

Therapy Chat Episode 274



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[00:00:00] **Laura Reagan:** Therapy Chat Podcast Episode 274.

[00:00:04] **Announcer:** This is the Therapy Chat Podcast with Laura Reagan, LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan LCSW-C.

[00:00:34] **Laura Reagan:** Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I'm very honored to be bringing you a conversation with Dr. Huong Diep and Kim Hooper who together with Meredith Resnick have co-authored a book about the subject of pregnancy loss called All the Love. In our conversation today, you'll be hearing Huong speak about the trauma that is often [00:01:00] overlooked as an experience when people have pregnancy loss often times it happens, but because it's so taboo in our culture, people seldom speak about it and people don't know what to say to the person who's going through it. And it can be a very isolating and traumatic experience, both the physical aspects and the emotional aspects.

[00:01:20] So you will hear Huong speaking about that and about how diverse types of couples may have particular concerns regarding pregnancy loss. And Kim is going to share about her experiences of pregnancy loss and how it impacted her and what people who have gone through that need in terms of support. So I hope you'll enjoy this conversation and let's just dive right into my interview with Dr. Huong Diep and Kim Hooper.

[00:01:53] With me today are Dr. Huong Diep and Kim Hooper who together with [00:02:00] Meredith Resnick are the authors of All the Love: healing your heart and finding meaning after pregnancy loss. Huong and Kim thank you so much for being my guests on therapy chat today.

[00:02:11] **Dr. Huong Diep + Kim Hooper:** Yeah thanks for having us, we are excited.

[00:02:14] **Laura Reagan:** Yeah, I'm really excited too.

[00:02:16] I know that this episode is going to be so informative and helpful for many, many people who are listening. And I'm really excited to discuss the topic of pregnancy loss with a focus on trauma response and also the considerations for LGBTQ plus couples and racial,

cultural, and socioeconomic issues for BIPOC folks that could impact their way that one recovers from this type of experience.

[00:02:50] So before we even really dive into our conversation, can I ask you each to briefly introduce yourselves to our audience and tell [00:03:00] them a little bit about who you are and what you do?

[00:03:02] **Kim Hooper:** Yeah. So I'm Kim Hooper. I am a writer by trade. I never thought I would really write a nonfiction book like this until I experienced pregnancy loss myself. So I had four losses starting in 2015. I had two ectopic pregnancies. I had an early miscarriage, and I had a second trimester loss of my son and I eventually did have a daughter, who's now three. So there is that quote, unquote, happy ending, but I'm speaking, like you said, there's still residual trauma and there's definitely trauma issues that come up with pregnancy loss.

[00:03:39] And I think when I sat down to write the book, that's, that's some of what I really wanted to focus on is kind of all the things that come up with a pregnancy loss where you're grieving, not just the baby or the babies that you've lost, but grieving kind of a belief system about the world and kind of what that trauma is like. Huong and I have been friends, we met 20 years ago. [00:04:00] So when I sat down to do this book, I definitely wanted to include experiences beyond just my own. And I knew Huong has seen hundreds of clients over the years, and she's worked with LGBTQ plus couples, BIPOC couples, and she's learned a lot about like the intersectionality of, of how different things can be.

[00:04:19] Pregnancy loss, grief, even more complicated. So I kind of wanted her perspective in the book in addition to my personal story. So, um, that's kind of how we came to meet and write the book together. And it's been a really great experience to kind of be part of this community.

[00:04:35] **Laura Reagan:** Awesome.

[00:04:36] **Dr. Huong Diep:** Yeah. My name is Dr. Huong Diep and I am a board certified psychologist. I am based in San Diego but I've been working sort of all over. My focus is really looking at the intersection of gender, culture, and language through a very trauma informed and culturally [00:05:00] sensitive lens. And, specifically in terms of looking at the intersection of, uh, LGBTQ and, you know, BIPOC folx.

[00:05:09] And so when, um, as Kim's friend for all these years, I, I definitely saw her, you know, going through, you know, experiences firsthand and despite, you know, even being a mental health therapist, there are times that I felt just a little helpless in terms of really wanting to be there for my friend, but sometimes afraid, you know, saying, you know, the wrong thing.

[00:05:32] So I think that was something that I could empathize with folks who maybe sometimes don't say anything at all for fear of saying something wrong. But then, so I think we're really excited to be able to give some education of like, Hey, here's what might be

helpful. And here's how to approach this experience and, in addition to really, yeah, just amplify certain voices that maybe have been [00:06:00] marginalized or oppressed, or just that, you know just haven't had the opportunity to, to share in there, what typically has been known as like a more disenfranchised grief.

[00:06:12] **Laura Reagan:** Yeah. So when I hear you say disenfranchised grief, and we talked about this a little bit before we started recording. That it seems to me, and pregnancy loss is not my specialty, but it's certainly something that many people I know in my personal and professional life have experienced.

[00:06:33] And I've felt unsure of what to say when it's happened with people in my personal life, learned more about how to respond professionally, but, you know, there are so many messages in our culture about family, mixed messages if you will, about what family is, what, you know, the experience of pregnancy, and then when there's a loss, [00:07:00] oftentimes we don't culturally really talk about it.

[00:07:03] It's, you know, we often hear later someone saying, oh, well I never mentioned this to you, but I have had three miscarriages prior to conceiving this baby or, you know, it's almost like it didn't happen sometimes. You know, the, the, when there's a miscarriage, it's like, oh, they were pregnant and now they're not.

[00:07:22] And just don't talk about it kind of thing. So, Kim, are you open to sharing a little bit about sort of how you, what has impacted you as you've gone through these experiences?

[00:07:34] **Kim Hooper:** Yeah well, I mean, I think you're right that this is something that as a culture we're so silent about, and I think it really comes down to women feeling just a lot of shame about this loss, like kind of feeling like, well, my body was made to do this and it somehow failed.

[00:07:49] It's failed me. It's failed everybody else. So I think there's a lot of silence and shame that's still there, even though more and more people are starting to open up about their [00:08:00] experiences. I think that's still there. Like you said, as a culture, we're just not great with grief in general, but this kind of you know, grief for a baby that you never saw yourself.

[00:08:12] I'm like, you didn't see your friends pregnancy, you didn't even know about it. Um, then it's a really, it's, it's even, it's kind of compounded the difficulties that people have with grief. So, um, especially with this kind of loss, I, I think there's a lot of what Huong has informed me is called toxic positivity.

[00:08:30] I think it's easy for people to kind of just try to rush you past your grief and just say, "it will happen when the time is right or one of them will stick or maybe, you know, it wasn't meant to be this time." And kind of everything is said with this lightness that is really invalidating of the experience.

[00:08:49] And for me, that made me feel more alone. I already felt kind of ashamed and quiet, but then when I would hear anything like that, and I was very sensitive to it. So it could be as [00:09:00] small as somebody saying, you know, well, let me know when you're ready for a happy hour and I just would recoil and retreat.

[00:09:06] And cause I just didn't get the sense that anybody really wanted to know the depth of the pain I was going through. And I think that adds to the silence and then you're kind of then in a real isolated situation where your grief isn't really being validated. And for me, I mean, I, I didn't trust my feelings.

[00:09:25] Like, am I too sad? Like, am I not handling this well? Like, am I not doing this right? Whatever right is, so I think that can be really challenging when you're going through it. It can kind of get you into really up in your own head.

[00:09:41] **Laura Reagan:** Yeah. That's a really, I mean, when you were talking about that, it's like, I'm just hearing sort of like everyone needing to skip over how you feel and just get to, when are you going to get over this so that I can be comfortable or something, you know?

[00:09:58] **Kim Hooper:** Yes. Right. And [00:10:00] I mean, I get it because they, they didn't experience what your body has been through. They didn't hold the dream of the baby. They didn't, there's nothing visual for them to really attach too. So I can see why people want to kind of like rush past it and even therapists. I saw a therapist during that time, and I think it's, it's even hard for therapists sometimes to sit with that difficulty. I mentioned to you before we, we went on that, I had a therapist who said after my third loss, like, well, you're not going to try it again, right? I mean, the, you know, like this is too much or, you know, and I think that's just her discomfort with like, I can't see you continue to go through this. Like, you're not going to keep doing this right. And I did feel when I tried again, that people thought I was foolish and I couldn't really open up about the hope or the determination I had, which again creates a lot of isolation, so

[00:10:51] **Laura Reagan:** Yeah. Yeah. And also, as I was hearing you speak, it's that isolation, like you said, that's a, that's a [00:11:00] common feeling for people who've experienced trauma. And so one of the things that I had mentioned before we started talking was how it seems like people think they should be over it. And especially if, like you said, you have a daughter now, but you lost a son and two ectopic pregnancies that you had before that.

[00:11:23] And, or did I get that right?

[00:11:25] **Kim Hooper:** Two ectopic pregnancies and a miscarriage. So I had four losses total.

[00:11:29] **Laura Reagan:** Four. Sorry about that. So you lost a son, you had another miscarriage, and two ectopic pregnancies.

[00:11:35] **Kim Hooper:** Yeah.

[00:11:36] **Laura Reagan:** Yeah. And you know, then you, you know, it's like, goal-oriented US culture, like, well, you got that baby. You got your daughter now, so, okay everything's all right. Right? You know, it's like, it does it ignores the experience and the process and the pain.

[00:11:52] **Kim Hooper:** Yeah. And I do try to speak a lot and Huong and I do write about this in the book too, about how it doesn't just go away because I do think we have this [00:12:00] rainbow baby culture where we assume that once somebody has that child, that it erases the pain.

[00:12:06] And there's still things that I've been through a lot of therapy, but there's still things that I continue to work through. And I have evidence of the trauma that comes up at times, like I have a lot of medical anxiety, like I last year went to get my knee ultrasound and they were just like bringing in the ultrasound machine with the gel.

[00:12:23] And I was just like, got this like visceral response. So, um, there's things that last, I mean, I there's, you know, fears and anxieties that linger that I think people don't give a lot of attention to. So while I'm happy that more people are coming forward and sharing their experience and saying, oh, I had a pregnancy loss.

[00:12:42] I still think it's important to talk about the whole process and the whole trauma response and how we recover from that because, I think there's still a lot of silence about what that all entails.

[00:12:53] **Laura Reagan:** Thank you.

[00:12:54] **Dr. Huong Diep:** Yeah. And I think too, just listening to the, both of you chat about trauma and that in my work with [00:13:00] trauma, what I see oftentimes is that the first trauma, right? The pregnancy loss, the assault, the death, whatever the traumatic incident is, is oftentimes not what my client comes in about. It's the secondary trauma, which is then the reaction of others to their trauma, that further perpetuates the stigma and the pain of what they're going through. Right? Like let's say, with an individual, you know, unfortunately our culture that's very, you know, blaming and shaming, let's say someone experienced a sexual assault. Right. And then asking, well, what, what did you do? What were you wearing? Or why were you out at night, right? Or in this case, with pregnancy loss it would be like, Oh, but you were exercising a lot or, you know, or again also oh, but at least, you know, you could get pregnant. Like you could do it again. Um, or, or you already had one child. Right. So it's, it's that, [00:14:00] it's the reaction oftentimes what I see in my work that then further even cements the, the loneliness and isolation that just further exacerbates the symptoms, you know, of potentially, you know, diagnosable, PTSD, or just a traumatic response. And with the lack of knowledge of just the different physiological reactions that our body has to a trauma response and a traumatic event that oftentimes, especially if you know, an individual in this case post-pregnancy loss is already going through such a surge of hormonal changes and everything like that can either just

accredit it or credit it to, oh, you know, this is just my hormones or other people will be like, oh gosh, you're just, it's just hormonal.

[00:14:50] Or just really feeling like they're going crazy. I mean, I have often a lot of clients come in to me. Like I just, I just feel like I'm going crazy and, and I, and they're, but their body [00:15:00] is having, you know, a traumatic response to, I mean, if we look at the medical invasiveness of and I know Kim talks about that, in the book of the different procedures, um, which I did not know about that that is entails.

[00:15:14] It is literally invasive and to, to your body. Um, and so I, I think that one of the things I try to do in my work is really just to validate and to hold space for people, and to believe that when they say this is still really hard for me or this is hard for me and this is painful for me and nobody else, you know, gets it. And, you know, especially when potentially it's their partner.

[00:15:39] **Kim Hooper:** And I do have to say too, it's like, I never understood, I thought trauma was like these major huge events. Like I remember my first ectopic pregnancy, and I called my therapist who I hadn't seen in a long time. And I just left her this voice message.

[00:15:54] And I said, I know I haven't seen you in a while, but this thing happened to me and it's not, I'm [00:16:00] fine. It's nothing like awful. It's just, I lost this pregnancy. And I feel like, and when I came in, she was like, Kim, this is a trauma. And I was like, no, I mean, no, it's not a trauma. Like I think it took me a really long time to even embrace the fact that, oh, this is a traumatic event.

[00:16:20] Like a traumatic event does not have to be like, you know, I, I don't know. It, it, I didn't know that what a traumatic event was until I kind of kept going to therapy. And uncovering all that. So, and maybe that's because I felt some of the pressure to not consider it a trauma to just like move on. And I think that it is validating and therapists, it helps when therapists is validated. Like, no, this is a trauma because, you know, I know it felt like that inside, but to have somebody else kind of confirm that was just helpful.

[00:16:51] **Dr. Huong Diep:** Yeah. That's so great to hear Kim. I'm so glad that that therapist was able to do that for you. And that I think, yeah, a lot of times in my work too, it really is putting a [00:17:00] name to a cluster of experiences or symptoms or reactions.

[00:17:04] Right. Because yeah, and that, so often, you know, as you're going through it, it's, it's hard to, to parse apart the different feelings and again, I don't like to diagnose or overly label or pathologize, but oftentimes just naming an experience, you know, for what it is in terms of, and then to show, Hey, here's potential trajectories of other folks, you know, who have gone through similar experiences.

[00:17:30] I think there's a, from what you've shared, a sense of comfort and validation that could be like, okay, like I'm not going crazy. And I'm not the only one that is experiencing this.

[00:17:41] **Kim Hooper:** Yeah, yeah, and if as a culture we come to see him pregnancy loss as a trauma, cause even just that statement would be revolutionary pregnancy loss is a trauma. Like women can not just go back to work right after and be productive as they always were. And we're not going to be ready for [00:18:00] happy hours, probably. I mean, some people might, but, or that might be there, you know, when they do, but like, I think recognizing it as it's a traumatic experience in our culture would really shift things.

[00:18:13] **Dr. Huong Diep:** Yeah. But I think we've seen too you know, in social media, right that, you know, let's say for example, Chrissy, Tiegen in openly sharing about her, you know, pregnancy loss that we see that there were some people who applauded her and, you know, whereas like that, so brave. And that, unfortunately there was still that camp too, that was like, you know, TMI, like too much information, right.

[00:18:33] That like, they, again, Didn't want to see it. Right. But I think it goes back to that conversation you had about, I think that for a lot of folks, they were trying to like silver line your experience and that the whole, at least right- what Brene Brown says is kind of the difference between sympathy and empathy.

[00:18:52] Right? Because for somebody to truly, even if they hadn't experienced a pregnancy loss, they would have to tap into something in [00:19:00] them, like something, grief, some loss, some hope that didn't materialize, but not a lot of people want to, to do that or have the self-awareness or the empathy let's say to, to really sit in that pain for a minute to be like, okay, I haven't experienced a pregnancy loss myself.

[00:19:16] Right. But how would I feel? Or how can I imagine how Kim would feel, you know, in this moment and this does this remind me of something, you know, for myself. And so I think that's the part that I think oftentimes, you know, Um, you know, clients will say to like, oh, I'm getting a lot of sympathy from people like kind of the pity face and, you know, the oh, like bringing over the casseroles and you know, all that stuff, which you know, is great as well.

[00:19:42] But, but definitely I think oftentimes just sitting and having somebody sit next to you and, and, and sit in with your pain and I think is one of the most powerful and healing things that, you know, we can do, especially as therapists.

[00:19:57] **Laura Reagan:** That's really, that's so powerful because [00:20:00] I think that's part of it, you know, in the big picture with our culture, doesn't link to talk about painful things. We have this whole like, history that we don't like to think about or talk about in terms of, you know, oppression of peoples and genocide and you know, it's like, yeah, but look how good or we're so great, we have technology and we make so much money and buying stuff and we look so pretty and, you know, like focus on- it's almost like culturally toxic positivity is our brand.

[00:20:39] **Kim Hooper:** I told Huong recently that I feel like our culture has avoidant personality disorder because we're not willing, we don't want to deal with it. We're just like the "la la la" gloss over things. And so when you're going through something hard, you just

feel this very jarring... you feel kind of like you're on a separate island [00:21:00] from the rest of the world. Like everybody else is kind of pretending like everything is great and you're like, no, I'm in a lot of pain, so it can be very unsettling, I guess is the word.

[00:21:11] **Laura Reagan:** Yeah, it makes me think about what you said at the beginning of this conversation. I didn't jot down the words you said, but you said something about like change in the way you see the world after this experience. Can you talk a little bit about that?

[00:21:27] **Kim Hooper:** Yeah. I mean, for me, it completely, I think I'd always been one of those people who thought life was generally fair. So if you do the right thing, good things happen to you.

[00:21:37] I hadn't really had anything horrible happen to me. I hadn't been through any terrible grief. And so this kind of just rocked me in that life is very fragile and sometimes bad things just happen. They don't mean anything. There's no like rhyme or reason. If you're a good person, it doesn't mean that you're immune from certain things happening.

[00:21:57] So that kind of just rocked me. I mean, it [00:22:00] seems like such a simple truth, but it's something I had never really felt in my core. Like, you know, we don't have the control that we want to think we have. And at first that was very depressing. Now I see it as very liberating. Oh, we don't have control. Thank God.

[00:22:15] But I think in the beginning it was just like, what? Like, I can follow all the rules. I can take all the vitamins. I can do all the things. I, you know, have been a high achiever my whole life, but like I cannot sustain a pregnancy was just so reflective of many bigger things for me, of things that I just couldn't control.

[00:22:33] And I think the word I said was paradigm shift. It just shifted how I saw life and how I saw fairness and how I saw fragility. And kind of, you know, I think the grief that I went through was grieving the babies yes, but just grieving that kind of innocence, naive belief system, which would have been nice. I mean, yeah, it would've been nice to go through life always having that, but I do think that all of us [00:23:00] come to that kind of disillusionment at some point, And obviously I've made meaning in my own way, but to just accept that in and of themselves- my losses didn't mean anything. They didn't mean I wasn't supposed to be a mother or that my body was defective. I had to kind of create my own meaning.

[00:23:20] And I know they added that as a stage of grief a year or two ago. And I found a lot of peace and comfort in time, but it was very jarring. It was really, changed the way I saw everything. It was probably my first trauma that had really shook me in that way. So, and I'm sure you guys, as therapists, you know, that's common.

[00:23:41] **Dr. Huong Diep:** Kim I think just even listening to you talk now, it just made me think a lot about the work that I do, I'm sure Laura does as well in terms of you know, I'm

trained in cognitive processing therapy, so CPT, which is used a lot, um, for, um, and the veterans [00:24:00] administration and the VA, you know, with vets afterwards.

[00:24:02] Um, but it's really examining our stuck points, right? Like what are the things that we have kept repeating to ourselves following a traumatic event? And so, you know, potentially if one of the stuck points for some, um, folks experiencing pregnancy loss was, you know, it was my fault or, you know, my body's defective you know, or whatever it is. And so it's really examining the stuck points and, and how to challenge that in a little bit of narrative therapy as well, and schema therapy of really trying to, yeah how, how can you integrate sort of this traumatic experience into your life beliefs, right. And, and that, yeah.

[00:24:39] For a lot of folks, um, you know, it sounds like you were able to do that work to not become jaded and cynical about the world, but to know that. It is, it's unfortunate that, you know, it's not the simple rule of good things happen to good people and bad things happen to bad people. Right. But I think it sounds like you've been able to kind of process it, [00:25:00] and get to a place where you can create your own meaning from the experience.

[00:25:05] **Kim Hooper:** Yeah.

[00:25:06] **Laura Reagan:** Well, you know, something interesting that you're talking about some of these things I can't help, but notice some of the things that you're talking about, like my body's broken, or I'm not meant to be a mother, you know, identity things. Those are, if you are a therapist, those are like indicators that the person is talking about the wounds of trauma because it shifts your worldview.

[00:25:35] One of the things that is an indication of for example PTSD, not to say that, just having that, that change means one has PTSD, but one of the aspects of a PTSD diagnosis is a change in the way you see the world. So it's something that trauma does. So, you know, I was saying to you before how I think that [00:26:00] many people who experienced pregnancy loss do a lot of, they seek when they seek support their doing grief work and they're seeking grief therapy, infant loss or pregnancy loss groups, but sometimes the trauma part isn't, isn't part of it. And that, you know, so then there's still a piece of it that's unresolved, even if the grief part has healed, you know? So yeah. So **Huong** can you share a little bit about some of the ways that this type of experience can land for people who are LGBTQ couples or, and for people of a variety of cultures and ethnic backgrounds?

[00:26:49] **Dr. Huong Diep:** Yeah. So I I look at my viewpoint is I view the world through an [00:27:00] intersectional lens. And so in terms of intersectionality, you know, which is a phrase that's kind of getting, it's a buzz word now, but it was actually coined back in 1989 by Kimberly Crenshaw, which is just looking at how the different, um, race, class, gender, and other identities intersect with one another and potentially create overlapping systems of discrimination and oppression.

[00:27:22] Right. So basically it's just understanding that all oppression is linked and that everyone has their own unique experiences of discrimination and oppression. And so you can imagine, so let's say piggybacking on what we just talked about, about the idea of, oh,

my body is broken. So if that's a thought that one, a cisgender heterosexual person has after pregnancy loss, you can imagine only for a person who grew up identifying as queer, you know, within part of the LGBTQ community, that already that ingrained sense of internalized homophobia, internalized transphobia of already feeling like [00:28:00] something's wrong with their body, right? Like, let's say you're having gender dysphoria you know, there's for you that their current gender identity does not match their assigned gender assigned sex at birth, but that's just going to perpetuate that even more, in terms of the idea that, oh, wow like maybe my family was right. Maybe there is something wrong with me and that's why I'm not able to have a child or, oh, wow my grandma was right. Like I am, you know, condemned and sinful. And that's why I can't have a child.

[00:28:28] **Kim Hooper:** Or couples that are told that it's not natural. So then if they have a loss, it's like, it brings up the trauma of having heard that for years leading up to this moment.

[00:28:40] **Dr. Huong Diep:** Definitely. And that for a lot of couples that I work with and, you know, I've done research, you know, looking at the research that there is a whether conscious or subconscious desire to be a quote unquote, normal family.

[00:28:52] Right. And that this idea of like, okay, well, if I'm outside walking with my kid and my partner, then maybe we're not going to get harassed because people aren't going to [00:29:00] harass families as much. And we're finally going to fit in with everyone else. Cause we can all talk about being sleep deprived, you know, together or whatnot.

[00:29:06] Right. But then there is a sense of. So now I'm not, I'm not part of that club either. Right. And on top of that, that disenfranchised grief, and then nobody understands, right. Um, if you look at, especially, let's say a two male identified folks, um, you know, um, a gay couple who are using a surrogate, let's say, you know, and that surrogate experiences a pregnancy loss.

[00:29:28] I mean, I think for a lot of folks are not going to understand. But you physically, right didn't get pregnant or like you never met this child or you didn't even know your surrogate perhaps, right. Or, you know, for a trans male. So let's say somebody who was assigned female at birth and they still have the female parts so that they can you know, physical, medically, um, pregnant that then, you know, the steps leading up to that. I think oftentimes folks don't realize that, you know, they have to, let's say they have been on hormone replacement therapy. They have to go [00:30:00] off their estrogen to allow and perhaps take even an additional testosterone to kind of get testosterone you know, I'm, I'm sorry I'm reversing my hormones there. Um, they have to go off their testosterone to allow the estrogen, to perhaps take estrogen more estrogen again, that, that one is like, you know, all those hormonal things. It's like now they're going through like a third puberty and then potentially to experience that increased dysphoria, right of basically allowing their bodies to go back to a place that they don't know, they don't identify with, but the desire right and in that scenario to have a biological child. And so I think these are different you know, we, I know there's already such a dearth of providers who can provide sort of gender

friendly services and then we add on this another layer of like gender friendly services within the pregnancy and perinatal and [00:31:00] postnatal kind of community.

[00:31:01] **Laura Reagan:** Thank you for saying that and can you add anything about just views of family or roles that might, how culture may influence those as well, if there's anything that you think would be relevant?

[00:31:17] **Dr. Huong Diep:** Yeah. Yeah. I mean, I think when, you know, even despite all our social progress, when you know you ask somebody, oh, think of a family, right, in your mind, I think all our minds immediately this idea of like a man and a woman and 2.5 kids.

[00:31:34] **Laura Reagan:** White picket fence.

[00:31:35] **Dr. Huong Diep:** Right. Um, yeah. Yes, there you go. And a dog now, a pandemic puppy now. And so I think that, yeah, it's we still live in a very cisgender heteronormative world. And, and I recognize, you know, as I'm saying all this, I just always want to recognize my own privilege in that, you know, I am a person of color. Um, I am a child of refugees, but you know, my privilege is that I navigate this [00:32:00] world as a cisgender heterosexual, you know, individual.

[00:32:02] And so I think. I don't have the lived experiences. And so, but I have, um, you know, more than 15 years of the clinical experience and research and, you know, being an ally, you know, to the community and, and being holding space, you know, for stories. And so I think that, you know, for me checking my own privilege and my own assumptions of what family is, what gender identity is, you know, of my own, sort of, sort of my own biases. And I think that's usually when I do trainings for other therapists, you know, it really is asking them to really think about potentially their own assumptions and our own biases and what, how, what they may be consciously or subconsciously, you know, bringing into the therapeutic room and that we're not, none of us are immune to, you know, societal pressures and, we look at like marketing and, you know, it's all just [00:33:00] so deeply woven into the structure of our everyday lives and not to you know, discount, or, you know, saying that that's permissible, but, but I think it is something where oftentimes, you know, in terms of when working with marginalized communities of really examining sort of the different layers of structure, right that can potentially oppress, um, you know, these different groups.

[00:33:26] **Laura Reagan:** I love what you were just saying Huong. And I'm also thinking about how you know, there's so many layers and so many structures involved in a person's experience of marginalization, oppression, or feeling a sense of belonging, you know, identity of what it means to be a parent, what it means to be a woman, what it means to be cis-gender to not be cis-gender and all the forms that that can take.

[00:33:57] And. Also, I'm thinking about, [00:34:00] like, for example, you talked about Chrissy Tiegen before, before she talked about her pregnancy loss or her, I can't, I think her baby died at birth. I can't remember exactly if it was

[00:34:11] **Dr. Huong Diep:** He was stillborn.

[00:34:12] **Laura Reagan:** Okay. Thank you. But before that, I believe I remembered her talking in the past couple of years about her experiences of you know, postpartum anxiety and depression, perinatal mental health. So she's done a lot to raise awareness of that. I'm thinking about other celebrities like Dwayne Wade and Gabrielle Union, I believe where they had a baby through a surrogate and they were posting about it on social media and people were shaming them saying, that's not really your child and things like that, and Serena Williams talking about her experience of having a pulmonary embolism during delivery and not being, or just following delivery and not really being taken seriously. So there are a lot of, you know, aspects of ways [00:35:00] that it's kind of like what you were saying about the secondary trauma, the ways that people respond compound the person who's going through it and their partner, their experience of the loss. So, um, you know, like even saying like it was God's will and things like that, that people mean to be helpful, but it feels unsupportive, invalidating, and makes the person feel more isolated and alone.

[00:35:27] **Dr. Huong Diep:** Yeah. Yeah, definitely. And I think you know just you bringing up about Serena Williams, so I'm like, this is Serena Williams...

[00:35:34] **Laura Reagan:** Exactly, if Serena Williams can't be taken care of well enough...

[00:35:41] **Dr. Huong Diep:** Yeah and we know that there is this concept called the weathering effect. And I don't know if you've heard about it, but basically, you know, for black women, because of their different layers of oppression that, um, this weathering effect is that the different layers of stress, because we know that stress is not good for us and the compounding impacts [00:36:00] of it just leads to potentially poor outcomes during pregnancy. And an increase in pregnancy loss. And on top of that, potentially missed maltreatment or poor treatment, or, you know, not getting into correct diagnoses, amongst, you know, medical providers, um, you know, due to lack of training or subconscious or conscious biases.

[00:36:21] **Kim Hooper:** Yeah. And maternal deaths too. I mean, we know black women die more in labor or immediately after labor, the stats, you know, show us clearly where that there are biases. So, you know, and I th Huong shared a good example in the book that kind of opened my eyes to something, when she was talking about a client who, a black client who had a pregnancy loss, and I think it was like a misdiagnosis or something, and she wanted to get very angry with the doctor, but she felt like I can't, I have to compose myself and not express my true feelings cause I don't want to be labeled the angry black woman or, you know, so just thinking about that and having to like [00:37:00] censor yourself in that way, it just, it is added layers of stress that I think a lot of us don't realize or see, and the intersection of that with the grief of pregnancy loss, it's just an it's, it's an added thing.

[00:37:12] **Laura Reagan:** Yeah, it just makes me think how confusing it must feel for someone to go through this and have these, you know, this grief and this trauma, and then all these other complicating factors that can just make it so difficult. And so overwhelming, you know, it's like, where do we even start? And to ask for help and if you try to speak with

people and they're trying to be supportive, but it's making you feel dismissed and invalidated and alone, and you know it, you know, like how can you even trust that if you ask for help, that you'll be able to receive the help that's going to resonate. As you mentioned, even with a you know clearly well-intentioned therapist you were working with Kim who said something that you found very painful.

[00:37:58] **Kim Hooper:** Yes. Yeah. Like [00:38:00] telling me, yeah. You're not going to try again, are you as if I was like insane to consider, keep to keep trying when I already felt that way a little bit inside, so it didn't help to hear it kind of validated in that way.

[00:38:12] But I think, yeah, I think even for therapists, it's, it's tempting to kind of, you know, cover the pain or limit it or something, you know, to, to watch somebody going through something so painful like that. So, yeah, I mean the best therapy for me has been the therapy that allows me to just have my feelings and validate them and, you know, yeah. The validation goes so far to healing.

[00:38:35] **Dr. Huong Diep:** Yeah. And I think too, yeah, I think I wanted to share too. It's just that like, yeah even if somebody is looking for therapy, we know that unfortunately there are so many barriers to therapy, whether that be, you know, first the stigma. Right. Unfortunately, I mean, I think it's gotten better, um, during this pandemic that.

[00:38:52] You know, not that I want to silverline this pandemic either. But that definitely, I think people are realizing that mental health right [00:39:00] is important. Um, and so I think, you know, for folks of dealing with their own, um, stigma and oppression and ideas of what mental health is and isn't, and then on top of that for potential barriers of just, yeah.

[00:39:12] How do you even, like, can you afford therapy, right? Does your insurance cover, you know, therapy? Um, I mean, I know with telehealth right now that has increased, you know, some access and stuff but theres still licensures restrictions and, you know, and then on top of that really finding, you know, the right fit, especially if you're looking for somebody who, um, you know, has, you know, who's gender affirming and, you know, an ally to, you know, the LGBT community and on top of that also has, you know some kind of perinatal experience, right? So it's almost like, kind of, sometimes I know I have, so clients, you know, being like, oh my gosh, it's like finding, trying to find a unicorn.

[00:39:48] **Laura Reagan:** I'm wondering, I mean, it sounds like your book for one is an amazing resource just to even help people understand that they're not alone in this experience and that, you know, sort of making [00:40:00] sense out of it through, you know, hearing about Kim's experience and, but do you two have any resources that you would recommend to people or suggestions on how to find someone who can help when one has pregnancy loss and especially for the more marginalized groups to also be able to access that?

[00:40:23] **Kim Hooper:** Huong probably knows more than I do but I, I know that for me, um, you know, there are a lot of therapists these days who do specialize in pregnancy loss and perinatal mental health. And I'm seeing that specialty more and more. So I think if that, if

you want to find somebody who can relate on that personal level and knows a lot about this experience, you can definitely seek out those particular specialists. I mean we always tell people to look at the directory on psychology today, and then there's community counseling centers that often have like sliding scale fees, just using the best practices that I've found as a therapy client over the years [00:41:00] of just having like a phone consult, you know, a 10 minute chat with a therapist just to kind of see if you know, the therapist really gets you and understands where you're coming from and what you're struggling with. And, um, to me, you can tell a lot within 10 minutes of just, you know, if I share something about this pregnancy loss, are they jumping in with the right or the wrong things to say, um, do they kind of know how to validate what I'm going through?

[00:41:23] Um, you can learn a lot in a 10 minute call so I kind of feel like that's the advice I give people and everyone's financial situation, it's like, you know, if you have insurance, you, of course start with your insurance website. If you're looking for sliding scale fees, there's community counseling centers and options.

[00:41:38] So it really varies. And Huong probably has more information on that just because she's so plugged into resources.

[00:41:46] **Dr. Huong Diep:** Yeah. And then in addition to that, too, I think especially if you're looking for somebody who identifies with a certain racial ethnic group, um, there definitely are, um, different websites, um, that I can you know, share later that you can maybe link to your show notes or [00:42:00] something like that, um, that you know, for different communities. Right. Cause I know oftentimes too, it's like that extra layer of like, I don't want to have to explain certain things about my culture or my beliefs on top of it and also explaining about my pregnancy loss.

[00:42:14] Right. So I think that's why for, um, you know, some folks that's been very helpful or, you know, indefinitely to, of looking at like your local LGBTQ chapter, um, and reaching out to them. And I always tell people, you know, it is unfortunately like a kind of having to be very proactive kind of search. And that if you, you know, if there's is somebody you're like, oh my gosh, this would be the perfect person for me.

[00:42:37] And then, you know, they're full, there's always ask them, Hey, do you have anybody else that you would refer? Right. Because I'm always, if somebody reaches out to me and I'm full, then I'm always like, okay, well, what areas are you looking for? What are you doing? Cause that's just like a very, as a professional you know that's what we do is, and then being like, okay, I might, I don't have room for you right now, or, you know, I my schedule's full, but you know, here are other providers that I trust [00:43:00] and that I can refer you to, or at least hear different resources, you know? And, and again, um, you know, a plug for the book that if there definitely is a list of resources, you know, at the end and there's different screeners in there as well and again, no replacement for individual one-on-one therapy, but, um, the way we wrote it is that if somebody has a specific, concern they can go to the table of contents and go specifically there. And then they'll read about, you know, Kim's kind of personal experience, you know, with that. Um, and then either

Meredith or I sort of therapist, you know, hat's view on that, um, an all in very non jargony, you know, language.

[00:43:37] And so I think that's what, you know, I think we're really proud of our, you know, our book for that. Cause it's just, it's really accessible to a lot of folks who unfortunately may not have the time, money, resources, you know, what not to for right now, you know, get into individual therapy. And that, for some people, I think too, as a therapist, I forget, like they're really scary, right.

[00:43:57] To go and sit across from, [00:44:00] you know, or I guess across the zoom screen now from a stranger and just start to open up. And so I think I am very aware of that given that I've been in therapy myself too. And so I think I always have to remind myself. Yeah. This is going to take some time to build some rapport.

[00:44:16] And that, especially if you know, someone hasn't been studying psychology for the last 15 years as, as I have or something, then yeah, it's definitely going to be, you know, entering a new, a new environment. So I think, and in a way maybe this is a little gateway and to understanding more that therapists are human too.

[00:44:34] And that, you know, we're not scary and that, you know, but that we have you know, the training and a lot of us, you know, potentially the lived experiences to, um, support and to provide that space and validation.

[00:44:47] Awesome.

[00:44:48] **Laura Reagan:** And I, I just want to add quickly that in my area, our, our local hospice organization offers a lot of free counseling and support groups [00:45:00] for around grief and loss and related to many specific topics. So, um, I think that's a, a common thing that hospice organizations often do and a way for people to maybe ease in, if they're not either able financially to start with a therapist or they also aren't sure, you know, if that's what they want to do or what they need.

[00:45:24] That's a, that's a resource that many communities offer, but where can people find your book? Because I know when people are listening to this, they're going to want to go right out and buy it. So where can they find it?

[00:45:36] **Kim Hooper:** It's available wherever you would normally buy books. So, um, we always recommend bookshop to support the independent booksellers, but you can get it on Amazon.

[00:45:45] You can get it as an e-book, a paperback, whatever, whatever you think is best, you can also, we have a website alltheloveafterloss.com so we have blog posts there. We talk a little bit more about the book, so you can kind of, you know, read up on, on, [00:46:00] on our viewpoint and what's in the book.

[00:46:01] **Laura Reagan:** Fabulous. So I will link to alltheloveafterloss.com and any other resources that you two want to send me after we finish recording and I'll put those in the show notes. And I just want to thank you both Kim and Huong so much for being my guests today on Therapy Chat.

[00:46:20] **Kim Hooper:** Thank you for having us.

[00:46:21] Yeah. Thanks

[00:46:21] **Dr. Huong Diep:** for having us.

[00:46:22] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com