qatar/>.

⁴ Susie Kilshaw, “How Culture Shapes Perceptions of Miscarriage.”

⁵ Elizabeth Leis-Newman, “Miscarriage and loss,” *Monitor on Psychology* 43, no. 6 (June 2012). <http://www.apa.org/monitor/2012/06/miscarriage>.

⁶ See Bernadette Susan McCreight, 2004, “A Grief Ignored: Narratives of Pregnancy Loss from a Male Perspective.” *Sociology of Health & Illness* 26, no. 3 (2004): 326-350. Within the MCOCR data, for example, a male Marine in the MCOCR data (Participant #218) expressed discomfort at baby-killing jokes within his unit because they had lost a baby, and he could not share in the dark humor. It is not clear whether this was before or after birth, so this case was not included in the discussion but is offered here to affirm the shared experience.

⁷ This research was conducted under Human Subjects Protection Protocol USMC.2017.0005 and MCU’s academic freedom policy. The opinions and conclusions expressed herein are those of the individual speakers and researchers and do not necessarily represent the views of the United States Marine Corps or Davis Defense Group.

⁸ Officer Focus Group, MCB Camp Butler, 6 September 2017.

*LtCol E*⁹: I think the first challenge is the Marine Corps policy – before you even get to motherhood – on miscarriage. Let’s put the hard stuff out there. ... I sat on a promotion board, literally, I was 20 weeks pregnant, walked in, literally miscarried in the lobby of the hotel that night. Two hours later, after I get out of the ER, I go into the board. The board president looks at me and says, “Well, if you can't handle it, I guess we'll find somebody else or we'll see if we can do without you.” Okay. As a Marine, what your answer was really is, “Go F yourself,” but without saying, “No, I’m fine. I got this.” Really? Is that how we treat our Marines? It’s that we have no policy on defining miscarriages. You can have a miscarriage nine months into it. You can even miscarry two days into it, it’s still traumatic on you, it’s still traumatic on your partner, it’s traumatic on your body. Marine Corps doesn't have a policy in writing, so there are many commanders that don't know what to do with it. Did you gain weight during that? What if you are eight months into it and you miscarry? What’s the policy on when you have to take a PFT? What’s the policy on when you have to make weight? Across the board, there’s so- it's like one of those areas they just don't want to touch.

*Maj H*¹⁰: I think the policy says that it’s up to the commander.

LtCol E: Yeah. That’s what it says. Which makes it even worse, right?

Another story comes from an interview with a master gunnery sergeant¹¹. She was a staff sergeant at the time in a predeployment work-up. She starts her story with, “So I miscarried as a staff sergeant right before I was supposed to deploy to Iraq I didn't even know I was pregnant, and I miscarried because of all of the shots they gave us.” She expressed some confusion as to the order of events and settled on her receiving the required inoculations, becoming ill, and ending up at the clinic being told she had been pregnant, but lost the baby.

MGySgt: Teaching – ‘cause I was an MCMAP instructor – teaching a grey belt course. And all the time, I can feel the baby.

Interviewer: Oh, no.

MGySgt: I can feel it coming out of me.

Interviewer: Oh, no.

MGySgt: And I'm like, I'm testing out and I can't do anything ‘cause I'm like, “ahhh.” And I get a master sergeant going, “Come on. What’s wrong with you, staff sergeant? Let’s go. Let’s go.” And I'm like, “I just need a minute.” [*ironic chuckle*] You know? So I went into the bathroom, got cleaned up. There is stuff all over the place. I told another girl. I was like, “Look, I gotta to go home, okay? I've gotta clean up.” And then the lady at the naval hospital, she's like, “Oh, yeah, you’re losing the baby.” Just straight, you know. So when we talk about standards, none of that’s measured. And psychologically, women put up

⁹ Participant #901.

¹⁰ Participant #205.

¹¹ Participant #263, Master Gunnery Sergeant, Interview, 17 October 2017.

with more atrocities because we're groomed to understand that we are- if we don't put on a front, then we're perceived to be weak. So if at that time I said, "Look, I'm miscarrying. I got to go." You know what? Two weeks after I miscarried, everything was fine. I was deployed. I'm in Iraq, still going through the whole process. You know what I mean? And, uh, medical didn't know what to do with me. Nobody knew what to do with me. So I suffered on my own, just sort of trying to clean up and move forward.

Interviewer: That's traumatic to go through a miscarriage, but you didn't feel like you could say like, "Oh, I went through this, and I can't do this because of it."

MGySgt: You can't. Yeah, it's an excuse. "Hey, look. I miscarried so." "Oh, so you can't do a CFT?" "Uuuh, yeah, so I'll get to that next week." And so that's our mindset. "Oh, I can't say that." That's my mindset. "Uh, okay, I have to get through this." But on the psychological side of that, somebody shoulda' been like, "Whoa. [chuckles] This is big. You know, this is big. Give her a time out." But it never went that way. It was always just you're on or you're off.

Part of the taboo nature of miscarriage is that it often involves a visceral and bloody act happening uncontrollably in place that is far from convenient. Depending on the stage the pregnancy was in, miscarriage entails physical discomfort at the very least and, at the other end of the spectrum, excruciating pain on par with that of childbirth. Regardless of at what stage of pregnancy the loss occurs, the mental anguish can be immense. In these two cases, these women found themselves at work, needing accommodation at a moment of physical and emotional distress. The women managed the hardened leadership they faced with a practiced response of "sucking it up," feeling the need to continually prove themselves and their strength and hold themselves to the internalized male standards of value and ability pervasive in the Marine Corps. This echoes many female participants' concerns with appearing weak, discussed in more depth below. For example, this corporal is aware of the perception that asking for help can create:

Like if [I] need help if- like if something is too heavy, I would- I'd just do it. I'd just do it, and I'd pray that box don't fall on me or something like that. Because I don't want to ask, and I don't want to make it seem like they're like, "Well, you guys are weak." Like, you know? I don't want us to look like that because that's not true.¹²

Policy Gaps

The focus group example above notes the lack of clarity or presence of policy to guide Marines through the leadership and individual performance expectations when a pregnancy loss occurs. A scan of Marine Corps orders and naval policies reveals scant attention is paid to this common yet veiled life experience. The documents focus on qualifying leave and command notification procedures, when they mention it. The 2004 Marine Corps Order on Pregnancy and Parenthood (MCO 5000.12E) does not mention miscarriage, pregnancy loss, fetal demise, stillbirths, etc. It is in MARADMIN 331/18 Changes to Parental Leave Policy (2018) where pregnancy loss appears. It reads, "4.e. In cases of a miscarriage or stillborn baby, convalescent leave other than MCL¹³ may be granted. The Marine's commander and HCP¹⁴ will

¹² Participant #233, Corporal, Sergeant and Below Focus Group, MCAS Yuma, 26 September 2017.

¹³ Maternity convalescent leave.

¹⁴ Health care provider.

coordinate to determine the best course of action.” In the October 2018 update (MARADMIN 570/18), the guidance changed a little to read, “In cases of miscarriage or stillbirth, convalescent leave other than Maternity Convalescent Leave will be granted according to the recommendation of the health care provider and in coordination with the command.” This shifts more responsibility onto the health care provider, a potential vulnerability if the health care providers are not well-versed in Marine Corps policy and in navigating command environments.¹⁵ The Navy’s OPNAV Instruction 6000.1D, Navy Guidelines Concerning Pregnancy and Parenthood, recognizes pregnancy loss. “(2) Pregnancy Loss. The Service member’s CO or OIC must be notified as soon as possible following miscarriage, stillborn birth (loss of a fetus after 20 weeks gestational age), or neonatal demise (infant death 0 to 28 days following birth). Due to the sensitive nature of these events, the utmost discretion must be exercised to ensure Service member’s privacy.” The Navy Personnel Manual (NAVPERS 15560D) informs that maternity leave cannot be used for miscarriage or stillbirths and that they “fall under regular convalescent leave as prescribed by the primary care physician or medical provider.” The Family Servicemembers’ Group Life Insurance recognizes stillborn children and offers a death benefit in that event.

The existing policy lacks substantive direction on how to accommodate the inherent physical changes that can occur during a pregnancy when that pregnancy does not go full term. The lieutenant colonel spoke to this policy gap when she questioned, “Did you gain weight during that? What if you are eight months into it and you miscarry? What’s the policy on when you have to take a PFT? What’s the policy on when you have to make weight?” Major H pointed out it is up to the command to decide. MARADMIN 331/18 and its update do afford the commander and the health care provider coordinated opportunity to determine convalescent leave but do not speak to how to bring that Marine back into individual readiness. The lieutenant colonel saw commander discretion as exacerbating the problem, which is understandable given her experience. Leadership ignorance of or discomfort with managing such situations without clear policy guidelines leaves it up to the women to navigate the social discomfort and procedural confusion while experiencing the emotional and physical impacts of pregnancy loss.

Senior Response

Both the lieutenant colonel and the master gunnery sergeant brought their situation to their immediate seniors and were met with callousness. These callous responses indicate a weakness with the existing policy: allowing the discretion of a Marine’s leadership to be the arbiter of miscarriage response leaves much room for mishandling the situation. It would be easy to dismiss these responses as “one-offs,” as there are only two stories. However, another Marine – Major J¹⁶ in the abovementioned focus group – noted, when she miscarried¹⁷, no one reached out to her. “I had a miscarriage in my unit. I was a MECEP at the time and so I was in school, and it was kind of a different dynamic. But no one called. No one did anything. I just went back to class.” This behavior extended to her subsequent pregnancy. She explained, I got pregnant again, and I had the baby, and no one called. The first phone call I had was my sixth week on the day. It was a combat arms guy, so he called me and said at six weeks I should

¹⁵ Personal conversation with a major on 10 October 2019, in which she explained that military health care providers were not well-informed or well-connected to the Marine Corps command structure, leaving the Marine to self-advocate and seek other options when needing further or different accommodation.

¹⁶ Participant #202.

¹⁷ It is important to note that in a group of seven women, two reported miscarriages, reinforcing the pervasiveness of this experience. This, in conjunction with the fact that so few discussed it throughout the data, also supports the notion of a cultural silence surrounding the issue.

come in and run an inventory PFT. [*disapproving exhales from participants*] And then I was sergeant then, and I'm in this very much naive world. So I'm like, "I don't really think I can do that." And he's like, "We just want to see where you are." And I'm like, "Well, my husband was gone, and so I'm by myself," and I am like, "Well, okay, but I'll have the baby." And he's like, "Well, just bring him in." So I brought in my kid in his carrier and left him in his office and went and ran a PFT and then had to call to say I needed a hospital because I- that didn't go well. And no one called. I just mentioned, "Hey, I am not going to be in class on Monday because I had to go to the hospital." And so I will say there's something to like really focusing on whatever that is. I don't know what it is. But empathy is lacking, and there is nobody that understands there are challenges that go with all that. So I'll say that motherhood, just from the very beginning, has been a disaster, a nightmare.

The senior Marines' actions conflict with such mantras as "taking care of our own" and "mission first, Marines always." It could be that these women just had bad leaders. As we detailed in the March 2018 MCOCR Report, bad leaders do find their way into senior ranks.¹⁸ But it also could be revelatory of a deeper social process. Sociologist George Ritzer coined a phrase, the McDonaldization of society.¹⁹ McDonaldization is a popularization of the broader literature on audit culture²⁰. The concept, built on the four core principles of efficiency, calculability, predictability/standardization, and control,²¹ represents the rationalization of social process and institutions and how these are transformed through the application of accountancy measures. According to McDonaldization.com, "One of the fundamental aspects of McDonaldization is that almost any task can (and should) be rationalized,"²² measured, and counted. The Marine Corps, through policy, process, and practice, displays characteristic adherence to this concept. Karl Marlantes, in his work, *What It Is Like to Go to War*, raises concern about the military's reliance on numbers and accountancy²³ and states "total rationality is an unbalanced and unhealthy state. Logic, devoid of empathy."²⁴ The rationalized, mechanized response of these leaders offers credence to Marlantes' concern. Enacted in human relationship and leadership, this mechanized approach fails when confronted with the human lived experience and injures the people involved. It provides opportunities for callousness and, potentially, cruelty to surface, and not just with this sub-population. It can manifest in, for example, subordinate relations.²⁵ Within the promotion process, the

¹⁸ Rebecca Lane et al., *Marine Corps Organizational Culture Research Project Report to Personnel Studies and Oversight Office: Marines' Perspectives on Various Aspects of Marine Corps Organizational Culture* (Quantico, VA: Center for Advanced Operational Culture Learning, March 2018). See Part II, the section on "Why are there bad leaders?", starting on page 20.

¹⁹ See George Ritzer, *The McDonaldization of Society* (London: Pine Forge Press, 1993). This book is now in its 9th edition, released in 2018.

²⁰ For more on audit culture, see, for example, Cris Shore and Susan Wright, "Audit Culture Revisited," *Current Anthropology* 56, no. 3 (2015): 421-444. doi:<http://dx.doi.org/10.1086/681534>.

²¹ Ashley Crossman, "McDonaldization: Definition and Overview of the Concept," ThoughtCo.com, 12 January 2019, <https://www.thoughtco.com/mcdonaldization-of-society-3026751>.

²² "What Is McDonaldization?" <https://www.mcdonaldization.com/whatisit.shtml>, accessed 2 October 2019.

²³ Karl Marlantes, *What It Is Like to Go to War* (New York, NY: Grove Press, 2011), 242.

²⁴ Marlantes, 99.

²⁵ See, for example, Participant #221, Corporal, Interview, MCAGCC Twentynine Palms, 18 September 2017: Somewhere along the line the training and the leadership has kinda faded in favor of just messing with dudes because it's fun. ... And I've seen that from, you know, from my peers as NCOs. You know, we can teach them this, or we can just take them on a six-mile flak run and just mess with them. ... Or, you know, rather than teach them a class right now, let's just make them do tourniquet drills all day. And granted, tourniquet drills are very important. ... They're very uncomfortable because you're actually putting a tourniquet on. And, uh, and it sucks to be doing tourniquet drills out in the sun in 110 degrees in Twentynine Palms. So when the-the junior Marines weren't up to

propensity to value numbers, checklists, and quantification, a manifestation of Ritzer's concept, challenges those individual intangible strengths, such as humility and empathy, to receive equal attention. For example, a staff sergeant explained,

[T]he way the junior Marines get promoted, it's like a points scale. So from the privates up to when you become a sergeant, it's different than sergeants and above. So for them, you get what's called a composite score, where basically they calculate your proficiency and conduct marks, your PFT, your rifle, how long you've been in, things like that, and they literally give you a number, and then whoever has the highest score gets promoted. But we've seen it time and time again where these people, they're lousy Marines. They have bad attitudes. They don't know their job, but they can run fast, and they can shoot good.²⁶

Revisiting the promotion process, with specific attention to how people enact the policies and use the tools, may balance the bureaucratic pressure for efficiency, standardization, and quantification and the need for the unquantifiable leadership qualities to share prominence in the process.

Empathy and Perspective-Taking

These stories point to a potential need to broaden the conversation around empathetic leadership. As noted in the 2018 MCOCR Report, the theme of empathy was positioned prominently in the data.²⁷ Marines recounted stories of good leaders, highlighting their care and attention to individualized concerns, as well as noted a need for more compassion in leadership. The Marine Corps' cultural orientations, manifested in "We take care of our own," "Know your Marines," "Brotherhood," contest the mechanized, hardened leadership demonstrated in these examples and require leaders to display empathy. "Empathy is a thing that allows you to see things from other people's perspectives."²⁸ Calling for more empathetic leadership and to fully and consistently enact the Marine Corps value constructs of care and attention to subordinates, to the Marines to the right and left, and to all Marines that wear the uniform presents a pathway to combat the infiltration of "McDonaldization" into interpersonal relationships.

This is challenging, however, especially when individuals do not share a common experience. A lieutenant colonel discussed her own inability to understand individual struggles until living through the same situation and experiencing firsthand the calloused process and its inherent unfairness.

I will tell you that I was part of the problem. And I own that I was part of the problem. Up until the fact- up until the time that I became a mother as a lieutenant colonel, with 16 years of service, I had no idea what the challenges were for, uh, for pregnant service women and also for new mothers. And I'm ashamed to admit that I was part of the problem because I completely accepted the Marine Corps cultural norm on face value and did what I thought was appropriate as a supervisor, which was to [*self-mockingly*] hold my females accountable the same way I'd hold men accountable! And so no, I was not inclined to give any sort of accommodation. I wanted a doctor's note for everything. I was awful. I was absolutely awful. And after I became a

par, they would just take them out and do tourniquet drills for hours until they fixed their attitude or whatever. And that's not leadership. ... It's kind of a gray area. Like tourniquet drills can very quickly become hazing. But if there is still training value in it, it's not really hazing. Like, if the dude can't do a tourniquet, obviously, he needs to keep doing it. But, when they can all do tourniquets and they can all pick their buddy up and get them off-off and where they need to be in time, you still- you don't need to do it for another two hours.

²⁶ Participant #61, Staff Sergeant, Interview, MCAS Cherry Point, 24 August 2017.

²⁷ See Rebecca Lane et al., *MCOCR Project Report*, Part II, the section on "The Benefits and Challenges of Being an Empathetic Leader," starting on page 30.

²⁸ Participant #126, Major, Interview, MCAGCC Twentynine Palms, 19 September 2017.

mother, where I could find them, I sent e-mails to the women who I had been a supervisor of, and I apologized to them. Because it was-it was- I was perpetuating a system that is not very accommodating. ... When I was a major at Headquarters Marine Corps, did I have to give the captain with a new baby a hard time because she was having problems being able to support the Marine Corps Marathon on a Saturday? Did I have to do that? No. But did I do it? Yes, because I felt it was expected. And I towed this line of, "Well, everybody has got to show up at Butler Stadium at 3 o'clock in the morning to be counted until 5 o'clock, to get on the bus, to stir the Gatorade." And I- and now I look back, and I- I'm horrified that I put that female Marine through that level of crap over it. But I did! Because that's what was expected. And in fact, you know, my bosses—men—expected me to do that! And I didn't see anything wrong with it. And now, yeah, maybe- no, no maybes about it! Becoming a parent did change me.²⁹

Empathy is not always extended when the would-be empathizer does not fully understand the situation, making it hard to put themselves in another's shoes. If this is the case, then pregnancy loss has several things working against it. For one, pregnancy loss is a taboo subject whose mental and physical gravity is not commonly discussed – by men or women. And two, in an organization dominated by men, de facto standards of what is acceptable and what is not acceptable are more likely to be tacitly informed by the male experience than by the female experience. Those whose experiences do not conform to these internalized male standards of value and ability can face a calloused, mechanized response when displaying normal human conditions, such as those particular to the female form. Offering empathy in these cases might look like "special treatment" to some. Further, as apparent in the "suck it up" attitude of the women in the two pregnancy loss stories and the initial by-the-book approach of the lieutenant colonel above, women police themselves to adhere to these internalized de facto standards and to avoid the perception that they are receiving special treatment. This likely is related to the fear of appearing weak. Even if the female experience is understood, women are often construed as deficient and weak because of realities such as childbirth, breastfeeding, and pregnancy loss. This bias, which manifests intentionally and unintentionally, can be mitigated by an alternate perspective, already latent within the Corps, which portrays women's reproduction as a strength. When perspectives shift or the situation is reframed, leaders are able to take on a more compassionate response to human experience. One master sergeant³⁰ explained,

My Marines tried to tell me that females get different treatment. But that's their perception, that they get different treatment. And so you ask, how do you deal with it? You got to deal with it on your level and just like I said, when I explained to them like, "Man, this chick is out here doing everything you do. She's better than you. Don't try to say she's getting preferential treatment 'cause she's better than you. No, she gave birth and then came back and was still better than you."

Need to Prove Yourself Worthy or Fear of Appearing Weak

The Marines in these accounts were left to feel insufficient because they were not ready and able to perform due to a normal biological process. Both Marines reveal this mindset in the words they chose in response to their seniors' behavior. The lieutenant colonel wanted to express indignation but did not, and the master gunnery sergeant pushed on and suffered alone "atrocities because we're groomed to understand that we are- if we don't put on a front, then we're perceived to be weak." Another Marine's experience speaks to this same pressure, again, with a miscarriage as part of the story. The following is

²⁹ Participant #603, Lieutenant Colonel, Interview, Pentagon, 6 September 2017.

³⁰ Participant #236, Master Sergeant, Focus Group, MCAS Yuma, 26 September 2017.

an exchange during an all-female sergeants-and-below focus group in Yuma. Focus on the words of Corporal K³¹.

Interviewer: Yeah. Which do you think is better? The woman- I mean not that there is one. Like so the woman staying there is sticking it out and not speaking up about maybe like she does need to leave if she's, you know, at the end of her pregnancy and she's uncomfortable. Do you think that that's a good thing that makes women look like hard workers?

Cpl K: No. That makes us look stupid. Because you need to take care of yourself first. If you can't take care of yourself, there's no point in you staying and doing all this, and then what? Something's wrong with your baby? You're still going to have to be out of work for whatever amount of time, you know?

Interviewer: Okay.

Sgt E³²: That's like when female Marines that still PT to prove a point.

Cpl K: Right.

Sgt E: And I'm just like, "You better take your ass home right now." [*laughs*] Like- I know some people in the Marines like they're, yeah. They're intense like that. Man, I see some chicks, she'd be [*makes noise to emulate someone going very fast*] I was like, "You got a baby in you!"

Cpl K: I know what you're talking about.

Interviewer: That sounds like you're like that, right? That you're- you just like do it.

LCpl D: I just have a lot of pride. But if I was carrying a child, I would not, you know, strain myself.

Cpl K: See my first pregnancy, I still PT'd, I had a miscarriage. So like this pregnancy, I'm like, "Nah. You good. I'll catch you all at 8 o'clock." [*laughter*] Yeah, I don't know.

Interviewer: Yeah. Okay. Yeah.

Cpl K: There's that time that you feel like you want to do this because you want to- you still want to show them, "Hey, I'm a female, but I'm still a Marine," whatever. But then you got to take into account other situations, like I'm not about to put myself in danger or my baby in danger because I want us to look good. You need to respect those values, 'cause we're doing the same thing you're doing.

To count, to be worthy, Marines will push themselves at times to the detriment of themselves and others. This feeling of inferiority, of not being good enough, goes to the core of Marine identity, to the

³¹ Participant #233.

³² Participant #234, Sergeant, Sergeant and Below Focus Group, MCAS Yuma, 26 September 2017.

question of who qualifies as a Marine in the minds of individual Marines and the organization as a whole. During one focus group, when asked if a pregnant Marine can be considered an ideal Marine, a pregnant Marine with frustration responded, “probably not.”³³ This conversation around pregnancy loss points to the tension women who are Marines face in identity construction as Marines and the challenges they confront in trying to conform the female body and experience to male-oriented constructs of value and ability.

What can pregnancy loss tell us about Marine Corps identity?

This tension signals a need to interrogate the boundaries of the shared Marine identity that inform individual and organizational understanding of who falls within those boundaries. The behavior of the leaders in these stories and the women’s need to continually prove themselves to fit in raise several questions about the collective Marine identity and Marine Corps values. Can women be Marines (not Marines with an * or a qualifier like “female”)? What are the boundaries of the collective Marine identity? Does the female biological process of reproduction, all facets of it, fall within or outside that boundary? Do the cultural mantras of care and attention extend to the female form or only to the female form when acting as the male form? These stories suggest that the female experience and form fall outside, which alienates these Marines and could complicate integration efforts and the diversification of the force. Responding to a question about what message she has received about what the ideal Marine is, a corporal at Camp Pendleton provided, “white and Christian male from Kansas or Ohio or Texas.”³⁴ A warrior is not inherently white or Christian or male, obviously. There is nothing except tradition and cultural norms that dictates a male-constructed national security response. When standards of value and ability and processes carry an internalized male construct as they do in the Marine Corps, it is more challenging for those outside of that sexed reality to be perceived as valued and to count, and their unique strengths and experiences are deemed inferior and constructed as weak. To succeed in the 21st century battlespace, the Marine Corps is calling for a diversified force, which will require the Corps to tackle some of these implicit biases defining Marine identity and standards of value and ability and informing Marine and leadership behavior.

Conclusion

Pregnancy loss is a common, but potentially difficult life event that can create an awkward social space of avoidance, and it affects the human body. Marines – both male and female – experience pregnancy loss, and for the women, it is both a physical and emotional experience. Because the Marine Corps has physical requirements and standards, it is incumbent on the Corps to have policies in place that address the physical aspects of the range of life experiences Marines encounter, including pregnancy loss. The lack of recognition of and instruction about the physical condition within policy creates the opportunity for women to face ignorance, avoidance, and injuring physical requirements. Having policy that speaks frankly to the experience could also help facilitate the deconstruction of some of the taboo and cultural silence as could broadening the conversation surrounding pregnancy and parenthood to include the topic of pregnancy loss.

³³ Participant #011, Major, Officer Focus Group, MCB Quantico, 16 August 2017.

³⁴ Participant #309, Lance Corporal, Interview, MCB Camp Pendleton, 14 September 2017.

However, policy direction is not a panacea, as we found ignorance of policies about women's issues like hair regulations, uniform standards, pregnancy, and breastfeeding³⁵ and blind adherence absent contextual adaptation, as in the case of Major J above. And there are instances where policy is perceived as bad³⁶ or can be misguided when developed in the absence of those it represents or impacts. Its presence, however, would afford those experiencing a pregnancy loss a place to start in addressing the physical aspects.

Women have been Marines for over a century.³⁷ Pregnancy loss is part of the female experience, and so careful thought should be put into how Marines who experience this life event are treated and perceived. While the organization has made great strides in creating inclusive policy, it still falls short when it comes to the full scope of female reproductive experiences. However, this discussion around pregnancy loss elucidates broader cultural issues than just the need for biological acceptance. As the Marine Corps forges ahead defining and designing the force of the future, it may want to consider how the McDonaldization of the human experience impacts cohesion and the quality of leadership. Additionally, it may want to examine the structures, policies, and practices that shape Marine identity formation and expression and impede the inclusion of the "other" into that shared space and make transparent these and other underlying biases in standard construction and value orientation in its deliberations about the future force.

³⁵ For example, see Corporal E's remarks from a sergeant-and-below focus group at Camp Lejeune on 23 August 2017. *Corporal E* (Participant #040): I'd say that one's easy: a male getting promoted to like corporal or sergeant and they have to perform a uniform inspection with a female and, obviously, something other than cammies, and they don't know the female uniform regulations when it comes to uniforms, hair. Or a female comes in and they have bright purple lipstick that doesn't match their skin tone and actually follow the order; then they, one, don't know the order and then, two, they go up to another female and they say, "Hey, correct your Marine," because she's officially your Marine because she's a female. Like, no, you should know the order and be able to correct your Marine without, "Oh, she's gonna say that I singled her out because she's a female." No, she's wrong. Correct her as a Marine, not as a female Marine.

³⁶ A company commander in Yuma on 26 September 2017 (Participant #235, Captain) described her experience with Marine Corps Ball uniform regulations for pregnant Marines: I have hoped and wished and prayed that the Marine Corps would change the [exhales] maternity uniform specifically for the Marine Corps Ball because right now we wear this [knocks] God awful tunic that looks like it belongs in like the scarlet letter [interviewer chuckles], and it was designed by a man in the 1800s [interviewer chuckles], specifically to chastise Marines for daring to get pregnant in the service of their country. And it is just such an ugly piece of material. And I feel like I have a very simple solution for the Marine Corps. Just get rid of the tunic. ..., which looks like a green trash bag that is just draped on your body. ... I put that thing on for the first time, and I started crying on the day of the ball. I was like this is so terrible. ... Why should I be forced to wear this?

³⁷ Opha May Johnson enlisted on 13 August 1918, becoming the first enlisted female Marine. James Ackermann, "The first woman Marine," Marine Corps Base Quantico, 10 March 2016, <https://www.quantico.marines.mil/News/News-Article-Display/Article/690019/the-first-woman-marine/>. Of course, before that, women had long participated in wars both clandestinely and in support capacities.

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