Narratives of loss and resolution: Continuing bonds in the maternal experience of stillbirth

"*That was his life, inside of me*."

by

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To the women who have contributed their experiences to this portfolio of work. I dedicate this to the five of you and also to the female voice. I am hoping that the world will learn to listen more carefully to it…

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Declaration

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Preface

**"*Dream.*
That my baby came to life again.
That she had only been cold and that we rubbed her by the fire and she lived."
(Mary Wollstonecraft Shelley, following the premature birth and subsequent death of her daughter, Clara, taken from *The journals of Mary Shelley,* 1814-1844, p.70)**

In introducing this portfolio of work, I am mindful that, although three distinct parts make up the whole, there is a common thread of intention running throughout the piece, as the three components echo one another in their desire to amplify the female experience of continuing bonds with lost children. I know that there is both a harmony and also a dissonance to be noted in the voices of the women who have so generously contributed to this portfolio. It is not my intention that these voices be interpreted as united but rather that the different ways in which each woman may choose to make sense of her experiences of loss and connection be respectfully heard. Where one finds experiences of loving continuing bonds, another encounters an existential void and the overwhelming brutality of loss. Where one notes posttraumatic growth and experiences of deepened empathy, another cannot bear even to speak the name of her child. Through encountering these diverse responses to maternal bereavement, it is my hope that the reader may be brought into contact with the strikingly different ways in which each woman may choose to make sense of feelings of connection with her child and also with the richness of the language which they draw upon in order to share their experience.

The research study presented in this portfolio shares an exploration of the maternal experiences of continuing bonds following stillbirth. Engaging in capturing the ways in which the bereaved mother might choose to interpret, share and conceptualise experiences of connection has proven to be a fascinating, delicate and sometimes illusory phenomenon to explore. It has been necessary to consider fully what constitutes a continuing bond in this particular bereavement and to identify the vital importance of the mother being offered the opportunity to build memories, to share experiences of the baby with others and to interact with the baby within an extremely limited window of time. If memory is the foundation of continuing bonds, then the mother must draw upon her experiences of relation to her baby which occur during pregnancy and birth. This period of time comes to define her maternity and provides routes to experiences of continuing bonds which may run through the mother's lifetime. This research study hopes to present something of the texture of this phenomenon via a pluralistic design which explores the participant interviews of four women who

experienced the stillbirth of their firstborn child. The women who chose to share their stories reveal experiences of deep yearning, love and lifelong memorial, as well as shock, horror and revulsion. Maternal representations of the lost babies encountered within this study are presented firstly via the thematic approach of Smith, Flowers & Larkin's (2009) Interpretative Phenomenological Analysis (IPA) and subsequently via the linguistic approach of Gee's (1991) Structural Narrative Analysis. In encountering the transcripts twice, the reader is offered multiple interpretations of the stillborn baby. The baby is presented in many different ways by the bereaved mother and this foregrounds the weight, strength, beauty and vulnerability of the connection between mother and baby. The overarching themes of the IPA analysis present: the relational context of the female body; the emotional conflicts involved in encounters with the different representations of the baby; the threats to the maternal self; the ways in which connection may be maintained through time and space; and finally the way in which each woman might encounter the world beyond their loss. Within the subsequent Structural Narrative Analysis, a more focussed exploration is offered of four single vignettes which present the reader with the opportunity to encounter the intimacy of the moment when each mother meets her baby. This second layer of interpretation is intended to share a respectful reading of the linguistic properties of the text in order to come as close as possible to the emotional intent of the speaker. I hope that experiences of continuing bonds for the bereaved mother are truly heard in this miniaturist view of four mothers' interpretations of meeting their stillborn child.

Also for inclusion in the portfolio, I have elected to write a publishable article for the journal *Death Studies*. My intention is to position the findings of my research study alongside other qualitative explorations of loss, bereavement and human approaches to death. I initially questioned whether the piece might be better placed within a specifically pregnancy and birth orientated journal such a *BMC (BioMed Central) Pregnancy and Childbirth*. However, on consideration, I opted for this bereavement-orientated journal which seems particularly open to the exploration of experiences of continuing bonds. This not to say that I may not consider attempting to place a piece more specifically within the sphere of women's health and I would certainly like to share the findings of this research study amongst the community of medical staff who support women through their stillbirth delivery. There seem to be practical implications here which are relevant to the support offered during birth and immediately following birth which may be of use in informing the practice of bereavement midwives, doulas, nursing staff and obstetricians. In editing my piece for the journal of *Death Studies*, I hope that my findings might impact psychological care offered to bereaved mothers and also influence approaches to individual meaning-making and lifelong interpretations of the early loss of a child. In abridging the entirety of the thesis, I wrestled

with the best way to reduce the findings down to a manageable shape. I considered whether it might be best to uncouple my IPA findings from my Structural Narrative Analysis in order to best slim the document. However, I felt that the intention of the piece to provide a pluralistic and multi-facetted exploration of the phenomenon might be circumscribed and it seemed reductive to completely shed one of the interpretative lenses. Though I have had to limit much of the detailed analysis of the five levels of Gee's (1991) method and have also cut two of the five over-arching themes out of the IPA analysis, I have retained both analytic lenses in order to hold on to the pluralistic design. The exercise has caused me to reflect on the challenges the pluralistic researcher faces when trying to shoehorn a pluralistic approach into publishing guidelines which seem better suited to singular methodologies.

The final component of this portfolio presents the clinical case study of a client who experienced the death of her adult son, who took his own life at the age of 36, following a long battle with addiction and depression. This piece of work seemed to me to be particularly resonant in relation to experiences of maternal loss and continuing bonds. The work also brought home to me the full potential of the person-centered modality to allow ways of working with bereavement which offer the client the space to explore what it is that they have lost and the ways in which they may choose to remember their lost loved-one (Rogers, 1959; Rogers, 1961; Hogan & Schmidt, 2002). Working with this particular client felt deeply moving and I experienced real feelings of loss on the cessation of the work. Walking beside my client for a short while as she began her journey of sense-making in bereavement was a great privilege. I know that she taught me much about how it might be possible to encounter the world beyond traumatic loss. My client's wish to establish an enduring connection to her son foregrounded concepts of continuing bonds and the possibility of loss being absorbed into ongoing life. Working with my client towards allowing for a valuing of inner strength which might facilitate the potential for the lost loved one to remain in the consciousness of daily living, highlighted the complexity of grief and also the potential for new ways of interpreting life (Tedeschi et al., 2018; Neimeyer et al., 2010). Working in this manner allowed me to encounter the benefits of remaining open to the personal fluidity of the client and also of harnessing organismic valuing theory to support encounters with concepts of transcendence and newly experienced emotional depth (Joseph & Linley, 2005; Mearns & Cooper, 2005). I felt a deep congruence with my client and I am certain that her sense-making regarding keeping her lost son "*with*" her as she travelled towards post-traumatic growth will stay with me in potential future clinical work with those who have experienced traumatic maternal loss (Cornelius-White, 2013).

My client's experience of feeling that she remained connected to her "*infant*" son within his adult self seems to also offer more covert connections to concepts of early maternal loss. My client explained that extended experiences of parenting her adult son through multiple overdoses and deep bouts of depression, which left him unable to feed or wash himself, prompted her continued awareness of her child/adult son. My client also shared that she found the body of her son, following his decision to take his own life. She described to me how she sat with his body for a short while in order to say goodbye before calling anyone for support. My client described the way in which she touched her son's hands and forehead, in order to bid farewell to his physical form. This moment seems to me to mirror my research participants' experiences of stillbirth rituals which also involved a farewell to the physical body of their child. These mirrored moments of maternal farewell seem to feed powerfully into potential future experiences of continuing bonds.

As I reflect upon these experiences of maternal loss, which span from infant to adult, I am reminded of European Christian religious iconography. It is not my intention to suggest that the women included in this study all experienced sense-making relating to Christian belief. I simply note that religious imagery, which reflects the dyadic relationship between mother and child, foregrounds a human focus on a narrative of the coupling of mother and baby. Depictions of the Madonna and child date back to the 2nd century (Verdon, 2005). The Renaissance painter Raphael's 30 representations of the Madonna and child spanned his lifetime and are counted amongst the art world's Great Masters (Becherucci, 1969). Equally, Michelangelo's Renaissance sculpture of the *Pietà*, depicting the sorrowing Mary holding Christ's crucified body, is visited by millions in St Peter's Basilica each year (Jameson, 2006). It is my hope that this portfolio may unite these images in such a way as to refresh approaches to profound maternal bereavement. In looking at the birth and the death of the child, and the ways in which a mother may choose to position herself within this loss, there seems to be something to be noted about the most fundamental of connections and how it may shift shape in death but still remain before our eyes. Perhaps, elements of maternal love and connection remain forever poised at the point of birth, a repeated re-experiencing of the mother holding her new-born for the first time.

Finally, walking the path of exploring this particular phenomenon has felt transformative. In engaging so closely with profound experiences of the fragility of life, I have encountered the deep pool of fragile meaning-making which belongs to the experience of motherhood. I feel that I have truly heard the power of the female voice, as it makes sense of maternal bonds, which may reach beyond the grave. It seems that perhaps continuing bonds can run no deeper than those linking a mother with her child. I hope that, in encountering this

connecting force, I am able to carry deepened empathy and a greater capacity for congruence into any future clinical work with women who have lost a child, at whatever stage of motherhood.

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Part One: Doctoral research

Narratives of loss and resolution:
continuing bonds in the maternal experience of stillbirth

Abstract

This qualitative study explores the ways in which bereaved mothers make sense of their experiences of continuing bonds with their stillborn child and aims to enrich an understanding of maternal sense-making. A pluralistic analytical approach was employed, with the intention of providing a layered exploration. Semi-structured interviews were carried out with four female participants who have experienced stillbirth. Following transcription, the interviews were approached using the IPA protocol (Smith, Flowers & Larkin, 2009) and, subsequently, via Gee's five levels of Structural Narrative Analysis (1991). IPA analysis was intended to offer insight into the individual nature of experience; whilst Structural Narrative Analysis aimed to focus on the construction of meaning via linguistic elements.

Five main themes arise from the IPA analysis, which include: "Continuing bonds and the female body"; "Conflicted bonding with the shape-shifting baby"; "The threatened self as a challenge to continuing bonds"; "Connections between mother and child through space and time"; and "Experiencing connection in the life beyond loss". The mother's experience of seeing or holding her stillborn baby is selected as a moment of resonance to comprise the vignettes which have been parsed using Structural Narrative Analysis. This subsequent analytic layer highlights the very different ways in which each mother responds to her experience. The findings are discussed in the light of existing theory and research and have implications for Counselling Psychologists working with mothers who have experienced stillbirth. The potential impact of the researcher's presence is considered throughout. Areas for future research are discussed.

Chapter 1: Introduction

"*Grief fills the room up of my absent child,*
Lies in his bed, walks up and down with me,
Remembers me of his gracious parts,
Stuffs out his vacant garments with his form?
***Then have I reason to be fond of grief?*"**
(Constance, *King John*, Act 3, Scene IV, l. 93-97, p.412, William Shakespeare, 1594-96)

1.1. Introduction

The traumatic experience of stillbirth reverberates through the life of every woman who encounters this profound bereavement. This experience of loss involves the mother in a potentially isolating process of birth, recovery and mourning. The bonds between mother and child begin to form in the first knowledge of pregnancy, when experiences of foetal movements, as well as physical changes to the mother's body, nurture a relationship grown in utero. These unique and intimate bonds are gently held within a dyadic relationship which contains mother and baby in the symbiotic journey of pregnancy and birth. The death of the baby shatters this period of conjoined experience and may leave bereaved mothers with a lifelong sense of loss and yearning.

The existing research in the field of stillbirth recognises an experience of taboo regarding the social response to the loss (Cacciatore, Schebly & Froen, 2009). Historically, the dissonant meeting of the potentially celebratory moment of birth with an experience of lost life and mourning has proven challenging to social mores, and ways of responding to the mother's emotional needs have been inadequate. Traditional mourning patterns, designed to enhance the potential for feelings of emotional resolution, acceptance and acknowledgement of loss, have been profoundly lacking. Bereaved mothers have encountered an amplification of grief, as a result of the absent acknowledgement of their own experience of loss and also of the personhood of their baby (Doka, 1989; DeFrain, 1986; Lewis & Page, 1978). This failure to provide an appropriate framework, within which the mothers who have experienced stillbirth may explore their loss and acknowledge their children, has fostered a postnatal experience of disenfranchised grief (Cacciatore, DeFrain & Jones, 2008; Layne, 2003).

Whilst Freud's (1917) theorizing on grief involved a conceptual process of healing in mourning, through a detachment from the lost loved object, current constructivist theory

comprehends mourning in an increasingly nuanced manner which recognises a process of meaning-creation connected to the development of continuing bonds (Klass & Steffen, 2018; Rothaupt & Becker, 2007). The majority of existing literature in the field of stillbirth does not approach the loss via these more progressive bereavement theories (Cacciatore et al., 2008). As continuing bonds are now considered to be a vital part of grieving, this provides a rich field of exploration within stillbirth studies (Shaefer & Moos, 2003; Neimeyer, 2001).

Despite an historic veil of silence surrounding the maternal experience of stillbirth, a recent upsurge in focus can be identified in the UK media. BBC News online coverage has published articles which highlight individual experiences of grief and sense-making. A feature, entitled "*My baby died. Please ask me his name.*", was published in 2008 on the BBC News website. It highlights the personal experience of one woman who chose to share her sense-making around the loss of her child. The article opens with the following lines, which perhaps serve to underscore a societal inability to engage with parental bereavement.

> "*There is no word in the English language for a parent whose child has died, as if the subject were too painful for society to confront."*

In another BBC News online article, published in February 2020, the work of charity organization Brief Lives Remembered, which assists bereaved mothers in locating the burial sites of stillborn babies (born prior to 1990), highlights the importance of tracing these babies. Another 2015 newspaper article, featured in *The Guardian*, entitled "*We cherish these pictures of our stillborn son*", praises "*forward-thinking*" hospitals which encourage the practice of photographing parents with their stillborn baby.

These media pieces indicate a raising of awareness regarding the ways in which mothers of stillborn babies may be encouraged to build continuing bonds via naming, memorial and memento taking. In recent years, organisations, such the Stillbirth and Neonatal Death Society (SANDS), Tommy's and The Mariposa Trust, have also given parents the opportunity to share their stories in order to shatter the silence surrounding stillbirth. These charities have assisted in raising awareness and have contributed to funding research into miscarriage, stillbirth and premature birth.

The current study places deliberate focus on the maternal experience of stillbirth. This focus is not intended to minimize the experience of fathers who have lost a child to stillbirth. Paternal bereavement is an important area for exploration which is also historically under-researched. However, in light of the fact that there are still a limited number of studies which

unpack the mother's experience of sense-making and continuing bonds, I have chosen to remain attentive solely to the mother and child relationship, which builds so uniquely in utero.

Stillbirth is estimated to occur in approximately one in 200 UK births (Flenady et al., 2011; Murray, 2003; Crossley, 2000; Mishler, 1986). The current study's participant inclusion criteria aligns with the UK definition of stillbirth, as being an infant born without life at any point beyond the 24th week of pregnancy, before or during birth (Gardosi et al., 2013; RCOB, 1985). I wish to acknowledge the difficulties involved in such definitions and the potential distress caused for women who experience a pregnancy loss which is defined as a miscarriage or a foetal loss. The lack of a death certificate and formal burial rites for babies born before the 24th week of pregnancy may cause distress and feelings of dislocation. Labelling the experience of pregnancy loss as a "*miscarriage*" or a "*foetal loss*", as opposed to stillbirth, may be interpreted as minimising the emotional impact of the bereavement and it is not my intention to dismiss the experience of pregnancy loss by defining stillbirth in this manner.

The following sections explore existing research in the field of stillbirth and locate the research question in the context of Counselling Psychology. The experience of the researcher is also explored. Searches for appropriate research titles were carried out within the following databases: MedLine; Web of Science; PsycInfo; Scopus; and City, University of London, Library A-Z online database. The selection of titles was also complimented by the reference lists of certain articles. The search terms were derived from existing literature and included: when a baby dies; stillbirth, still birth and synonyms for stillbirth (specifically, perinatal loss); bereavement or synonyms for bereavement (specifically, grief OR ambiguous loss); female and female experience; mother and maternal experience; meaning making and sense making; attachment and synonyms for attachment (specifically, continuing bonds); and post-traumatic growth. The studies which have been selected are written in English, using quantitative and or qualitative data, on the subject of stillbirth, sense making, mourning, memorial and experiences of continuing bonds in relation to parental bereavement, maternal bereavement and stillbirth. The studies which speak most closely to the research topic have been selected. They are ordered thematically and range in publication date from 1978 to 2019 – with the majority dating between 2001 and 2019. The studies are explored within themes which seemed to best reflect the way in which the existing literature engages with the current study.

1.1.1. Permission to bond: Identifying tension in historic responses to stillbirth

"*When I first held him, he was warm... but he was silent. I held him as his body grew cold. I tried to keep him warm but I couldn't.*"
(Kelley & Trinidad, 2012, p. 6)

"*Hopefully, we've come so far in 40 or 50 years since people didn't even have their babies to hold. Now we are holding them and we just need to teach people that we want to acknowledge these babies*."
(Heather, p. 27, l. 946-949)

An historic precedent for the memorialisation of the stillborn child can be located in the 19th-century practice of post-mortem photography. High infant mortality rates, combined with the invention of the 1839 daguerreotype, which marked the beginning of the photographic era, underpins this period when memorial portraiture of the stillborn baby was reasonably common practice within more affluent segments of the British and European population (Mendelyte, 2012). The practice of post-mortem photography was mainly but not solely confined to the Victorian era and images of mourning tableaux, which involved photographs of family members surrounding the stillborn child, can be found in Europe and America up until the mid 20th Century (Marien, 2002). The apparent cessation of this memorial practice coincides with the medicalisation of childbirth. As the event of birth moved from being predominantly located in the home, to routinely taking place in the hospital, this photographic practice vanished. By the mid 20th Century, this process of memorialising, which could be interpreted as indicating a social capacity to encounter mother and stillborn child, gave way to hospital protocols which "*protected*" bereaved mothers from seeing, holding or touching their stillborn babies (O'Leary & Warland, 2013). It is only within the last decade that the ritual of photographing parents with their stillborn baby has resurfaced, in hospitals, as a route to supporting memorial.

Prior to 1978, common practice involved the stillborn baby's removal from the room on delivery and the subsequent incineration of the baby's body routinely took place on hospital premises, without either parent being present (Lovell, 1983). The literature indicates that the intention behind this practice was to shield the mother from the perceived traumatic experience of viewing her baby's body. However, this practice was eventually discouraged when it became apparent that a lack of post-delivery contact led to feelings of disorientation and regret for many bereaved mothers. In a landmark paper, Lewis and Page (1978)

outlined the ways in which it might be possible to facilitate the grief process by allowing parents to create memories with their stillborn baby. Suggestions included encouraging women to see and name their stillborn child, to hold and to photograph. This approach was adopted as part of stillbirth care in hospitals until the late Nineties (DeFrain, 1991). In response to research aligned with concepts of assumptive bonding practices – when the baby is routinely offered to the mother to hold – the Royal College of Obstetricians published guidelines recommending that caregivers should encourage parents to hold their stillborn infant in order to facilitate bonding (Royal College of Obstetrics and Gynaecologists, 1985).

Foundational pre-natal attachment studies suggest that, before birth, the child in utero may be cradled in a web of external relationships (O'Murcho, 1998). However, tension can be identified in the literature regarding opinions relating to the relative benefits of maternal contact with the stillborn baby (Brierley-Jones et al., 2015; Ustundag-Budak et al., 2015). One controversial study by Hughes et al. (2002), using quantitative data collected from 65 women in their subsequent pregnancy after stillbirth, indicates an increased incidence of depression and anxiety, as well as PTSD, for women who held their stillborn infant. The study suggests that promoting contact with the stillborn baby was associated with worse outcomes for the mother. The findings – which fail to engage with the individual nature of the experience of the mother and do not acknowledge the ameliorative effect of processing contact with the stillborn baby – were eventually challenged on grounds of inconclusive statistical differences and validity issues (Brabin, 2004). In conflict with the findings of Hughes et al. (2002), a meta-analysis by Burden et al. (2016) identifies maternal experiences of deep regret surrounding decisions not to hold or spend time with their stillborn baby and suggests that the decision not to hold may be linked to feeling unguided by medical staff and unsure what actions would be deemed "*appropriate*" following the birth.

Despite this, the findings of Hughes at al. (2002) and of Turton et al. (2001) resulted in alterations to the 2007 practice guidelines for antenatal and postnatal health. The National Institute for Health and Clinical Excellence (NICE) changed recommendations, replacing the 1985 guidelines, and stipulated that mothers should not routinely be encouraged to hold their stillborn babies (NICE, 2007; Royal College of Obstetrics and Gynaecologists, 1985). This policy was eventually challenged by voluntary organisations, including SANDS UK, who campaigned for parents to have contact with their stillborn child. Today, guidance for psychological care following stillbirth, finally amended in 2010, gives a recommendation for offering the parents of stillborn babies the choice of whether or not to view, hold, dress or wash their child (NICE, 2010; RCoG, 2010).

In a quantitative study, Radestad et al. (2009) investigate the beneficial effects of parental contact with the stillborn infant and suggest that assumptive bonding practices promote lower levels of anxiety and depression in the mother. This postal questionnaire study of 314 Swedish women identifies the positive effects of contact for the mother, particularly in stillbirths which occur beyond 37 weeks of pregnancy. Although the study is quantitative in nature and therefore does not engage directly with the individual experience of the mother, it does gesture towards positive outcomes for contact. In another quantitative study, Erlandsson et al. (2013) used an online questionnaire and 840 participants to produce quantitative data which indicates that, when mothers are presented with their stillborn baby to hold, as a normal part of birth, they more often report that the experience feels natural, as opposed to fearful.

Surkan et al. (2008), in a mixed-methods Swedish study, employing a postal questionnaire, completed by 380 bereaved mothers, three years after stillbirth, also report increased incidence of depression in mothers who were not enabled to spend adequate time with their stillborn child. The study identifies lowered symptoms of anxiety and depression in mothers who held their stillborn baby. Though the study is limited to the Swedish population and the questionnaire-based, mixed-methods design does not fully approach the individual experience of the mother, it does raise relevant questions regarding the necessity for supporting mothers appropriately in the aftermath of stillbirth.

In a qualitative interview study of bereaved parents' interactions with healthcare staff, when their baby died just before or during labour, Downe et al. (2013) suggest that parents value the opportunity of having contact with their stillborn baby and that this process scaffolds vital memory making. They report that mothers who do not have memories of holding or viewing their baby, experience a higher incidence of symptoms of anxiety and depression. In a phenomenological analysis, Ryninks et al. (2014) suggest that, although, for some women, contact with the stillborn baby triggers feelings of distress, this moment of contact remains an important vehicle for processing the bereavement and an indicator for reduced future instances of depression. The study involves interviews with 21 mothers, three months after stillbirth, and aims to explore the ways in which mothers experienced spending time with their stillborn baby and how they retrospectively felt about the contact. Qualitative analysis of the interview data took place using IPA. The results signpost the benefits of preparing the mother before contact, professional support during contact, and professional follow-up, as crucial to positive outcomes. Experiences of fear before contact, as well as disbelief and dissociation during contact, are identified. The study does not directly unpack experiences of

continuing bonds but engages with the fundamental impact of contact opportunities for the mother.

In conclusion, it seems that the responses to a mother's stillbirth experience have been in tension, with findings sometimes seeking to circumscribe contact without offering maternal choice (Hughes et al., 2002). However, more recent findings signpost maternal choice and indicate the importance of psychological support in the aftermath of stillbirth (Ryninks et al., 2014).

1.1.2. Understanding that which is lost: Making sense of continuing bonds for the bereaved mother

"*You don't know, at the time, that the little time you've got with the baby is going to be so important*."
(Downe et al., 2012, p. 5)

"It was nice, because my family were able to come and see him, and they met him, and we took photographs… building up those memories in that short space of time."
(Heather, p. 3/l. 83-87)

In an article written in 2006, Klass suggests that a nuanced exploration of constructing and deconstructing continuing bonds is more helpful than a pathologising of the experience. Klass argues against linking complicated grief reactions and lacking resolution with experiences of continuing bonds. This concept seems pertinent to the ongoing conversation regarding the construction of continuing bonds in stillbirth. Klass and Steffen (2018) suggest that integrating the memory of the dead into the ongoing life of the bereaved may provide experiences of resolution, healing and post-traumatic growth. This integration might involve: facilitating the opportunity to create bonds and to narrate bonds; encouraging the bereaved to explore the parts of the self which may be actualised within the bond; and enabling the sharing of the characteristics of the deceased. In the case of stillbirth, exploring the parts of self which are actualised in the bond could be interpreted as identifying as a mother. Controversy in the literature regarding the benefits to the bereaved mother of holding her stillborn baby has resulted in a somewhat confusing picture regarding the construction and maintenance of continuing bonds (Seigal, 2017). Perhaps, as a result of this tension, there is a relative paucity of research which unpacks the mother's experience of bonds following

stillbirth. Rather than asking, how mothers might experience continuing bonds with their child, some of the literature has focussed on whether or not mothers should be allowed to build such connections (Hughes et al., 2002). The concept that bonds may come unbidden to the mother – as a natural process of painful separation – has also mainly fallen outside the focus of the researcher.

In a mixed-methods study by Field and Filanosky (2010), 502 bereaved participants completed an online questionnaire using continuing bonds measures, combined with known risk factors for bereavement, which might include the cause of death of the loved-one. The study employed an online survey, relating to adjustment to experiences of bereavement. The authors suggest that the potential for creating continuing bonds provides a route to personal growth. Though the design of the study does not allow for deep engagement with the experience of the individual, it does open a discussion regarding the potential for healing and emotional recovery via the creation of continuing bonds.

In a phenomenological study using IPA, Ustundag-Budak et al. (2015) explore the meaning of stillbirth experience for women and its impact on subsequent pregnancies and parenting styles. Using semi-structured, emailed interviews, as a means of data collection, the study involves six female participants who had experienced stillbirth in the UK. The study identifies three over-arching themes: the mother acknowledging a revised "*unsafe*" view of the world; the mother reformulating a view of the self and others; and the mother establishing relationships with both the deceased infant and the subsequent living infant. The findings suggest that the moments after stillbirth are crucial to the processing of loss, and identifies the ways in which anxiety might impact future parenting. The study is limited to a small, homogenous group, recruited via internet-based, social-support sites, and it does not involve face-to-face interviews with the participants. However, the findings do identify the importance to mothers of keeping memories of their stillborn baby alive.

In a retrospective qualitative analysis of anonymous questionnaire data, collected from 74 family members who had experienced stillbirth and attended US bereavement groups, Cacciatore, DeFrain and Jones (2008) unpack the ambiguity of stillbirth bereavement and the existential questioning which the loss may trigger. The study analyses questionnaire responses using Boss's (2007) ambiguous loss model in order to identify challenges in finding meaning in the loss, as well as experiences of interminable grief. The continued psychological presence of the baby is intrinsic to the findings. A timeless and non-linear emotional process is identified, as well as a feeling that each day represents a new loss, in which the bereaved may reflect on the child whom they will never see grow and develop.

Though this study does not relate solely to maternal experience nor directly to the phenomenon of continuing bonds, it does shed light on sense-making within this loss and also on prolonged experiences of grief.

This construct of ongoing grief in the experience of stillbirth is echoed by a phenomenological study by King, Oka and Robinson (2019), involving eight couples who have experienced stillbirth. The couples are interviewed together and interview transcripts are analysed using a non-specified "*phenomenological method*" to unpack the effect of stillbirth. The study acknowledges a lack of diversity in the participant sample and also highlights the difficulty of interviewing couples together, with the resulting propensity for one partner's answers to overpower those of the other. The study explores different grieving patterns between partners and identifies the profound impact of stillbirth on the relationship of the bereaved parents and also an experience of shared and lasting grief.

One of the dimensions of stillbirth is the lack of experience of a living child outside the womb. In a qualitative study into the experience of "feticide" for bereaved Israeli mothers, Leichtentritt and Mahat-Shamir (2017) suggest that the majority of research into the nature of post-death relationships has avoided the experience of continuing bonds when the loss occurs in utero. Despite the fact that prenatal attachment theories suggest the strong potential for relationship-building in this period, limited attention has been paid to the maternal experience of continuing bonds with the stillborn baby (O'Murcho, 1998). Leichtentritt and Mahat-Shamir (2017) suggest that, in the case of "*feticide*" (the voluntary decision to terminate a pregnancy, beyond 20 weeks, due to foetal abnormality), bereaved mothers experience a dual process of voluntarily relinquishing connection with the baby and also of developing routes to maintaining a relationship beyond death. The process of nurturing a continuing bond with the child is interrupted by the maternal choice to terminate the life of the child. Strategies for breaking connection may include: objectifying the baby; denying the existence of the baby; and deliberately not seeing or talking about the baby. Strategies for connecting with the baby may include: the use of rituals; the valuing of connecting objects; and naming the baby. This qualitative study of interviews with 29 Israeli women may be culturally specific but the findings also provide rich interpretations regarding processes of detachment and connection.

In a mixed-methods study which uses a self-report questionnaire to examine maternal attachment and meaning-making in perinatal bereavement (perinatal being defined as spanning the 20th week of pregnancy until four weeks after birth), Uren and Wastel (2010) identify limited research in the field and highlight an historic tendency to focus upon a

"*pathologising*" of maternal responses to stillbirth and neonatal death. The qualitative findings of the study identify experiences of numbness, yearning, disorientation and despair and also highlight an experience of a continued relationship with the deceased baby. The findings identify the fact that the mothers did not expect this feeling of connectedness to dissipate with time and that the experience of grief was valued as a method of remaining connected to their baby. Although the study is not solely focussed upon stillbirth experience and its mixed-methods questionnaire design does not fully engage with the experience of the mother, the findings do gesture towards a maternal valuing of continuing bonds.

In relation to making sense of experiences of continuing bonds, the majority of the literature is produced using questionnaire interviews and does not relate solely to the current research topic. However, findings signpost maternal experiences of the continued psychological presence of the baby, the profound impact of stillbirth on experiences of the self and others, and the identification of maternal routes to constructing and deconstructing a post-death relationship with the baby (King, Oka & Robinson, 2019; Leichtentritt & Mahat-Shamir, 2017; Ustundag-Budak et al., 2015; and Cacciatore, DeFrain & Jones, 2008)

1.1.3. Narrating the loss: Recognising the importance of sharing memories

"*It was lovely to hold her and hug her and kiss her and have her home… It meant the world."*
(Ustundag-Budak et al., 2015, p.6)

"As his mother, it's very important for me to keep his name there and talk about him all the time and him to be part of our family. I want to protect his memory because he was a person, a little boy, a little baby, that should have had a life and, sadly, didn't and it's really important how we never forget him."
(Heather, p.8, l. 260-265)

Neimeyer, Klass and Dennis's 2014 monograph on grief outlines experiences of loss as intricately social and involving narrative processes by which meanings are identified. They offer a social constructionist model of grief which highlights the narrating process, and the fact that it happens between people, as fundamental to assigning meaning to loss. Providing the bereaved mothers of stillborn babies with a context within which to explore their loss and to create meaningful narratives about their babies relates to this account of grief.

The literature suggests that sharing memories of lost loved ones may be beneficial to the

bereaved (Stroebe et al., 2002). In a cross-sectional questionnaire study involving 162 UK mothers, Crawley, Lomax & Ayers (2013) suggest that the opportunity to make and share memories of the stillborn baby has an impact on the ongoing psychological wellbeing of the mother. The study takes a quantitative approach to the data, which is produced via a binary questionnaire. Although the emailed questionnaire design suggests that the findings do not enter fully into the sense-making of the mothers involved, the findings do identify a connection between a mother's ability to share memories of her baby and experiences of reduced anxiety and depression. The study suggests that this was not related to whether or not the mother had seen and held her stillborn baby but rather to whether she was enabled to explore, narrate and share her experience. Reduced opportunities for mothers to share experiences of their stillborn baby are associated with poorer mental-health outcomes. Limited opportunities to narrate the experience may reduce the mother's capacity to process the loss and also to scaffold her identity as a bereaved mother. In addition, the sharing of upsetting memories has been associated with reduced symptoms of PTSD, as trauma memories may be more likely to become integrated into autobiographical memory (Clark Callister, 2006). This is consistent with studies which suggest that mothers treasure creating, recalling and sharing memories of their stillborn babies and that most wish that they had a greater collection of memories (Cacciatore, 2007).

In a qualitative study which explores the experiences of Canadian parents, following the sudden death of a child, Janzen et al. (2004) suggest that parents find it beneficial for the lost child to become absorbed within family narratives because this may validate the existence of the child and build ongoing connection. In the case of stillbirth, Ustundag-Budak et al. (2015) suggest that, as family and community have not had the opportunity to meet the stillborn child, the responsibility falls upon the bereaved mother to validate the life of her child. The study – which examines mothers' accounts of their stillbirth experience and subsequent relationships with living infants – notes that the six bereaved mothers who took part struggled with the contradictory process of accepting the existence of the deceased baby whilst acknowledging the baby's non-existence. An analysis of qualitative interviews, which were conducted via email, indicated that the mothers felt that finding ways of connecting with their lost babies, via subsequent living children, featured as an important route to maintaining continuing bonds with their stillborn baby.

A narrative study by Sturrock and Louw (2013), which examines maternal sense-making following neonatal death in South Africa, identifies that a mother's process of creating a place for the memory of her lost baby may consist of describing the pregnancy and birth, creating and preserving mementoes and curating rituals of mourning. The study uses

Structural and Thematic Narrative Analysis to explore the way in which experiences of longing, engaging in activities in the baby's memory and cementing the lost child's place in the existing family, all function as potential routes to preserving connection. The study does not focus exclusively upon the experience of bereaved mothers of stillborn babies but rather upon neonatal death and is also focussed on the experiences of eight South African, Xhosa-speaking women. Although these findings are taken from a small and culturally specific participant group, and therefore cannot be generalised, they nonetheless enrich an understanding of the life-world of the bereaved mother.

The literature identifies an inherent ambiguity in the way in which parents may make meaning around stillbirth, which relates to the ways in which the lost child is interpreted. A qualitative interview study of ten Israeli women, by Golan and Leichtentritt (2016), examines experiences of ambiguity and doubt for the bereaved parents of stillborn babies. The study identifies the fact that bereaved parents may question exactly what it is that they have lost. The findings suggest that the baby may be regarded variously as a foetus, a child, a son or daughter or a spiritual presence and that these fluid interpretations may reflect the parents' struggle to locate their loss within an appropriate context. The study was limited to a small, homogenous group of married, Jewish mothers and this may affect interpretations of the loss. However, the findings do speak to parental grief processes and meaningful memorial in a relevant manner.

In a qualitative study using Thematic Analysis on data from online questionnaires, Brierley-Jones et al. (2014-2015) identify a link between the mother's capacity to share memories of the stillborn baby with being offered the opportunity to mother the stillborn. The study suggests that the narrating of memories triggers a process of repair for the bereaved mother which nurtures an experience of validation. Though the study does not enter fully into the experience of the mother, due to the lack of one-to-one interviews, the findings do raise relevant points regarding the importance of sharing memories.

In relation to recognising the importance of sharing memories of the stillborn baby for the bereaved mother, findings in the literature are taken mainly from online questionnaire data or culturally specific groups. However, these studies suggest the importance of sharing memories of the stillborn and the benefits of curating rituals which may serve to ameliorate experiences of ambiguity for the mother (Golan & Leichtentritt, 2016; Ustundag-Budak et al., 2015; Sturrock & Luow, 2013; and Cacciatore, 2007).

1.1.4. The dislocated loss: disenfranchised grief and routes to post-traumatic growth

"*The mother was able to describe her sense of shame about the stillbirth. She remembered how she had not talked to anyone at the hospital, as they seemed embarrassed by her presence.*"
(Lewis, 1978, p. 239-240)

"*Even my dad, just a week later, he said: 'It's time to move on.*'"
(Rachel, p.19/l.671-672)

Experiences of disenfranchised grief in stillbirth are commonly linked with a lack of legitimizing from the community, medical professionals and family members. Maternal experiences of emotional longing and additional suffering are prompted by these experiences of community and familial isolation. A meta-analysis by Burden et al. (2016) finds that a lack of recognition of the grief processes of both parents may result in collateral damage to the parental relationship, with an increase in relationship problems following stillbirth. The authors also identify experiences of guilt and shame for the mother regarding her postnatal body. The mother may feel a sense of guilt that her body could not sustain her baby and also shame at the physical signs of recent pregnancy. The meta-analysis identifies experiences of isolation in subsequent pregnancies, with perceived pressure on parents to inhibit displays of grief, regarding the lost child, following the arrival of a subsequent living baby.

Experiences of stigma are identified in a qualitative study by Sissay et al. (2014) using focus groups, in which mothers identify the fact that they felt blamed for the death of their babies. In this examination of attitudes surrounding stillbirth and neonatal mortality in Ethiopia, mothers and grandmothers share experiences of blame and maltreatment, relating to stillbirth and neonatal death. Though the participant group is culturally specific and this may influence representations of the loss, the findings regarding sense-making speak to a maternal experience of damaged identity following stillbirth.

Brierley-Jones et al. (2014-2015) suggest that the creation of a social identity, which develops through pregnancy, is abruptly shattered by stillbirth and that this sudden deconstruction of newly experienced parts of self may cause emotional pain and feelings of disconnection. This qualitative study addresses data from online questionnaires using Thematic Analysis. The study suggests that mothers of stillborn babies experience a loss of identity as a hospital patient during delivery and that this is accompanied by feelings of abandonment and isolation. Mothers report feeling guilt and shame that they have given birth to a stillborn baby and some report experiences of a denial of the personhood of the

baby by medical staff and family members. Many mothers report a sense of uncertainty as to what they felt they were "*allowed*" to do in terms of grieving for their child. The lack of face-to-face contact with the participants in the design means that themes could not be pursued in depth and the self-selection of respondents suggests that the sample may not be representative of the wider population. However, the findings do speak to the potential impact of maternal experiences of uncertainty in stillbirth.

In a qualitative study, analyzing face-to-face interviews, using Phenomenological Content Analysis, Talbot (1999) suggests that, following the death of a child, bereaved mothers interpret awareness-raising, volunteering and fund-raising as a way of nurturing their lost child. The study suggests that these activities become a way of parenting the child and a method of maintaining connection in the life beyond loss. Mothers who engage in such activities, may experience new facets to their identity and revised narratives within their life world which amplify their own experiences of continued nurture. The self-selecting nature of the participant group for this study – which was drawn from those seeking bereavement support – means that it is not known how the incidence of volunteering in this sample group compares to the general population. Though the study does not engage with stillbirth bereavement, but rather the loss of an older child – the findings do enhance a discussion regarding the potential for personal transformation in the aftermath of parental bereavement and the ways in which bereaved mothers may choose to connect with their child.

Post-traumatic growth refers to positive changes in an individual's world view in the aftermath of a traumatic experience (Keesee et al., 2008; Tedeschi & Calhoun, 2004). As well as disenfranchised grief, Burden et al. (2016) report experiences of post-traumatic growth relating to stillbirth experience, within their meta-analysis, with increased parental engagement in raising public awareness, as well as personal experiences of increased empathy for others. In a mixed-methods, cross-sectional study by Cacciatore, Blood and Kurker (2018), using an online survey, the positive benefits of volunteering as a route to post-traumatic growth, following stillbirth bereavement, are explored. Though the study design does not allow for a deep exploration of the experience of the mother, it does identify the fact that engagement in awareness-raising may become a way to display care for the baby and also a way of challenging attitudes which may devalue stillborn babies. Via active participation in awareness-raising activities, the parents are enabled to reduce experiences of disenfranchisement for other bereaved parents.

Engagement with a community which brings a social context to grief is commonly sought by mothers who experience stillbirth (Cacciatore, Schnebly & Froen, 2009). Contact with bereavement groups or a supportive religious community promotes a sense of identity in

loss which allows for meaningful experience (Neimeyer & Jordan, 2002). Stillbirth accounts often identify an experience of the minimizing and effacing of the lost child. Volunteering in settings which allow the bereaved to support those who have shared a similar experience may promote feelings of acceptance and understanding. In raising awareness, the bereaved may experience agency, increased empathy and a feeling of satisfaction that they can challenge social reticence around engaging with the stillbirth experience (Cacciatore, 2014).

Experiences of disenfranchised grief and also post-traumatic growth are identified in the literature, although findings are often taken from culturally specific studies or are not gathered from face-to-face interview studies. The literature indicates that the mothers of stillborn babies commonly experience feelings of disenfranchisement, guilt and shame (Burden et al., 2016; Brierley-Jones et al., 2014-2015; Sissay et al., 2014). Post-traumatic growth also appears to be experienced, particularly by those mothers who seek to engage in awareness-raising activities, which may offer the possibility of the amplification of experiences of motherhood (Burden et al., 2016; Kelly & Trinidad, 2012).

1.1.5. The shape of mourning: Understanding the importance of ritual, memorial and spiritual sense-making

"When the hospital took him away, I felt empty. I wanted to know where he was going, who was going to take care of him?"
(Ustundag-Budak et al., 2015, p. 6)

"I wanted my mum to speak **[at the funeral]** ***and my husband's parents and for them to share in our letter that we wrote and put it on the coffin. It was really important."***
(Heather p. 18/l. 624–628)

Ritual may function as a cultural framework which can facilitate the processing of welcome and unwelcome life events (Shweder, 1991). The parents of stillborn children have been found to experience a sense of lacking legitimacy in their mourning rituals (Doka, 1989). Due to the uniquely small window for memory creation, ritual and memorial may take on new and vital importance in the validation of the existence of the child and the scaffolding of maternal identity. By participating in post-death rituals, the bereaved mother is able to care for her child in a manner which may contribute to the salving of emotional pain (Brin, 2004).

In their retrospective study of anonymous questionnaire data, Cacciatore, Defrain and Jones (2008) categorise stillbirth as a loss which brings with it altered or invisible mourning

processes. Rituals involved in stillbirth may include: naming, holding and dressing the baby; taking footprints; photography; allowing other family members to view the baby; writing letters to the baby; or taking the baby home (Kelly & Trinidad, 2012; Cameron, Taylor & Greene, 2008). Participation in these rituals may assist in the easing of feelings of maternal guilt and offer a route to amplifying a sense of motherhood and community acknowledgement. Rituals provide the mother with an opportunity to protect the child and also to say goodbye. For those with a belief in the afterlife, religious rituals also engage with concepts of releasing the baby onto a spiritual plane.

In a mixed-methods study exploring aspects of post-funeral grief rituals for the bereaved, Castle and Philips (2003) suggest the salving benefits of mourning rituals. The damaging potential of the absence of mourning protocols for stillborn babies is noted in the literature (Leichtentritt & Mahat-Shamir, 2017). A qualitative study by Hsu, Tseng and Kuo (2002), which explores the experiences of 20 Taiwanese women adapting to stillbirth, identifies the distress caused for mothers of stillborn babies when burial and memorial rituals are marginalised. Another qualitative interview study, involving 16 Taiwanese women, by Tseng et al. (2010) suggests that the outlawing of burial rituals for stillborn children does not prevent mothers from maintaining a covert relationship with their lost babies which may include private rituals.

A qualitative, face-to face interview study by Yamazaki (2010), explores the meaning of stillbirth in the lives of 17 Japanese women. This study uses a Grounded Theory analysis to suggest that recognising the existence of the deceased child within the family unit, via rituals of validation, provides a sense of ongoing nurture for bereaved mothers. Mourning the passing of the baby within the wider community offers validation of the life of the child which may assist the mother in accepting her loss. The mothers in this study are culturally encouraged to nurture a sense of symbiosis with their baby and to acknowledge the process of living with the child as a family member. Although the study sheds light on sense-making and the construction of continuing bonds within one specific culture, it nonetheless speaks to a maternal experience of "*always being together in a natural way*" (Yamazaki, 2010, p. 931).

An existential search for meaning is deeply embedded in human processes, as it provides the seeker with a purpose and the possibility of "*truth*" (Frankl, 1984). Downe et al. (2013) examine parental spirituality following stillbirth and identify that bereaved parents ask profound questions relating to the nature of experience. In the aftermath of loss, many parents wrestle with a questioning of previously existing religious beliefs, which can lead to feelings of disconnection from faith systems. In a qualitative study of the impact of stillbirth and neonatal death on parental religiosity, Bakker and Paris (2013) suggest that the

exclusion of stillborn babies from religious ceremonies, in certain faiths, may lead to a rupture between the bereaved parents and their faith and a deconstruction of personal religious identity. Religious practices which disrupt seeing or holding the baby and reject parental inclusion in burials may result in parental distress and continued emotional suffering. The study suggests that parents may find greater comfort in beliefs which position their loss in the context of a wider spiritual purpose or as the facilitator of personal growth. Although this study engages purely with an online community of participants, via web-content analysis, and speaks more broadly to the bereaved couple, it does identify a parental will to seek spiritual meaning beyond loss.

The experience of stillbirth may trigger a disintegration of belief in the self, as feelings of failure may overwhelm the bereaved mother. In a qualitative meta-synthesis by Alverenga et al. (2019), which examines the spirituality of parents following stillbirth, a sense of disconnection from the self and the outside world is linked to lacking support from medical professionals and family. A perceived lack of acknowledgement of the baby can leave bereaved parents feeling alone and parents may therefore seek to connect with their lost child by integrating them into their own lives in other ways. In a qualitative IPA study by Nuzum, Meaney and O'Donoghue (2017), which examines spiritual and theological challenges for parents of stillborn babies, it is suggested that narrating memories of birth, remembering washing and dressing the stillborn child, keeping mementoes, and tending memorials may all contribute to a sense of continued connection which legitimises experiences of loss. Bereaved parents may describe a wish for the stillborn child to reside on a spiritual plane. This might be near to a higher being or with a deceased family member or the child may be understood, in some cultures, to have been reincarnated (Tseng et al., 2017).

The literature suggests the importance of ritual, memorial and spiritual sense-making for the mothers of stillborn babies (Kelly & Trinidad, 2012). Though it must be acknowledged that the majority of the data is culturally specific or evolved from online questionnaire data, it is clear that the exiling of the usual mourning pathways causes distress (Tseng et al., 2010). The experience of stillbirth triggers existential questioning which may lead to a rupture in belief for the bereaved mother, particularly in faith systems which fail to recognize the baby's personhood (Bakker & Paris, 2013; Down et al. 2013).

1.2. Positioning the research aim and question:

How do bereaved mothers make sense of their experience of continuing bonds with their stillborn child?

As is apparent throughout this chapter, a relatively recent upsurge of public interest in stillbirth means that there is now a selection of studies which explore the stillbirth experience. Existing studies provide valuable findings on experience within non-Western cultures and also explore the shared experience of bereaved couples. Mixed-methods studies identify profound experiences of yearning and despair (Uren & Wastel, 2010). Some qualitative studies also provide findings on the importance of medical and familial support, as well as the vital need for the recognition of the personhood of the mother and the child, and for memorial and burial protocols. The existing studies provide an exploration of the ways in which stillbirth may impact parental existential questioning, religious beliefs and spiritual sense-making. Findings also reveal experiences of disenfranchised grief and ambiguous loss. Conflicting historic responses to stillbirth have set up a tension in the literature which risks pathologising a mother's capacity to engage with her stillborn baby and this has led to conflicting advice regarding care and support.

Qualitative studies which engage more deeply with the life-world of the mother seem to frequently be located within culturally specific populations. Studies using participant groups from Japan, South Africa, Ethiopia and Taiwan explore more general sense-making relating to pregnancy loss, stillbirth and neonatal death for the families involved (Uren & Wastel, 2010). More generalized bereavement studies also engage with the ways in which bereaved parents make meaning around the death of an older child and the ways in which they might engage in activities which promote feelings of a continuing bond and perhaps lead to post-traumatic growth (Janzen et al., 2004). Broader questionnaire studies have produced valuable findings regarding the importance of sharing memories of the baby (Ustundbag-Budak et al., 2015; Crawley, Lomax & Ayers, 2013). The importance of burial rituals and memento-keeping are identified by studies which highlight the detrimental psychological effects of stillbirth taboo (Tsu, Tseng & Kuo, 2002). The positive benefits of the cultural acceptance of mourning rituals are also noted, along with the theological challenges experienced by the parents of stillborn babies. Existing studies identify that rituals and mementoes contribute to experiences of legitimized loss and experiences of post-traumatic growth are identified (Cacciatore, Blood & Kurker, 2018; Nuzum, Maeney & O'Donoghue, 2017; Yamazaki, 2010).

However, despite this pool of richly informative research, few studies engage in face-to-face, qualitative interviews, which provide the researcher with the opportunity to explore maternal experience. Existing research in the field is often located specifically within culturally homogenous settings which engage in unpacking the localized experience of a population

group which may be far removed from Western culture (Sissay, 2014; Yamazaki, 2010). Existing Western studies often engage more broadly with experiences of parental bereavement and this may include pregnancy loss, neonatal death and or the death of an older child. Research relating to experiences of continuing bonds within the maternal experience of stillbirth is extremely limited. Recent phenomenological studies which relate to an experience of continuing bonds do not focus solely on stillbirth but rather explore pregnancy loss, perinatal death and experiences of feticide (Leichtentritt & Mahat-Shamir, 2017).

Due to a direct engagement with the lived experience of the bereaved, qualitative studies are well-placed to explore the nature of maternal grief. Of the qualitative research existing in the field of stillbirth, none directly addresses the experience of sense-making and continuing bonds for bereaved mothers in the UK. In addition, no pluralistic research exists in the field of stillbirth and continuing bonds. A lack of narrative and phenomenological analysis in the field signposts these as beneficial methodologies via which to explore sense-making (Klass & Walter, 2001).

Taking a dual approach to the data, elicited from in-depth, face-to-face interviews, with mothers who have experienced stillbirth, will locate the findings more closely within the life-world of the participants involved. This study intends to enrich knowledge regarding maternal sense-making, relating to experiences of continuing bonds, in order to enhance processes of respectful care and to promote an individualised approach to mothers who have experienced this unique loss.

1.3. Relevance to Counselling Psychology

It is the intention of this study to enhance the ability of Counselling Psychologists to encounter the maternal experience of stillbirth more fully. Counselling Psychology encourages processes of support which embrace the individual and facilitate personal growth and sense-making (Kasket, 2017; Murphy, 2017). In the case of stillbirth bereavement, an approach which values the subjective experience of the individual and acknowledges personal processes of sense-making may have the power to validate the bereaved mother's experience. A study of continuing bonds in this field allows for the recognition that the mother may continue to experience her stillborn baby as a significant part of her life. Identifying the parts of the mother which may be actualised in the bond with the lost child, exploring memories and characterisations of the lost child, and unpacking physical and also emotional states connected with the lost child, may facilitate routes to

emotional growth and may also soothe psychological distress (Klass & Steffen, 2018).

1.4. Reflections on my own relationship to the study

I was first drawn to exploring the maternal experience of stillbirth whilst studying for an MSc in Psychology at the University of Westminster. Whilst gathering data for my thesis, exploring the female birth experience, I interviewed a mother who had experienced the stillbirth of her son, seven years previously. It was a privilege to listen to this mother sharing her experience and to encounter the ways in which she chose to think about the baby that she lost. She shared the ways in which she experienced the birth, made meaning around her loss and also the ways in which she chose to remain connected to her baby. Her moving story of love, loss and continued connection inspired me to think more fully about the meaning-making processes in this particular bereavement.

As the mother of four children, it is no coincidence that I am drawn to more fully understanding the female birth experience. My own first birth involved feelings of trauma, following a prolonged labour and an emergency abdominal-section delivery. Towards the end of my own labour, as my son's heartbeat trace disappeared from the monitor, I experienced a fundamental fear that I might lose him. Despite the fact that, 20 minutes later, I delivered a loudly crying, 10lb baby boy, who is now 17 years old and applying for university places, I still become tearful whenever I drive past the hospital where he was born.

When my childhood friend, V., gave birth to a stillborn baby boy within weeks of my own first delivery, I felt a deep connection with her loss and a profound desire to offer support. A long history of shared memories, from childhood experiences of "*playing babies*" with dolls in prams, to more recent telephone updates on the trials of pregnancy, meant that V's loss felt particularly vivid to me. When I visited V., a few weeks after her baby had died, I could not think of how to best to support her or of how to approach my own feelings of guilt at having a live baby to love and nurture when I returned home. V. was inspirational in her positivity and she bravely mourned her lost boy in ways which taught me so much about surviving loss and valuing the lost loved one. V. used memory books, photographs and footprints to keep her connection alive. On the subsequent arrival of her daughter, she made the decision to talk openly with her about the fact that she had a baby brother who could not be with them.

Many years later, in my work as a Trainee Counselling Psychologist, I chose to take up a post in an NHS Women's Health Psychology team in a London hospital. During this placement, I had the opportunity to learn from experienced supervisors, as I worked with

women who had experienced pregnancy termination, pregnancy loss, stillbirth, birth trauma, fertility issues and hysterectomy. Working in this clinical setting showed me the vital importance of providing psychological support for women during their experiences of fertility, pregnancy and birth. This structure of psychological care can offer women routes to better mental health, as well as scaffolding early years bonding between mother and baby. Exploring previous loss, as well as traumatic birth experiences, allows women to approach birth feeling more emotionally robust and better equipped to cope.

The extreme pressure on the Counselling Psychologists and Clinical Psychologists within the service, working with unwieldy lists of vulnerable women, foregrounded for me the vital importance of such support. Working with pregnant mothers who had previously experienced pregnancy loss and traumatic birth, and supporting them in creating a birth plan which allowed them to feel supported by the obstetric and maternity teams at the hospital was extremely revealing. The amount of anxiety held by the female clients themselves and by the Women's Health Psychology team was profound. The relief when these women returned to clinic for antenatal support following the birth of a live baby, was palpable within the team. I often found it difficult to sleep whilst working with these women and would lie awake at night concerned for their wellbeing.

Working with women who had not been able to have a live baby and who were experiencing either continuing fertility challenges or who had been advised to undergo a hysterectomy was also a hugely moving and informative learning journey. Encountering the grief of these women and working on processes of surviving their losses and finding ways of making meaning about the future was inspirational. I still have one closing letter from a client on a long a fertility journey with whom I worked for six months. I know I will always keep her letter because it will remind me of how much she valued the support that she was offered and the ways in which it assisted her in retaining hope and finding meaning.

Out of these personal experiences of birth, and also of death, I have located a wish to contribute to the support offered to women who experience giving birth to a stillborn baby. I can only imagine the emotional pain of stillbirth and I have nothing but admiration for the women who live with this loss. It is my intention that this study contributes to the growing bank of research into maternal stillbirth experience, in a way which increases an awareness of helpful processes of psychological support for the mothers who experience this bereavement.

Chapter 2: Methodology

"Soundlessly collateral and incompatible;
World is suddener than we fancy it.
World is crazier and more of it than we think,
Incorrigibly plural."
(Louis MacNeice, "*Snow*", 1935)

2.1. Introduction: A qualitative approach

Following a critical introduction to the current literature existing in the field and the positioning of my research question in the previous chapter, the following chapter presents a rationale for my choice of methodologies and outlines why I feel these best approach my research question. I intend to explore my choice of pluralistic design and the reasons why I feel drawn to this layered approach to research. I also share the rationale behind my choice of Interpretative Phenomenological Analysis (IPA) and I discuss my interest in narrative approaches, specifically, Structural Narrative Analysis (SNA). I then outline my epistemological and ontological positioning. The chapter also includes ethics and participant wellbeing, along with recruitment, interview processes, transcription, analyses and questions of quality and validity. The reflections of the researcher are also explored.

In considering the question which this study sets out to explore, it seemed appropriate to select a methodological approach which offered the possibility of engagement with individual sense-making (Willig, 2013; Willig, 2012; Frost, 2011). It is intended that a better understanding of the bereaved mother's experience of continuing bonds with her stillborn baby will generate knowledge which informs the care of women who experience this loss. It therefore seemed most appropriate to take a qualitative approach which would engage with the texture and quality of lived experience in order to explore the research question: **"How do bereaved mothers make sense of their experience of continuing bonds with their stillborn child?"**

2.2. Choosing pluralism

In addition to feeling that qualitative methodologies offer the best route of exploration for this research topic, I also felt drawn to a pluralistic design. The term pluralism was originally employed to describe the mixing of quantitative and qualitative research methods (Todd et al., 2004). However, in recent years, a new approach to pluralism has combined different

qualitative methods in order to offer a range of interpretations (Frost, 2012). A pluralistic qualitative approach is founded upon a postmodern concept concerned with the fluid and fragmented nature of being and aims to unite epistemological approaches in order to explore the tensions inherent to lived experience (Frost, 2012; Frost, 2011; Lyotard, 1984).

Pluralism is relevant to Counselling Psychology because it demands deep levels of reflexivity and an enhanced awareness of the positioning of the researcher (Frost, 2011; Willig, 2012; Willig, 2008). The capacity for pluralism to hold the tension between different viewpoints mirrors Counselling Psychology's inclusive approach to experience, which allows individual meaning to be interpreted as multiple (Kasket, 2012). A pluralistic approach foregrounds both the real nature of the experience of the participant and also the power of language, as a vehicle for the communication of that experience (Willig, 2012). It is my intention that taking a pluralistic approach will contribute to a layered and ideographic understanding of the phenomenon, which is currently lacking in the field (Clarke et al., 2015; Wickens, 2011).

In electing to undertake a pluralistic study, I align myself with challenging the assumption that epistemological differences between methodologies must result in the use of a single methodology (Frost, 2011). This fits with a contextual constructionist interpretation of knowledge, which recognises the potential for multiple interpretation (Willig, 2012; Frost, 2011; Willig, 2008). I am drawn to the suggestion that there is no single "*truth*" but rather multiple forms of interpretation which offer the potential for enriched exploration (Willig, 2012; Frost, 2011; Frost & Nolas 2011; Frost, 2009; Willig, 2008).

2.2.1. Choosing a qualitative approach

A process of selection took place in order to identify the methodological approaches which seemed best placed to explore the research question (Frost, 2011). As I found myself drawn to the function of language and communicative interaction, the use of discourse analysis or Discursive Psychology (DP) was considered (Potter & Wetherell, 1987). The way in which the method challenges assumptions and encourages the questioning of "*truths*" within a situational context seemed appealing (Frost, 2011). However, the "*suspicious*" approach to the text involved in this method did not seem to align with the intent of my study (Potter & Wetherell, 1994).

Thematic Analysis was also considered as a potential qualitative method which might elicit sense-making themes (Braun & Clark, 2006). However, I was sensitive to the fact that it has

been argued that this method does not constitute an independent mode of analysis but rather an element of a range of other qualitative approaches (Willig, 2012). In addition, I questioned whether the lack of an ideographic stance might fail to allow engagement with the individual participants.

2.2.2. Choosing a phenomenological approach

I found myself drawn to phenomenological methodologies which assert that the relationship between events in the world and human experience of them is multiple and subjective (Willig, 2012; Frost, 2011; Willig, 2008). Phenomenological approaches acknowledge the complex process of attempting to enter a participant's life world and foreground the role of the researcher in a way which encourages self-reflection. IPA's focus on the way in which the human consciousness engages with the world seemed suited to the research question (Willig, 2012; Smith, Flowers & Larkin, 2009). I was drawn to the detailed engagement with the text and felt that the approach signposted a clear pathway of exploration (Smith, Flowers & Larkin, 2009).

I selected IPA for its ideographic approach, which advocates a focus on individual experience and suggests that each person offers a unique perspective (Willig, 2013; Etough & Smith, 2006). In approaching the transcripts using IPA, it seemed possible to gain a better understanding of the nature and quality of participant experience (Smith, Flowers & Larkin, 2009). In addition, IPA is committed to exploring the way in which particular phenomena have been understood by individuals (Smith, Flowers & Larkin, 2009). The approach is appropriate to small samples of participants and is transparently cautious about generalisations.

IPA suggests that exploring the particular may take findings closer to universal "*truths*" (Smith, Flowers & Larkin, 2009). In offering a nuanced approach to particular instances of lived experience, IPA allows for the detailed exploration of each participant's narrative. As well as the examination of similarities and differences between participants, IPA offers a route to generating knowledge about shared experience (Smith, Flowers & Larkin, 2009). This "*part and whole relationship*" allows the IPA researcher to contribute to existing research in the field, whilst retaining a sense of the individual (Smith, Flowers & Larkin, 2009). It has been suggested that exploring the individual, via small-sample research, can reveal findings which relate to the universal, because this type of research engages with "*what it is to be human*" (Warnock, 1987). I was drawn to an approach which offered a

signposted method to engage with individual sense-making and also the possibility of contributing to a wider knowledge base.

2.2.3. Choosing a narrative approach

Narrative theory suggests that people "*story*" their world in order to make sense of experience (Rimmon-Kenan, 2002; Hillis Miller, 1995; McAdams, 1993). Narrative approaches appealed to me because they acknowledge the importance of language as fundamental to sense-making. It has been argued that people find it beneficial to narrate difficult experiences in order to find revised routes to meaningful self identity (Hiles & Cermak, 2008). Narratives of sense-making may be endlessly revised and interpreted as forever changing (Smith & Sparkes, 2006). Narrative analysis is a means of exploring individual realities and is therefore well suited to the research topic.

Narrative research is founded on the concept that people come to understand themselves through writing and speech and that language plays a vital role in constructing identity (Crossley, 2000). All forms of narrative analysis explore the "*story*" which the participant is sharing and the way in which the participant makes decisions regarding structure and meaning. Some researchers argue that any narrative is an organized interpretation of a sequence of events which offers the opportunity to define the self (Murray, 2003). The narratives that we choose to construct have been interpreted as sharing features which include: settings; characters; and events (McAdams, 1993). Narrative researchers suggest that most "*stories*" have a beginning, a middle and an end, and that it might be possible to categorise them as, for example, comedies, tragedies or romances (Hiles & Cermac, 2008). Frank (1995) identifies three health-related narratives which include: restitution; chaos; and quest.

Narrative analysis can be categorized into three main approaches which include: Thematic; Structural; and Performative (Riessman, 2008). Thematic Narrative Analysis is suited to a range of texts and can be applied to stories that develop in interviews, conversations or which can be found within existing texts (Riessman, 2008; Williams, 1984). Thematic Narrative researchers may isolate episodes in a biographical account and identify thematic meaning relating to power hierarchies (Ewick & Silbey, 2003; Williams, 1984). Performance Analysis interprets oral narratives by exploring the ways in which "*talk*" is produced between speakers (Riessman, 2008). This approach is informed by literary theory, particularly that of Bakhtin (1981), who identified all meaning as emerging between people. Performative Analysis suggests that identities of the self are created for an audience (Goffman, 1981).

By contrast, Structural Narrative Analysis allows the researcher to engage with the experience of the individual via an exploration of linguistic structure (Smith & Sparkes, 2006). Of the main structural approaches (e.g., Labov, 1972; Gee, 1991 etc.), I felt Gee (1991) would be especially suitable here. Gee's (1991) structural approach is designed for analyzing extended narratives of experience and allows for a deep focus on language, which also takes into account the spoken voice of the participant. It is founded on the argument that stanzas are universal planning units which naturally construct poetic form. The method attends to the audio recording in order to identify pitch signals as cues to what is important to the speaker (Riessman, 2008). Listening to the way in which the participant chooses to speak allows for attention to be paid to emotional content in a manner which is respectful of participant intent (Riessman, 2008; Gee, 1991).

Gee's (1991) method of using the voice of the participant to distill poetic form thus seemed a unique way of staying close to the meaning of the participant. In addition, it seemed innovative and relevant to harness this approach, which has never been applied in relation to the phenomenon of stillbirth (Gee, 1991; Riessman, 2008). The intention was that the use of Structural Narrative Analysis should intensify a loyalty to the participant's linguistic choices (Josselin, 2013; Willig, 2013; Frost, 2009; Gee, 1991).

2.2.4. Combining two approaches

I am drawn to the use of IPA for its valuing of subjective experience, which seems well suited to the delicate emotional content which I asked my participants to share (Smith, Flowers & Larkin, 2009). I am also drawn to the use of Structural Narrative Analysis because of its focus on the linguistic properties of the text, which enables the researcher to stay close to participant intention (Gee, 1991). In combining these two approaches, it is possible to recognise the innate value of phenomenological knowledge and also to embrace the role of language in facilitating sense-making. An epistemological overlap between IPA and Structural Narrative Analysis can be identified in their shared ideographic approach and also their mirrored interest in language (Frost & Nolas, 2001). An IPA interpretation is intended to broaden an understanding of the subjective nature of each mother's experience (Willig, 2013; Smith, Flowers & Larkin, 2009; Smith, 1996). Structural Narrative Analysis is intended to expand elements of linguistic structure which relay powerful emotion (Reissman, 2008; McAdam, 1993; Crawford et al., 1992; Gee, 1991).

Combining a phenomenological approach, which aims to assist the reader in entering into the life-world of the participant, with a narrative approach, which aims to explore the way in which the participant constructs linguistic meaning, offers the opportunity for different readings of the data to sit beside one another on a pathway towards deepened understanding (Josselin & Willig, 2015). This seems appropriately reflective of the inherent messiness of human sense-making, which can be interpreted as fluid (Frosh, 2007). I would argue that a dual-focus methodology may help to assist an understanding of the interplay between language and experience, in a manner which strives towards increased completeness (Colahan et al., 2012).

2.3. Epistemological standpoint

My ontology and epistemology are dictated by the fact that I am drawn to the approaches above. In order to hold the potential tensions between IPA and Structural Narrative Analysis, my ontological standpoint is critical realist and my epistemological standpoint is contextual constructionist (Frost, 2011; Frost & Nolas, 2011; Madill & Gough, 2008). An inclusive approach to qualitative boundaries allows for the possibility of linking different paradigms and locating a viewpoint which respects the plurality of experience (Josselin, 2013; Willig, 2013). However, the potential for epistemological tensions should be acknowledged. Whilst a phenomenological stance allows for the interpretation of experience, a narrative approach could be interpreted as questioning the possibility of experiential interpretation. This tension can be held via a critical realist ontology which allows for meaning to be individually created and also for it to be contingent upon language (Willig, 2012; Johnson & Onwuegbuzie, 2004). Critical realism allows for a belief that the real experience of the other can be conveyed, and also that the vehicle of that communication can be language (Willig, 2012; Frost, 2011). Within this ontological interpretation of the world, meaning is individual and it is also dependent upon linguistic content (Johnson & Onwuegbuzie, 2004).

It seems relevant to recognise the apparent lack of epistemological alignment between a critical realist comprehension of reality, as something that is multiple but definable, and a social constructionist understanding of reality, as something which is problematic (Willig, 2012). IPA aligns with a critical realist stance, which allows for an individual's description of experience to exist as something which signifies only a partial understanding of that reality (Willig, 2013; Madill, Jordan & Shirley, 2000; Kvale, 1996). Narrative Analysis could be seen to position itself on a continuum which might lean more towards discursive territory and may therefore embrace elements of a social constructionist argument, in which it is suggested that language is all that can be known (Meretoja, 2014; Willig, 2013; Frost, 2011; Riessman,

2008; Kvale, 1995;). In selecting Structural Narrative Analysis, I have chosen a method which is dependent upon the detailed exploration of language (Riessman, 2008; Gee, 1991). In foregrounding linguistic interpretation, the method is reliant upon the critical realist argument that experience can be partially communicated via language (Willig, 2012). Within both IPA and Structural Narrative Analysis, it is also acknowledged that the researcher cannot fully access the entirety of the experience of the other (Frost, 2011). However, there is also an understanding that elements of experience – mediated via particular analytic approaches – can be accessed in a meaningful way which may produce knowledge (Willig, 2012; Frost, 2011).

An epistemological stance of contextual constructionism is founded on the argument that different forms of knowledge may enhance one another (Wallat & Piazza, 1988). The position recognises that experience can be communicated but also that language is vital to its expression (Clarke et al., 2015; Madill, Jordan & Shirley, 2000). Taking this stance, it is possible to value phenomenological knowledge and also to acknowledge the critical role of language in facilitating expression. Contextual constructionism views the fact that these two differing approaches may produce conflicting materials as an opportunity to explore the multiple ways in which individuals interpret their world (Clark et al., 2015; Williams & Morrow, 2009). Contextual constructionism has the potential to unite dissonant approaches, regardless of a divergence in philosophical foundations. In this way, the more discursive leanings of narrative exploration may be united with phenomenological approaches (Josselin, 2013; Willig, 2013; Clarke et al., 2015). This stance embraces the concept that different forms of knowledge can be approached as complementary (Clarke et al., 2015; Frost, 2011; Frost & Nolas, 2011). Therefore, multiple interpretations do not invalidate one other but rather maintain diverse perspectives which may gesture towards completeness (Josselin & Willig, 2014; Frost & Nolas, 2011; Madill, Jordan & Shirley, 2000; Wallat & Piazza, 1988).

2.4. Ethics, permissions and data storage

This study aligns with the BPS ethical guidelines regarding research projects and participant care. Potential participants were only approached following the receipt of full ethical approval from the City Research Ethics Committee for the Department of Psychology within City, University of London (See Appendix 7: Ethics application form; and Appendix 8: Ethics approval letter). Signed consent was obtained from each participant involved in the study and each participant was appropriately debriefed and given the contact details of the researcher (See Appendix 3: Participant consent forms; and Appendix 4: Participant debrief

sheet). All participants were informed of their right to withdraw from the study at any point. In the event that a participant became distressed during or after the interview process, each participant was provided with details of appropriate support services (See Appendix 4: Participant debrief sheet). In addition, supervisor advice was sought regarding how best to support a distressed participant, in ways which might include contact with their GP or emergency services (See Appendix 7: Ethics application form).

The sensitive nature of the subject matter was foregrounded at all times and no participant was coerced to explore areas which they found too difficult. Each interview was approached respectfully and empathic listening skills were employed throughout. It was important to acknowledge the potential emotional impact of the interview and to recognise that each interaction was not a one-to-one psychological support session but rather a research interview. Ways of relating were monitored to ensure that neither the interviewer nor the participant were drawn into roles which were inappropriate to the wellbeing of the participant. Pre-conceived assumptions were set aside in the interview process and participants were not led towards concepts.

The interviews were participant-led and the researcher remained alert to signs of distress in the participants. As confidentiality was paramount, all participants remain anonymous, with names and identifying features being changed or removed from the study. Recordings and interview transcripts have been stored securely and separately. Participants were informed that all data was to be retained for five years, following completion of the research project, before being destroyed. All recordings were deleted from the original recording device, following the interview, and stored as an audio file on a password-protected laptop, which was only accessible to the researcher. Printed copies of the transcripts have been stored in a locked filing cabinet. The consent form has been stored separately from the data, in a locked filing cabinet (See Appendix 3: Participant consent form). The data was anonymised on transcription and pseudonyms were used in all written documents to protect the identity of the participants. No photographs were taken of the meaningful objects which three of the participants chose to share at interview. Photography was discarded, as a method of recording, because it did not feel appropriate to the tone of the interviews. The objects shared at interview are discussed within the IPA analysis chapter.

2.4. Research procedures and materials

2.4.1. Recruitment

The researcher undertook to recruit four participants in order to carry out one-to-one interviews with women who had experienced stillbirth, within the UK, no less than three years and no more than ten years previously. These criteria were intended to protect mothers who may be in the rawest stage of grief and also to exclude mothers for whom a significant period of time had passed since the experience. This was in order to provide an element of homogeneity to the participant sample group which would better facilitate the selected methodologies.

Two of the participants were recruited via snowball sampling methods, which relied upon the contacts of the researcher. I approached a number of personal and professional contacts via email, who might have female friends or relatives who had experienced stillbirth, in order to enquire whether it might be appropriate to be connected with these women (See Appendix 6: Email template). From this method of recruitment, I was put in email contact with two potential participants. Following this, I also made contact with the online editor of a community women's website and, with the appropriate permissions, was able to place a participant advert on the site (See Appendix 5: Participant advertisement). Two further participants were found via this advertisement. All four participants made contact via email and a time for an initial telephone conversation was agreed upon. All four participants expressed gratitude that research in the field was being carried out and shared a wish to talk about their experience.

2.4.2. Telephone screening

In order to check that potential participants met the inclusion criteria, a short telephone conversation, of approximately 10 minutes, took place between participant and researcher. It was my intention that potential participants who seemed overly fragile would not be selected for the study. In the event, the first four participants who made contact seemed appropriate to the study. Potential difficult reactions to the interview were discussed in advance and ways of responding agreed with participants. It was made clear that breaks could be taken during the interviews, if any of the participants found the experience emotionally difficult. During telephone contact with participants, I was able to establish that the date and location of their stillbirth met with participant inclusion criteria. At the end of the telephone conversations, the participants were offered a choice of location for the interview – which could take place either at the participant's home or within a clinic room at City, University of London. Two of the participants requested that the interview took place at City, whilst the other two requested that the interview took place in their own homes. Following this, a date and time was arranged for the interview. I also invited the participants to bring a meaningful

object, relating to their stillbirth experience, to the interview. Participants were fully informed of the nature of the study at all times and, following the telephone conversation, were sent an email containing the agreed date and time of the interview as well as the Participant Information Sheet (See Appendix 2: Participant information sheet) and the Participant consent form (See Appendix 3: Participant consent form). This was intended to allow each participant the time to read details of the study. Participants were encouraged to make contact if they had any questions in the run-up to the interview.

2.4.3. Participants

In recruiting four participants, I align with the range suitable for a qualitative research study (Smith, Flowers & Larkin, 2009). The sample size mirrors similar pluralistic studies within which the data is examined twice, using two different methodologies. This approach is labour intensive and it is therefore customary to recruit a reduced number of participants (Willig, 2012; Frost, 2011). Due to the sensitive nature of the interview topic and, in order to protect the identities of the participants, I do not include a table showing demographics in the appendices of this study. I choose instead to describe them within this section.

The four women who took part in the study were white, with two referring to themselves as British, another having been born in Australia and a fourth referring to herself as Eastern European. All participants reported living in the UK and three of the four participants spoke English as a first language. The ages of the participants ranged from mid-thirties to late-forties. All four participants were married. All four participants experienced their stillbirths within an NHS hospital and were sharing experiences of the stillbirth of their first child. All four stillbirths took place beyond the 37th week of pregnancy. At the time of interview, two of the participants had gone on to have subsequent children. Three participants reported being educated to degree level. Two of the participants worked in the professional employment sector, whilst two had made the decision to become stay-at-home mothers to their subsequent children.

2.4.4. Participant wellbeing

All participants were provided with a Participant information sheet (See Appendix 2: Participant information sheet) before signed consent was sought (See Appendix 3: Participant consent form). Following the interview, participants were given a Participant debrief sheet which included additional information regarding the study, as well contact details of support organisations which could be accessed in the event that the interview

triggered feelings of distress (See Appendix 4: Participant debrief sheet). Appropriate safeguarding protocols were followed and participants were offered opportunities to halt or pause the interview. It was agreed, in advance, with my supervisor that, in the event that a participant became overly distressed, support would be sought from the participant's GP or from emergency services and that my supervisor would also be contacted.

2.5. Participant interviews

2.5.1. Interview schedule and the use of object elicitation

I treated each participant's interview experience with the utmost care and confidentiality. With the intention of facilitating smooth interaction with the participants, all interviews were loosely based upon a semi-structured interview protocol written by the researcher (See Appendix 1: Interview schedule). The questions were deliberately left open and were designed to encourage the participant to share her experience (Smith, Flowers & Larkin, 2009). It was the intention that the participant should be put at her ease and that she should feel able to talk at length. The questions did not contain assumptions about the participants' experiences and, following Smith, Flowers and Larkin's (2009) suggested sequence for producing an interview schedule, were produced via an iterative process which changed over time. The schedule was designed to elicit responses from the participants which would engage with the research question and followed a logical sequence, gradually working towards more sensitive questions in a process of "*funnelling*" which moved from less to more abstract topics (Shinebourne & Smith, 2009). Prompts were also considered in the event that a participant found it difficult to respond. As the current study aims to explore the subjective nature of individual experience, and the facility of language to convey the sense-making process, each interview was guided primarily by the participant's own narrating process and all questions were intended to elicit a personal account of experience (Murray, 2003; Crossley, 2000; Mishler, 1986).

I chose not to carry out a pilot interview but I did draw upon my experience of interviewing a participant regarding her stillbirth experience during data collection for my Psychology MSc thesis which explored female birth experience. I chose to invite participants to bring a meaningful object to interview because, during my previous stillbirth interview, the participant chose to share a memory book which allowed her to frame her experience of stillbirth. From this interview, I learnt the importance of approaching participant experience tentatively and foregrounding the need for titrating my responses to what each participant chose to share.

In deciding to use object elicitation in the current study, I intended to facilitate the participants' natural reflections on their lived experience (Willig, 2017). I hoped that the method might assist participants in sharing spontaneous reflections on their experiences of continuing bonds with their stillborn children through exploring the significance of the "*thing*" which they had chosen to bring to interview (Giorgi, 2008; Hoskins, 1988; Heidegger, 1967). In using object elicitation, I remained mindful of refraining from imposing an "*object-orientated*" structure to the interviews (Willig, 2017). I also consciously foregrounded the fact that it is not the object itself that is meaningful but the participant's interpretation of that object (Willig, 2017). In this way, I hoped to avoid imposing my own meanings on objects which participants chose to share.

Of the four participants, three chose to share meaningful objects, whilst one chose not to bring an object to interview. The objects that three of the participants elected to share included: photographs of the swaddled baby; photographs of the participant holding the baby; photographs of the burial or memorial site; condolence cards; footprints and handprints; baby clothing; baby toys; an empty bag which should have contained a lock of the baby's hair; and a hand-painted memorial stone. One participant chose to share many objects, which filled two large trunks and including 32 pieces of original artwork drawn by her school pupils. During interview, I invited the participants to talk about the meaning of the objects which they had chosen to bring to the interview and to explain the way in which the objects related to their baby. In the case of the participant who chose not to bring an object, she shared the reasons why she had not felt comfortable with bringing anything to share.

In using object elicitation, I hoped that aspects of participant experience which it might otherwise be difficult to capture could be more easily shared. Allowing the participant to select an object and to choose how they wished to talk about the object also had the benefit of allowing the participant to shape the interview (Silver, 2013). In addition, I hoped that object elicitation would facilitate the study in moving beyond the "*monomodal*" by allowing the participants to harness a means other than language to convey their experience (Reavey & Johnson, 2008).

2.5.2. Interview setting

At the request of the participants, two of the interviews were carried out in clinic rooms on City, University of London, premises and two of the interviews took place within the homes of the participants. Appropriate safeguarding protocols were followed at all times. I informed my supervisor of the date and time of the interviews and we agreed that I would text her

within one hour of finishing in order to let her know that they were completed. The City, University of London, clinic rooms provided a safe, confidential and neutral setting, intended to allow the participants to freely share their experience. The interview room was booked in advance and university personnel were aware that the interview was taking place. Perhaps, due to the less formal setting, the interviews which took place in participant homes lasted for longer and participants shared more than one meaningful object during these interviews. I was aware of feeling secure and safe in all settings (King & Horrocks, 2010). Immediately following the interviews, I took time to reflect on the personal impact of the experience. I chose to write in a field journal, which assisted me in containing my emotions, and I also took my experiences to personal therapy, where I was supported in thinking about my responses.

2.5.3. Participant interviews

On meeting the participants, prior to the audio-recorded interview, time was spent reviewing and signing the consent forms, as well as confirming permission to record and answering questions. I also spent time checking-in with the participants about their wellbeing and ensuring that they understood that the interview could be paused at any point. Throughout the interviews and debriefs, I employed empathic listening skills to ensure that the participants were not feeling overwhelmingly distressed.

The interviews were recorded and lasted between 70 and 120 minutes. I experienced each interview as an exploratory process, with my role as interviewer defined through the careful titration of questions and responses. The interview schedule provided a loose scaffold for responses to my participants. I was aware that, within each of the four interviews, I felt a tension between my role as researcher and my role as Trainee Counselling Psychologist. There were moments when I felt drawn towards responses which would have been more appropriate to a therapeutic setting. It was also challenging to remain in role as researcher whenever feelings of empathy and grief welled-up within me. I became tearful in three of the interviews and found viewing pictures of three of the stillborn babies to be powerful and moving. I feel that showing my own emotional responses to the participants' experiences was honest and respectful.

Each interview ended with a non-recorded debrief. I used this time to check-in with my participants about how they had felt during the interview. In the cases where the interviews took place on City, University of London, premises, I asked the participants whether they felt comfortable to travel home. All of the participants shared that they had found it a positive

experience to talk about how they made sense of their stillbirth experience. Three of the interviews ended with the participants initiating physical touch, in the form of a handhold or a hug, which felt appropriate after such personal revelations.

There were no offers of financial reward made to the participants in exchange for participation in the interviews. However, in the case of the two participants travelling to City, University of London, I reimbursed them for their transport costs. I was conscious of a desire to give a gift to my participants and found myself thinking about whether it might be appropriate to offer a flowering plant as a gesture of gratitude. However, I decided that the giving of a gift had too many potential implications and could be deemed inappropriate to the research setting (Head, 2009). Each participant expressed a wish to receive a copy of the final thesis and a preferred method of contact for receipt was agreed.

2.5.4. Transcription

Each of the interviews was transcribed by myself within four weeks of the interview date, in order to ensure optimum recall. The activity of transcription felt foundational to the process of interpretation and I was aware that it allowed me to engage at depth with the spoken words of the participants (Kvale, 1996). The interviews were transcribed verbatim and the transcripts include repetitions in speech, pauses and hesitations – which are denoted by the use of ellipsis – as well as notes of non-verbal utterances, such as “Ahhhh…” (Smith, Flowers & Larkin, 2009). Communications using non-conventional grammatical constructions were included – with the occasional explanatory phrase in square brackets. Moments when participants were sharing meaningful objects were also elaborated in square brackets. Following transcription, I found it helpful to listen to the interviews again, in order to ensure that I had captured the entirety of the content. Once transcription was complete, I formatted the Word documents to create the wide margins appropriate to coding and annotating (Smith, Flowers & Larkin, 2009).

2.6 Analytic process

Each transcript has been treated as unique and has been approached, consecutively, via the two chosen methodologies detailed below. Any overlapping findings, which are identified between methods, are explored in Chapter 5. Throughout the analysis period, I made use of a field journal to explore my responses to the text.

2.6.1. IPA

The transcripts were first approached using an IPA methodology (Smith, Flower & Larkin, 2009). In discussion with my supervisor, I made the decision to initially approach the transcripts using IPA, in order to defend potential phenomenological material from pollution by the linguistic approach of Structural Narrative Analysis (Gee, 1991). A break was taken between methods, in order to allow for a fresh approach to the text on the second analysis.

For the IPA analysis, an initial phase of reading took place and general notes were made in the margin of the transcript. Attention was paid to the use of metaphoric language and leitmotifs. The transcript was then approached using line-by-line inductive coding of themes, which captured what was being described by the participant (Willig, 2013; Smith, Flowers & Larkin, 2009; Langdridge, 2004;). These codes were then examined for meaningful patterns and organised into labelled clusters (See Appendix 9: IPA Sample of annotated transcript). Themes which did not directly relate to the research question were bracketed. Following Smith, Flowers and Larkin (2009), I was keen to safeguard the separate analysis of each participant transcript, in order to retain an ideographic approach. To this end, I created an individual table of themes for each of the four participants (See Appendix 11: Individual table of themes for each participant). Relevant topics were tentatively mapped to identify dominant themes using chronological lists and the clustering of ideas. I found it helpful to write clusters of ideas on post-it notes, in order that I might move them around freely to identify superordinate themes (See Appendix 10: Photograph of IPA analytic process). The clusters were then organised into higher-order categories and a summary of themes, with appropriate illustrative quotations, was produced (See Appendix 12: Table of nested themes with illustrative quotes). Final decisions regarding superordinate and subordinate themes were reached in consultation with my supervisor. Chapter 3 is intended to present and explore these themes (See Figure 3.1: Artwork of IPA themes). Engagement with the material was reflexive and involved a fluid interaction with individual components of language and also with the entirety of the transcripts (Willig, 2013; Smith et al., 2009; Brocki & Wearden, 2006; Smith, 1996).

2.6.2. Structural Narrative Analysis

The transcripts were subsequently and independently approached using Structural Narrative Analysis (Gee, 1991). This second layer of analysis aimed to maintain an empathic stance towards the individual narratives of participants by entering into close contact with their language, prosody and intonation. Gee's (1991) five levels of analysis examine units of speech and involve listening to the audiotapes in order to identify prosodic form within the

selected vignettes. In order to carry out the analysis, the researcher must pay close attention to prosodic features which are signalled by alterations in pitch or hesitation. The method is intended to "*rescue*" or intensify participant meaning (Riessman, 2008).

Following Gee's (1991) method, it was necessary to identify an episodic vignette, which could be defined as containing a beginning, a middle and an end, within each transcript. The vignettes were selected for their emotional resonance and as representative of pivotal moments in each participant's narrative (McAdams, 1993). The vignettes are intended to reflect the core of participant sense-making by focussing on the moment in which each mother meets her stillborn baby. For each of the four participants, this seemed to represent a "*kernel*" of meaning and seemed appropriate to linguistic exploration (McAdams, 1993; Bruner, 1990; Michaels, 1985; Mandler, 1984; Ricoeur, 1984).

Gee's (1991) five levels of analysis (See Fig 4.1.) require that a focus is placed upon the content of the episodes and the structure and meaning of the language employed by the narrator (Frost, 2009; Riessman, 2008). Each of the four vignettes were analysed, consecutively, to encounter: line and stanza structure (See Figs 4.3., 4.8., 4.13 and 4.18); syntax and cohesion; main-line and non main-line plot (See Figs 4.4., 4.9., 4.14., 4.19.); psychological subjects (See Figs 4.5., 4.10., 4.15. and 4.20.); and focussing system (See Figs 4.6., 4.11., 4.16. and 4.21; see also Gee, 1991; Chafe, 1980). This method of deconstructing the text allows particular segments of meaning to be identified. The researcher is encouraged to group idea units into lines and stanzas which encapsulate particular story segments. The stanzas are then thematically grouped into strophes in order to give shape to the narrated experience. Different researchers may parse a text in different ways and therefore an awareness of the subjective nature of interpretation is foregrounded by the approach (Willig, 2012; Gee, 1991).

The chosen vignettes were extracted from the transcripts and given poetic structure in order to identify linguistic characteristics (See Appendix 13: Transcript of SNA vignettes prior to parsing; See also Figs 4.2., 4.7., 4.12. and 4.17.). The text was parsed into stanzas, strophes and parts by listening closely to the audio recordings (Gee, 1991; Riessman, 2008). Participant intonation was used to guide decisions about line-breaks. In titling the parts, strophes and stanzas, I made the decision to use the language of the participants because I felt that this remained loyal to their intent (Gee, 1991; Riessman, 2008). As Riessman (2008) identifies, in Gee's method, meanings only became clear after repeated listening to the audio recordings. I used this process of repeated listening to help me identify sections of speech which would provide suitable content for the hierarchy of headings

(Riessman, 2008). Following completion of the analysis, a process of summarising and drawing-out findings concludes Chapter 4.

2.7. Evaluating the study for quality and validity

The chosen forms of analysis have required the researcher's active engagement with the data, which triggers the question of how to assess the validity of a qualitative study (Willig, 2008). As the evaluation of qualitative research must be grounded in specifics relating to the study, I foreground my pluralistic approach by taking an evaluative stance which encompasses qualitative methods generally, as well as IPA and Structural Narrative Analysis individually (Willig, 2013; Smith, Flowers & Larkin, 2009; Riessman, 2008; Yardley, 2008). In presenting my evaluation in this way, I hope to provide convergent perspectives via which this study may be appraised (Willig, 2013).

In employing qualitative methods within a pluralistic design, a transparent style of writing must be employed in order to ensure that all stages of the research process are followed and multiple examples of raw data are included (Frost, 2011). I have done this by writing openly about the way in which I approached the data and also by including multiple segments of transcript (Yardley, 2008). I have paid attention to reflexivity issues throughout and I have contextualised my work within a theoretical frame (Willig, 2013; Yardley, 2008; Elliott et al., 1999). In addition, the use of two different methods has required increased instances of reflexivity and a full engagement with the epistemological and ontological stance of the researcher. Working with more than one method could be said to ensure its own validity by approaching the data from multiple angles, in order to place "*trustworthiness*" at its heart (Reissman, 2008).

In assessing the quality of my IPA analysis, I refer to Smith, Flowers and Larkin (2009), who draw upon four broad criteria outlined by Yardley (2008). The first of these is "*sensitivity to context*", which Smith, Flowers and Larkin (2009) suggest is indicated in the selection of IPA as a method. The fact that the approach involves ideographic engagement can be interpreted as demonstrating sensitivity to context. In addition, appropriate use of IPA may be judged by taking a sensitive approach to the interviewing of participants. In conducting my interviews, I was mindful of the sensitivity of the topic and careful to maintain an empathic stance and to monitor power relations by encouraging a flat hierarchy where researcher met "*experiential expert*" (Smith, Flowers & Larkin, 2009). In attending to my data, I maintained sensitivity to context by attempting to immerse myself in the life world of the participant and by including multiple examples within the write-up of the analysis. I have

presented all interpretations as merely potential readings and I have maintained a dialogue with the existing literature (Smith, Flowers & Larkin, 2009).

In attending to Yardley's (2008) second criteria of "*commitment and rigour*", as aligned with attributes which are considered to be particularly relevant to the evaluation of qualitative research, I have been careful to reveal my own assumptions (Yardley, 2008; Elliott et al., 1999). It is also my intention that evidence of ideographic engagement can be found within this study in the appropriateness of the chosen participant quotations. The analysis is intended to show something about each participant and also something relating to the themes which they have in common, thus illustrating that I have drawn upon the entirety of my data (Smith, Flower & Larkin, 2009).

In raising "*transparency and coherence*" as her third evaluative theme, Yardley (2008) highlights the importance of the study having been conducted according to the principles of IPA (Smith, Flowers & Larkin, 2009). To this end, I have attempted to write my methodology with transparency and to share my processes with the reader. I have situated the sample of participants by including personal data within my methodology section. I have also applied more than one qualitative approach to the data, which could be interpreted as enhancing transparency (Yardley, 2008; Elliott, 1999). I have attempted to present my findings in an integrated and coherent manner, whilst maintaining a nuanced approach and I have been clear that my small research sample does not lend itself to generalisation. I have also shared my reflexive process in relation to the analysis and included tables and figures which are intended to reveal elements of my analytic process. I have found myself involved in a process of drafting and redrafting my analysis, which Smith, Flowers and Larkin (2009) identify as key to the production of a coherent study. Finally, Yardley (2008) suggests the evaluation of "*impact and importance*". It is my hope that the findings of this study will provide the reader with enriched ways of thinking about experiences of stillbirth bereavement and that my interpretations may contribute to clinical practice.

In encountering validity issues within narrative methods, there is an engagement with concepts of "*truth*" (Riessman, 2008). Riessman (2008) suggests four "*facets*" of validity via which to approach the concept of "*trustworthiness*". One mode of validation involves attending to "*historical truth and correspondence*", by making modes of enquiry explicit. In making explicit my methodology, and by including multiple excerpts from the text, I hope that my analytic process is fully shared. In the write-up of the study, I have presented the reasons for my selection of methods and have documented my sources. I have also

attempted to take the reader with me on a journey of enquiry, in order to construct an analytic account which remains true to the participant voice.

Riessman (2008) also suggests "*coherence, persuasion and presentation*" as a "*facet of trustworthiness*". Within this, there is a suggestion that assessing coherence should be based on the intent of the speaker (Langer, 1991). This foregrounds the illusory nature of consistency and allows scope for identifying the way in which stories of trauma might thematically converge but also separate and disintegrate. In acknowledging both the convergence and divergence of participant accounts, it is my intention that this study aligns with concepts of "*trustworthiness*". Riessman (2008) also suggests that verbatim quotes and a focus upon language invokes "*trustworthiness*". She advocates for a reliance on detailed transcripts, which I have followed within this study. In addition, she suggests attention to the structural features of language, which is demonstrated in the use of Structural Narrative Analysis (Gee, 1991) as a method.

Riessman (2008) also suggests criteria for "*truth*" based on "*pragmatic use*", which is to be assessed by the way in which particular methods have become the basis for the work of others. In line with this point, it is the case that Gee's (1991) approach has become a foundational method which others have used as a launching point for further narrative work (Riessman, 2008).

Finally, Riessman (2008) looks for validity through the lens of "*political and ethical use*". It is my intention to make space for the previously silent voices of the mothers of stillborn babies to speak about their experiences as they wish. However, I also acknowledge that the assumption of the "*healing power*" of storytelling is complex and that the "*empowerment*" of marginalised individuals and groups, through narrative investigation, should not be assumed (Riessman, 2008). However, to mitigate this factor, I tried to remain attentive to the experience of my participants and to continually consider questions which took me closer to their communicative intentions, such as: "*Will this 'story' be heard as the narrator intended?*" (Riessman, 2008).

In conclusion, the current study positions itself as aligned with Yardley's (2008) criteria for assessing quality in qualitative studies, which includes: "*sensitivity to context*"; "*commitment and rigour*"; "*transparency and coherence*"; and "*impact and importance*". In addition, the current study engages with Riessman's (2008) concepts of "*truthfulness*", which include: "*historical truth and correspondence*"; "*coherence, persuasion and presentation*"; "*pragmatic use*"; and "*political and ethical use*". It is also the case that the pluralistic design of the study

foregrounds increased instances of reflexivity and a close engagement with epistemological and ontological tensions (Frost, 2011). It is thus the intention that the reader be provided with something of the texture of participant experience in a manner which remains loyal to the voices of the women who have experienced stillbirth in order to prompt a better understanding of the phenomenon (Willig, 2013).

2.8. Consideration of researcher reflexivity

In taking a contextual constructivist stance, it is important that I share the perspective from which I have approached the material and also that I acknowledge the influence of the personal on interpretation (Madill, Jordan & Shirley, 2000; Miller et al., 1997). I have therefore chosen to weave reflexive strands throughout this study, rather than isolating considerations of reflexivity to one single section. The use of phenomenological and narrative methods foregrounds the dual process of sense-making, in which the participant makes sense of experience and the researcher attempts to make sense of that which is being shared (Smith & Osborn, 2003). As Heidegger identified, it is not possible to interpret text without judgement and therefore my own interpretative process must be informed by my own experiences (Langdridge, 2007; Boedeker, 2005; Crosswell, 2005; Mishler, 1986). I therefore acknowledge that I am a 47-year-old, white, British mother of four children. I am aware that I have endeavoured to make sense of other women's experiences but that these experiences cannot align with my own. I have tried to ensure that my own experiences do not unduly influence my interpretations (Madill, Jordan & Shirley, 2000). However, I know it to be the case that, when I reflect on my what my participants have shared, I cannot help but be drawn into thinking of my own experiences.

As a mother myself, the death of a child seems heavy with impossible loss. In coming into close proximity with the bereavement of my participants, I have found it helpful to keep a field journal. I find writing to be soothing and cathartic and therefore setting out my reactions in language has provided me with emotional containment. I have also taken anxiety and dreaming to personal therapy and found ways to explore what encountering these experiences of loss has meant to me. At points, I found that I checked-in on my younger children, more often, while they were sleeping, and came into contact with something fearful relating to their wellbeing. Encountering maternal bereavement has prompted me to engage with a deeper understanding of the fragility of life. I have been aware of a personal wish to identify sense-making processes, within the participant narratives, which might bolster feelings of connection. However, although some of the participants experience a yearning for continuing bonds, others encounter a wish to distance themselves from their experience.

I have been prompted to reflect on my wish to locate continued comfort in continuing bonds and to think about why this feels important to me.

I am certain that my clinical experiences as a Trainee Counselling Psychologist have been fundamental in ensuring my capacity to hold a space for my four participants, within which they felt safe to share their experiences. I have learnt that female experiences of birth can be violent, traumatic and shocking. Working within Women's Health Psychology at an NHS hospital helped me to feel confident in knowing that I could draw upon appropriate ways of responding to what my participants might choose to share.

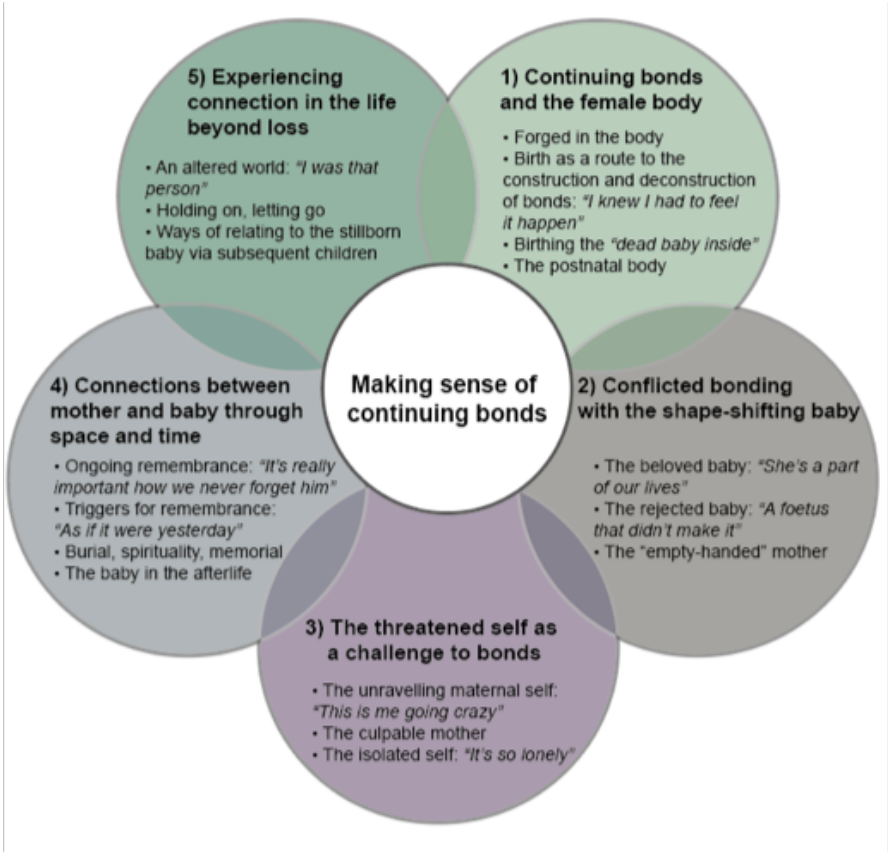
I know that my engagement with the research methods inevitably involved my own ways of interpreting the world. The process of identifying themes following the IPA protocol felt, at points, to be messy and circular (Smith, Flowers & Larkin, 2009). I found myself repeatedly drawn back to the transcripts in a manner which sometimes felt disorientating. In order to stay true to the method and loyal to the accounts offered by each participant, it was necessary to analyse each transcript in detail but then to let go of that individuality and to learn to perceive the interviews in a holistic manner. In connecting so closely with each of the transcripts, I built an individual identity for each woman which I found challenging to relinquish and I know that I struggled to lose the individual to the theme. Within Structural Narrative Analysis, it was also inevitable that my own decision-making processes entered into the resulting findings (Gee, 1991). Some elements, such as delineating the vignettes, felt highly interpretative. The process foregrounded my awareness of the personal nature of interpretation and I remain aware that another researcher would inevitably have made different shapes out of the words which were spoken by the participants (Riessman, 2008).

Finally, I must reflect on whether the knowledge that my participants' wish to read the final thesis has impacted on my interpretations. I have often found myself mindful of how it might feel to be the participant reading about the way in which I have interpreted their words. I hope that this prior knowledge of the final sharing of the thesis has prompted me to stay rigorously close to participant meaning in order that my interpretations might resonate with them in a meaningful way.

Chapter 3: IPA analysis

3. IPA analysis

Figure 3.1.: Artwork of IPA themes



3.1 Introduction to analysis

In approaching the participant transcripts via IPA, I have identified five superordinate themes which explore the alternate ways in which the participants make meaning from their stillbirth experience and its impact on the experiencing of continuing bonds with their stillborn baby (See Fig 3.1.).

Differing interpretations of the stillborn baby – as beloved, rejected or absent – construct relational tensions between positive experiences of maternal connection and more disjointed experiences of the deconstruction of bonds. Via these differing perspectives, the baby may become the object of deep affection and profound longing. However, stillbirth also seems to present itself as the source of starker responses to death, in which the baby's body is perceived as abject and may be rejected. Concepts of threatened selfhood and mental

fragility surface, as the impact of the bereavement triggers the fragmenting of maternal identity and disillusioning experiences of lost community. Differing choices regarding remembrance and memorial result in individual grief experiences moving outside linear time and prompt powerful reactions to burial and the conceptualising of an afterlife. Continuing bonds figure in the life beyond loss, as experiences of increased mistrust and vulnerability accompany gentler pathways to surviving loss.

In order to protect the identity of the participants, all names used in this study are fictional. Each baby is referred to in accordance with the wishes of the mother. Some participants felt comfortable using their baby's name and others found naming to be too painful or felt it to be private and used different methods of referring to their child. It is important to note that all of the participants lost their baby at 37-weeks gestation or beyond. For three of the participants, this was an unexpected loss. However, Caroline received an early diagnosis of a condition which meant that her baby would be unable to survive outside the womb. This prior knowledge may have influenced her meaning-making regarding pregnancy and birth.

3.2 Superordinate theme: 1) Continuing bonds and the female body

In this first theme, experiences of pregnancy and birth reveal individual life worlds which construct maternal bonds from a complete universe of contact between mother and baby. This period of time inevitably feeds into powerful memories which promote feelings of connectedness following the death of the baby.

Some of the participants experience the birth itself as a connecting experience, which allows them to forge visceral memories of their own body's interaction with their child. The experience bears witness to their motherhood and frames the death of the baby within their ongoing maternal identity. However, for other participants, the experience of childbirth appears to be rendered meaningless by their lifeless baby and is encountered as a painful shattering of bonds. The proximity to death in the experience of stillbirth has the potential to trigger experiences of horror which may prompt the wish to deconstruct bonds. The will to nurture collides with the realities of morbidity, as the living baby within is brutally transformed into human remains. This marked change in form is disorientating for the expectant mother, who must rework her interpretations of pregnancy, birth and her newly lifeless baby. The postnatal body itself provides a physical manifestation of the mother's relationship to her absent child. The experience of producing milk, bleeding and feeling the pains of a contracting uterus presents a powerful picture of unbidden physical connection.

3.2.1. Subordinate theme: Forged in the body

For the mother of a stillborn child, to reflect on the experience of pregnancy is to relive the limited window of time which existed for the creation of bonds. Reflecting on the pregnancy promotes a sense of maternal relationship, as connection is noted via the changes which occur within the female body, feeling the baby moving in the womb and viewing the baby during monitoring scans. Recalling these experiences allows for thematic memories of the lost baby which indicate a powerful experience of bonded relationship.

As it could be interpreted that the bonds which exist in living human relationships eventually develop into the continuing bonds which may connect the living with those they have lost, so the participants in this study choose to share memories of pregnancy as a route to reinforcing feelings of relationship with their lost baby. Caroline characterises her "*tummy*" as a place of safety and describes her own body as her baby's "*home*". As she recalls her womb providing shelter for her baby, she acknowledges the live connection between her own body and that of her child. There is also a poignancy to Caroline's words regarding the womb providing a "*safe*" space: *"That's where the baby's home is. That's where he's safe. In your tummy*." (Caroline p. 4/l. 71-81). The fact of pregnancy builds a relational connection with the personhood of the baby and this shared experience of life binds mother and child in unique ways: "*Its like an actual person inside of me*." (Rachel p. 3/l. 99). The womb becomes a conduit for connection between mother and baby. The baby is characterised as playful in the following quotation, as Caroline uses the phrase "*flip-flop*" – a term resonant of playground games – to describe her baby's movements: *"One night, he woke me up because it felt like he did a flip-flop in my tummy!"* (Caroline p. 33/l. 635-636)

This sense of relationship is sometimes characterised as one of symbiotic joy, as the baby's movements may be perceived as a reason for celebration. In the excerpt below, Caroline takes pride in her son's "*strong*" heartbeat, which serves as a counterpoint to his diagnoses of fragility.

> "*I always thought that it was quite a joy that he used to kick around – as sick as he was supposed to be… And, I thought: 'That's quite something, for a little baby who is meant to have so much wrong with him!'*" Caroline p. 48/l. 922-934

The female body becomes the sole vessel of the child's life, as continuing bonds come to represent something visceral and lived: "*That was his life, inside of me*." (Caroline p. 48/l. 395).

The female body provides a site for the creation of bonds, as the child in utero may be characterised as sharing in the daily life of the mother. A sense of symbiotic existence is encountered by Heather, as she interprets her own life experiences during pregnancy as shared with those of her baby. Her memories take on a retrospective vitality, as she lists the places she visited whilst pregnant. Her language suggests a burgeoning of experience and the repetition of "*lots*" implies a feeling of richness and bounty during pregnancy.

> "*He went on the school trip… the zoo. Lots of parks... There were lots of memories… We went – just before Christmas – to New York, which was a really important time*." Heather p. 18/l. 628-654

Sensory experiences may be intuited on behalf of the baby. Heather describes a convergent experience which embraces her own environment as one which impacts on Baby Hal's perceptions within the womb. These memories are fashioned by Heather into a shared experience for mother and baby. In the excerpt below, Heather – a primary school teacher – describes the way in which she believes Hal would have recognised the voices of her pupils. During her participant interview, Heather chose to share the condolence pictures which members of her class drew for her following the stillbirth. She explained that she had kept every picture because she felt that the images connected her to Hal. The use of the phrase "*with me*" constructs the absence of Hal – in contrast to the living children who surround Heather in her classroom.

> "*I was a teacher and my class… they were the children that he* [Hal] *would have heard every day and who were with me throughout pregnancy*." Heather p. 5/l. 157-161

The bolstering of feelings of relationship and continuing bonds could not be more concrete than when encountered via the growth scan. In viewing the baby that is growing within her own body, the mother is able to access visual stimuli to accompany the physical experience of carrying a child. Three of the participants chose to share images taken during scans at their participant interviews. These pictures of grainy, foetal shapes provide vital links to the baby and are transformed into connecting objects of meaning following stillbirth. In the excerpt below, Heather retrospectively notes the importance of sharing the experience of a scan with her own mother. These moments when Baby Hal is "*moving around*" are meaningfully shared, allowing for an experience of continuing bonds which is interpersonal.

> "*For my mum's Mother's Day present, I paid for a private scan, so that she* [Heather's mother] *could come along. I'm glad I did… She is glad because she saw him when he was moving around*." Heather p. 9/l. 292-307

These moments of visual representation allow for thematic characterisations of the baby. Rachel describes her experience of observing her daughter's movements on the hospital monitor. She nicknames her baby "Little Fish" because of her constant "*flipping around*". In the excerpt below, Rachel uses the pronoun "*we*" to denote the shared experience of viewing her child. The scan provides a point of connection which allows Rachel and her husband to assign characteristics to their daughter. Characterisation and thematic memories can be interpreted as the building blocks of continuing bonds. In this rare moment of shared sense-making, "Little Fish" is "*hilarious*" and "*chilled*" – a baby who flips and yawns inside her mother's belly, as the maternal body becomes the site of family memory creation.

> "*We just called her 'Little Fish'… She was always flipping around. She was the most hilarious baby. We were always scanning her and she'd be like yawning and totally chilled...*" Rachel p. 30/l. 1068-1071

A maternal wish to identify the moment in which the baby passes from life into death recurs in participant narratives. The noting of final movements or a sense of ominous stillness mark the cessation of life. Engaging with the memory of the end of life may serve as a means of marking the the importance of all that is lost. Rachel describes lying on her bed and trying to note her baby's movements. She asks: "*Can I feel her?"* (Rachel p. 5/l. 173).

Heather tries to pinpoint her final physical experience of Hal's movements, exposing the excruciating intimacy of her loss.

> "*He must have died that day... I remember, being in the bath and him moving and, I think, that was probably the last time because after that…* [crying] *there was no significant time when I could feel him*." Heather p. 2/l. 59-63

This cessation of sensory connection between mother and baby may be interpreted as an absence or void. As with the experience of mourning itself, the baby is both present and absent. The continuing bond is physically actualised as the deceased baby remains encased within the mother's body. Aurelia describes her experience of noting the cessation of movement in the excerpt below. She shares an eerie experience of stillness and "*anxiety*" as

she becomes aware that something is wrong. Discomfiting "*thoughts*" hover darkly over the lines and the repetition of "*the baby does not move*" adds a hollow refrain.

> "*I am saying: 'The baby does not move today.' … And then, the evening was approaching, and I am having thoughts and a kind of anxiety. I am thinking that I am feeling weird. And the baby does not move. And that was it... Just a lack of feeling.*" Aurelia p. 2/l. 39-51

3.2.2. Subordinate theme: Birth as a route to the construction or deconstruction of bonds: "*I knew I had to feel it happen*"

This subordinate theme foregrounds the potential for connection between mother and child which may be or may not be scaffolded by the birth experience. The birth may offer the potential for a vital bonding experience. Conversely, it may also represent a raw and devastating deconstruction of bonds.

Themes of a birth experience which allows for an amplification of maternal feelings of connection can be identified. For some, the process of birth becomes a route to actualising an experience of motherhood which feeds directly into the creation of bonds. Heather describes an instinctive desire to experience the physical pain of childbirth, which she interprets as rooted in her knowledge that she is "*not going to have a baby*". The excerpt below reveals her innate desire to physically "*feel*" the birth. She intentionally heightens her own physical experience of the delivery in order to provide herself with "*memories*" upon which she can draw. The experience speaks to the intentional crafting of continuing bonds in the moment of birth, as the mother elects to curate her own experiences of her child in such a way as to strengthen feelings of connectedness.

> "*They* [medical staff] *asked if I wanted an epidural but I couldn't. In my head, I just knew that I needed to be able to feel this happen… because I'm not going to have a baby… I still have very strong memories of giving birth…*" Heather p. 23/l. 808-836

A sense of the importance of the birth experience, as a route to maternal identity seems to arise in the analysis. Though the use of the transitive verb "*forced*" in the excerpt below suggests an experience of tension and perhaps coercion, Aurelia also seems to retrospectively share feelings of gratitude and to acknowledge that the experience of birth helped to actualise her maternal identity. Her repetition of "*grateful*" in the segment below suggests a sense of the potential for the delivery to enhance maternal identity.

> "*I was very grateful that they forced me to give natural birth because then I felt like I was the mother and I had given birth… As much as I didn't want to, I was so grateful*." Aurelia p. 10-11/l. 345-362

Conversely, themes also appear which relate to the deconstruction of bonds. In the segment below, Rachel seems to be involved in a process of deconstructing connection with her baby. The birth is rendered pointless, as the pain of labour fails to bring the usual reward. Rachel's language is dismissive, as she repeats the refrain: "*I can't be bothered*". She juxtaposes the "*ridiculous*" with the "*painful*", as her jarringly defeated tone clashes with an agonising physical experience. The birthing female body seems to become the site of torture and gore, with the negated baby being perhaps interpreted as a painful void: "*You're going to be bleeding and bleeding and bleeding away because you've got a hole in your body*." (Rachel p. 11/l. 375-376). Birth is rejected as a route to sense-making and the experience is eventually interpreted with bathos.

> *"I was in agony. And a lot of it was like: 'I can't be bothered to do this any more. This is the most ridiculous thing I've ever done in my life. I can't be bothered.'… I think that was the most pointless activity I have ever done in my life. It was so painful!"* Rachel p. 13/l. 443-450

Themes of the birth providing a potential route to the severing of bonds highlight a wish to excise the baby from the mind and body of the mother. Aurelia expresses a profound wish to dismantle bonds and to erase the emotional pain of the loss as well as the physical presence of the baby: "*I wanted to have a C-section because I wanted to, kind of like, cut it out from my mind, my body*." (Aurelia p. 3/l. 78-80). In the excerpt below, Rachel rejects the construction of meaning in her birth experience. She focusses on the emptiness of the birth and there is a powerful sense of defeated purpose. Rachel employs a depersonalised "*it*" in reference to her daughter – as she becomes a baby without a name who must be "*gone*". Rejecting the "*empowering*" nature of the experience, she highlights a lack of meaning-making.

> "*The whole thing was just … pointless… I could have just had a Caesarean and just had it gone. I didn't need to have this whole experience that's meant to be so liberating and empowering*." Rachel p. 26/l. 918-927

3.2.3. Subordinate theme: Birthing the "*dead baby inside*" and its impact on continuing bonds

Themes of horror and fear recur within this sphere of sense-making. The baby becomes abject and an experience of repulsion triggers a lapsed maternal ability to connect via feelings of intimacy: "*I am pushing out a dead baby.*" (Rachel p.13/l.456). Participant narratives stray into experiences of un-knowing when focussing on the unbearable experience of carrying a dead body. At certain points, themes of fear seem to overpower a will for loving connection and grief itself appears fragmented by an experience of horror which seems to erode the personhood of the baby.

Aurelia describes her own inability to "*look*" at her child, as she deliberately refuses to experience him: "*I gave birth but I couldn't look at the baby*." (Aurelia p. 3/l. 101-102). It seems that this is bleak territory where the usual patterns and preconceptions of new motherhood cannot apply. In the segment below, Aurelia shares a sense of disbelief at the impossibility of tolerating the knowledge of the "*dead baby inside*".

> "*They said: 'Do you want to go home and wait for the birth?' And I was like: 'What are you talking about? You want to send me away with a dead baby inside?*'" Aurelia p. 2-3/l. 66-74

Themes of horror and rejection seem to arise from this close proximity to death. In the quotation below, Rachel rejects feelings of connection with regards her daughter, as she refuses to experience her as a person. Her language transforms her daughter from beloved baby to composite human remains, as she relays her horror at the fact that her swollen belly is suddenly become a burial "*mound*". Her use of colloquial language denies the traditional vocabulary of mourning and conveys her rejection of this "*corpse*" within. Language which polarises "*inside*" and "*out*" foregrounds the impossible relationship of intimacy and distance in this moment of maternal distress.

> "*What's inside of you is now just bones and skin. Totally dead! And I was like: 'I want this out now, now, now, now!' … The whole thing just totally grossed me out… I was like: 'I've just go this whole mound… dead!'... It's suddenly a corpse*." Rachel p. 8/l. 257-281

3.2.4. Subordinate theme: The postnatal body as a conduit for connection

Automatic physical responses to birth connect the mother to her loss via the production of breast-milk, postnatal bleeding and the after-pains of the contracting uterus. The mother's body enacts unbidden responses which foreground the baby's absence: "*The body still thinks that the baby is alive*." (Rachel p. 28/l. 972-974). The bounty of the nursing breast is laid waste by the fact of the stillbirth. The mother's body gestures towards her absent baby and automatic changes to the maternal body trigger feelings of deep yearning for connection with the lost child: "*I was in pain and I was bleeding and breast milk*." (Rachel p. 23/l. 812).

The aftermath of pregnancy is vividly present for Aurelia in the segment below, as she describes her experience of producing breast milk for the son whom she could not feed. She articulates the tension that she feels between her wish to give her breast milk to "*another baby*" but also her instinctive awareness that this may increase her own emotional pain. She expresses a desire to "*hold on*" to the symptoms of pregnancy, which mirrors her overt wish for physical bonding. The image of "*some doll*" evokes early childhood experiences of imaginary play with inanimate objects, as Aurelia describes a world of innate responses which connect her to her lost child.

> "*Your breasts growing and your milk is getting wasted. And, you know, I had this idea that maybe I should give my milk away… God, I want to help another baby! But then, I thought: 'Maybe, it's not a good idea. I will be reminded that I don't have a baby.' As much as I wanted to hold on to the symptoms of pregnancy… Maybe, I should have some doll, because I didn't have a baby? You just wanted to hold some baby."*
> Aurelia p. 11/l. 362-370

Themes of shame regarding the postnatal body also seem to appear within participant narratives. Caroline describes the way in which she wishes for her body to swiftly return to its pre-pregnancy shape. The "*bump*" of the postnatal belly is configured as an embarrassing anomaly without a live baby to accompany it: *"When you have the baby, you still end up with this bump and you think: 'Oh! That needs to go quickly!'"* Caroline p. 12-13/l. 215-236.

3.3. Superordinate theme: 2) Conflicted bonding with the shape-shifting baby

Fluid perceptions of the baby lie at the core of this superordinate theme which maintains a focus on the different ways in which each mother makes sense of her experience of connectedness with her baby. The continuing bond is influenced by seemingly mercurial experiences of bereavement, which pose questions regarding exactly what it is that has been lost. Each mother's experience of her baby appears as fluid and fragile. Shifting

perceptions of the baby seem to construct that which is lost alternately as a foetus, corpse, child or angel baby. Perceptual tensions surface, as the mother negotiates a postnatal world of loss and separation. Themes of the complexity of navigating a route to a meaningful continuing bond are apparent, as constructions of the baby seem to pivot between a beloved child, who cannot be known to the outside world, and an absent void.

3.3.1. Subordinate theme: The beloved baby: "*She is part of our lives*"

Continuing bonds may be configured as an experience of what it is that the lost loved one actuates in the bereaved. A maternal drive to love, nurture and protect the stillborn baby is vividly present in this subordinate theme which engages with configurations of the baby as beloved. The identity of motherhood pervades this theme, which engages with the ways in which the participants experience themselves as irrevocably translated into a mother by their experience of pregnancy and birth. This knowledge of maternal identity becomes a continuing bond which remains undiminished by the passing of time.

Experiences of an instinctive will to bond appear, as the mother is drawn towards feelings of love and connection. Following delivery, Heather describes her overwhelming instinct to physically bond: "*I wanted to hold him straight away*." (Heather p. 11/l. 364). In the extract below, Heather shares her experience of powerful maternal affection, which is represented by the importance she places upon visiting her baby. Heather's language is illustrative of her experience of a longing to be with her child. She articulates "*the next day*", "*every day*" and "*for as long as we could*", in a manner which seems to reveal her desire for ongoing connection. Heather wishes to stay with Hal but he is moved into "*a cold place*", which conjures the darker presence of death and separation.

> "*We stayed with him for as long as possible but then they had to take the baby away and put him in a cold place. So, then we went home and came back the next day and, in fact, every day and for as long as we could … Having that time was so very important to me… I just wanted to keep holding him*." Heather p. 2-4/l. 67-129

Themes which relate to experiences of a continuing maternal love which remains consistent beyond death are present. The memory of Baby Hal endures for Heather as a beloved "*son*", whom she wishes to protect and remember. In the segment below, she reinforces her own experience of Hal's personhood. Heather constructs her child so that others can recognise and relate to her loss. Language becomes the vehicle which allows Hal to become real and

his "*name*" is vital in this process of resuscitation. Heather uses the phrase "*all the time*" and also the negative-time adverb "*never*" to convey a sense of permanency.

> "*As his mother, it's very important for me to keep his name there and talk about him all the time and for him to be part of our family because I want to protect his memory, because he was a person. You know, because he was a person, a little boy, a little baby, that should have had a life, and sadly didn't, and it's really important how we never forget him*." Heather p. 8/l. 260-265

Themes of permanency appear, as participants share a sense of an unbreakable continuing bond which remains undiminished by the passage of time. In the excerpt below, Rachel characterises her daughter as an ongoing connecting force between herself and her husband. The repetition of the plural pronoun "*our*" and the use of "*we*" indicates that she experiences a continuing bond with her daughter via her relationship with her husband. She immortalises her child as a beloved "*daughter*", who remains forever in position as "*eldest*" child, as she suggests that her stillborn daughter will be automatically absorbed into any future family narrative.

> "*She's our daughter! She's our child! If we have future children, she's still going to be our eldest… It's very straightforward… She's part of our lives.*" Rachel p. 22/l. 768-781

Themes of the perceived beauty of the stillborn baby also surface, as the child may be experienced by the mother as flawless. An experience of adoration contributes to a continuing bond which aligns with feelings of love, admiration and pride. Aurelia notes the exquisite appearance of her child: "*The baby was just so beautiful… the perfect baby lying there*." (Aurelia p. 8/l. 253). Heather shares the way in which she is drawn to gazing upon her son's face: "*Just looking at him and memorising his face. I didn't ever want to forget what he looked like*." (Heather p. 21/l. 733-734). Themes which relate to an experience of the child as physically mirroring the mother seem to contribute to feelings of permanency. The stillborn baby comes from the mother, is a part of the mother, looks like the mother and remains configured in the mother: "*She had my lips and my eyes*." (Rachel p.14/l. 497-498). These experiences of the familiar seem to contribute to characterisations of the stillborn baby as adored offspring.

3.3.2. Subordinate theme: The rejected baby: "*A foetus that didn't make it*"

The motif of the rejected baby seems to arise within this subordinate theme. Experiences of deconstructing maternal bonds with the stillborn baby foreground the way in which the bereaved mother struggles with responses to her child. Experiences of the need for detaching from the stillborn baby's body appear, as the beloved baby seems to be transformed into a waste product which must be discarded. Rachel describes how others encapsulated this disposable and reductive approach to her baby by suggesting that "Little Fish" might be simply: "*A foetus that didn't make it.*" (Rachel p. 19/l. 671).

The following segment of transcript explores a maternal instinct to reject the stillborn baby. Rachel's use of the depersonalised pronoun "*it*" underscores her deliberate distancing. She denies the personhood of her baby, in this moment of disorientation, and constructs the child as separate from herself. The baby becomes something undeserving of contact, from which the mother is forced to step away.

> "*They* [medical staff] *were like: 'Do you want to hold her?' And we were like: 'No! We want nothing to do with it!*'" (Rachel p. 13/l. 465-467)

In these moments of detaching, the participant language alters and the child is veiled by the impersonal. Aurelia articulates the use of language as a distancing tool. She explains that she cannot speak her son's name and chooses to refer to him as "*the baby*". She uses the impersonal pronoun "*it*" seemingly to distance herself from the personhood of her son: "*Every time … I am calling it 'the baby'. I never call it by the name.*" (Aurelia p. 22/l. 790-791). In the segment below, she describes the way in which she initially chose not to "*look at*" her child or to "*hear*" about him. In this moment, she obliterates any connection and deliberately refuses to experience her son.

> "*I didn't want to have anything to do with it... I couldn't look at the baby. I asked them* [medical staff]*: 'I don't want to look at the baby.' Then one of the doctors, I heard: 'Your baby is perfect.' And, I was like: 'I don't want to hear it!*'" Aurelia p. 3/l. 78-103

Fears regarding the condition of the baby's body seem to inhibit natural urges to hold and a reluctance to fully encounter seems to be present: "*I couldn't change his clothes … because he did have blood on him*." (Heather p. 3/l. 79-83). Feelings of fear regarding the potential for physical "*deformities*" surface. In the segment below, there is a tension in Caroline's description, as she shares her "*horrible*" feeling when the baby is taken from her but also a wish for him to be cleansed.

> "*When they* [medical staff] *took the baby away, that was horrible. They have to. I didn't want to see him covered in blood… I was scared he would have too many deformities."* Caroline p. 39-40/l. 765-776

A tentative approach to sharing mementoes and images of the stillborn baby seems to be present. This anxious approach to connecting objects suggests an uncertainty in the mother regarding the way in which these objects may be perceived by others. In the segment below, Aurelia communicates an experience of covert shame at the idea of another person viewing pictures of her stillborn son. She chooses not to bring a meaningful object to her participant interview and acknowledges that the pictures of her son have the potential to make her "*feel ashamed*". At the same time, she notes their value. However, her repetition of "*nobody ever, ever*" seems to underscore her sense of taboo regarding these images.

> "*I know that we done the right thing keeping the little photographs … It is quite personal because nobody ever, ever saw it… If somebody would see it, I would maybe feel ashamed.*" Aurelia p. 21/l. 732-744

Questioning the appropriateness of taking photographs of the stillborn, as a procedure which feels "*wrong*" or "*invasive*", seems to reflect raised levels of uncertainty in the bereaved mother. In the segment below, Rachel praises her doula for encouraging the taking of photographs, whilst simultaneously acknowledging that, in that moment, she rejected them. With the benefit of hindsight, she seems to reflect on her lack of understanding regarding the importance of these mementoes.

> "*The doula was very good. She was like: '… You need to take photos.' So, then we took photos. But we don't want to see them… because we knew nothing.*'" Rachel p. 14/l. 472-481

Attitudes to meaningful objects seem helpful in revealing the processes of connection and disconnection which appear to be in play. Caroline chose to share a picture of her son during her interview. She describes this image as providing a counterpoint to her experience of the seemingly unreal nature of her baby: "*I've got something real to look at, now and again*." (Caroline p. 341/l. 18). However, in the extract below, she also appears to underscore the discreet nature of this visual memorial. The picture frame is described as "*little*" and also "*tiny*", and the baby's image remains safely framed and contained. There is a sense of an attempt at detachment in the use of the containing "*glass cabinet*". Transparent,

appropriate and clean, the cabinet could be interpreted as circumventing the potential emotional messiness of grief.

> "*We've got this little picture, in a frame, in our glass cabinet. Just a tiny little one… I'm glad we took a photo… so we can remember what he looks like.*" Caroline p. 19-20/l. 364-372

3.3.3. Subordinate theme: The "*empty-handed"* mother

For the bereaved mother, it seems that the stillborn baby may remain vividly present in her thoughts, long after physical separation, and the mother may experience the ongoing psychological presence of her baby via a continuing encounter with grief and longing.

The simultaneous presence and absence of the baby seems to be a recurrent theme in the analysis. In the aftermath of her delivery, Rachel seems to articulate a sense that the physical presence of her daughter alleviates frozen feelings of detachment. In the segment below, she shares the way in which feelings of disorientation abate with physical contact with her child. In this moment, it seems that the child holds the mother, as the baby's physical presence helps to contain the mother's experience of disorientation.

> "*I was just numb – just numb. When I held her* [the baby]*, I was in-touch and I could cry... But, the rest of the time, I was just confused and dazed*." Rachel p. 17/l. 583-587

Experiences of a void and numbness serve to connect mother to baby, via a lack or absence. Rachel seems to construct her experience from that which is missing: "*It was just very empty*." (Rachel p. 26/l. 924). During her interview, she chose to talk about items from the memory box which she keeps. She elected a to share a small, empty plastic bag: "*That is for* [a lock of] *hair but they* [medical staff] *didn't put a piece of her hair in there*." (Rachel p. 31/l. 1095-1096). This bag, which contains nothing, speaks to participant experiences of sense-making regarding emptiness. The very lack of the baby, and the sense that something is missing, may represent a continuing bond between the mother and constructions of her child.

Themes which relate to experiences of a lack of recognition of the personhood of the baby by family and medical staff are present. Some mothers experience their child as minimised or obliterated by those around them and experiences of continuing bonds are challenged by

attempts at erasing the existence of the lost baby. In the segment below, Rachel foregrounds the way in which others perceive her daughter as a disposable object. Immediately following delivery, she describes the disorientating experience of finding that medical staff had chosen to place "Little Fish" in a "*storage cupboard*". There is a sense that Rachel must remain alongside "Little Fish" in order to prevent her personhood from being denied by others. It seems that the anonymous "*they*" of the medical staff prove obstructive in Rachel's meaningful constructions of her daughter.

> *"So they* [medical staff] *ended up taking her out of our room and putting her in a storage cupboard. … My husband had to go look for her. And then he was like: 'I found her in the storage cupboard!'. And I was just like: 'Just keep her. Just keep her with us!'"* Rachel p. 16/l. 542-553

Themes of a heightened awareness of the absence of the baby when encountering the outside word seem to be present in the analysis. Whilst the mother may experience the ongoing psychological presence of her baby, others may show no awareness of that which has been lost. Participants seem to experience the painful lack of the baby's relationship to others. Heather is acutely aware of her baby's personhood but notes that Hal cannot be interpreted by others in a manner which aligns with her own sense-making: "*People haven't built memories with a baby that's inside you."* (Heather p. 7/l. 221-224).

Painful experiences of a lonely postnatal departure from hospital recur in participant narratives. Surviving this "*empty-handed*" moment is foregrounded by Caroline as a terrible low-point.

> "*I think the worst thing was leaving the hospital empty-handed. You just knew, instinctively, that it wasn't right. It was just really horrible… It was probably one of the worst times*." Caroline p. 10-11/l. 181-202

Navigating external responses to stillbirth recurs as a challenging part of the bereavement journey, as the outside world configures the lost baby at every turn. Aurelia shares her difficult experience of the postnatal expectations of others. The repetition of "*the baby*" in the segment below linguistically echoes Aurelia's emotional experience of longing as – at every turn – the world seems to ask after her absent child.

"*Your neighbour is asking: 'Where's the baby?' And you say: 'Oh, I lost the baby.' … You walking on the street… and somebody is like: 'Did you have the baby?*' *And we are like: 'We lost the baby.'*" Aurelia p. 8-9/l. 267-279

3.4. Superordinate theme: 3) The threatened self as a challenge to continuing bonds

This superordinate theme draws out motifs of the fragmentation of the maternal self and the ways in which this impacts on experiences of continuing bonds. Experiences of emotional fracture and also of culpability appear to conflict with previous interpretations of self identity. For some, the taboo nature of the bereavement transforms the mother into deviant or social pariah. In addition, the mother may experience a fear that they may have somehow harmed their baby. Distressing experiences of guilt seem to impact on the mother's capacity for sharing memories of her baby and, in this landscape of intense emotion, the bereaved mother may struggle to maintain a relational context for her experience of motherhood.

3.4.1. Subordinate theme: The unravelling maternal self: "*This is me going crazy*"

Themes of the destabilising of the self recur within participant narratives. The bereaved mother may experience herself as emotionally fragile and her ability to create or experience continuing bonds may therefore be compromised.

The baby's death may be met with a sense of disbelief or denial by the mother. Aurelia describes the way in which she experienced the scan which confirmed her baby's death. Her echoing the words, "*hasn't happened*" and "*not happening*", seem to mirror her experience of denial.

> *"And they* [medical staff] *are telling us: 'We have bad news. The baby's heart has stopped beating.' And you are just thinking: 'This hasn't happened. It hasn't happened to us… This is not happening.'"* Aurelia p. 2/l. 62-67

Themes relating to experiences of the disintegration of the self seem to underscore a sense of lost identity: *"I was physically and mentally totally destroyed."* (Aurelia p. 3/l. 83-86). The fragility of the mother is apparent, as Aurelia acknowledges the possibility that she might harm herself in response to her loss. In the segment below, she notes her identity as both "*mother*" and "*person*" – as if the two parts of self fail to unite in this moment.

> *"I need to be on constant watch because maybe there is the worry that I could do something to myself. As a mother… as a person… you are quite fragile..." Aurelia p. 3/l. 92-96*

Themes of a fear of losing control amidst experiences of powerful emotion seem to be present. The profundity of the grief threatens meaningful experience and a fear of "*going crazy*" seems to overpower sense-making: "*I will go mental! You've turned into this crazy woman… this is me going crazy*." Aurelia p. 11/l. 374-376). Experiences of deep trauma and profound grief shatter the journey of pregnancy: *"After nine months, if the baby dies, it's really, really, really, really … traumatic."* (Rachel p. 14/l. 423-424). In the segment below, Rachel conveys her sense of a distorted reality. The moment of holding her daughter seems imbued with an uneasy stillness and the construction of memories which may feed into continuing bonds appears to be impacted by detached experiences of the surreal.

> *"The whole thing was weird because, when you give birth … there is meant to be crying. But it was dead silent. We were holding her and she looked like a totally normal baby but there is no movement."* Rachel p. 15/l. 505-510

Ongoing experiences of a submersion in feelings of deep distress seem to be present: *"We were just crying away and it was really, really, deep, deep."* (Rachel p. 17/l. 584-586). In the segment below, Caroline describes her grief as an unwieldy measure of "*tears*" which threatens to overflow. This experience of grief configures the challenge of maintaining a continuing bond which is painfully contained within the mother. Caroline's conscious efforts at deliberate control are configured in the "*bucket of tears*" simile which seems to frame her experience of effortful control.

> "*It felt like you've got a bucket of tears that are ready to fall out and you have to keep it still. To keep everything in… all in here* [touching her heart]." Caroline p. 34/l. 661-668

3.4.2. Subordinate theme: The culpable mother

A theme of maternal culpability seems to saturate the participant narratives as a potential complicating factor in relation to the experience of continuing bonds. The participants share feelings of self-blame: "*I was angry at myself, that I didn't know, I didn't spot it*." (Aurelia p. 5/l. 178-180). Heather shares her experience of "*apologising*" to her son.

> *"Sitting in the room* [with Hal] *and talking about what we wanted for him and saying that we were sorry. Because, at that point, we didn't know if it was something I'd done. Maybe, he should have come earlier?"* Heather p. 3/l. 88-92

The bereaved mother seems to experience a sense that perhaps her own life should not continue beyond the death of her baby. Heather recalls feeling "*a weird kind of guilt*" regarding being seen without her baby and daily routines are brought into question as the bereaved mother finds her sense-making altered by her loss.

> *"I had really weird thoughts like: 'People think I've left my baby ...' This weird kind of guilt that people think: 'She's had a baby and now she's out at the shops.' … I was like: 'Is this wrong? Should I be here?'" Heather p. 15-16/l. 528-545*

A theme of shame regarding the death of the baby seems to extend to experiences of wanting to censor the contact of others with the baby. The baby may become something which should be hidden from others. Aurelia shares her experience of wishing to keep her baby segregated from other family members, as she describes an experience of the intolerable possibility of contact between her own mother and her stillborn son: *"I didn't want to share the baby with anybody... I didn't want my mum seeing my first baby dead."* (Aurelia p.7/l.232-245).

3.4.3. Subordinate theme: The isolated self: "*It's so lonely*"

A lack of a nuanced understanding by the surrounding community may erode concepts of motherhood and impact on experiences of continuing bonds. Experiences of isolation seem to be present, as previous perceptions of the world are altered by the mother's new bereaved status. Heather's repetition of "*nowhere*" in the excerpt below underscores her experience of isolation.

> *"Every time I left the house, I would bump into people with their babies. There was nowhere to go… nowhere. It's so lonely…"* Heather p. 5-6/l. 175-183

Themes of displaced loss appear, as the bereaved mother seems to struggle to find her sense-making mirrored by others: *"People … just said all the wrong things."* (Rachel p. 24/l. 850–852). In the following excerpt, Rachel gives voice to her experience of others minimising the personhood of her daughter. The impact on continuing bonds seems profound, as Rachel struggles to cope with experiences of dismissal.

> *"The aftermath of people's ignorance and people's idiocy around it* [the stillbirth] *was … horrific… Even my dad, a week later, he was like: 'It's time to move on.'"* Rachel p. 19/l. 659–677

Themes of erased personal experience seem to be configured in others effacing the bereaved mother's experience of pregnancy and birth in such a way as to challenge continuing bonds. A lack of recognition of meaningful anniversaries serves to promote feelings of isolation. Rachel's language in the excerpt below reinforces an experience of disenfranchised loss, as the lines reverberate with the lonely repetition of "*no one*".

> "*The anniversary of her death was two weeks ago. No one remembered. Zero remembered. I called my parents. I called my siblings. No one remembered!*" Rachel p. 22/l.758-760

In a strikingly lonely description of grief, Aurelia wanders the graveyard where her son is buried in search of an empathic fellow mourner: *"I used to want to meet somebody in the graves who can relate."* (Aurelia p. 16/l. 571-572). In the excerpt below, her lonely experience of grief seems represented in the linguistic echoing of "*cannot*", "*can't*" and "*don't*", suggesting the impossibility of the interchange of experience.

> *"And nobody can tell you: 'Oh, I understand.' No! You don't understand. You can't understand… You cannot be in my position."* Aurelia p. 10/ l. 331-335

3.5. Superordinate theme: 4) Connections between mother and child through space and time

Experiences of ongoing grief and existential reflections on the afterlife seem to represent experiences of continuing bonds. Mothers may encounter an ongoing connection with their stillborn baby over time, via anniversary and also through unbidden seasonal reminders. Particular places of meaning may become the sight of memorial or spiritual reflection. Where to place memorials and how to mark anniversaries become important questions for the bereaved mother and meaningful objects serve as routes to experiencing connection.

3.5.1. Subordinate theme: Ongoing remembrance: "*It's really important how we never forget him*"

The flourishing of maternal experiences of affection for the lost child seem to occur via experiences of ongoing remembrance. The marking of anniversaries and the use of ritual provide a shape to experiences of loss. Ongoing remembrance, which the bereaved mother does not expect to reduce over time, seems to be present for participants: *"We think about her the whole time."* (Rachel p. 25/l. 874-876). For some, remembrance is a daily occurrence, in which mother is connected to baby via her own reflective processes: *"There's not a day goes by … that I don't think of him."* (Caroline p. 41/l. 794–795).

Meaningful objects seem to boost memory and scaffold experiences of connection. Caroline chose to bring a memory book to her interview which contained images of her son, as well as pictures of his memorial plaque. She explains that the book itself has become a route to ongoing connection: "*It keeps my memory alive, you know, the little book*." (Caroline p. 51/l. 991–1000).

Themes of a wish for eternal remembrance arise in the analysis and using meaningful connecting objects provides a route to continued connection. Heather shares the fact that she will always wish for experiences of connection with Hal via the objects which remind her of him.

> *"I'll always have to have a box – the cuddly toys, the clothes.... A little musical box and a little musical star – there's lots of little things."* (Heather p. 14/l. 481-489).

A wish to resuscitate the memory of the baby and to have that memory absorbed into family narratives is present. In the excerpt below, Heather describes a desire to safeguard Hal's position in the wider family. She describes the way in which she uses the anniversary of his birth to prompt rituals of remembrance. The repetition of "*birthday*", "*know*" and "*everyone*" underscores this desire for the outside word to acknowledge Hal's personhood. Heather's use of the words "*push it*" suggests the effortful creation of connection with the wider family.

> *"He is very much a part of my whole family… they know when his birthday is and it's marked… The first year, we did a massive cake-baking... And I do push it a lot... It's so important to me that people are acknowledging him."* Heather p. 7/l. 234-250

Social media also provides a route to ongoing connection for some participants, with the bereaved mother using the medium to prompt thoughts of the lost baby in others: *"It's really important how we never forget him. I use social media for that quite a lot – even just little quotes: 'Thinking of Hal.'"* (Heather p. 8/l. 260-267).

3.5.2. Subordinate theme: Triggers for remembrance: "*As if it were yesterday*"

Experiences of grief and mourning may subvert a linear timeframe, as maternal feelings of loss seem to arise unbidden, bringing a new immediacy: *"Sometimes, it's as if it were yesterday."* (Caroline p. 28/l. 550-551). An upsurge in grief, which connects the mother to thoughts of her baby, may also be triggered by the predictable cycle of the calendar. Birthdays and holidays seem to prompt a revitalised experience of loss, in a recurrent process of more structured remembrance. The importance of the anniversary of the stillbirth is repeatedly given prominence: *"The anniversary of her death. That's massive!"* (Rachel p. 22/l. 769-776). Experiences of trepidation as the anniversary approaches also appear: "*I used to dread it! … It's difficult to approach the date.*" (Caroline p. 31/l. 592-606).

Experiences of painful unbidden remembrance also seem to appear in the analysis. Some participants may deliberately avoid the pain of recall: "*I am trying not to think too much*." (Aurelia p. 16/l. 549). Reminders of loss may be experienced as distressing by the bereaved mother. For Aurelia, configuring her baby as "*a real person*" brings with it an "*uncomfortable*" re-experiencing of loss. In the excerpt below, Aurelia shares her experience of discomfort as her mother-in-law uses her son's name.

> "*My husband's mum is calling the baby by his name… It's making it kind of like more real. It's very uncomfortable… Kind of: 'You are making him real – a real person!' When I am just thinking: 'I just want to move on with my life!'"* Aurelia p. 21-22/l.754-780

Seasonal triggers may have the power to transport the mother into feelings of grief: *"Sometimes, I hate the Spring because, I remember having a stillbirth…"* (Aurelia p. 5/l. 152-154). Grief may be characterised as volatile, seemingly catching the bereaved mother unawares: *"You never know when it will hit you again."* (Aurelia p. 15/l. 499). In the excerpt below, unbidden "*waves*" of remembrance appear to prompt a dislike of sensory experiences associated with the immediate aftermath of the stillbirth. The scent of cut flowers transports Aurelia to a place of deep grief. The repetition of "*smell*" and "*hate*" suggests a primal response to triggers which connect her to a state of ongoing loss.

> *"Sometimes, you have these kind of waves of grief or a smell remind you of something. I hate – since we lost the baby – I hate flowers… Hard to smell them because the smell kind of remind you…"* Aurelia p. 24/l. 829-844

Visiting places that remind the mother of their lost child may support positive experiences of continuing bonds. Heather describes visiting her son's memorial tree at Christmastime. She marks Hal's absence by decorating the tree, an act which foregrounds the passing of time within the experience of loss. The growth of the tree and the deterioration of the decorations seem to highlight Hal's frozen infancy.

> *"We go there at Christmas and we put decorations on* [the memorial tree] *… Some of them have been there for the whole time and others have fallen off in the wind and some have just gone a bit rotten. The tree is growing." Heather p. 12/l.398-406*

3.5.3. Subordinate theme: Burial rites, spirituality and memorial

Meaningful rituals seem to play a key role in the maternal experience of continuing bonds. The choices made relating to funeral services and other rituals offer the opportunity for a meaningful communication of continued nurture from the bereaved mother to the stillborn baby. These rituals may offer the mother the opportunity for a public demonstration of maternal identity and also the possibility for social recognition of the lost child. The absent baby may be constructed as cherished, remembered and acknowledged, via rituals which may be formal or personal. A wish to connect with early religious experiences seem to surface in the analysis. Death and the need for burial also appear to elicit a wish for sense-making which connects with beliefs relating to a higher being.

A wish to connect the stillborn baby with other deceased relatives appears, with feelings of relief and peacefulness relating to sense-making regarding the child being cared for by loved ones in the afterlife. In the following excerpt, Heather shares her wish to connect Hal's funeral with her own father's religious beliefs. She takes comfort in curating a service which would have been meaningful for her father. In this way, Hal is nested within an inter-generational web: "*My father was a priest and, because of that, I felt that I needed to do something that was religious based… for Hal*." (Heather p. 17/l. 589-598). Whilst devoutly religious beliefs seem to lead to a wish for sense-making which embraces concepts of continued protection by a higher being: *"I am Christian and we want to see him like have some blessing."* (Aurelia p. 7/l. 217-220).

Involving multiple family members in the funeral may construct a familial recognition of the lost child which supports the mother's capacity to communicate with others about her bereavement. In the excerpt below, Heather shares her experience of using Hal's funeral as

a method of communicating with and about her child. The writing and reading of letters seems to provide a ritual of farewell which allows for a sense of communication beyond death.

> *"We wrote a letter to Hal, which we read out* [at the funeral] *and I read, and my mum read, and both my parents and the Vicar said a few words… It felt right, the funeral was as I wanted it to be."* Heather p. 17-18/l. 603-624

The placement of remains or ashes seems to be an important route to sense-making relating to experiences of continuing bonds. The burial site may become a place to connect with the lost loved one and with the fellow bereaved: "*We* [Aurelia and her husband] *talk about the baby sometimes – especially, when we go to the cemetery."* (Aurelia p. 26/l. 921-923). The retention of ashes may also provide a connecting object for the mother. In the excerpt below, Heather shares her sense-making regarding the placement of her son's ashes and explains that she has chosen to keep them at home because she wishes them to be interred with her own. This wish for togetherness in burial may allow her to experience a sense of a future which includes Hal. She shares an experience of feeling that Hal's personhood is contained within the ashes.

> *"We've got his ashes upstairs in a little box... There's nowhere I want to put them other than with me... And it's important to have them there… I remember, the first time that we left the flat … saying that I couldn't leave the ashes behind. It felt like I was leaving him."* Heather p. 19-20/l. 669-690

Experiences of a maternal exclusion from burial rites may cause feelings of regret and dislocation for the bereaved mother. Rachel shares her dismay at the religious taboo surrounding her daughter's traditional Jewish burial: "*We weren't present*. *Didn't know where it was…* [It was] *really, really, really… dreadful."* (Rachel p. 18/l. 616-638). Meaningful objects and private rituals seem to provide a route to covert experiences of continuing bonds for the bereaved mother. Themes of private sense-making recur for Rachel, as her own exclusion from her daughter's burial leads her to seek other means of memorial. During her participant interview, she chose to share a decorated stone which she personalised whilst visiting a stillbirth memorial garden. She painted the palm-sized stone with the name and birth date of her daughter. In the segment below, the repeated refrain of "*sweet*" and "*sad*" underscores Rachel's bittersweet experience of the garden. The stones seem to become inanimate representations of the many lost babies, in a way which embraces concepts of both individuality – denoted by the personal marking of each stone – and also of community.

Rather than leaving the stone in the garden, Rachel chose to keep her memorial stone with her and was holding it in her hand as she described the garden.

> "*It's a whole garden and everyone's got stones there for their babies... So, I guess, for us, that was kind of like – not a resting place – but a … place to remember. It's really sad to go there but it's also very sweet. It's filled, filled, filled with stones – just like this one* [holding the stone]*."* Rachel p. 29-30/l. 1027-1038

3.5.4. Subordinate theme: The baby in the afterlife

Maternal conceptions of an afterlife seem to contain the potential for being reunited with the lost baby which could be interpreted as amplifying experiences of a continuing bond. The mother's belief that she will see her child again seems to prompt the maintenance of a bonded connection.

Themes of the stillborn baby being endowed with the potential for life beyond death seem to recur in the analysis. The baby may be configured as being endowed with beatific protective qualities: "*She's looking out for us*." (Rachel p. 22/l. 781). In addition, an experience of comfort may be drawn from the belief that other relatives are caring for the baby in the afterlife.

> "*When… my grandfather died… that gave me quite a bit of relief, in the sense that someone was looking after her up there...*" Rachel p. 22-23/l. 782-790

Sense-making relating to ongoing spiritual connections with the baby seems to be founded in a conceptualisation of death being vanquished. Those participants with religious beliefs fashion a continuing bond from the certainty of everlasting life: "*As a Christian… I know I will see him again*." (Caroline p. 17/l. 314). This concept of a potential renewed relationship in an afterlife may serve to bolster the stillborn baby's position as a family member. Continuing bonds could be interpreted as burgeoning outwards from mother and child, and to other members of the family, as meaningful interactions are perceived to be taking place beyond the grave. In the excerpt below, the stillborn baby sits upon his grandfather's lap – residing in a place of safety – as he waits for his mother.

> *"I suppose, because I am a Christian, I believe and I know that the little baby is in Heaven and I will see him again one day. So that's a comfort… And then my sister-in-law, she had a dream – because my father passed away last year – that he* [the baby] *was sitting on my dad's lap…"* Caroline p. 16-17/l. 275-322

In her participant interview, Caroline shared a picture of the words she chose to have engraved on her son's memorial plaque, which underscore her belief in spiritual reunion: "*You will be in our hearts forever. See you, one day, in Heaven.*" (Caroline p. 24/l. 462-464).

3.6. Superordinate theme: 5) Experiencing connection in the life beyond loss

Sense-making regarding the ways in which it might be possible for the bereaved mother to experience continuing bonds with her stillborn baby whilst treading a life path of development and growth appear in the analysis. Individual participants appear to experience the post-loss world in different ways. Whilst some encounter a drive to retain connectedness with their baby, others long to move beyond the loss. Experiencing the world as an altered place, following the loss of the baby, seems common to all the participants, with increased scepticism and fractured religious belief often foregrounded. Experiences of post-traumatic growth also appear, with some participants finding purpose in stillbirth awareness-raising as a route to finding a meaningful community of loss which boosts the personhood of the stillborn baby. Others share experiences of a deepened empathy for others or an increased sense of personal strength. Those participants who have gone on to have subsequent children share the ways in which they experience new motherhood in the light of the baby they lost.

3.6.1. Subordinate theme: An altered world: "*I was that person*"

The world may appear irrevocably altered by the stillbirth experience and perceived changes to close relationships and altered sense-making relating to existential purpose may be experienced by the bereaved mother. Common experiences of a "*disorientating*" lack of connection with a previously respected faith or social group seem to leave mothers feeling segregated within their experience of continuing bonds. Themes of an uncertain "*post-death reality*" are present: *"You never know what* [will] *happen tomorrow." (*Aurelia p. 28/l. 995–996). The experience of stillbirth may shatter previous feelings of safety and leave the mother feeling newly aware of the fragility of life. Experiences of mourning for a pre-bereavement state of happiness seem to be commonly experienced: *"The time when we were happy. We were expecting him and … there was none of this heartbreak."* (Heather p. 14/l. 479-481).

Experiences of disenfranchised grief seem to reveal emotional fragility and a sense that the potential for trust is disrupted by the loss. Aurelia shares the way in which she is affected by

inappropriate social responses to her bereavement. Sharing meaningful memories of the baby becomes risky for the mother, as others fail to appropriately respond to the loss.

> *"You are angry because somebody said something … insensitive... They try and be supportive but, even now, if I would talk to somebody, I could be upset... It's a fragile subject."* Aurelia p. 20-21/l. 713-728

In the segment below, Heather shares her experiences of jealousy, as she encounters other pregnant women. She mourns the loss of her previous state of "*peace*" and shares a revised process of sense-making in which pregnancy is transformed into an unsafe space.

> *"When people say they're pregnant… I feel a bit jealous... I was that person, when I was pregnant with Hal. Now, I think that people should not be planning ahead because it* [stillbirth] *could happen to them. It's a really horrible thought… I look at pregnant women and … I'm just wishing I had that peace.'"* Heather p. 29/l. 1007-1030

3.6.2. Subordinate theme: Holding on, letting go

Processes of sense-making which relate to post-traumatic growth seem to promote a sense of increased empathy and wisdom in the bereaved mother. The positive impact of bereavement support groups allows some participants to encounter a community of loss which validates experiences of continuing bonds. Experiences of decreased disenfranchisement seem to prompt positive sense-making relating to support groups: *"It was very, very important because it made me feel less isolated."* (Heather p. 15/l. 517-525). In the following excerpt, Heather describes locating a sense of fellowship, which allowed her to experience her perceptions of a continuing bond with her lost child as being understood by others.

> *"We try and see each other, especially when we know it's each others anniversaries* [of stillbirth]*. Just having that kind of unified relationship – just somebody that gets it …"* Heather p. 16/l. 546-554

A connection between the passing of time and the soothing of the rawness of grief appears in the analysis. The bereaved mother may gradually feel better able to share her memories with others: "*Time definitely does help… And you can talk about it easier to strangers*." (Caroline p. 29/l. 560–561). For some, it seems possible to treasure precious memories of

the lost child and to background feelings of regret: *"I'm not sorry that it happened… I'm so grateful for the time that I had."* (Caroline p. 49/l. 947-949). It seems that the passage of time may somewhat lighten the grief in a manner which allows for more manageable experiences of loss.

> *"I think I've come a long way. It doesn't feel as dark. I can sit and cry for a bit but then I can get up and do something else. It's painful but it has eased..."* Heather p. 29/l. 1003-1007

The passing of time may allow the bereaved mother to remain connected to more positive aspects of continuing bonds: "*Most of the time, you don't have the painful loss but you remember the nice things*." (Caroline p. 47/l. 921-922). Experiences of post-traumatic growth appear to encourage identifying a characteristic of increased strength within the self: *"It hasn't affected me negatively… it helps form your character. You can help other people…"* (Caroline p. 41/l. 796-800). Writing about the experience of stillbirth or engaging with community events may provide routes to positive connection and awareness raising may be experienced as "*important*" and "*therapeutic*".

3.6.3. Subordinate theme: Ways of relating to the stillborn baby via subsequent children

At point of interview, two of the participants had gone on to have subsequent children following their stillbirth and themes of subsequent children providing a route to continuing bonds with the lost baby can be identified in the analysis. Subsequent children may offer a route to hope and continued sense-making for the bereaved mother: "*It* [having a subsequent child] *helped give me life*." (Heather p. 12/l. 13–14).

Themes of a deep longing for another child to replace the lost baby arise in the analysis. Aurelia shares her experience of a continued desire for a child to hold in her arms, which serves both to construct her stillborn son and also perhaps suggests a wish to efface his loss. The use of "*want*" and "*need*" in the following extract foregrounds a seemingly primal maternal desire for a living child to nurture.

> *"The most important thing was to have another baby. I didn't want to tread on the past because I knew it will not bring the baby back ... The most important thing, for me, was I want to have a baby … I need to hold a baby in my arms."* Aurelia p. 14/l. 421-428

Ways of relating to subsequent children which configure the lost child appear in the segment below. Aurelia shares the way in which she constructs the gender of her second child in relation to the gender of her stillborn son. Her language is permeated with concepts of healing or rewriting the past. Though she acknowledges the impossibility of "*replacing one with another*", she also relates her living daughter to the metaphor of a "*new chapter*". She seems – in this moment – to wish for a blank page upon which to rewrite her maternal experience.

> *"I was little bit sad that we had a girl … We thought, if we would have a boy, then it was kind of like it* [the stillbirth] *never happened. If a boy to come, then we start from beginning. But then, thinking, maybe having a girl is better? Because it is not just replacing one with another. It is different – a new chapter…"* Aurelia p. 15/l. 514–536

An experience of a continued bond with the stillborn baby being transfigured in the life of subsequent children is particularly present in Heather's narrative. In the excerpt below, she explains the way in which she values the familial conduit between her stillborn son and her two subsequent children and suggests that her subsequent children are able to "*give*" her "*something"* of Baby Hal.

> *"We didn't know if he* [subsequent child] *was going to be a boy or a girl… If he looked like Hal when he was born, does that mean there's a similarity to what Hal could have looked like? It's important – that blood connection between the boys. And giving me something of what Hal might have looked like… It helps."* Heather p. 12-13/l. 415-438

Meaningful objects may be used to connect subsequent living children with the stillborn baby. Sense-making relating to clothes and toys seems to endow shared objects with cumulative meaning, as they link subsequent children with their stillborn sibling.

> *"My boys know they were Hal's things ... It's kind of nice, in a way, because the boys have worn these clothes and played with these toys. So there's … they are associated with all three of them."* Heather p. 14/l. 481-497

A powerful wish for the stillborn baby to be known to subsequent children seems to be present in the excerpt below. Heather shares the way in which she talks to her living sons about their stillborn brother. She and her children appear to create a shared narrative

relating to Hal and the existence of a continuing bond, passed from mother to child, seems evident. The family unit constructs Hal as a beloved family member, who remains permanently present and yet irrevocably distant.

> *"My sons talk about Hal a lot. We talk about him being in the stars. I heard one of them saying to a friend the other week: 'I've got a brother, another brother, he's up in the stars.'"* Heather p. 11/l. 380-384

3.6. Reflections on the position of the researcher

It seems essential to foreground the role of the researcher in this act of interpretation. As I take my participants' words and extract meaning from them, I am aware that I cannot help but be implicated in the analysis. I have tried to bracket my assumptions regarding the experience of my participants but know that tensions arise between the experience of the participant and that of the researcher. The double hermeneutic is demonstrated, as I inevitably become a part of the interpretative process and a two-way relationship develops as making decisions regarding superordinate themes inevitably shapes the findings.

My meaning-making in this process is touched by my own life experience. As the mother of four children, I find myself awed by my participants' ability to find the words which convey this journey of profound loss. I have struggled with some of the more visceral accounts of stillbirth, which I found challenging to interpret, and I acknowledge that immersing myself in these stories has sometimes felt harrowing. Depictions of an ongoing bonds and feelings of connectedness were easier for me to contain than more bruising descriptions of loss. I know that I have had to consciously forced myself to confront the darkness in some of the narratives. However, though I became aware of an urge to edit-out the more macabre and bleak elements, I can now reflect that the dark and the light in these experiences enhance one another and facilitate a fuller picture of individual meaning-making.

Chapter 4: SNA analysis

4.1. Gee's poetic approach

Following Gee's (1991) method (See Fig 4.1.), each vignette has been parsed and analysed. The theory behind each level is explained within the analysis of the first vignette.

Figure 4.1.: Gee's five-level analysis

Five levels of structure in a narrative text with their contribution to interpretation and how they are formally signaled.

Level	Formal marking	Role in interpretation
1. Line and stanza structure	Patterning	Ideas and perspectives on characters, events, states, information
2. Syntax and cohesions	Word order and grammatical words	Logic and connections
3. Main-line/ non main-line	Verbal system and aspect	Plot
4. Psychological subjects	Grammar	Point of view
5. Focusing system	Pitch and stress	Image/theme

4.2. Heather's vignette: "*Just having something to hold on to"*

The title of this section has been selected for its capacity to reflect Heather's consistent yearning for physical contact with her child. The baby is named as "Hal" within this analysis which reflects Heather's feelings regarding the importance of giving prominence to the name of her child as a method of remembrance.

The text has been parsed using Gee's (1991) method of structuring the participant's transcript into parts, strophes and stanzas (See Figure 4.2.). Attention is given to the

prosodic emphasis of the speaker and to linguistic characteristics and meaningful content. Each idea unit is intended to contain a fresh focal point. These units are guided by intonation, which indicates whether the narrative is being naturally divided into segments. Gee's method suggests the grouping of lines into stanza formation. Stanzas are then grouped into strophes, which house wider sections of content. These strophes are ordered into parts, which create a framework of meaning. In order to stay close to each participant's sense-making, I have chosen to use the participants' own words to title the parts, stanzas and strophes.

In adhering to Gee's structure, it proved challenging to identify the strophic segments. This may be because the length of vignettes I have chosen are somewhat shorter than the segment chosen by Gee in his original analysis. My segments of text resulted in fewer stanzas and therefore a slight lack of differentiation between some of the strophes. Though some of the parts contain just a single strophe, my intention is to create a hierarchy of headings which gives the sense of encountering each section of the vignette in increasing depth. Although this could be interpreted as disrupting Gee's original intent, I felt it was important to retain the titles of the strophes in order to remain loyal to his existing linguistic form. I have tried to pay close attention to what is being said by each participant and to use their words to enhance Gee's structure by amplifying resonant meaning. Each section is titled with the intention of capturing the layers of participant language which signify sense-making at different points within each vignette.

In order to parse Heather's transcript, it was necessary to pay close attention to content and meaning. To achieve a cohesive narrative, non-verbal clues such as "erm" were removed (Gee, 1991; Riessman, 1993). However, I retained Heather's non-verbal exclamation "Ahhhh" – on recalling the "*smell'* of Hal – because of its emotional resonance.

Figure 4.2.: Heather holds Baby Hal – Parsed text

PART 1: (That moment)

STROPHE 1: (He'd lost his little hat)

STANZA 1: (The moment that you feel him)
1. That moment is the moment that you feel him/ you smell him
2. And/ as I said before/ that smell of his was the clothes he was wearing/ was laundry detergent that I'd obviously used/ to wash all his new things

3. I remember once/ we'd been to see him quite a lot/ and he'd lost his little hat
4. So/ the bereavement/ no/ it wasn't the bereavement midwife/ it was my antenatal midwife

STANZA 2: (Opening a drawer)
5. Who was/ and still is/ really amazing
6. She was there for both the births of X and X/ because I had C-sections/ she came in and I had her antenataly
7. I remember opening a drawer/ with all the clothes in/ to get another hat for him to put on him
8. Because she said she'd been to see him

PART 2: (It definitely wasn't that)

STROPHE 2: (Can you remember?)

STANZA 3: (A day when we couldn't go)
9. I think there was a day when we couldn't go/ I can't remember/ I think we were sorting out funeral arrangements
10. And I opened the drawer/ the smell just came out
11. And I was like/ 'Ahhhh this smells of Hal!'
12. And she [the midwife] was like/ 'Can you remember what laundry powder you used?'
13. And I was like/ 'No because I just buy whatever is on special.'

STANZA 4: (Every time I held him)
14. I was in cupboard like going/ "It definitely wasn't that!"
15. There was a new bottle/ you know/ so
16. But I remember/ just taking clothes out all the time
17. Because every time I held him/ I had that smell

PART 3: (They stayed with me)

STROPHE 3: (That kind of sense)

STANZA 5: (I held his baby-grows)
18. And I could just/ I held his baby-grows
19. And they stayed with me/ for a quite a long time
20. And then/ they started losing their smell

21. And/ yeah/ I don't think I've ever found that smell again

STANZA 6: (Just having something to hold on to)
22. But/ that holding him/ again, it's just that memory building
23. Just having … something to hold on to/ smells and noises
24. There was no noise/ apart from the sounds of babies crying
25. When we went to see him/ there really wasn't anything else of that kind of sense

STROPHE 4: (I just didn't ever want to forget)

STANZA 7: (Memorising his face)
26. But/ just looking at him
27. And memorising his face
28. His features
29. I just didn't ever want to forget what he looked like

4.2.1. Level 1: Line and stanza structure

The outline of Heather's vignette, in terms of stanzas, strophes and parts, is distilled from the parsed text and provides a framework for the layers of analysis (See Fig 4.3.).

4.2.1.1. Part 1

The first part of the vignette is entitled "That moment", with the intention that this overarching point of mother and child connection crowns Heather's narrative. Her recurrent emphasis on a desire to reconnect with her experience of "*that moment*" has influenced a hierarchy of titling of the parts, strophes and stanzas, which are held firmly by a focus on this experience of holding Hal. The titling of the first strophe places a focus on an experience of a maternal wish to nurture Hal from afar: "He'd lost his little hat".

In the first stanza, "That moment when you feel him", Heather recalls how it felt to hold Hal. She shares the sensory experiencing of the scent of his clothing. In this first stanza, multiple layers of connection materialise for the reader. Heather recalls holding her baby and yet she is also separated from him. In the second stanza, Heather moves away from sensory recollection and re-focusses on a connection with the midwife. The second stanza is entitled simply: "Opening a drawer". The drawer may be interpreted as a symbolic representation of

memory, functioning as a connecting portal between mother and child. Heather is searching for a hat to be placed upon the head of her stillborn son. Is this action futile, loving, comforting or heart-breaking? In this quotidian moment lies the tenderness and distress of the everyday, as the reader encounters this maternal act of care.

4.2.1.2. Part 2

The second part of Heather's vignette is entitled: "It definitely wasn't that". This choice of title foregrounds her search for the scent of the washing powder which has the potential to trigger feelings of connection with Hal. Heather's entire vignette appears underpinned by a profound search for a means of staying close to her baby. Just as the scent of the washing powder is never replicated, so Hal cannot be fully returned to Heather. The titling of the second strophe brings the focus to the question of recall: "Can you remember?" Heather's consistent focus remains trained on methods of securing memory and seems to reverberate throughout Heather's experience. The third and fourth stanzas oscillate between proximity to and distance from the baby. Heather is first separated from her son: "A day when we couldn't go." However, even from home, she encounters Hal remotely via the scent of his clothing. The fourth stanza draws close to Hal, as Heather recalls: "Every time I held him." She remembers her repeated encounters with Hal and recalls the repeated ritual of encountering Hal's scent: "I had that smell."

4.2.1.3. Part 3

Part 3 takes Heather's words "They stayed with me" as its title. The phrase is powerfully resonant of her description of sense-making around objects which come to represent Hal. Here, she seems to refer to his clothing as a source of comfort. The inevitable loss of the scent remains resonant of an experience of a forced withdrawal from Hal, despite Heather's best efforts to stay with him.

The third strophe takes "That kind of sense" for its title and this seems powerfully reflective of Heather's sense-making relating to sensual triggers. Heather trawls memories of the physical experience of her child in order to re-encounter her baby. The fifth stanza, which is contained within this strophe, is entitled: "I held his baby-grows." In this stanza, Heather holds Hal's clothing. The closing line seem to convey the brutal permanency of Heather's loss: "I don't think I've ever found that smell again."

The sixth stanza, entitled “Just having something to hold on to”, encounters Heather’s constant wrestling with the presence and absence of Hal. In this stanza, Heather is transported to the memories of holding Hal’s body. She moves backward to a time, before the baby-grow reminders, when experiences of contact with her child’s body were a reality.

The fourth and final strophe takes Heather’s reflections on her wishes for retained memory as its title: “I just didn’t ever want to forget.” This seems to powerfully foreground Heather’s wish to soothe her instinct to nurture via remembrance. The stanza heading brings the reader close to Heather’s conscious attempts at retaining connection: “Memorising his face.”

Figure 4.3.: Heather’s vignette: Line and stanza structure

PART 1: THAT MOMENT

STROPHE 1: HE’D LOST HIS LITTLE HAT
STANZA 1: The moment that you feel him
STANZA 2: Opening a drawer

PART 2: IT DEFINITELY WASN’T THAT

STROPHE 2: CAN YOU REMEMBER?
STANZA 3: A day when we couldn’t go
STANZA 4: Every time I held him

PART 3: THEY STAYED WITH ME

STROPHE 3: THAT KIND OF SENSE
STANZA 5: I held his baby-grows
STANZA 6: Just having something to hold on to

STROPHE 4: I JUST DIDN’T WANT TO FORGET
STANZA 7: Memorising his face

4.2.2. Level 2: Syntax and cohesion

The syntactic system signposts the basic narrative, endows the text with cohesion and indicates the logical progression of the story. The repetitive elements of Heather's vignette hint at the yearning which underpins the narrative. The sing-song repetition of "*that moment*", "*that smell*" and the repeated use of the conjunctive "*and*" packs out the text with a sense of recurrence.

Heather's language appears to search for something to wrap itself around. Her use of the opposing "*noises*" and "*no noise*" foregrounds a comparison between other crying babies and her silent son. The use of "*memorising*", "*forget*" and "*remember*" indicates a focus on recall. The repetition of "*time*", "*all the time*", "*every time*", "*quite a long time*" foregrounds the constancy of Heather's grief.

4.2.3. Level 3: Main line of the plot

This third level of analysis identifies the division of main-line plot and material that is off the main line (Hopper & Thompson, 1980; Gee, 1991). This main line is constituted by main clauses and is identified by perfective aspect – which is an action expressed as a whole – using the simple past tense or the historical present, which involves a verb phrase in the present tense referring to a past event. The main line excludes incidental information or descriptions of less central importance and also generic events (Gee, 1991). Despite the exclusion of material from the main-line plot, the non main-line material is worthy of note. The excluded material raises questions regarding the process and allows main-line material to be interpreted within a wider frame.

The main line of Heather's narrative focusses on the sensory connection between Heather and Hal (See Fig 4.4.). Questions raised include considering the lost "*little hat*". Although this is excluded from the main plot, it is also significant. The hat remains central and yet distant – just as Hal is present for Heather and also lost. The midwife and Heather's subsequent children also remain within the sub-plot and do not take a central role despite their evident importance.

Figure 4.4.: Heather's vignette - Main line of the plot

STANZA 1 (lines 1 and 2)
1. That moment is the moment that you feel him/ you smell him
2. And/ as I said before/ that smell of his was the clothes he was wearing/ was laundry detergent that I'd obviously used/ to wash all his new things

STANZA 3 (lines 10 and 11)
10. And I opened the drawer/ the smell just came out
11. And I was like/ 'Ahhh this smells of Hal!'

STANZA 4 (lines 16 and 17)
16. But I remember/ just taking clothes out all the time
17. Because every time I held him/ I had that smell

STANZA 5 (lines 18, 19 and 20)
18. And I could just/ I held his baby-grows
19. And they stayed with me/ for a quite a long time
20. And then/ they started losing their smell

STANZA 6 (lines 22 and 23)
22. But/ that holding him/ again, it's just that memory building
23. Just having … something to hold on to/ smells and noises

STANZA 7 (line 29)
29. I just didn't ever want to forget what he looked like

4.2.4. Level 4: Psychological subjects

The fourth level of analysis focuses on the grammatical subjects of the main clauses (See Fig 4.5.). These psychological "*launching points*" are given prominence because they indicate the empathic stance of the narrator and may relate to animate or inanimate objects (Gee, 1991). Following Gee's suggestion, the analysis below excludes extra-narrative comments, which move away from the main content, and also "*dummy subjects*", which might be create a meaningless subject.

The range of psychological subjects stays narrow through the repeated use of "*him*" and "*I*". In the first stanza, the focus of the psychological subjects is on "*he*", "*him*" and "*his*". Hal takes centre stage and remains the dominant subject. The only other subjects are Heather, who locates herself with her child, and also Hal's clothing.

In the second stanza, the psychological subjects remain united around Hal. The midwife is present in her capacity to visit Hal. It is the "*midwife*", the baby's "*hat*" and Hal that remain dominant. In Stanza 3, amidst reference to the parent couple and the midwife, it is Heather who reappears alone as the "*I*" and self-referential "*you*". In Stanza 4, inanimate objects, resonant of Hal, appear. In Stanza 5, it is Heather's repeated first-person "*I*" that interweaves with references to Hal. In Stanza 6, other living babies surround Heather's visits, as a counterpoint to the silence of Baby Hal.

The psychological subjects of Stanza 7 focus on Hal as the sole subject. The closing psychological subjects are Heather's "*I*" and Hal's "*he*". Even as psychological subjects, Heather and Hal remain simultaneously apart and together and Heather never refers to the pairing as "*we*".

Figure 4.5.: Heather's vignette - Psychological subjects

PART 1
STANZA 1: you (= oneself, 1), him (= Hal, 1), you (= Heather is referring to herself, 1), him (= Hal, 1), I (2), his (= Hal, 2), he (= Hal, 2), I'd (2), his (= Hal, 2), I (3), we'd (= Heather and her husband, 3), him (= Hal, 3), he'd (= Hal, 3), his (= Hal, 3), hat (3)

STANZA 2: she (= the midwife, 6), I (6), she (= the midwife, 6), I (6), her (= the midwife, 6) I (7), him (= Hal, 7), him (= Hal, 7), clothes (7), hat (7), she'd (= the midwife), him (= Hal, 8)

PART 2
STANZA 3: I (9), we (= Heather and her husband, 9), I (9), I (9), we (= Heather and her husband 9), I (10), this (= the smell of Hal, 10), I (11), Hal (Hal, 11), she (= the midwife, 12) you (12), you (= oneself, 12), I (13), I (13)

STANZA 4: I (14), it (= the laundry detergent, 14), that (= the laundry detergent, 14), bottle (= laundry detergent, 15), I (16), clothes (16), I (17), that (= the smell of the laundry detergent, 17), him (= Hal, 17), I (17)

PART 3
STANZA 5: I (18), I (18), his (= his baby-grows, 18), they (= the baby-grows, 19), me (19), they (= the baby-grows, 20), their (= the baby-grows, 20), I (21), I've (21), that (= the smell of the laundry detergent, 21)

STANZA 6: him (= Hal, 22); babies (24); we (= Heather and her husband, 25); him (= Hal, 25)

STANZA 7: him (= Hal, 26), his (= Hal, 27), his (Hal, 28), I (29) he (= Hal, 29)

4.2.5. Level 5: Focussing System

Level five requires attention to pitch glide, as this signals the focus of each sentence. These emphatic resonances indicate new or important information which the speaker wishes the listener to prioritise. This fifth level of analysis signposts the key themes which construct the narrative landscape. Following Gee's notation, text taken from different lines within the same stanza is separated by a hashtag, and text taken from different units within the same line is separated by a comma, whilst underlined words indicate stronger emphasis.

Through listening to Heather's recording, I was able to identify words and phrases which were given pronounced pitch. However, because Heather is crying intermittently throughout this segment, her voice is softened and some intonation is lost. Underlined words indicate stronger emphasis. The content of the tonally pronounced words stay close to the sensory experience of holding Hal (See Figure 4.6.). The pitch glide signposts an emphasis on the smell of the baby's clothing. Other focal points highlight the midwife and also the crying of other babies during visits. The final focus foregrounds Heather's attention to memorising Hal's face in order to avoid the desertion of forgetting.

Figure 4.6.: Heather's vignette - Focused material within each stanza

PART 1
STROPHE 1
STANZA 1: feel him, smell him # smell of his # antenatal midwife

STANZA 2: really amazing # I remember opening a drawer, with all the clothes in

PART 2
STROPHE 2
STANZA 3: 'Ahhh … this smells of Hal' # special

STANZA 4: 'It definitely wasn't that!' # you know # taking clothes out all the time # that smell

PART 3
STROPHE 3
STANZA 5: held, baby-grows # started losing their smell # ever, that smell again

STANZA 6: just that memory building # something to hold on to, smells, noises # no noise, apart from, sounds of babies crying # there really wasn't anything else

STROPHE 4
STANZA 7: just looking at him # memorising, face # features # didn't ever want to forget

4.2.6. Discussion of Heather's vignette

In approaching Heather's text via Gee's (1991) linguistic approach, it has been possible to encounter amplified elements which provide an impactful reading. The structure of the parsed text allows the shape of the narrative to appear. This contains both close contact with Hal and also a searching for sensory triggers. The vignette zooms in and out of a focus on Hal, with the closing Stanza 7 staying intensely near to his face.

The syntactic system, which conjures the desire for sensory experience, seems evocative of Heather's yearning. Themes of time and memory are reinforced by this system which turns repeatedly towards the baby. The main line of the plot supports this skeleton of longing, as a pared-down structure moves ever closer to Hal. The psychological subjects return to the intimate pairing of mother and child. Finally, the focussing system completes this layered sequence of interpretation, as Heather's voice draws the reader towards her physical experiencing of her child.

4.3. Rachel's vignette: "*It was really nice but it was horrible"*

The title of Rachel's vignette has been selected for its powerful illustration of this participant's recurrently dichotomous response to her loss, which repeatedly involves the collision of opposing affect (See Fig 4.7.). Although non-verbal content has been removed from Rachel's narrative, I have retained certain pauses, denoted by ellipses. At these points, Rachel pauses significantly and is also crying. As most of her narrative is spoken with

emphasis, these moments of silence warrant retention because of the deep emotion they represent.

Rachel's child is named as "Little Fish" in this analysis, which seemed most reflective of the feelings regarding the meaningful informal naming of her child which Rachel chose to share.

Figure 4.7: Rachel holds "Little Fish" – Parsed text

PART 1: (It was really nice but it was horrible)

STROPHE 1: (She was perfectly fine)

STANZA 1: (She looked exactly like us)
1. It was horrible!
2. No/ It was really nice/ but it was horrible
3. I just cried and cried and cried and cried and cried/ because she looked exactly like us
4. So … and she looked, she was perfectly fine

STANZA 2: (When they grow up)
5. And/ you know/ … some babies are like really, really ugly
6. And she was really cute
7. I can just/ like/ look at babies/ and think that they are really ugly
8. But/ it's fine/ because when they grow up/ they will be cute

PART 2: (It was dead silent)

STROPHE 2: (It was just very weird)

STANZA 3: (Her body was just totally like my husband's)
9. She was really cute/ and had, you know, like, my lips/ and my nose and my husband's eyes
10. You know/ like/ proper … just all
11. And her body was just like totally my husband's
12. She was totally all just with-it/ and had hair already

STANZA 4: (Just like a normal, normal baby)

13. She was just like a normal, normal baby/ except she was floppy
15. So it was just very weird/ The whole thing was weird
16. Because when you give birth/ … she's … there's meant to be crying
17. Like, there is meant to be crying/ But it was dead silent

PART 3: (We were holding her)

STROPHE 3: (There is no movement)

STANZA 5: (She's like a little doll)
18. We were holding her/ And like she looked like a totally normal baby
19. But there is no movement/ there's no …
20. So she's like a little doll
21. It was so weird/ The whole thing was just so weird

STANZA 6: (That baby I'd looked after)
22. But it was really sad
23. Because it was that baby that I'd looked after for so long/ been totally ill for
24. So, I thought, like, at least it was like, it wasn't illness
25. It was, you know, just something that I needed to go through

STROPHE 4: (For no point)

STANZA 7: (It was very horrible)
26. But then, ultimately, if she's come out dead
27. Then I was ill for nine months/ for no point
28. It was like very horrible/ it was very horrible
29. The doula took pictures/ which was very helpful/ of us holding her

4.3.1. Level 1: Line and stanza structure

4.3.1.1. Part 1

Rachel's phrase, "It was really nice but it was horrible", has been selected for the title of Part 1 because this seems to encapsulate the tensions present within this vignette (See Fig 4.8.). Rachel consistently returns to the opposing emotions which she experiences and juxtaposes

these conflicting descriptions. She encapsulates her encounter with “Little Fish” by reflecting on the experience as both “*nice*” and “*horrible*”. The titling of the first strophe, “She was perfectly fine”, allows the reader to encounter “Little Fish” as she appears to Rachel. This challenging veneer of normality enhances the brutal reality of her daughter’s death. The titling of both stanzas reflect the potential for surrounding life which frames the loss of the baby within a context of continued vitality. The painfulness of the baby’s lifeless body is amplified by her physical similarity to her living parents: “She looked just like us”. In turn, this is framed by the potential for other living babies to grow and develop: “When they grow up”. For Rachel, there seems to be both deep grief and joy in the experience of recognising her daughter. Her repetition of “*cried*” brings the reader close to her experience of loss.

4.3.1.2. Part 2

The second part is entitled “It was dead silent” and foregrounds Rachel’s experience of emptiness. In this segment, she defines her own experience in terms of absences. The titling of the second strophe explores this absence by highlighting Rachel’s suggestion of the surreal: “It was just very weird”. The two stanzas which follow highlight a superficially recognisable moment. The baby resembles her father: “Her body was just totally like my husband’s”. The baby has familiar “*lips*”, “*eyes*” and “*hair*”. However, the usual cues of health are absent, as “Little Fish” remains floppy and the “*weird*” and something of the unearthly seems to be present.

4.3.1.3. Part 3

The third part of the vignette contains Rachel’s experience of holding her baby: “We were holding her”. The titling of the third strophe foregrounds Rachel’s emphasis on the stillness of “Little Fish”: “There is no movement”. Whilst the fourth strophe highlights Rachel’s expression of a deeper lack, the absence of purpose: “For no point”. The fifth stanza unpacks the baby’s lack of vitality, as Rachel likens her daughter to an inanimate manikin: “She’s like a little doll”. In the sixth stanza, Rachel reflects upon the futility of her pregnancy: “That baby I’d looked after”.

The fourth strophe culminates in an experience of distress: “It was very horrible”. There is a brutality to the language which may denote anger, as Rachel bluntly states: “*If she’s come out dead then I was ill for nine months for no point*”. Rachel shares the distress of the experience by repeating “*very horrible*”, whilst the closing line appears almost banal. The

doula's photographs of the family provide a shadow scene. The "*normal*" photographs of birth are distorted in a darkly altered image of mother and baby.

Figure 4.8.: Rachel's vignette - Line and stanza structure

PART 1: IT WAS REALLY NICE BUT IT WAS HORRIBLE

STROPHE 1: SHE WAS PERFECTLY FINE
STANZA 1: She looked exactly like us
STANZA 2: When they grow up

PART 2: IT WAS DEAD SILENT

STROPHE 2: IT WAS JUST VERY WEIRD
STANZA 3: Her body was just totally like my husband's
STANZA 4: Just like a normal, normal baby

PART 3: WE WERE HOLDING HER

STROPHE 3: THERE IS NO MOVEMENT
STANZA 5: She's like a little doll
STANZA 6: That baby I'd looked after

STROPHE 4: FOR NO POINT
STANZA 7: It was very horrible

4.3.2. Level 2: Syntax and cohesion

In the first and second stanzas, the repeated juxtaposition of opposites seems to mirror Rachel's inner conflict. There is an acute mix of understatement and hyperbole and the syntactic structure eventually fragments. In the third stanza, the syntax brings the reader an inventory of the baby's resemblance to her parents. The repetitive use of "*my*" weaves throughout the lines, foregrounding Rachel's connection to her daughter. In the fourth stanza, the splitting of the lines gives formal structure to the conflicting concepts with which Rachel grapples.

In Stanza 5, the repetition of "*totally normal*" conveys Rachel's disbelief. The syntax of Line 19 collapses into silence, with an implosion of phrase structure. The language unravels and a surreal simile dominates the following line. In the sixth stanza, the lines lengthen and the elongated syntax of Line 23 recreates the lengthy sickness of Rachel's pregnancy. The surreal is present, with Rachel's repetition of "*so weird*", and her hyperbolic language emphasises the impact of her experience. References to "*she*" in the previous stanza change to "*that baby*". A sense of purposelessness permeates and there is a finality to the syntactic structure of the closing stanza, as the language contracts down to basics: "*dead*"; "*nine months*"; and "*no point*".

4.3.3. Level 3: Main line of the plot

The main-line plot focusses on Rachel and her husband holding "Little Fish" (See Fig 4.9.). The conflicting emotions are made clear via the oppositional content of the language. The adjectives are polarised, as Rachel lists: "*nice*"; "*horrible*"; "*normal*"; and "*weird*". This paring-down of the main line of the plot amplifies Rachel's communicative style. Questions raised by this process include examining the power of the non main-line "*babies*", who hold their own significance because they represent all that is lost to Rachel and "Little Fish". There is no future to be found within the main plot. However, an awareness of the potential for other live births is present in the frame of the unabridged vignette. Rachel's hyperemesis is also excluded from the main line and yet holds its own power as non main-line content which configures the waste of her pregnancy.

Figure 4.9.: Rachel's vignette - Main line of the plot

STANZA 1: Lines 1, 2 and 3

1. It was horrible!
2. No/ It was really nice/ but it was horrible
3. I just cried and cried and cried and cried and cried/ because she looked exactly like us

STANZA 3: Lines 9, 11 and 12

9. She was really cute/ and had, you know, like, my lips/ and my nose and my husband's eyes
11. And her body was just like totally my husband's
12. She was totally all just with-it/ and had hair already

STANZA 4: Line 13

13. She was just like a normal, normal baby/ except she was floppy

STANZA 5: Lines 18, 19 and 20
18. We were holding her/ And like she looked like a totally normal baby
19. But there is no movement/ there's no …
20. So she's like a little doll

STANZA 6: Line 22
22. But it was really sad

STANZA 7: Line 29
29. The doula took pictures/ which was very helpful/ of us holding her

4.3.4. Level 4: Psychological subjects

The range of psychological subjects (See Fig 4.10.) remains intimately narrow. The dominant subjects are "*she*" and "*my*", reflecting the mother and child connection. Also featuring as a subject is "*us*", denoting the shared parental loss. An initial first-person "*I*" broadens to "*she*" and then "*us*", as the dyad becomes a triad and Rachel's husband enters the vignette. The focus returns to Rachel's daughter, as the stanza closes with the repetition of "*she*". In the second stanza, the focus broadens to allow other "*babies*" into the frame. In Stanza 3, the focus of the the psychological subjects remains solely on mother and daughter, as the mention of "*she*" gives way to the quadruple repetition of "*my*".

The psychological subject of the fourth stanza is solely Rachel's daughter. The stanza collapses in upon itself, as its fragile focus strains to hold the baby. Stanza 5 opens with the presence of Rachel and her husband, and the initial "*we*" configures this triadic relationship. In the sixth stanza, the psychological subjects zoom in on mother and child. Finally, in the closing stanza, the subjects broaden, as if the contained dyad of the sixth stanza is too challenging to sustain.

Figure 4.10.: Rachel's vignette - Psychological subjects

STANZA 1: I (3), she (= baby, 3), us (= Rachel and her husband, 3), she (= baby, 3), she (= Baby L., 4)

STANZA 2: babies (5); she (= baby, 6), I (7) babies (7), they (= babies, 7), they (= babies, 8), they (= babies, 8)

STANZA 3: 9. she (= baby, 9), my (9), my (9), my (9), her (= baby, 11), my (11), she (= baby, 12)

STANZA 4: she (= baby, 13), she (= baby, 13), she's (= baby, 16)

STANZA 5: we (= Rachel and her husband, 18), her (= baby, 18), she (= baby, 18), she's (= baby, 20), doll (20)

STANZA 6: baby (23), I'd (23), I (24), I (25)

STANZA 7: she's (26), I (27), doula (29), pictures (29), us (= Rachel and her husband, 29), her (= baby, 29)

4.3.5. Level 5: Focussing System

Listening to Rachel's recording, it was challenging to identify words that were not given pronounced pitch. Much of her language was given strong emphasis and the pitch glide foregrounded long phrases, reflecting the high emotion with which Rachel shared her experience.

Rachel's focussing system leads the listener towards oppositional content (See Fig 4.11.). The pitch glide reveals the emotional tensions of the "*horrible*" but "*nice''* experience of holding "Little Fish". In the third stanza, the pitch glide highlights an inventory of "Little Fish's" physical features, as Rachel describes the experience of seeing herself and her husband physically mirrored in their child. In the fourth stanza, the pitch glide draws out the "*normal*" yet "*weird*" nature of the experience. In the fifth stanza, the pitch zones-in further on the surreal nature of the experience. In the closing two stanzas, the pitch glide leads the listener back through Rachel's difficult pregnancy and emphasises a sense of futility.

Figure 4.11.: Rachel's vignette - Focused material within each stanza

PART 1

STROPHE 1
STANZA 1: horrible # really nice, horrible # cried, cried, cried, cried, cried, looked exactly like us # and she looked, perfectly fine

STANZA 2: like really, really ugly # cute # really ugly # when they grow up, they will be cute

PART 2
STROPHE 2
STANZA 3: really cute, my lips, my nose, my husband's eyes #
Proper, just all # her body, totally my husband's # totally just all with-it, hair already

STANZA 4: normal, normal baby, except floppy # very weird, the whole thing was weird # give birth, there's meant to be crying # there is meant to be crying

PART 3
STROPHE 3
STANZA 5: holding her, like, totally normal baby # no movement # little doll # so weird, just so weird

STANZA 6: really sad # that baby that I'd looked after for so long, been totally ill for # it wasn't illness # go through

STROPHE 4
STANZA 7: ultimately, she's come out dead # ill for nine months, for no point # very horrible, very horrible # holding her

4.3.6. Discussion of Rachel's vignette

This layered reading of Rachel's vignette serves to amplify meaningful components. In initially parsing the text for stanza form, Rachel's emotional responses emerge. Conflicting experience is foregrounded, as Rachel employs the hyperbolic against the prosaic in order to sharpen an understanding of her own disorientation. At points, the syntactic structure falters, as language appears inadequate to conveying the experience.

The psychological subjects draw a close circle around “Little Fish”. The baby’s stillness is drawn into a triadic relationship with Rachel and her husband. The lens of Rachel’s narrative remains closely focussed on her baby and the final line sees mother, father and child frozen in the doula’s pictures. Finally, Rachel’s focussing system seems to distil her conflicting responses and draws out the deep anguish of her experience.

4.4. Aurelia’s vignette: “*I couldn’t hold him*”

The title of Aurelia’s vignette has been selected because of its identification of this participant’s core response to the death of her child which left her seemingly petrified with anger and incapable of close contact (See Fig 4.12.).

Aurelia’s choice of syntax and grammar is sometimes unusual, which may relate to the fact that English is not her first language. It seems important to acknowledge that this may have had an impact on the interpretation of the text.

Aurelia shared that she finds it difficult to use her son’s name and, for this reason, he is not named in the analysis.

Figure 4.12.: Aurelia looks at her baby – Parsed text

PART 1: (They took the baby away)

STROPHE 1: (There is no crying)

STANZA 1: (I gave natural birth)
1. I give birth/ and I ask if they can/ they put a screen on the front of me
2. Like when you have a C-section
3. I gave natural birth/ quite quick
4. With the hormones/ I think that help

STANZA 2: (You just cry again)
5. And they took the baby away
6. And then I was just kind of sad
7. Because there is no crying/ You know
8. And like/ and you just cry again

PART 2: (I was angry at the baby)

STROPHE 2: (I couldn't see the baby)

STANZA 3: (I couldn't do it)

9. But my husband was very broken too/ but he went to see the baby straight away
10. And I think he helped to dress the baby/ and stuff like this
11. I couldn't do it/ I couldn't see the baby
12. For maybe ten hours/ twelve hours/I don't remember now when

STANZA 4: (I was angry at myself)

13. I was quite angry
14. I was angry at the baby
15. At the doctors/ at the hospital
16. I was angry at myself that I didn't know/ I didn't spot it, anything

PART 3: (I was being angry at the doctor)

STROPHE 3: (If I will have enough scans)

STANZA 5: (They could prevent it)

17. If I will have enough scans/ be guided/ then I will know there is something/ then maybe they will spot that something is wrong
18. Over and over/ I was being angry at the doctor who stopped me having one more extra scan
19. What's ironic now/ in the hospital everybody having the third scan
20. Which mean you know there could be some signs/ they could prevent it

STANZA 6: (It was very supportive)

21. We got the bereavement nurse to help us a lot
22. What was amazing/ how can I say amazing but I do not know how to say
23. It was very supportive/ that they help us/ to organise the funeral
24. We didn't need to do anything

PART 4: (Just the perfect baby lying there)

STROPHE 4: (I couldn't hold him)

STANZA 7: (It was heart-breaking)
25. I saw the baby for a little/ some time/ I don't remember
26. It was heart-breaking/ you know, just lifeless
27. Just perfect baby lying there
28. Just perfect

STANZA 8: (I was just standing next to the cot)
29. But I couldn't hold him/ I don't think so/ I was just standing next to cot
30. And I think they dress him/ or my husband dress him
31. The nurse took some picture/ and the footprints
32. And/ as much as I was kind of against all this/ I did not want this procedure/ their advice I am very grateful

STANZA 9: (You can't think straight)
33. I am very grateful
34. Because/ I think/ when in the beginning/ when you are in shock and trauma
35. You can't think straight
36. You can't think/ you can't/ you can't

STANZA 10: (You can't think what you will feel)
37. You can't think what you will feel/ in a day or two
38. What kind of regrets you will have
39. For example/ if there would be no pictures
40. Like if you will have no memories

4.4.1. Level 1: Line and stanza structure

4.4.1.1. Part 1

The first part of Aurelia's vignette (See Fig 4.13.). is entitled: "They took the baby away". This choice of heading is intended to foreground this key moment of separation, which seems particularly central to Aurelia's experience. Aurelia's vignette is one which seems to closely engage with experiences of shock and anger. The first strophe takes Aurelia's words, "There is no crying", for its heading, as a means of drawing the reader's attention to the lack

of sensory experience. In both the title of the first part and the first strophe, Aurelia's words emphasise absence and silence. In the first stanza, "I gave natural birth", Aurelia highlights her physical experience of birth. She also shares that she requests a screen to be placed between her and the baby during birth – which seems reflective of her wish to detach from the experience. The titling of the second stanza uses Aurelia's words: "You just cry again". The distress of the mother appears to be juxtaposed with the absence of the baby's cries and highlights Aurelia's isolated experience.

4.4.1.2. Part 2

The title of the second part takes Aurelia's words: "I was angry at the baby". Aurelia's anger seems dominant throughout the vignette and this second part displays a particular focus on her rage. The titling of the second strophe draws in slightly from Aurelia's general experience of anger towards her choice to remain apart from her baby: "I couldn't see the baby". She remains separate from her son for many hours and this second strophe explores her experience of refusing to view her son's body. The third stanza is simply titled: "I couldn't do it". The hierarchy of titling in this second part is intended to reflect Aurelia's sense of disorientation. Aurelia's frozen experience of inaction appears to be set against an awareness of her husband's decision to visit the baby. The titling of the fourth stanza draws the reader's focus to the locus of Aurelia's anger: "I was angry at myself".

4.4.2.3. Part 3

In the third part, Aurelia's anger is focused on the medical staff: "I was being angry at the doctor". In the titling of the third strophe, her anger seems to turn to longing: "If I will have enough scans". Aurelia's words scour her experience of pregnancy and birth for a point at which her loss could have been prevented. In this fifth stanza, she aches to reverse the outcome of her pregnancy: "They could prevent it". The sixth stanza can be contrasted with the fifth in its expression of gratitude regarding Aurelia's positive bereavement care: "It was very supportive".

4.4.2.4. Part 4

The fourth part takes its title from Aurelia's exclamation: "Just the perfect baby lying there". This over-arching title is chosen for its location at the climactic heart of the vignette. This is the moment when Aurelia is finally able to visit her son. This brief viewing is "*little*" and "*heart-breaking*" – as the baby's physical beauty belies his lack of life. The fourth strophe

returns to Aurelia's words: "I couldn't hold him". The title of the seventh stanza moves inward, as Aurelia names her pain and her distress appears to be mirrored by the linguistic deconstruction of the telescopic final line: "Just perfect". The eighth stanza encounters Aurelia frozen beside her son's cot: "I was just standing next to the cot". Detached but present, Aurelia stands as an observer at the scene whilst the medical staff and her husband dress the baby. In the ninth stanza, Aurelia expresses her disorientation in the immediate aftermath of her loss: "You can't think straight". In the concluding tenth stanza, regrets and feelings seem to blur until the moment of memory is contained solely within a photograph which Aurelia had thought she would not want: "You can't think what you will feel."

Figure 4.13.: Aurelia's vignette - Line and stanza structure

PART 1: THEY TOOK THE BABY AWAY

STROPHE 1: THERE IS NO CRYING

STANZA 1: I gave natural birth
STANZA 2: You just cry again

PART 2: I WAS ANGRY AT THE BABY

STROPHE 2: I COULDN'T SEE THE BABY
STANZA 3: I couldn't do it
STANZA 4: I was angry at myself

PART 3: I WAS BEING ANGRY AT THE DOCTOR

STROPHE 3: IF I WILL HAVE ENOUGH SCANS
STANZA 5: They could prevent it
STANZA 6: It was very supportive

PART 4: JUST THE PERFECT BABY LYING THERE

STROPHE 4: I COULDN'T HOLD HIM
STANZA 7: It was heart-breaking
STANZA 8: I was just standing next to cot
STANZA 9: You can't think straight

STANZA 10: You can't think what you will feel

4.4.2. Level 2: Syntax and cohesion

The syntactic structure of the opening stanza is complex. Whilst the first line appears long, the subsequent lines are shorter and convey a staccato compression of Aurelia's birth experience. The second stanza offers greater syntactic balance, as the baby is taken by an unidentified "*they*" and Aurelia is left with her "*sad*" feeling. The last two lines offer a syntactic counterpoint, which is poised between the baby's silence and the mother's tears. The third stanza broadens the frame and allows entrance to Aurelia's husband. The extended opening line describes the husband's agency, whilst the lengthy closing line contains Aurelia's distance.

In the following stanzas, Aurelia's anger grows with the lengthening of each line and flourishes outward from herself to the baby and then toward the doctors and hospital. Aurelia's syntax then becomes telescopic, as she describes the funeral. Line 25 engages with the moment which Aurelia has been so reluctant to encounter and its syntactic complexity mirrors the emotional weight. The syntax of the line is disjointed, as the stanza collapses, and the lines progressively shorten. The repeated use of "*just*" signals the paring-down of the moment to its basic parts: "*just lifeless*"; and "*just perfect*". The length of Line 29 stretches with a syntactic complexity which seems to mirror Aurelia's struggle to meet her baby. The unravelling temporal content of Line 25 sees her poised without time-frame, as others "*dress*" her baby. Her syntactic choices seem to reveal the way in which her thoughts tangle with potential "*regrets*".

4.4.3. Level 3: Main line of the plot

In identifying the main-line plot of Aurelia's narrative, I was aware of a difficulty in locating the central plot (See Fig 4.14.). The majority of narrative content seemed to gravitate towards the main line, as if the focus of the vignette refused to materialise. This fact mirrors the absent central moment of mother and child contact, as Aurelia remains an observer at the scene.

The birth is natural and fast and then the baby is removed. Aurelia struggles to visit her child and anger takes centre stage. The medical care involved in the pregnancy and birth are implicated here, as she struggles to settle on a single focus. The main line is populated with

multiple others, as she searches for a reason for the loss. The baby disappears and then reappears, as Aurelia chooses to come closer to him. Aurelia describes her baby as "*perfect*" but her language does not attempt to describe the detail of his facial features or his body. The baby remains shrouded and separate from the reader. The main-line plot concludes as Aurelia reflects on the difficulty of predicting the emotional aftermath of stillbirth. Excluded from the main-line plot is Aurelia's reflection that, although she did not want photographs to be taken of the baby, she is grateful that they exist.

Figure 4.14.: Aurelia's vignette - Main line of the plot

STANZA 1: (lines 1 and 3)
1. I give birth/ and I ask if they can/ they put a screen on the front of me 3. I gave natural birth/ quite quick STANZA 2: (lines 5, 6 and 7) 5. And they took the baby away 6. And then I was just kind of sad 7. Because there is no crying/ You know STANZA 3: (9, 11 and 12) 9. But my husband was very broken too/ but he went to see the baby straight away 11. I couldn't do it/ I couldn't see the baby STANZA 4: (lines 15 and 16) 15. I was angry at the baby/ at the doctors/ at the hospital 16. I was angry at myself that I didn't know/ I didn't spot it, anything STANZA 5: (line 18) 18. Over and over/ I was being angry at the doctor who stopped me having one more extra scan STANZA 7: (lines 25, 26 and 27) 25. I saw the baby for a little/ some time/ I don't remember 26. It was heart-breaking/ you know, just lifeless 27. Just perfect baby lying there

STANZA 8: (lines 29, 30 and 31)
29. But I couldn't hold him/ I don't think so/ I was just standing next to cot
30. And I think they dress him/ or my husband dress him
31. The nurse took some picture and the footprints

STANZA 10: (If there would be no pictures)
37. You can't think what you will feel/ in a day or two
39. For example/ if there would be no pictures
40. Like if you will have no memories

4.4.4. Level 4: Psychological subjects

The psychological subjects of Aurelia's vignette conjure an experience of loneliness (See Fig 4.15.). The dominant subjects are "*I*", and also "*you*" (which is employed as a reflexive pronoun and refers to the self). This dominance of the first person seems to mirror Aurelia's feelings of isolation. The opening stanza opposes Aurelia's "*I*" with the "*they*" of the medical staff. The resistance between the two subjects seems core to Aurelia's emotional state. In the second stanza, "*they*", "*baby*" and "*I*" reflect the tripartite components of Aurelia's vignette, as the subjects remain oppositional and separated.

Aurelia's husband appears in the third stanza, as the psychological subject who connects with the baby. Aurelia remains separate, and her lone "*I*" accompanies the presence of the noun "*hours*", which records the long period of separation. The psychological subjects broaden to include the medical staff. It is not until the sixth stanza that Aurelia employs the pronoun "*we*", and thereby connects herself with her husband. She appears fleetingly less alone, as bereavement support guides the couple. Finally, in the seventh stanza, Aurelia appears beside her child - as "*baby*" and "*I*" finally meet. However, in the eighth stanza, the psychological subjects are again dominated by Aurelia's first person pronoun: "*I*". She remains inactive within the stanza, whilst the "*nurse*", the baby and Aurelia's husband take more central roles. The final two stanzas are composed of "*I*" and the reflexive pronoun "*you*". Aurelia's broad cast of psychological subjects recedes, as her self-reflexive "*you*" reverberates through the closing stanza.

Figure 4.15.: Aurelia's vignette - Psychological subjects

STANZA 1: I (1), they (= medical staff, 1), me (1), I (3), I (4)

STANZA 2: They (5), baby (5), I, (6)

STANZA 3: Husband (9), baby (9), he (= husband, 10), baby (10),
I (11), I (11), I (12), baby (12), hours (12), hours (12)

STANZA 4: I (13), I (14), baby (14), doctors (15), hospital (15), I (16), I (16), I (16)

STANZA 5: I (17), I (17), they (= medical staff), I (18), doctor (18), me (18), hospital (19), everybody (19), they (= medical staff, 20)

STANZA 6: We (= Aurelia and her husband, 21), nurse (21), us (= Aurelia and her husband, 21), I (22), I (22), they (= bereavement support, 23), us (= Aurelia and her husband, 23), we (= Aurelia and her husband, 24)

STANZA 7: I (25), baby (25), I (25), I (26), baby (27)

STANZA 8: I (29), I (29), I (29), cot (29), I (30), they (= medical staff, 30), him (baby, 30), husband (30), him (= baby, 30), nurse (31), I (32), I (32), I (32)

STANZA 9: I (33), I (34), you (34), you (35), you (36), you (36)

STANZA 10: You (37), you (38), you (40)

4.4.5. Level 5: Focussing System

Whilst listening to Aurelia's' recording, it became clear that natural stresses were altered by the fact that she was crying and also by her accented speech, which dominated the pitch stresses in interesting ways.

The baby is absent for a large proportion of the narrative in this pattern of focussed material (See Fig 4.16.). Aurelia refers to the baby tentatively, and using a softened voice, which results in the tonal focus being redirected towards other components. The focussed material of the opening stanza refers to the birth in a condensed manner, which foregrounds Aurelia's distancing tone. The baby is "*taken away*", and it is the repetitive "*crying*" which becomes the

tonal focus of the stanza. In the following stanza, the pitch glide orientates the reader towards the agency of Aurelia's husband. Aurelia is configured through the repetition of the negative adverb "*couldn't*". The pitch glide reveals Aurelia's anger, as the emphasis falls repeatedly on the adjectival "*angry*". It is not until the seventh stanza that the "*heart-breaking*" baby appears. The adjectival "*perfect*" recurs in the focussed material. Over the final three stanzas, the focussed material reveals a repeated and powerful tonal zoom-in on "*couldn't*", which seems to conveys Aurelia's emotional paralysis in this moment of trauma.

Figure 4.16.: Aurelia's vignette - Focussed material within each stanza

PART 1
STROPHE 1
STANZA 1: Give birth, put a screen # C-section # natural birth, quite quick # the hormones # I think that help

STANZA 2: Took the baby away # sad # no crying # you just cry again

PART 2
STROPHE 2
STANZA 3: Husband, very broken too, but he went to see the baby straight away # he helped, dress the baby # I couldn't do it # I couldn't see the baby # ten hours, twelve hours, remember

STANZA 4: Quite angry # I was angry at the baby # the doctors, the hospital # angry at myself, didn't know, didn't spot it, anything

PART 3
STROPHE 3
STANZA 5: If I will have enough scans, be guided then I will know, something is wrong # over and over, being angry at the doctor # ironic, hospital, third scan # which mean, some signs # prevent

STANZA 6: Bereavement, help us # amazing, amazing # very supportive, help us, funeral

STROPHE 4
STANZA 7: The baby, some time # heart-breaking # perfect baby lying there # perfect

STANZA 8: Couldn't hold him, standing next, cot # dress him, my husband dress him # nurse, picture, footprints # against all this, very grateful

STANZA 9: Very grateful # the beginning # shock and trauma # you can't, you can't, you can't

STANZA 10: Can't think, day or two # what kind of regrets # no pictures # no memories

4.4.6. Discussion of Aurelia's vignette

Exploring Aurelia's vignette seems to reveal her immobility, as she finds herself unable to hold her child. The headlines of the parts, strophes and stanzas outline a skeleton structure within which it seems possible to identify a dominant affect of anger. Aurelia's syntactic and cohesive structure is revealing in its alternative focusing styles. Whilst some lines are lengthy, others remain telegraphic. It seems that Aurelia remains disorientated by the experience and reluctant to encounter events too closely. The main line of the plot appears broad, as the world surrounding Aurelia is drawn into the vignette. Doctor, hospital and husband throng the scene and it is not until the eighth stanza that Aurelia approaches her baby. The psychological subjects reveal a broad canvas, within which mother and child are located separately. The medical staff and Aurelia's husband hover around the baby and Aurelia sporadically unites with her husband. However, the final stanzas reveal the lone psychological subject to be Aurelia, whose self-reflexive "*you*" dominates the closing of the vignette. The focusing system reveals a bleak picture of loss, conveyed through a tonal landscape of distress.

4.5. Caroline's vignette: "*That was his life, inside of me*"

The title of Caroline's vignette is selected for its power to encapsulate her sense-making regarding recognising the complete containment of her baby's life within her own body (See Fig 4.17.). Caroline's baby is not named in this analysis, in alignment with the fact that she chose not to share her son's name for the vast majority of her participant interview.

Figure 4.17.: Caroline holds her baby – Parsed text

PART 1: (So they took me to the hospital)

STROPHE 1: (The birth seemed to be ages)

STANZA 1: (It had died already)

1. And so they took me to the hospital
2. And I was there all night and the whole day
3. And because they knew it was a stillborn/ it had died already
4. They could give me more painkillers/ because it wasn't going to affect the baby

STANZA 2: (A baby who wasn't going to grow much)

5. In fact/ I think/ they gave me too much of the epidural
6. The birth seemed to be ages
7. The baby was 4lbs/ which is quite a lot/ I think
8. For a baby that wasn't going to grow much

PART 2: (We called our pastor from church)

STROPHE 2: (Then the pains really started)

STANZA 3: (Until the end)

9. So/ I was in my own sort of room/ from the time I got there/ until the end
10. And we called our pastor from church/ and he came/ and then/ just briefly
11. And we had the same midwife
12. And she stayed with us/ the whole time

STANZA 4: (Such a strong woman)

13. She was brilliant
14. She was talking to me constantly
15. She was so strong/ such a strong woman/ and a young girl as well
16. Anyway then the pains really started/ and then they gave me the epidural

PART 3: (They wrapped the little baby up)

STROPHE 3: (They allow you to hold it)

STANZA 5: (They bring it to you)

17. And then I did give birth/ and it was still very painful

18. And they wrapped the little baby up/ and they put a little cap on him
19. You know/ they clean it all up/ and they bring it to you
20. And they allow you to hold it

STANZA 6: (I was frightened)
21. And I thought/ 'Oh!'
22. But apparently it helps with closure/ and all that
23. I couldn't believe how light…
24. I was frightened/ Yes

STANZA 7: (The baby was so light)
25. And the baby was so light/ I couldn't believe how
26. It felt like a packet of crisps/ you know/ that I was holding
27. And the way they did it
28. It was quite feeling/ you know

STANZA 8: (I didn't see the cleft palate)
29. They kind of covered half of his face
30. But it looked normal
31. It looked like he was lying down
32. So I didn't see the cleft palate

PART 4: (And then I wanted them to take it)

STROPHE 4: (That was quite brief)

STANZA 9: (He wanted to check everything out but I didn't)
33. My husband did/ you know/ he had a closer look
34. He wanted to check everything out/ but I didn't
35. And so that was quite brief/ you know
36. And then I wanted them to take it/ after a while/ yes

4.5.1. Level 1. Line and stanza structure

4.5.1.1. Part 1

Part 1 of Caroline's vignette (See Fig 4.18.) is entitled: "So they took me to the hospital". This pragmatic statement seems to amplify Caroline's tone of acceptance regarding her birth experience. The titling of the first strophe draws the reader towards Caroline's experience of birth: "The birth seemed to be ages". There seems to be a detached quality to her choice of language, as if the experience is challenging to quantify in real time. The titling of the opening stanza draws the reader inward again toward a factual noting of the baby's death: "It had died already". This line foregrounds Caroline's somewhat detached tone, which is framed by the pronoun "*it*". The second stanza takes its title from Caroline's comment: "A baby who wasn't going to grow much". This particular line foregrounds the fact of Caroline's prior knowledge of her baby's diagnosis of a congenital condition which meant that he could not live outside the womb. Her comments regarding the baby's weigh seem to indicate pride in the baby's capacity for growth.

4.5.1.2. Part 2

The second part of Caroline's vignette takes its title from her comment relating to her Christian beliefs: "We called our pastor from the church". The title of the strophe then returns the reader to Caroline's physical experience of birth: "Then the pains really started". Caroline's words ground the reader in the embodied experience of birth and highlight the physical pain of her experience. The third stanza takes Caroline's words "Until the end" as its title. These words highlight the counter-intuitive experience of stillbirth – as the close of labour leads not to a new beginning but to an ending. The stanza unpacks the factual elements of Caroline's experience, as she celebrates the comforting presence of midwife and pastor. The fourth stanza takes Caroline's praise for her midwife as its title: "Such a strong woman". Here, she shares her gratitude for the support she receives.

4.5.1.3. Part 3

The third part of Caroline's vignette opens with her description of the gentle handling of her baby by the medical staff: "They wrapped the little baby up". This statement seems to highlight Caroline's passive stance, as she watches the actions of those around her. Caroline shares a fear of viewing her baby and seems to value the humanising effect of the wrapping of her child. The sixth stanza explores Caroline's experience of holding her child: "They bring it to you". Here, Caroline chooses to describe the way in which the baby is cleansed and given "*little*" items of clothing. In the sixth stanza, Caroline's fear is explicitly

named: “I was frightened”. She exclaims over the idea of holding her baby and shares her surprise at the weightless feel of her child in her arms. The following seventh stanza stays with the physical experience of holding: “The baby was so light”. Caroline likens the baby to a “*packet of crisps*”, using this striking simile to perhaps distance herself from the personhood of her baby. The experience itself seems difficult to articulate, as if it is challenging for the bereaved mother to hold on to the substance of her child. In the eight stanza, Caroline remains tentative as she names the parts of her child which she does not wish to encounter: “So I didn’t see the cleft palate” (l.32).

4.5.1.4. Part 4

The fourth part takes Caroline’s words regarding her wishes for separation from her baby as its title: “And then I wanted them to take it”. Caroline shares feelings of trepidation regarding holding her baby and requests his removal – as if further contact is unbearable – as is foregrounded in the title of the fourth and last strophe: “That was quite brief”. The ninth stanza is titled using Caroline’s description regarding her husband’s curiosity: “He wanted to check everything out but I didn’t”. Caroline contrasts her own lack of desire to see all of her child with her husband’s wish to encounter the baby. Finally, she shares her desire for the baby to be taken away.

Figure 4.18.: Caroline’s vignette - Line and stanza structure

PART 1: (SO THEY TOOK ME TO THE HOSPITAL)

STROPHE 1: (THE BIRTH SEEMED TO BE AGES)
STANZA 1: (It had died already)
STANZA 2: (A baby who wasn’t going to grow much)

PART 2: (WE CALLED OUR PASTOR FROM THE CHURCH)

STROPHE 2: (THEN THE PAINS REALLY STARTED)
STANZA 3: (Until the end)
STANZA 4: (Such a strong woman)

PART 3: (THEY WRAPPED THE LITTLE BABY UP)

STROPHE 3: (THEY ALLOW YOU TO HOLD IT)
STANZA 5: (They bring it to you)
STANZA 6: (I was frightened)
STANZA 7: (The baby was so light)
STANZA 8: (So I didn't see the cleft palate)

PART 4: (AND THEN I WANTED THEM TO TAKE IT)

STROPHE 4: (THAT WAS QUITE BRIEF)
STANZA 9: (He wanted to check everything out but I didn't)

4.5.2. Level 2: Syntax and cohesion

Caroline's syntactic system is tacked together with the use of conjunctives, which has the effect of flattening emotional content and foregrounding her seemingly pragmatic tone. Emotionally descriptive words are often absent from the text and there is a sense that Caroline's vignette is stripped of extremes of emotional experience. The lack of syntactic division between different parts of the narrative gives the parsed text a minimalist tone. The use of repetition is limited and the most notable instance, in Line 18, when Caroline refers to "*the little baby*" and "*a little cap*", foregrounds the fragility of the baby. The chain of conjunctives is also broken by Caroline's use of the exclamatory "*Oh!*", in Line 21. In stanza 6, Caroline's "*fear*" shatters the syntax, as the lines fail to conclude.

Caroline's surprise at the lightness of her baby brings the reader into contact with her physical experience of holding. The vivid simile of the "*packet of crisps*" appears in the seventh stanza and captures the strangeness of the moment. The syntactic structure of the eighth stanza draws the reader towards an awareness of the baby's "*cleft palate*", which Caroline chooses not to witness. The vocabulary which Caroline uses to refer to her son alternates between references to the "*baby*" and use of the pronoun "*it*". In the final line of the parsed text, Caroline shares her wish to have the baby taken away and refers to him simply as "*it*". There is perhaps a sense here of how much strength it took for Caroline to come close to her baby.

4.5.3. Level 3: Main line of the plot

Identifying Caroline's main-line plot foregrounds the factual content of her narrative (See Fig 4.19.). Emotional language seems to be minimal, as Caroline recounts her experience. The main-line reveals the importance of the presence of others. Caroline recounts how "*they wrapped the little baby up*" and "*they put a little cap on him*". A tone of passivity and gratitude is present in the non main-line plot, via the praise which Caroline heaps upon her midwife. Caroline's trepidation at encountering her baby surfaces within the main line, as she contrasts her husband's agency with her own trepidation. The main-line closes with Caroline requesting the removal of the baby.

Figure 4.19.: Caroline's vignette - Main line of the plot

STANZA 1 (lines 1, 3 and 4)
1. And so they took me to the hospital
3. And because they knew it was a stillborn/ it had died already
4. They could give me more painkillers/ because it wasn't going to affect the baby

STANZA 2 (line 7)
6. The birth seemed to be ages
7. The baby was 4lbs/ which is quite a lot/ I think

STANZA 3 (lines 10, 11 and 12)
10. And we called our pastor from church/ and he came/ and then/ just briefly
11. And we had the same midwife
12. And she stayed with us/ the whole time

STANZA 4 (line 16)
16. Anyway then the pains really started/ and then they gave me the epidural

STANZA 5 (lines 17, 18 and 19)
17. And then I did give birth/ and it was still very painful
18. And they wrapped the little baby up/ and they put a little cap on him
20. And they allow you to hold it

STANZA 6 (lines 22 and 24)
22. But apparently it helps with closure/ and all that
24. I was frightened/ Yes

STANZA 7 (lines 25 and 26)
25. And the baby was so light/ I couldn't believe how
26. It felt like a packet of crisps/ you know/ that I was holding

STANZA 8 (lines 31 and 32)
31. It looked like he was lying down
32. So I didn't see the cleft palate

STANZA 9 (line 33 and 36)
33. My husband did/ you know/ he had a closer look
36. And then I wanted them to take it/ after a while/ yes

4.5.4. Level 4: Psychological subjects

The psychological launching points in Caroline's narrative open with a broad cast, including the "*they*" of the medical staff (See Fig 4.20.). A fluctuating linguistic distancing weaves throughout the vignette and is particularly evident within the deconstructed form of the psychological subjects. Caroline's baby is referred to in the opening stanza simply as "*it*". However, in the second stanza, which recounts the delivery, Caroline's child becomes a "*baby*". In the third stanza, the baby disappears from view and the scene is populated with the supportive "*midwife*" and "*pastor*". In the fourth stanza, the dominant psychological subjects are female, as Caroline and her midwife connect and the subjects of "*woman*" and "*girl*" appear. Within the fifth stanza, the medical staff appear as dominant psychological subjects. As the baby is dressed, the child is referred to as "*he*". The baby returns to an "*it*" by the close of the stanza, as Caroline recalls her shock at the idea of holding the baby. Caroline dominates the psychological subjects with a repeated "*I*" in the sixth stanza. In the seventh stanza, the appearance the "*packet of crisps*" configures the strangeness of Caroline's experience of contact with her baby. Within the eighth stanza, the baby's face appears as a psychological subject, as Caroline notes the way in which "*they*", the medical staff, covered half of the baby's face. In the closing line of the final stanza the baby becomes an "*it*" again and is removed from the vignette.

Figure 4.20.: Caroline's vignette - Psychological subjects

PART 1:
STANZA 1: They (= taxi driver and Caroline's husband, 1), me (1), hospital (1), I (2),

they (= medical staff, 3), it (= the baby, 3), it (= the baby), they (= medical staff, 4), me (4), baby (4)

STANZA 2: I (5), me (5), baby (7), baby (8)

PART 2:
STANZA 3: I (9), I (9), we (10), pastor (10), he (= pastor, 10), we (11), midwife (11), she (= midwife, 12), us (= Caroline and her husband, 12)

STANZA 4: She (13), she (= midwife, 14), me (14), she (= midwife, 15), woman (15), girl (15), they (= medical staff, 16)

PART 3:
STANZA 5: I (17), they (= medical staff, 18), baby (18), cap (18), him (= baby, 18), they (19), they (19), you (19), they (= medical staff, 20), you (20), it (20)

STANZA 6: I (21), it (= baby, 22), I (23), I (24)

STANZA 7: baby (25), I (25), it (= baby, 26), packet of crisps (26), I (26), they (= medical staff, 27)

STANZA 8: They (= medical staff, 29), his (= baby, 29), it (= baby's face, 30), it (= baby, 31), he (31), I (32)

PART 4:
STANZA 9: Husband (33), he (33), he (34), I (34), I (36), them (= medical staff, 36), it (= baby, 36)

4.5.5. Level 5: Focussing System

Caroline speaks in soft tones and multiple encounters with the audio recording were required in order to identify her gentle points of emphasis. The pitch glide in the second stanza gives prominence to the phrase "*a baby who wasn't going to grow much*", which seems to highlight Caroline's pride at the amount of growth that took place for her baby (See Fig 4.21.). Throughout, Caroline returns to the fact that she felt gratification that her baby was able to grow within her body. More significant emphasis can also be heard in the fourth

stanza, where the pitch glide becomes pronounced, as Caroline articulated the gratitude she felt toward the midwife. Raised emphasis is placed upon "*give birth*" in the fifth stanza, as if Caroline is using her own pitch glide to draw the listener to evidence of her maternity. In the sixth stanza, there is a pronounced moment of tonal emphasis, as Caroline discards her gentle tones to exclaim: "*Oh!*". In this moment, the shock of the experience seems to surface, as her intonation draws the listener towards her "*fear*" of holding. In the seventh stanza, the focussing system revolves around the weightlessness of the baby. Whilst in the eighth stanza, the focussing system signposts the listener towards the experience of observing the baby. Caroline's voice distinguishes the "*looked*", "*looked*" and "*see*" of the experience and her approach is tentative. The focussing system of the last stanza closes on an emphatic: "*Yes*." In this last vocal indicator, Caroline reveals a need for separation.

Figure 4.21.: Caroline's vignette - Focused material within each stanza

PART 1

STROPHE 1

STANZA 1: took me, hospital # all night, whole day # stillborn # give me more painkillers, affect the baby

STANZA 2: too much of the epidural # ages # the baby, 4lbs, quite a lot # baby that wasn't going to grow much

PART 2

STROPHE 2

STANZA 3: my own, room, until the end # pastor, church, he came, briefly # same midwife # the whole time

STANZA 4: brilliant # talking to me constantly # so strong, strong woman, young girl # the pains really started, then they gave me the epidural

PART 3

STROPHE 3

STANZA 5: I did give birth, still very painful # little baby, put a little cap on # clean it all up, bring it to you # hold it

STANZA 6: I thought, 'Oh!' # apparently, closure # I couldn't believe how light # frightened

STANZA 7: so light, I couldn't believe how light # felt like a packet of crisps, holding # they did it # feeling

STANZA 8: covered half of his face # looked normal # looked like he was lying down # see, cleft palate

PART 4

STROPHE 4

STANZA 9: My husband did, closer look # check everything out, I didn't # quite brief # I wanted them to take it, yes

4.5.6. Discussion of Caroline's vignette

On first encounter, Caroline's narrative style appears emotionally muted. However, via the magnifying effect of Gee's approach, profound moments of impact emerge. Caroline's syntax and cohesion is often linked by multiple conjunctives, which the effect of making descriptions somewhat list-like. However, there are several breakpoints within the text when exclamations or a collapse of syntactic structure signposts key emotion. The main-line plot retains a weighty level of content. She is an inclusive narrator and there is little narrowing of the main plot towards mother and child. The psychological subjects reveal Caroline's shifting relationship to her baby. A recurrent tone of detachment is countered by moments when the child is lovingly referenced as "*little baby*". In the focussing system, it is possible to identify moments of deep responsiveness and Caroline's pronounced exclamation, on the point of being offered her child to hold, foregrounds resonant emotion.

4.6. Discussion across the four vignettes

Across the vignettes, Gee's five levels provide insight into the different ways each woman uses language to convey her experience. Heather's content hovers closely around herself, her baby and the objects which represent her child. Rachel's text draws the reader close to mother and child but is permeated by an ever-shifting sense of loving recognition, interwoven with a conflicting experience of horror. For Aurelia, there is a powerful note of anger, which frames her experience and serves to boundary her interactions with a child who remains blurry and distant for the reader. For Caroline, a note of measured passivity and self-protective distance seems to influence meaning-making. The individual way in which each participant shares her memories of this moment gives insight into the different ways in which each woman experiences continuing bonds. These bonds – as constituted by the sharing of this pivotal memory – appear as experienced in strikingly different ways which might be categorised as grief-filled, enduring, painful, profound and distant.

Whilst Heather's voice is heavy with sensory material and draws the reader close to the experience of holding her child, Aurelia boldly rejects the moment of physical contact and keeps the reader at one remove from her child. Rachel zooms-in close to her baby, with a listing of physical similarities between parent and child, but also pulls back in dismay at the "*corpse*" baby before her. Caroline's encounter is tentative and shaped both by caution and passivity. Heather speaks of a longing to come close and fashion a bonded connection via the physical presence of her child. Rachel draws out the surreal nature of the moment of contact, with a shifting narrative lens which tracks-in close to her baby but also has the capacity to pull away in abhorrence. Aurelia shares an overpowering experience of anger, which seem to prevent her from making close physical contact with her baby. Whilst Caroline is careful to boundary her contact with her son and remains alternately engaged and remote from experiences of connection.

4.7. The researcher's presence

It seems important to note my own part in the process of analysis. In following Gee's five-level approach to analysing each vignette, I have been made aware of my own interpretative processes. In parsing each segment of text for stanza shape and units of meaning, it has been necessary to impose my own form on the words of my participants. In order to transfigure each segment of prose into a stanza-based structure, I made decisions regarding segmentation, grouping and titles. In staying as close as possible to each participant's

meaning, I chose to use their words for the titling of the parts, strophes and stanzas. However, the choice of titles and the sequencing were also a process of my own making. Although I stayed as close as possible to the participant's meaning-making, I was aware of the fact that I was inevitably making my own choices about the text. In creating a hierarchy of meaning, ascending through the stanzas, strophes and parts, I was shaping the emphasis. In examining each participant's syntactic style, I was drawn to particular syntactic elements which related to meaning-making. In identifying the main-line plot, I was also aware that there seemed to be sections of parsed text where I was making decisions about the exclusion or inclusion of elements of content. The identification of the main-line plot felt challenging and it was difficult to disentangle my own processes from that of the participant.

In the case of identifying the psychological subjects, there was also interpretation to be done regarding whether certain inanimate objects and self-reflexive phraseology should be included in the extractions. Thinking about why I might want to include certain psychological subjects was helpful in identifying how I was reacting to the material. Finally, listening to the four vignettes in order to identify the focussed material of Gee's fifth level was an emotional process. I was aware of the amplified impact of aurally encountering each participant's narrative and was struck by the power of attentively listening to the voice of each participant. I felt increased levels of empathy and engagement through the process of identifying tonal changes and I remain aware that the voice of each participant remains imprinted on my auditory memory in a way which has helped me immerse myself in their experience.

Chapter 5: Discussion

"Probably there is nothing in human nature more resonant with charges than the flow of energy between two biologically alike bodies, one of which has lain in amniotic bliss inside the other, one of which has laboured to give birth to the other. The materials are here for the deepest mutuality and the most painful estrangement."
(Adrienne Rich, *Of Woman Born*, 1976)

5.1. Introduction: Placing pluralistic interpretations side by side

One key intention behind this study was to allow the insights gathered via the lenses of two different qualitative methodologies to sit side by side, in order that they may amplify and inform one another (Willig, 2012; Frost, 2011). In adopting a pluralistic design, is is intended that the study should reflect the inherent tensions of lived experience, harnessing different forms of knowledge in order to contribute to a layered and ideographic understanding of the phenomenon (Frost, 2012; Wicken, 2011; Frosh, 2007).

The following chapter explores the analytic findings of the IPA and the SNA approaches and considers how they may overlap with one another and also how they may relate to the existing literature. In addition, the chapter also considers the implications for clinical practice, the strengths and limitations of the study, future directions for research, methodological challenges and, finally, the concluding reflections of the researcher.

5.2. IPA: Analytic findings

The IPA findings presented in Chapter 3 suggest multi-faceted maternal responses to the experience of continuing bonds in stillbirth. As the bereaved mother explores ways to represent her child to herself and to those around her, the stillborn baby seems to shift shape, triggering a complex navigation of bonds.

5.2.1. Superordiate theme : 1) Continuing bonds and the female body

Sense-making relating to "*Continuing bonds and the female body*" is powerfully present in the IPA findings. The moments that are uniquely shared between mother and child amplify the relational aspect of pregnancy in the subordinate theme entitled: "*Forged in the body*". The bereaved mother may locate her experiencing of the personhood of her baby within the physical changes of pregnancy. This valuing of the recalling of the pregnancy, as a means to

building maternal relationship, is mirrored in previous findings by Ustundag-Budak et al. (2015) in an IPA study exploring the impact of stillbirth on the parenting of subsequent children. Similarly, the current study finds that recalling the embodied experiences of pregnancy and birth facilitates an amplification of maternal experience. This finding echoes those of Leichtentritt and Mahat-Shamir (2017), whose culturally specific qualitative study into the maternal experience of feticide identifies a maternal wish to maintain a post-death relationship with the baby.

Findings within the current study suggest that memories of pregnancy may be intuited by the mother as having been shared with the in-utero child. Interpreting experiences as shared with the baby may allow the mother to fortify the personhood of her baby. This may have benefits for her subsequent psychological wellbeing, as is proposed by Crawley, Lomax and Ayers (2013), in their study of the way making and sharing memories of the stillborn might impact the mother. In a qualitative IPA study into spiritual challenges for parents of stillborn babies, Nuzum, Meaney and O'Donoghue (2017) further suggest that narrating memories of birth adds to a sense of continued connection with the stillborn baby, which may legitimise parental experiences of loss.

As outlined above, the narrating of pregnancy seems to be rich terrain for boosting experiences of connection. The child in utero has been interpreted in the existing literature as being held within a pattern of external relationships (O'Murcho, 1998). Present findings suggest that the mother values experiences relating to pregnancy which are shared with partners and loved ones. This sharing of experience allows for an interpersonal facet to meaning-making which encourages shared recall in the bolstering of feelings of connection with the baby. Klass and Steffen (2018) suggest that continuing bonds may be created interpersonally, with shared memories enhancing an experience of connectedness. The current study suggests that experiences of pregnancy scans which are shared with partners, as well as the recalling of shared events, such as holidays which took place during pregnancy, are valued by the bereaved mother because they offer this interpersonal quality.

In the subordinate theme entitled "*Birth as a route to the construction or deconstruction of bonds*", the current study explores the dual sense-making of the bereaved mother. Meaning-making foregrounds experiences of a yearning for connectedness and also for disconnection. The experience of birth may be interpreted as a route to curating memories which feed directly into continuing bonds. However, alternate sense-making may deny the bonding potential of the birth and instead identify the experience as void of meaning. This tension in the findings of the current study could be seen to mirror findings by Leichtentritt

and Mahat-Shamir (2017), whose study identifies a maternal dual process of relinquishing a connection but also of maintaining a post-death relationship in the phenomenon of feticide. Themes arising from the current study suggest that the experience of birth may facilitate an amplification of maternal identity in stillbirth. Conversely, Uren and Wastel (2010) identify an experience of numbness for bereaved mothers of stillborn babies. This also echoes themes of sense-making in the current study which also identify the potential for a maternal experience of emptiness within the birth experience.

The subordinate theme entitled "*Birthing the 'dead baby inside' and its impact on bonding*" engages further with a maternal rejection of continuing bonds. It seems that sense-making relating to maternal experiences of fear and horror may shroud the personhood of the stillborn baby. These themes are echoed in a phenomenological analysis by Ryninks et al. (2014), who identify maternal experiences of distress at contact with the stillborn baby. In addition, a maternal struggle to decide which actions seem appropriate in the moments following stillbirth can be identified here. Likewise, Brierley-Jones et al. (2014-2015) also find a maternal reticence as to what might be "*allowed*" following stillbirth.

Sense-making also appears as conflicted in the subordinate theme of "*The postnatal body as an unbidden conduit to connection*". Themes relating to the deep maternal valuing of the symptoms of pregnancy collide with an experience of shame relating to the postnatal body. Experiences of connectedness with the stillborn baby may be triggered by breast tenderness, milk production and postnatal bleeding. However, the findings in the current study also identify a maternal wish for the uterus to shrink down to size and for milk production to cease. Burden et al.'s (2016) meta-analysis reflects these findings in identifying that the bereaved mother may experience guilt that her body could not sustain her baby and therefore the mother may wish to hide signs of recent pregnancy.

5.2.2. Superordinate theme: 2) Conflicted bonding with the shape-shifting baby

In a culturally specific qualitative interview study, Golan and Leichtentritt (2016) identify fluid maternal interpretations of the stillborn baby. This mirrors findings within the current study which suggest that the continuing bond may be alternately fortified and denied by the mother. Meaning-making relating to shifting maternal perceptions of the baby can be identified. Within the superordinate theme of "*Conflicted bonding with the shape-shifting baby*", maternal experiences of a continuing bond are mediated by the different ways in which the child is interpreted. The baby may be characterised as eternally beloved and

permanently nested in a web of familial relationships. Conversely, the baby may also be rejected as a depersonalised other and denied a place within a family narrative.

The valuing of maternal identity supports an experience of continuing bonds for the bereaved mother in the subordinate theme entitled: "*The beloved baby*". The child may be acknowledged as eternally present, with an assured place in the family. Meaning-making reveals experiences of lasting love and ceaseless yearning, as the bereaved mother acknowledges an experience of boundless connection. Conversely, themes of a maternal choice to maintain distance from the baby also arise in the subordinate theme of "*The rejected baby*". The mother may deliberately subvert opportunities for the creation of continuing bonds and support the effacing of the baby. These themes relate to the findings of Leichtentritt and Mahat-Shamir (2017), who note maternal strategies to break connection following feticide.

5.2.3. Superordinate theme: 3) The threatened self as a challenge to continuing bonds

As captured in the superordinate theme of "*The threatened self as a challenge to continuing bonds*", the findings suggest that sense-making relating to a threatened maternal identity negatively impacts upon experiences of continuing bonds. Within the subordinate theme entitled "*The unravelling maternal self*", experiences of trauma and disorientation foreground the emotional fragility of the bereaved mother. Traumatic loss seems to threaten maternal identity and experiences of overwhelming grief fragment sense-making. In a mixed-methods study using self-report questionnaires to examine maternal meaning-making in perinatal bereavement, Uren and Wastel (2010) also identify experiences of numbness, disorientation and despair. Themes of sense-making relating to maternal experiences of self-blame also appear in the subordinate theme entitled "*The culpable mother*". The mother may question whether she is responsible for the baby's death and also potentially experience guilt relating to the postnatal resumption of everyday activities. These findings are reminiscent of a study by Burden et al. (2016), who identify a maternal sense of guilt that the mother's body could not sustain the baby.

In the subordinate theme of "*The isolated self*", themes of displaced loss present themselves, as the bereaved mother experiences the potential negation of her maternal identity by others. The failure of others to recognise the personhood of the baby may challenge the creation of continuing bonds because the mother may be deterred from sharing experiences of her baby. Brierley-Jones et al. (2014-2015) suggest that the creation of a social identity which develops during pregnancy is shattered by stillbirth and that the

deconstruction of these parts of self is deeply painful to the mother. As the interpersonal has been defined as an important element in the formation of continuing bonds, these maternal experiences of a lack of synchrony with others may impact negatively on the experiencing of bonds.

5.2.4. Superordinate theme: 4) Connections between mother and child through space and time

Within this superordinate theme, maternal experiences of timeless grief, as well as the valuing of ritual and memorial can be identified. Practices which promote continuing bonds are harnessed to boost feelings of connectedness via the marking of anniversaries and the valuing of meaningful objects. The stillborn baby exists as an ongoing psychological presence for the mother in the subordinate theme entitled: "*Ongoing remembrance*". These findings mirror those of Cacciatore, DeFrain and Jones (2008), who also suggest the undiminished psychological presence of the baby for the bereaved mother.

The current study also explores the use of meaningful objects which may bolster ongoing feelings of connection. These objects include: memory books; photographs of the baby; and memorial stones. The valuing of cuddly toys and new-born baby clothes is identified as supportive of bonds and themes relating to the importance of keeping the memory of the lost child alive are identified. Encouraging family members to recognise the personhood of the baby may allow for an experience of continued nurture for the bereaved mother. In a culturally specific study using Structural and Thematic Narrative Analysis, Sturrock and Louw (2013) also suggest that engaging in activities in the baby's memory may allow the mother to support the baby's place in the family.

Themes relating to the different ways in which the passing of time impacts upon maternal experiences of grief are present here. In a multi-faceted response, the passing of time may be experienced by the mother as diminishing experiences of raw grief. However, grief also appears as volatile, with the potential to recur as freshly painful. The profound significance of burial and memorial is foregrounded within the subordinate theme of "*Burial rites, spirituality and memorial*". Findings suggest that the funeral allows the bereaved mother to curate meaningful ritual and to encourage the recognition of her loss by the wider community. In addition, burial rites may connect the baby with family traditions and secure the position of the child within an inter-generational web. In a study of the Japanese mothers of stillborn babies, Yamazaki (2010) suggests that burial rituals offer the mother an opportunity to validate the life of her child. In the current study, choices relating to gravestones, memorial

plaques and the location of ashes provide a route to overt experiences of continuing bonds. Nuzum, Meaney and O'Donoghue (2017) also suggest that tending memorials may contribute to a sense of continued connection for the mother. Themes relating to the covert creation of memorials can also be identified within maternal experiences which involve exile from traditional burial services. In this case, private meaningful rituals are sought by the mother, as a route to increasing feelings of connection. This finding engages with those of Hsu, Tseng and Kuo (2002), whose qualitative study into the experience of Taiwanese mothers of stillborn babies found that the cultural outlawing of burial rituals led mothers to engage in their own private rituals.

The current study finds that the mother may conceptualise the baby as having the potential for life beyond death, in the subordinate theme of "*Conceptions of the baby in the afterlife*". Deceased relatives may be envisaged as protective figures and the hope of potential reunion in the afterlife may serve to bolster a sense of connectedness. This relates to the findings of Bakker and Paris (2013), in their qualitative study of parental religiosity following stillbirth, which suggest that parents find comfort in positioning their loss within a wider spiritual context.

5.2.5. Superordinate theme: 5) Experiencing connection in the life beyond loss

The current study identifies the way in which the mother's continuing bond with her stillborn baby redefines her relationship with all aspects of her world and leads to a reappraisal of meaning in her interactions with others. Religious beliefs are challenged by existential questioning which may lead to a rupture between the mother and her usual pattern of worship.

Within the subordinate theme of "*An altered world*", the current study finds that the mother experiences herself as irrevocably changed by her loss, with an increased awareness of the fragility of life. These findings relate to those of Ustundag-Budak et al. (2015), who suggest that the bereaved mother may engage with a revised "*unsafe*" view of the world. In a phenomenological study into couples who have experienced stillbirth, King, Oka and Robinson (2019) find a profound impact on the relationship of the bereaved parents. This aligns with findings in the current study which suggest that close relationships are transformed for the mother in the aftermath of the loss. Findings also explore experiences of post-traumatic growth, which may include embracing a community of grief, within the subordinate theme of "*Holding on, letting go"*. Experiences of comfort may be drawn from engaging with bereavement support groups, where continuing bonds may be amplified by

sharing memories of pregnancy within a community of bereaved mothers. In addition, the bereaved mother may come to experience herself as strengthened by her experience of loss. As the initial rawness of grief dissipates, a sense of post-traumatic growth and increased empathy may surface. The bereaved mother's involvement in social awareness-raising may also allow for an increased sense of the personhood of the stillborn baby. In a similar way, Cacciatore, Blood and Kurker (2018) suggest that parental involvement in challenging attitudes which devalue stillborn babies may lead to reduced experiences of disenfranchisement.

Maternal sense-making relating to the way in which subsequent children may play into experiences of continuing bonds appear within the final subordinate theme: "*Ways of relating to the lost child via subsequent children*". Subsequent children may trigger maternal sense-making which relates to connecting to the stillborn baby. The subsequent child may provide the mother with representations of the way in which the stillborn baby might have grown and developed. Themes of subsequent children providing the potential to replace or even efface the lost baby appear. Meaningful objects may be shared amongst subsequent children in order to create a continuing bond between the siblings. Dual processes of meaning-making can be identified, as the mother may seek to absorb the stillborn baby into the family narrative or, conversely, to shelter subsequent children from knowledge of their sibling.

5.3. Structural Narrative Analysis: Analytic findings

It is undoubtedly challenging to place findings arising from Gee's (1991) poetic approach alongside others which may stem from greatly differing approaches. However, in order to provide context for the analysis of each vignette, in the following segment, I attempt to locate the current study's findings within the frame of the existing literature. Despite the potential risk of some repetitive references to the relevant literature, I have chosen to prioritise the ideographic within this section by keeping each vignette as a unique and single entity rather than summarising and combining findings in a way which might dilute the individual participant voice. This allows for a firm alignment with Gee's (1991) method and also supports an ethical approach to the individual nature of experience, interpretation and language, which proffers commitment to particular lived experience (Frost, 2011).

5.3.1. Heather's vignette

Applying Gee's (1991) poetic approach to Heather's vignette reveals themes of deep yearning. The analysis demonstrates the ways in which Heather uses her linguistic

repertoire to evoke her experience of loss. There is a repeated foregrounding of experiences of the sensory triggers which connect Heather with Baby Hal. She utilises the scent of baby clothes to trigger feelings of connectedness and her experience of continuing bonds is conveyed through descriptions of memory building. An examination of Line and Stanza Structure reveals the way in which sensory experience triggers feelings of connection. In Syntax and Cohesion, Heather's language relies upon repetition to foreground the importance of "*memorising*" and her focus on concepts of time highlight the ongoing nature of her grief. The Main Line plot foregrounds Heather's experience of connection with Baby Hal and the Psychological Subjects focus intensely upon mother and child. The Focussing System signposts the deep valuing of holding Baby Hal.

The findings relating to Heather's vignette echo existing literature which suggests the vital importance of physical contact between mother and stillborn baby. In a qualitative interview study of the bereaved parents of stillborn babies, Downe et al. (2013) suggest that parents deeply value physical contact with their stillborn baby. Heather's instinctively loving reaction to physical contact with her son reveals a deep valuing of the experience. This conflicts with the controversial quantitative findings of Hughes et al. (2002), which suggest that promoting contact between mother and stillborn baby produces worse maternal outcomes. Instead, the findings within Heather's vignette align more fully with Ryninks et al. (2014), who suggest that contact between mother and baby has the potential to reduce subsequent instances of anxiety and depression.

Findings by Cacciatore, DeFrain and Jones (2008) further suggest the continued psychological presence of the stillborn baby for the bereaved mother. Within Heather's vignette, the linguistic findings reveal her repeated return to memories of her child, which provide her with an experience of connection. Sturrock and Luow (2013) suggest that the bereaved mother engages in carving out a place for the memory of her lost baby via descriptions of pregnancy and birth. The authors suggest that experiences of longing, as well as preserving mementoes and narrating memories of the pregnancy and birth, boost experiences of connection. The findings in Heather's vignette can be related to these suggestions, as the analysis reveals a profound maternal engagement with the narration of memories.

The findings within Heather's vignette do not align with literature in the field which foregrounds experiences of ambiguity and disenfranchisement. Golan and Leichtentritt (2016) find maternal uncertainty relating to exactly what it is that has been lost and how to

relate to the stillborn baby. In contrast, Heather's vignette suggests an assured, instinctive maternal valuing of the personhood of the baby.

5.3.2. Rachel's vignette

Rachel's vignette foregrounds an experience of emotional tension, with sense-making linked to disorientation. Rachel's language suggests an experience of emptiness, as waves of conflicting emotion meld anger and denial with the loving recognition of a treasured daughter. This juxtaposition of opposing affect is foregrounded in the Syntax and Cohesion, as Rachel conveys her sense of the surreal nature of her experience. The Main Line Plot also highlights oppositional tensions, as Rachel's maelstrom of emotional responses is distilled to polarised adjectives. The Psychological Subjects remain focussed and narrow, as mother and baby receive deep focus. Emotional depth is revealed within a Focussing System which conveys Rachel's sense-making relating to futility. At points, Rachel's linguistic structure falters, as if mirroring her emotional experience of disorientation. However, the vignette also reveals the intimate connection between mother and daughter, which is consistently interrupted by sense-making relating to experiences of numbness.

The analysis of Rachel's vignette reveals dual experiences of loving connection and also of horror at this encounter with her stillborn daughter. The distress identified in the findings aligns with Ryninks et al. (2014), who also suggest experiences of disbelief and dissociation for the bereaved mother. Rachel's sense-making relating to her experience of these moments of contact reveals complex dual emotional processes which suggest a deep valuing of the personhood of the baby, as well as experiences of detachment which lead to a negating of continuing bonds.

At the close of the vignette, Rachel expresses gratitude to her doula for taking photographs. This suggests the importance of meaningful mementoes and highlights the fact that Rachel values guidance in this moment of overwhelming grief. This aligns with findings by Downe et al. (2013), which suggest that parents value being guided in stillbirth rituals by medical staff. Rachel shares an experience of uncertainty regarding how she should interact with her child and her evident trepidation mirrors findings by Brierley-Jones et al. (2014-2015), who suggest maternal uncertainty relating to what mothers are "*allowed*" to do following stillbirth.

5.3.3. Aurelia's vignette

Aurelia's vignette reveals sense-making related to experiences of anger. In exploring the moments during and after the birth, Aurelia conveys an experience of frozen affect. The Syntax and Cohesion reveal Aurelia's experience of profound anger and also foregrounds her detached role which foreshadows her potential regret. The Main Line Plot demonstrates the absence of a cohesive central narrative, as mother and child fail to unite, and the Focussing System reveals a pitch glide which signposts the listener back towards Aurelia's fury.

Aurelia shares an experience of overwhelming anger which effaces her inclination to curate memories which might contribute to continuing bonds. She declines opportunity to hold and remains apart from her child for many hours. Though Downe et al. (2013) suggest that parents value the opportunity of having contact with their stillborn baby, it is only retrospectively that Aurelia may be able to value her limited experience of contact. This seems relevant to Ryninks et al. (2014), who find that contact with the stillborn baby triggers feelings of distress which may be helpfully mediated by professional support. Leichtentritt and Mahat-Shamir (2017) identify dual processes of connecting and detaching from the lost baby which could be seen to be mirrored in Aurelia's vignette. The findings in the current study reveal Aurelia's will to disconnect but also a retrospective valuing of contact. This experience of confusion aligns with Uren and Wastel's (2010) identification of maternal experiences of disorientation following stillbirth.

The findings of Ustundag-Budak et al. (2015) suggest that bereaved mothers struggle with the contradictory process of accepting the existence of the stillborn baby whilst acknowledging the baby's non-existence. Aurelia's sense-making relates to this dual process, as she struggles to encounter her child. She rejects offers to mother her stillborn, which Brierley-Jones et al. (2014-2015) suggest may subsequently impact on her capacity for sharing memories of her child, and she chooses not to participate in the "*invisible mourning processes*" which Cacciatore, DeFrain and Jones (2008) identify as potentially assisting in relieving maternal guilt.

5.3.4. Caroline's vignette

Caroline's vignette reveals a wavering tone within which strong emotion is rarely explored. As she shares her sense-making, Caroline weaves between engaging with and detaching from the personhood of her stillborn son. The analytic levels reveal an experience of maternal fear at the suggestion of holding the baby. The Syntax and Cohesion foregrounds the fragility of the baby and also Caroline's experience of fearfulness. Chains of conjunctives

disintegrate into a shattered syntactic structure which reflects an experience of trepidation. Her use of simile conveys her sense-making relating to holding the baby as representative of an illusory moment. Caroline's emotional content is minimal and the Main Line Plot underlines the importance of others in the stillbirth rituals of washing and dressing the baby. The psychological launching points reveal an irregular linguistic distancing, as Caroline moves in and out of maternal relationship with her son. The pattern of pitch glide within the Focussing System highlights her dual reactions to the stillbirth, which include an experience of fear but also of maternal pride.

The analysis of Caroline's vignette suggests a valuing of the moment of holding her son which aligns with Downe et al.'s (2013) suggestion that bereaved parents treasure contact. However, tensions within the analysis also suggest a fearfulness which relates to findings by Ryninks et al. (2014) who suggest that contact with the stillborn baby may prompt feelings of distress. Caroline seems to treasure memories which may contribute to experiences of continuing bonds but also, conversely, often detaches from the personhood of the baby. This could be seen to mirror findings by Leichtentritt and Mahat-Shamir's (2017) study which suggest the existence of a dual process of objectifying the baby and as well as valuing memories of the baby.

Golan and Leichtentritt (2016) suggest that the baby may be regarding variously as foetus, beloved child or spiritual guide. This tension is evident in Caroline's vignette, as it is woven from language which constructs different versions of the baby. Caroline can be seen to fluctuate in her capacity to configure the moment as an experience which might amplify continuing bonds.

5.4. Overlapping strands of interpretation

Identifying overlapping strands of interpretation in the current study seems helpful in recognising the entirety of the experience of the bereaved mother. Within this segment, I note the convergence between these two sets of findings, in order to foreground the amplifying or layering effect which results from the pluralistic design (Frost, 2011). Though it is sometimes the case that the limited frame of the vignettes does not address the entirety of the IPA findings, which traverse the whole of the transcripts, there is also very little in the findings across the two methodological approaches which I identify as contradictory. Generally, it seems to be the case that the broader themes of IPA are magnified by the linguistic findings of the Structural Narrative Analysis, with a resulting effect of mirroring and echo.

The IPA superordinate theme relating to "*Continuing bonds and the female body*", with a sub-theme drawing out "*Birth as a route to the construction or deconstruction of bonds*", suggests the differing ways in which the bereaved mother makes sense of her experience of continuing bonds through recounting experiences of pregnancy and birth. The female body offers a potential conduit to enhanced experiences of motherhood, which boosts maternal identity and experiences of connection to the stillborn baby. Within the findings which arise from Gee's (1991) five levels, a valuing of the birth echoes this IPA theme. The content of the vignettes prompts a foregrounding of the deep valuing of the memory-making opportunity of birth. In particular, within Heather's vignette, the capacity for the experience of holding the baby to contribute to an experience of continuing bonds is explicit.

A deliberate maternal will to disconnect is foregrounded in the IPA subordinate theme of "*Birthing 'the dead baby inside' and its impact on continuing bonds*". Within this theme, the baby is constructed as a "*corpse*" or abject thing and the personhood of the baby is denied. Again, this can be seen to be mirrored in the Structural Narrative Analysis of a number of the vignettes. Within Aurelia's vignette, the linguistic analysis reveals a frozen detachment which triggers a divide between mother and child. The deliberate not seeing of the baby aligns with the IPA findings which suggest a conscious rejection of "*the dead baby*" and thereby a rejection of the potential to build connection.

The mercurial capacity for the bereaved mother's sense-making to follow a dual pathway appears within the the superordinate IPA theme relating to "*Conflicted bonding with the shape-shifting baby*". Meaning-making engages with both an instinctive valuing of the stillborn child and also an inclination to objectify the baby's body. This wish to maintain connection is mirrored within Heather's vignette, as the baby is identified as central to the life of the mother and she deliberately seeks sensory triggers which nurture feelings of connection. Mirroring the tension within this dual process of sense-making, the linguistic exploration of Rachel's vignette foregrounds the conflicted nature of the maternal response to holding the baby and the vignette is permeated with conflicting adjectives which convey a dual experience comprised of both joy and horror.

The analysis of Aurelia's vignette echoes the IPA superordinate theme relating to "*The shape-shifting baby*". Within this vignette, powerful experiences of shame, guilt and anger leave Aurelia unable to hold her child. The IPA theme of the shape-shifting baby suggests the potential for the lost child to represent a number of things to the bereaved mother at any one time. Heather's vignette presents overt adoration of the baby and an unconditional

capacity for loving connection. However, Caroline's vignette also reveals linguistic constructs which suggest multiple pathways to meaning-making which involve both connecting and disconnecting. The subordinate IPA theme of "*The rejected baby*" sees the stillborn child discarded as a corpse or foetus. The personhood of the child is denied by the mother and sense-making relates to the deconstruction of bonds. This can be seen as mirrored by the analysis of Caroline's vignette, where a profoundly tentative approach to the baby's body can be identified.

Maternal experiences of assaulted selfhood appear within the IPA analysis in the superordinate theme of "*The threatened self as a challenge to bonding*". The experience of stillbirth is constructed as triggering raw emotional distress which threatens to overwhelm the mother and impact on the potential for the experiencing of continuing bonds. Similar experiences of deep distress can be identified within a number of the vignettes. Rachel's vignette brings the reader into close contact with the "*weird*" nature of the experience, as the linguistic choices made by the speaker give voice to a reality which threatens to unravel. Aurelia's vignette also shares an experience of distress, as her newly conceived identity of motherhood is damaged by the death of the baby. These linguistic findings speak to the IPA subordinate theme of "*The unravelling maternal self*", which explores sense-making relating to a disintegration of identity following stillbirth.

Within the subordinate theme of "*The culpable mother*", the IPA analysis explores meaning-making relating to maternal self-blame. The bereaved mother may feel that she could have prevented the loss of the baby or she may experience feelings of guilt and shame at the perceived failings of her body. This sense of culpability can also be located in the findings of the Structural Narrative Analysis and is particularly prominent within Aurelia's vignette, as her bold repetition and truncated sentence structure foreground an experience of self-blame.

The IPA analysis also explores a superordinate theme which engages with the capacity for "*Connections between mother and child through time and space*". The theme explores the way in which the bereaved mother encounters an ongoing connection with her stillborn baby over time. Within this, the subordinate theme of "*Ongoing remembrance*" identifies the continuing psychological presence of the baby. These findings are echoed in the analysis of Heather's vignette, which reveals an ongoing maternal longing for continued connection.

The IPA subordinate theme "*Triggers for remembrance*" engages with sensory and seasonal triggers which prompt experiences of continuing bonds. These triggers may transport the bereaved mother into a newly raw experience of grief which, in itself, functions as a

continuing bond. The analysis of Heather's vignette, which echoes these findings, also reveals the power of sensory triggers to boost experiences of continuing bonds. Conversely, Aurelia's vignette foregrounds the deliberate detachment of the bereaved mother which relates to sense-making revolving around a dread of remembering and a reluctance to encounter anniversaries which is also foregrounded in the IPA analysis.

The final superordinate theme within the IPA analysis, "*Experiencing connection in the life beyond loss*", explores the ways in which the bereaved mother may experience bonds with her stillborn baby, whilst also treading an onward life path. Within the subordinate theme of "*Holding on, letting go*", sense-making relating to the passage of time and the way in which temporal distance allows for a retrospective maternal valuing of the opportunity for memory creation can be identified. This seems to function as a recognition of the roots of continuing bonds and the way in which they are enmeshed with the opportunity to experience relationship immediately following birth. The importance of forging a bank of memories upon which to draw can also be identified in the Structural Narrative Analysis. Again, it is Heather's vignette which speaks most directly to this valuing of memory-making which enables feelings of subsequent connection.

In considering the ways in which the broad lens of IPA is magnified by the detailed focus of Structural Narrative Analysis, what becomes apparent is that the individual nature of experience can be richly and powerfully observed. The overlapping findings relating to this phenomenon suggest a tapestry of experience which may lead the mother towards or away from experiences of continuing bonds. The IPA themes portray the complex and varied ways in which the bereaved mother may choose to create, reinforce and value continuing bonds and also the ways in which the pain and trauma of the experience of loss may cause the mother to deliberately detach. The Structural Narrative Analysis brings an intimate exploration of the maternal experience of the moments following birth and the way in which these may influence memory and subsequent experiences of connection. Each mother shares her memories of encountering her child in unique ways which display the complex processes at work within this particular bereavement.

5.5. Relevance to clinical practice

As was stated above, methodological pluralism aligns with Counselling Psychology in its intention to encounter the multi-facetted nature of human experience (Murphy, 2017). It has the potential to hold the tension between different viewpoints, which echoes Counselling Psychology's respectful approach to individual experience as multiple and fragmented

(Kasket, 2012; van Deurzen-Smith, 1990). It also demands enhanced awareness of the positioning of the researcher and therefore deep levels of reflexivity (Frost, 2011; Willig, 2012; Willig, 2008). Counselling Psychology's prioritising of individual experience is particularly aligned with a pluralistic stance, which locates an awareness of interpretation at its heart (Frost, 2011). I would further suggest that a pluralistic qualitative approach, which takes an inclusive epistemological stance to different forms of knowledge, may assist Counselling Psychologists and other practitioners in engaging with a more holistic understanding of specific psychological phenomena and of human experience in general (Frost, 2011).

In addition, the findings of this study have clear implications for Counselling Psychology practice. The emotional aftermath of stillbirth has an extensive social and psychological impact and is therefore an appropriate target for improved bereavement care (Burden et al., 2014). The literature indicates that medical staff could more fully consider the emotional wellbeing of the bereaved mother and also the personhood of the baby during induction, delivery and immediately following birth (Brierley-Jones, 2014-2015). The practice of all involved parties, from obstetrics teams to midwifery, as well as psychological support services, could be enriched via an improved capacity to acknowledge the different aspects of grief for the bereaved mother.

Women's Health Psychology services within NHS hospitals could benefit from an increased capacity to support mothers who experience stillbirth. Vital psychological support for the mother, throughout induction and delivery, has the potential to mediate distress and to promote behaviours which may improve postnatal wellbeing. The importance of rituals following stillbirth is noted in the existing literature, which suggests that the bereaved mother's capacity to share memories of the stillborn baby is directly linked to being offered the opportunity to mother her stillborn baby (Brierley-Jones et al., 2014-2015). An approach which facilitates bonding rituals which support the mother's capacity to experience continuing bonds seems appropriate. In offering the mother an opportunity to see, hold, wash and dress her baby, the bereaved may be enabled to amplify her sense of motherhood and also to say goodbye (Kelly & Trinidad, 2012).

Postnatal psychological support should be routinely offered to the bereaved mothers of stillborn babies in the initial 12-week period, in order to check-in on feelings of isolation and low mood, to affirm the profundity of the loss and to acknowledge the personhood of the stillborn baby. Within this provision, a respectful acknowledgment of individual processes of meaning-making seems key, as well as an acknowledgement of the healing potential of

continuing bonds, which would direct care in a direction which aligns with progressive bereavement theories (Klass & Steffen, 2018). Safeguarding protocols should also be followed, with postnatal checks on the bereaved mother's emotional health and wellbeing. In the case of stillbirth, the potential for postpartum depression is raised and the use of the Edinburgh Postnatal Depression Scale as a measure would be appropriate in identifying the continued need for psychological support (Wisner, Parry & Piontek, 2002; Cox, Holden & Sagovsky, 1987). However, in employing the Edinburgh Postnatal Depression Scale, care should be taken to adjust the phrasing of the standardised questions in such a way as is appropriate to the mother of a stillborn baby.

Suggestions for improved psychological support for the mothers of stillborn babies might include introducing bereavement care models which encourage all support services to respond to families experiencing stillbirth with increased compassion and acceptance (Cacciatore & Flint, 2012). In order to facilitate behaviours and rituals which might equally accompany a live birth, suggestions for improved support might include encouraging all related parties to characterise the stillborn baby as a beloved child rather than as a lost pregnancy (Radestad, 2011). Existing literature in the field suggests that mothers of stillborn babies commonly experience a denial of the personhood of the baby and also a denial of their own identity as a pregnant or birthing mother (Brierley-Jones et al., 2014-2015). It therefore seems appropriate for Counselling Psychologists and other medical practitioners involved in the care of the bereaved mother to remain respectful of the mother's maternal identity.

In the UK, the NICE (2010) and RCOG (2010) guidelines currently recommend that mothers of stillborn babies should be offered the choice of whether or not to engage with bonding rituals. However, the literature also suggests that mothers are made to feel less fearful when assumptive bonding practices – when the baby is routinely passed to the mother to be held following delivery – are followed by medical staff. As mothers may experience a feeling of deep regret at having chosen not to hold their stillborn baby, it seems important to note that these assumptive practices may reduce feelings of fearfulness (Budak et al., 2015; Erlandsson et al., 2013). However, it is also vital to recognise that each maternal response will be individual and that meaning-making will vary, as will desires relating to levels of engagement with the stillborn baby's body.

Of course, the requirement for the psychological support of the bereaved mother of a stillborn baby does not cease at the end of the 12-week postnatal period. The bereaved mother may experience an ongoing grief and the continued psychological presence of the

baby which may not dissipate with time (Uren & Wastel, 2010). The literature suggests benefits to the bereaved mother of being enabled to share memories of her baby (Crawley, Lomax & Ayers, 2013). Counselling Psychologists might support therapeutic processes which allow for an exploration of maternal experiences of ongoing grief. Dual processes of meaning-making might be acknowledged, as the bereaved mother may simultaneously wish to remain connected to her lost child and also to find a way of moving beyond her loss (Stroeb & Schut, 2010). Support in subsequent pregnancies and deliveries could provide an invaluable scaffold to manage experiences of raised anxiety and fear. Psychological support in the parenting of subsequent children might also involve giving the mother a space to acknowledge the grief that she still feels for her stillborn baby, despite the arrival of a living sibling (Ustundag-Budak et al., 2015). If necessary, and with the agreement of the mother, a Parent and Infant Psychology (PIPs) team might be invited to support maternal bonding processes with subsequent children.

Recognising the potential for post-traumatic growth following stillbirth bereavement and assisting mothers in journeying into a life beyond loss also seems essential to plotting bereavement support. Exploring the ways in which the bereaved mother might choose to engage in rituals of remembrance or participate in bereavement support groups could offer the mother the opportunity to locate herself within a community of loss.

Reflecting upon positions of bias and privilege within the therapeutic relationship is also relevant within the phenomenon of stillbirth (Nkansa Dwamena, 2017). The current lack of diversity in the existing literature risks a lack of recognition of religious, cultural and ethnic differences within maternal responses to stillbirth bereavement. The importance of recognising individual differences in maternal responses to the phenomenon is vital, with the Counselling Psychologist or other practitioners involved in care remaining aware of a range of potential responses. It is imperative to engage with the bereaved mother in a manner which is respectful of her race and culture and remains sensitive and open to her religious or spiritual beliefs. Remaining alert to signs of maternal distress at cultural or religious practices which might seek to prevent or disrupt the holding of the stillborn baby also seems key to providing empathic support for the bereaved mother (Bakker & Paris, 2013).

Finally, Counselling Psychologists working with the bereaved mother of a stillborn baby should give careful consideration to continuing bonds within the therapeutic relationship itself. The difficulties of ending should be given close attention – as this end-point may trigger a resurgence of grief – and titrating a gentle approach to the close of therapeutic work should be foregrounded at all times by the practitioner.

5.6. Strengths and limitations

Of the qualitative research existing in the field of stillbirth, none has previously directly addressed the experience of sense-making and continuing bonds for bereaved mothers in the UK. In addition, no pluralistic research existed in the field of stillbirth and continuing bonds and there was a lack of narrative and phenomenological analysis in relation to the phenomenon (Klass & Walter, 2001). Taking a dual approach to the data, elicited from in-depth, face-to-face interviews, with mothers who had experienced stillbirth, has located the findings of this study more closely within the life-world of the participants involved and the value of such an approach has been noted when tackling complex and multi-dimensional phenomena (Frost, 2011). In addition, it is hoped that the current study enriches knowledge regarding maternal sense-making, relating to experiences of continuing bonds, in order to enhance processes of respectful care and to promote an individualised approach to mothers who have experienced this unique loss. The findings are intended to contribute to the growing bank of research into maternal stillbirth experience, in a way which increases an awareness of helpful processes of psychological support for the mothers who experience this bereavement.

Following Smith, Flowers and Larkin (2009), I paid close attention to the metaphoric and symbolic language of the participants in order to avoid an over-focus on description in the application of an IPA methodology (Willig, 2008). In addition, contained within Gee's (1991) poetic approach is the facility to listen to the audio-recording of the spoken words participants, thus allowing the physical voices of the participants to influence the findings. This unique incorporation of the spoken word of the participants is not offered within any other methodological approach and presents an overtly respectful approach to participant communication. Finally, in inviting participants to share meaningful objects during their interview, I have attempted to engage as fully as possible with active sense-making relating to the maternal experience of stillbirth (Willig, 2008). Participants expressed the fact that they valued having the opportunity to share their experiences. This aligns with studies which suggest that bereaved parents frequently value the opportunity to engage with studies which may benefit others who have experienced stillbirth (King, Oka & Robinson, 2019: Kelley & Trinidad, 2012).

Although it is clear that the findings are not generalizable to a wider population because of the limited number of participants, it was the intention of this study to offer an ideographic exploration of this under-researched phenomenon and to harness the interview data of the four participants in such a way as to privilege subjective experience. As all four participants

identified as white and heterosexual and were in a marital relationship, the homogeneity of the sample should be highlighted. The participants were also from a self-selecting group, who elected to participate in the study, which could raise questions regarding whether women with unresolved grief would come forward in the same way. It is the case that a more diverse participant sample, which includes participants of differing race, ethnicity, socio-economic status and sexual orientation, would offer a fuller understanding of the phenomenon.

5.7. Future directions for research

In considering future directions for research, qualitative studies which involve female participants of different race, ethnicity, socio-economic status and sexual orientation would be of profound value. There is undoubtedly a need for exploring the way in which non-white participants, from different cultures and ethnicities, may choose to make meaning relating to experiences of continuing bonds with their stillborn baby. Culturally specific studies existing in the literature suggest increased instances of shame in non-Western settings (Sissay et al., 2014). Conversely, Eastern studies identify processes of community recognition of the lost child which may assist the bereaved mother in positively experiencing continuing bonds (Yamazaki, 2010). It seems important that future studies explore these phenomena within the UK population, in order to identify alternate sense-making processes.

In addition, as experiences of continuing bonds with the stillborn child are under-researched, it also seems appropriate to suggest further small-scale, pluralistic qualitative studies within this phenomenon. As continuing bonds may be created inter-relationally, further studies might include an exploration of the way in which experiences of continuing bonds with a stillborn child might be co-created. A study using a small sample size might apply two qualitative narrative methodologies, such as Structural Narrative Analysis (Gee, 1991) and also Narrative Dialogic/Performance Analysis (Langellier & Peterson, 2004), to explore the way in which the experiences of continuing bonds might be storied between the parents and grandparents of the stillborn baby (Riessman, 2008). This would allow for an exploration of the way in which the stillborn baby might become nested within an inter-generational narrative. In conducting individual interviews with the mother, father and grandparents of the stillborn baby, an exploration of shared or conflicted narratives might be achieved. This approach would enrich understanding regarding the way in which experiences of continuing bonds might emerge between close family members and could offer the possibility of engaging with "*multi-voiced*" constructions of the stillborn baby (Riessman, 2008; Langellier & Peterson, 2004; Bakhtin, 1981). The findings of such a study could contribute to a

knowledge base which feeds into bereavement support for the mother and also the wider families of stillborn babies.

5.8. Methodological challenges

As a lone researcher, following a pluralistic design has foregrounded the need for a deep engagement with reflexivity (Finlay, 2003). This need for considered thought relating to my own responses to the text has required the keeping of a field journal, which has proved vital in allowing me to explore the many ways in which I am inevitably implicated in the findings. In addition, I found that a level of bracketing became necessary, in order to set aside knowledge of IPA findings, so that I might engage fully with the subsequent linguistic approach to the chosen vignettes. In order to remain transparent about my approach to the analysis, I have chosen to include multiple segments of transcript across both methodologies. In relation to this, I have sometimes felt that the word limit for the thesis has not been accommodating to a pluralistic design and that this has inhibited the inclusion of longer segments of transcript (Yardley & Bishop, 2008).

The transparent approach to the documenting of the research process in order to maintain a separation at the interface of the two approaches has also involved holding the tension between potentially different ontological and epistemological positioning (Frost, 2011). It has sometimes felt challenging to locate an ontological position which embraces both methodological approaches. Identifying contextual constructionism assisted in bridging the epistemological and ontological tensions in a way which felt inclusive and accommodating (Madill, Jordan & Shirley, 2000). However, there were initial moments of confusion, when I felt disorientated by the inherent tensions of my pluralistic design and struggled to unite diverse positions. Despite these challenges, the benefits of choosing a pluralistic design have been felt in the richness of the approach, which has enabled an amplified encounter with participant meaning-making for the researcher.

5.9. Final reflections

"I say no, its not right
I am a mother after all
They say, but where is your baby
And I say, no no, my baby my baby
And they say, yes yes, look at your beautiful baby

I say, I do, I do
Look, look, and listen
My baby my baby
She's here"

(Dorothea Lasky, "*The Birth*", 2018)

Engaging with this study has encouraged me to acknowledge that experiences of continuing bonds are messier and more challenging than I initially supposed. It appears that continuing bonds cannot be neatly packaged or interpreted through a single lens. The bonds between a mother and her stillborn child seem to exist in a state of ongoing flux, sometimes to be pushed aside and sometimes to be deliberately encountered. These bonds are individual and personal. Sometimes, they come unbidden to the bereaved mother and sometimes they are intentionally sought. They seem ever-changing and may be as sustaining or devastating as the spectrum of human experience is broad.

I suspect that I embarked upon this study with the hope of finding something comforting to support the experience of stillbirth bereavement. I wished to locate a sense of healing via exploring experiences of continuing bonds. My own encounters – both clinical and personal – with the phenomenon of stillbirth have left me with a wish to ease processes of deep maternal bereavement. However, what has become clear to me has been far more complex than the cure-all for which I perhaps hoped. There seems to be no escaping experiences of ongoing deep grief for the bereaved mother of a stillborn baby. Despite the fact that the passing of time may bring with it the potential for retrospective valuing, there is no guarantee that this distance provides a salving of the wound. In addition, the limited potential for the inter-relational in experiences of continuing bonds relating to stillbirth makes the bereaved mother's journey seem particularly lonely.

It appears that there is no simple beacon of hope within this bleak bereavement. However, in attempting to find an experience which is ameliorative, I wonder whether the findings of this study reveal an alternative. It seems that this particular bereavement may run along two simultaneous paths. Beyond the bereaved mother's encounter with her stillborn baby's body, lies her ongoing encounter with what it is that she has lost and how she may formulate a life beyond this loss. In relinquishing something of her child, I wonder whether there is then the space for seeking deeper maternal connection. Perhaps, the bereaved mother must experience the horror of stillbirth, and the rejection of her lost child's body, in order to connect with levels of meaning-making which later free her from this necessary detachment.

I intuit that the bereaved mother and her stillborn baby remain in an ongoing dance of connection, sometimes moving close and sometimes travelling far apart. Over a prolonged process of sense-making, continuing bonds seem to meander with the bereaved mother, throughout the lifetime, as a shape-shifting umbilicus via which the mother may finally fully view her child.

In engaging with the strikingly personal processes which comprise the maternal response to continuing bonds in this profound bereavement, I hope that the individual maternal voice has been respected and amplified in a manner which may feed into improved bereavement support. Via this encounter with the fragile processes of maternal bereavement, I know that my own awareness of individual tensions within sense-making will be forever heightened and that I will temper any assumptions with the knowledge of the deeply individual nature of maternal sense-making in loss.

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Appendices

Appendix 1: Interview schedule

Do you feel able to tell me about your experience of stillbirth?
How did you make sense of your experience?
In which ways, if any, do you choose to think about your baby?
Did you choose to bring a meaningful object with you?
Do you feel able to share what this object means to you?
In which ways, if any, do you feel connected to your baby?
Is there anything you would like to add before we conclude the interview?

Appendix 2: Participant information sheet

Title of study: **Narratives of loss and resolution: continuing bonds in the maternal experience of stillbirth**

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

This study (PSM418) is undertaken by Catharine Hunt as part of the City, University of London, Professional Doctorate in Counselling Psychology and the duration of the research

project will be approximately 27 months. The work is being supervised by Dr Daphne Josselin in the Department of Psychology and fulfils the generic limitations necessary for approval by the City, University of London, Ethics Committee.

This study aims to enrich an understanding of the individual ways in which mothers who have given birth to a stillborn baby continue to experience an emotional bond with their lost child. The topic is of interest because these individual processes of creating meaning in bereavement can provide comfort and relief within the experience of loss. The intention is to explore the ways in which mothers narrate their individual experiences in order to inform psychological counselling practices surrounding stillbirth and to thereby better support bereaved mothers in coping with the experience.

This study (PSM418) is undertaken by Catharine Hunt as part of the City, University of London, Professional Doctorate in Counselling Psychology and the duration of this research project will be approximately 27 months. The work is being supervised by Daphne Josselin in the Department of Psychology and fulfils the generic limitations necessary for approval by the Departmental Ethics Committee.

Why have I been invited?

There will be four participants interviewed for the study. Each participant will be a woman who has experienced stillbirth within the UK no less than three years previously and no more than 10 years previously. This time-banding is intended to exclude participants who are in the early stages of grief at their bereavement and also to exclude participants who experienced stillbirth a significant number of years previously.

Do I have to take part?

Participation in this research project is entirely voluntary and each participant has the right to withdraw from the study at any point without penalty or disadvantage. You do not have to answer any questions which you find upsetting or that you do not wish to answer for any reason. If you become distressed at any point during the interview then the interview can be paused or terminated. It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time during and up to two months following the interview and without giving a reason.

What will happen if I take part?

- You will be asked to participate in a single 90-minute one-to-one interview with the researcher.
- The research project will be carried out over a 27-month period.
- You will be asked to participate in a one-to-one, semi-structured interview regarding your experience of stillbirth. The interviews will be recorded using a digital audio recorder and transcribed and analysed using qualitative methodologies.
- This is a psychology qualitative research project which aims to employ transcript analysis to explore four transcribed participant interviews regarding the experience of stillbirth.
- The research interviews will take place at City, University of London, or in suitable counselling rooms maintained by local charities.

Expenses and Payments

- Interviews will take place at City, University of London, and a maximum of £20 will be offered towards travel expenses.
- No reward, financial or otherwise, will be offered to participants.

What do I have to do?

You will be asked to participate in a confidential, one-to-one interview with the researcher. The interview will last approximately 90 minutes, although it will be led by you and could be longer or shorter depending on your responses. During the interview, you will be asked to answer questions regarding your experience of stillbirth. Some of the questions may be as follows: Do you feel able to tell me about your stillbirth experience?; Was or is there anything that you found or continue to find comforting or helpful?; Do you feel that there is anything which helped you cope with the experience?; Is it possible to adequately describe what you felt during the experience?; Do you find it comforting to remember your baby?; If so, how do you choose to remember your baby?; Do you find it helpful to feel connected to your baby?; If so, is there anything that helps you to feel connected with your baby?

What are the possible disadvantages and risks of taking part?

It is possible that sharing your stillbirth experience may trigger feelings of distress. If you feel distressed following the interview, then you can contact helplines and support services detailed on the Debrief Sheet.

What are the possible benefits of taking part?
It is possible that sharing your stillbirth experience will feel like a beneficial process. Some women report feelings of comfort and validation following sharing their story.

Will my taking part in the study be kept confidential?

- The researcher and the research supervisor will have access to the interview transcripts. All real names and identifying words or phrases will be removed from the transcripts.
- All audio recordings will be stored separately from the transcripts and will be destroyed when the research project is complete.
- No identifying material will be included in any future publication of the data.
- The completed research project will be archived at City, University of London, and may be published in a peer review journal.
- All information shared within the interview will be treated confidentiality, except in the case that the the interviewer feels that the participant is a danger to herself or others or reveals information regarding criminal activity.
- The data will be stored in locked filing cabinets and digitally deleted and/or shredded and safely disposed of when the research project is complete.
- If the project is abandoned before its completion then all data will be deleted or shredded and disposed of in a secure manner.

What will happen to the results of the research study?

No identifying information will be included in the final thesis. All participants who wish receive a copy of the completed thesis should contact the researcher on the email address below. It is possible that the thesis may be published in one of the following peer-review journals:

- *BMC Pregnancy & Childbirth* is an open access, peer-reviewed journal that considers articles on all aspects of pregnancy and childbirth.

- *Midwifery* publishes the latest peer-reviewed international research to inform the safety, quality, outcomes and experiences of pregnancy, birth and maternity care for childbearing women, their babies and families. The journal's publications support midwives and maternity care providers to explore and develop their knowledge, skills and attitudes informed by best available evidence.

- *The Journal of Death and Dying* draws significant contributions from the fields of psychology, sociology, medicine, anthropology, law, education, history and literature. *OMEGA* has emerged as the most advanced and internationally recognized forum on the subject of death and dying. It serves as a reliable guide for clinicians, social workers, and health professionals who must deal with problems in crisis management.

What will happen if I don't want to carry on with the study?

You can withdraw from the study without explanation or penalty up until two weeks following the interview. Beyond that point, analysis of the data will have begun and withdrawal will be problematic

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project and the research question is as follows:

Title of study: Narratives of loss and resolution: continuing bonds in the maternal experience of stillbirth

Research question: How do bereaved mothers narrate their experiences of continuing bonds with their stillborn child?

You could also write to the Secretary at:

[redacted]
Secretary to Senate Research Ethics Committee
Research Office, E214
City, University of London
Northampton Square
London
EC1V 0HB
Email: [redacted]

City, University of London, holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study, you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?
This study has been approved by City, University of London Research Ethics Committee, [insert ethics approval code here].

Further information and contact details
Researcher: Catharine Hunt: catharine.hunt@city.ac.uk
Supervisor: Dr Daphne Josselin: City, University of London, Department of Psychology, D433, Rhind Building, London, EC1V 0HB daphne.josselin@city.ac.uk Tel: 020-7050 5060.

Thank you for taking the time to read this information sheet.

Appendix 3: Participant consent form

CITY
UNIVERSITY OF LONDON
EST 1894

Title of Study: **Narratives of loss and resolution: continuing bonds in the maternal experience of stillbirth**

Ethics approval code: [*Insert code here*]

Please initial box

1.	I agree to take part in the above City, University of London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • being interviewed by the researcher • allowing the interview to be audiotaped	
2.	This information will be held and processed for the following purpose(s): To explore the research question. I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw up to two weeks following the interview without being penalized or disadvantaged in any way.	
4.	I agree to City, University of London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	

5.	I agree to take part in the above study.	

Name of Participant	Signature	Date
Name of Researcher	Signature	Date

When completed, 1 copy for participant; 1 copy for researcher file.

Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.

Appendix 4: Participant debrief sheet

Title of Study: Narratives of loss and resolution: continuing bonds in the maternal experience of stillbirth

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

What is this study about?

This study aims to enrich an understanding of the individual ways in which mothers who have given birth to a stillborn baby continue to experience an emotional bond with their lost child. The topic is of interest because these individual processes of emotional meaning-making in bereavement can provide comfort and relief within the experience of loss. The intention is to explore the ways in which mothers narrate their experiences of continuing bonds in order to inform psychological counselling practices surrounding stillbirth and to thereby support bereaved mothers in coping with the experience.

What research has been done?

Limited research exists in the literature which directly examines a mother's individual experience of a continuing bond with her stillborn baby. Previous literature does identify helpful processes of memorial. These may include narrating memories of the pregnancy and stillbirth, observing anniversaries and treasuring mementoes such as photographs and footprints. The literature also clearly identifies an historic social taboo surrounding stillbirth and the sense of disenfranchised loss which many women experienced as a result of a lacking societal response to their bereavement. There is existing contention regarding historic medical protocols which denied the bereaved mother access to her stillborn baby and triggered resulting feelings of distress. More recent practices of assumptive bonding, which involve medical staff passing the stillborn baby to the mother to be held, have been identified as comforting. The literature shows that many bereaved mothers value the opportunity to spend time with their stillborn baby. It is possible that these important bonding practices could later contribute to comforting feelings of emotional connection to the lost baby.

What are the aims of this study?

This study aims to provide a layered analysis both of the individual ways in which mothers experience stillbirth and continuing emotional bonds with the stillborn baby and also of the ways in which mothers construct their stories to frame their bereavement. The existing literature acknowledges that sharing birth narratives can play a crucial role in the construction of the self, providing an opportunity to examine emotional responses and recognise personal strength. By placing a focus on language, story structure and endings, this study aims to explore the ways in which the process of storytelling itself contributes to a bereaved mother's experience of a continuing bond with her stillborn baby. It is intended that a dual examination of the individual experience of stillbirth and the process of narrating the event will contribute to psychological counselling services by supporting mothers who experience stillbirth in developing helpful processes of emotional resolution. The following research question will be explored: How do bereaved mothers narrate their experience of continuing bonds with their stillborn child?

If the content of the interview has triggered unmanageable feelings of distress or grief then support counselling services which specialise in stillbirth bereavement can be accessed via **SANDS UK (The Stillbirth and Neonatal Death Society)**.

- The contact details for the **SANDS helpline,** which is open Monday to Friday between 9.30am and 5.30pm, are as follows: **Freephone: 0808-164 3332, Email: helpline@sands.org.uk**

Further information and support on coping with stillbirth can also be accessed via the following organisations:

- **Kicks Count**: kickscount.org.uk; info@kickscount.org.uk
- **Tommy's**: tommy's.org; Helpline: 0800-0147 800
- **The Lullaby Trust**: lullabytrust.org; Bereavement helpline: 0808-802 6868
- **The Child Death Helpline:** childdeathhelpline.org.uk; Freephone: 0800-282 986
- **Saying Goodbye: www.sayinggoodbye.org**

- **Life After Loss:** lifeafterloss.org

In the event of extreme and urgent distress then please contact your GP or your local hospital Accident & Emergency department for support and advice.
We understand the traumatic nature of this significant life event and wish to thank you for your bravery and generosity in taking the time to share your story. If you have any other questions, please do not hesitate to contact us at the following:
Researcher: Catharine Hunt: catharine.hunt@city.ac.uk
Supervisor: Dr Daphne Josselin: City, University of London, Department of Psychology, D433, Rhind Building, London, EC1V 0HB daphne.josselin@city.ac.uk Tel: 020-7050 5060
Ethics approval code: **PSYETH (P/F) 17/18 55**

Appendix 5: Participant advertisement

Department of Psychology
City, University of London

A STUDY WHICH INTENDS TO EXPLORE THE MATERNAL EXPERIENCE OF STILLBIRTH

We are looking for volunteers to take part in a study on the maternal experience of stillbirth. The study is intended to contribute to a better understanding of ways in which to support women at this difficult and challenging time. All participants will be treated with extreme sensitivity and an awareness of the challenging nature of the topic.

You would be asked to: participate in a one-to-one semi-structured interview with the researcher regarding your experience of stillbirth.

Your participation would involve a single interview of approximately 90 minutes in duration.

In the event that you have to travel, you would receive a contribution of £20 towards travel expenses.

For more information about this study, or to take part,
please contact:

Researcher: Catharine Hunt

or

Supervisor: Dr Daphne Josselin

At City, University of London Psychology Department on 020-7050 5060 or
email catharine.hunt@city.ac.uk

With thanks.

This study has been reviewed by, and received ethics clearance through the *[insert committee name here]* Research Ethics Committee, City, University of London [*insert ethics approval code here*].

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email: [redacted]

Appendix 6: Email template

Dear all,

Many apologies for the mass email.

I am currently recruiting participants for a study into the maternal experience of stillbirth. I would be extremely grateful if you could forward this email and the attached recruitment flyer to friends or acquaintances who you think might be suitable and interested in participating. The intention is that the study will help to improve counselling services for mothers who experience this devastating loss.

Participation would involve a pre-interview telephone screening and a face-to-face interview lasting between 90 minutes.

The participants should be women who have experienced stillbirth no less than three years previously and no more than ten years previously.

If you feel able to help then I would be most grateful if you could let your friends or acquaintances know that they should contact me directly if interested, to guarantee confidentiality.

With many thanks in advance for helping me in my research.

With kind regards and all good wishes,

Appendix 7: Ethics application form

Psychology Department Standard Ethics Application Form:
Undergraduate, Taught Masters and Professional Doctorate Students

This form should be completed in full. Please ensure you include the accompanying documentation listed in question 19.

Does your research involve any of the following? ***For each item, please place a 'x' in the appropriate column***	**Yes**	**No**
Persons under the age of 18 *(If yes, please refer to the Working with Children guidelines and include a copy of your DBS)*		X
Vulnerable adults (e.g. with psychological difficulties) *(If yes, please include a copy of your DBS where applicable)*		X
Use of deception *(If yes, please refer to the Use of Deception guidelines)*		X
Questions about topics that are potentially very sensitive *(Such as participants' sexual behaviour, their legal or political behaviour; their experience of violence)*	X	
Potential for 'labelling' by the researcher or participant (e.g. 'I am stupid')		X
Potential for psychological stress, anxiety, humiliation or pain		X

Questions about illegal activities		X
Invasive interventions that would not normally be encountered in everyday life (e.g. vigorous exercise, administration of drugs)		X
Potential for adverse impact on employment or social standing		X
The collection of human tissue, blood or other biological samples		X
Access to potentially sensitive data via a third party (e.g. employee data)		X
Access to personal records or confidential information		X
Anything else that means it has more than a minimal risk of physical or psychological harm, discomfort or stress to participants.		X

If you answered 'no' to all the above questions your application may be eligible for light touch review. You should send your application to your supervisor who will approve it and send it to a second reviewer. Once the second reviewer has approved your application, your supervisor will upload the application to the Psychology Taught Programmes Ethics Approval Moodle page and you will be issued with an ethics approval code. You cannot start your research until you have received this code.

If you answered 'yes' to any of the questions, your application is NOT eligible for light touch review and will need to be reviewed at the next Psychology Department Research Ethics Committee meeting**.** You should send your application to your supervisor who will approve it and upload it to the Psychology Taught Programmes Ethics Approval Moodle page and you will be issued with an ethics approval code. You cannot start your research until you have received this code. The committee meetings take place on the first Wednesday of every month (with the exception of January and August). Your application should be submitted at least 2 weeks in advance of the meeting you would like it considered at. We aim to send you a response within 7 days. Note that you may be asked to revise and resubmit your application so should ensure you allow for sufficient time when scheduling your research. Once your application has been approved you will be issued with an ethics approval code. You cannot start your research until you have received this code.

Which of the following describes the main applicant? ***Please place a 'x' in the appropriate space***	
Undergraduate student	
Taught postgraduate student	X
Professional doctorate student	
Research student	
Staff (applying for own research)	
Staff (applying for research conducted as part of a lab class)	

1. Name of applicant(s). (All supervisors should also be named as applicants.)
Catharine Hunt & Dr Daphne Josselin
2. Email(s).
Catharine.hunt@city.ac.uk; daphne.josselin@city.ac.uk
3. Project title.
Narratives of loss and resolution: **continuing bonds in the maternal experience of stillbirth**

4. Provide a lay summary of the background and aims of the research. (No more than 400 words.)

What is this study about?

This study aims to enrich an understanding of the individual ways in which mothers who have given birth to a stillborn baby continue to experience an emotional bond with their lost child. The topic is of interest because these individual processes of emotional meaning-making in bereavement can provide comfort and relief within the experience of loss. The intention is to explore the ways in which mothers narrate their experiences of continuing bonds in order to inform psychological counselling practices surrounding stillbirth and to thereby support bereaved mothers in coping with the experience.

What research has been done?

Limited research exists in the literature which directly examines a mother's individual experience of a continuing bond with her stillborn baby. Previous literature does identify helpful processes of memorial. These may include narrating memories of the pregnancy and stillbirth, observing anniversaries and treasuring mementoes such as photographs and footprints (Neimeyer, 2002; Radestad, 2009). The literature also clearly identifies an historic social taboo surrounding stillbirth and the sense of disenfranchised loss which many women experienced as a result of a lacking societal response to their bereavement Lewis & Page, 1978; De Frain, 1986; Doka, 1989). There is existing contention regarding historic medical protocols which denied the bereaved mother access to her stillborn baby and triggered resulting feelings of distress (Hughes et al, 2002; Cacciatire, 2008; Erlandsson et al, 2013). More recently, practices of assumptive bonding, which involve medical staff passing the stillborn baby to the mother to be held, have been identified as comforting Radestad et al., 2009; Avelin, 2012). The literature shows that many bereaved mothers value the opportunity to spend time with their stillborn baby and that these important

bonding practices contribute to comforting feelings of emotional connection to the lost baby (Rothaupt & Becker, 2007; Kelley & Trinidad, 2012).

What are the aims of this study?

This study aims to provide a layered analysis both of the individual ways in which mothers experience stillbirth and continuing emotional bonds with the stillborn baby and also of the ways in which mothers construct their stories to frame their bereavement. The existing literature acknowledges that sharing birth narratives can play a crucial role in the construction of the self, providing an opportunity to examine emotional responses and recognise personal strength. By placing a focus on language, story structure and endings, this study aims to explore the ways in which the process of storytelling itself contributes to a bereaved mother's experience of a continuing bond with her stillborn baby. It is intended that a dual examination of the individual experience of stillbirth and the process of narrating the event will contribute to psychological counselling services by helping counsellors better support mothers who experience stillbirth in developing helpful processes of emotional resolution. The following research question will be explored: How do bereaved mothers make sense of their experience of continuing bonds with their stillborn child?

5. Provide a summary of the design and methodology.

The researcher will employ a qualitative design in order to carry out one individual semi-structured interview with four separate female participants who have experienced a stillbirth no less than three years and no more then ten years previously. Stillbirth will be defined as an infant born dead at any point after 24 weeks of pregnancy. The interviews will be approached as a series of unique case studies.

A pluralistic analytical approach will be employed, with the intention of providing the richest possible layered exploration of the maternal narrative of stillbirth and continuing bonds (Riessman, 2008; Frost, 2009; Willig, 2013; Josselin & Willig, 2015). In the initial analysis, each interview will be transcribed and a phase of reading and note-taking will take place. The transcripts will then be approached using

Interpretative Phenomenological Analysis (IPA) (Langridge, 2004; Willig, 2015). Line-by-line inductive coding will identify units of meaning in the right-hand margin of the transcribed text. These codes will be organised into clusters which will be intended to inform the research question. The clusters will then be organised into higher-order categories and themes in the left-hand margin of the transcript (Smith, 1996; Brocki & Wearden, 2006; Smith et al., 2009; Willig, 2013). The transcripts will then be subsequently examined using Narrative Analysis. The narrative will be examined for narrative shape and content - with a special emphasis placed on the storytelling impulse and meaning-making, the construction and characterisation of the self through story and processes of closure and ending (Frank, 1995; Rimmon-Kenan, 2002; Riessman, 2008; Frost, 2009).

Each transcript will be approached via two separate methodologies and will be treated as unique and individual. Any overlapping themes which might arise between case studies will be recorded in tabular form and it will be acknowledged that, due to the small-scale nature of the study, findings will not be generalisable to the population. Participant interviews will be recorded and described verbatim by the researcher.

6. Provide details of all the methods of data collection you will employ (e.g., questionnaires, reaction times, skin conductance, audio-recorded interviews).

Following an initial telephone conversation with the researcher to assess vulnerability and appropriateness, four individual participants will be invited to participate in a one-to-one, semi-structured, 90-minute interview with the researcher. Participants will be invited to bring along an object of their choice which speaks to their experience of continuing bonds. Interviews will be recorded and transcribed by the researcher (see Draft Interview Guide in Appendix I).

7. Is there any possibility of a participant disclosing any issues of concern during the course of the research? (e.g. emotional, psychological, health or educational.) Is there any possibility of the researcher identifying such issues? If so, please describe the procedures that are in place for the appropriate referral of the participant.

The researcher intends to closely monitor the wellbeing of participants during the interview and to use her clinical judgment and safeguarding training to ensure their safety. In the event that a participant discloses feelings of extreme distress during or immediately following the interview, she would encourage contact with their GP or a visit to the A&E unit of their local hospital. If necessary, the researcher would offer to call the GP on behalf of the participant during the interview. The researcher would also contact her supervisor if she became concerned about the wellbeing of a participant. In addition, the participant debrief sheet will contain details of a selection of support organisations which can provide appropriate advice and counselling services. The debrief sheet will also suggest protocols which include contacting the GP and visiting A&E should the participant feel overwhelmed by distressing feelings during the period which follows the interview.
8. Details of participants (e.g. age, gender, exclusion/inclusion criteria). Please justify any exclusion criteria.
Participants will be female and will have experienced the birth of a stillborn child no less than three years previously and no more than ten years previously. These criteria are intended provide an element of homogeneity to the participant group. The intention is to prevent the inclusion of participants who have very recently lost their baby and might therefore be at an extremely vulnerable stage of bereavement. The criteria are also intended to exclude participants who experienced stillbirth a considerable number of years previously and who may therefore feel significantly distanced from the experience of loss.
9. How will participants be selected and recruited? Who will select and recruit participants?

Participants will initially be selected using a snowball sampling methodology which relies on contacts of the researcher. An email will be sent out to friends and contacts of the researcher stating the purpose of the research and the need for appropriate participants and potential participants will be asked to contact the researcher directly to protect confidentiality (see Appendix VI: Email Template). If sufficient participants fail to arise from a snowball sampling method then an advertisement for participants will be placed on the SANDS (Stillbirth and Neonatal Death Society) website.

10. Will participants receive any incentives for taking part? (Please provide details of these and justify their type and amount.)

Participants' travel expenses will be reimbursed but otherwise no financial incentive will be offered to participants.

11. Will informed consent be obtained from all participants? If not, please provide a justification. (Note that a copy of your consent form should be included with your application, see question 19.)

Informed consent will be obtained from all participants.

12. How will you brief and debrief participants? (Note that copies of your information sheet and debrief should be included with your application, see question 19.)

Participants will be given a Participant Information Sheet (see Appendix II: Participant Information Sheet) before signed consent is sought. Following the interview, participants will be given a Debrief Sheet (see Appendix IV: Debrief Sheet) which will include additional information regarding the study as well as contact details of support organisations which can be accessed in the event that the interview triggers feelings of distress in the participant.

13. Location of data collection. (Please describe exactly where data collection will take place.)

It is the researcher's intention that participant interviews should take place in a suitable room situated within City, University of London, premises. However, in light of the sensitive nature of the subject matter, the researcher would be willing to travel to participants if they would prefer to be interviewed in their own homes. If participants would prefer a more neutral space then the researcher intends to seek appropriate rooms within local counselling services. The rooms would be risk-assessed by local charities and would provide a safe and confidential setting**.**

13a. Is any part of your research taking place outside England/Wales?

No	**X**	
Yes		If 'yes', please describe how you have identified and complied with all local requirements concerning ethical approval and research governance.

13b. Is any part of your research taking place <u>outside</u> the University buildings?

No		
Yes	X	If 'yes', please submit a risk assessment with your application or explain how you have addressed risks.

The researcher may interview participants in their own homes. If this were the case then the address of the participant and details of the interview would be passed to the researcher's supervisor in a sealed envelope and arrangements for telephone contact following the interview would be agreed. The participant might also seek appropriate rooms within local counselling services. These rooms would be risk-assessed by local charities and would provide a safe and confidential setting.

13c. Is any part of your research taking place <u>within</u> the University buildings?

No		

Yes	X	If 'yes', please ensure you have familiarised yourself with relevant risk assessments available on Moodle.

14. What potential risks to the participants do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

The interviews will be approached tentatively and with extreme sensitivity. It is my intention that each interview will be participant-led and that no participant will be asked to discuss topics which they are unwilling to approach or which they find too painful to contemplate. I intend to remain alert to participant distress by using my clinical ear to listen carefully for signs of undue upset. If I felt that a patient was showing signs of distress I would firstly offer to pause or to terminate the interview. I would also – should it seem necessary – offer to make contact with their local GP surgery. In an extreme case, I would suggest that the participant visit the local A&E department. I would arrange for the interviews to take place at times when my supervisor was available for telephone contact and I would make contact with my supervisor to seek advice if I felt that the participant was in extreme distress. The Debrief Sheet will also provide comprehensive contact details of a number of suitable UK support organisations which provide advice and counselling services for bereaved mothers. The Debrief Sheet will also suggest accessing support from the GP and A&E in situations of extreme distress.

15. What potential risks to the researchers do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

In the event that interviewing participants about the experience of stillbirth triggers personal feelings of distress in the researcher, I intend to make use of my personal therapist to explore the emotional impact of the topic. I would hope to remain alert to signs of vicarious trauma and, in the event that I felt my research topic was having a negative impact on my wellbeing, I would also feel able to seek the advice and support of my supervisor.

16. What methods will you use to ensure participants' confidentiality and anonymity? (Please note that consent forms should always be kept in a separate folder to data and should NOT include participant numbers.)	
Please place an 'X' in all appropriate spaces	
Complete anonymity of participants (i.e. researchers will not meet, or know the identity of participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.)	
Anonymised sample or data (i.e. an *irreversible* process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.)	
De-identified samples or data (i.e. a *reversible* process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.)	**x**
Participants being referred to by pseudonym in any publication arising from the research	**X**
Any other method of protecting the privacy of participants (e.g. use of direct quotes with specific permission only; use of real name with specific, written permission only.) ***Please provide further details below.***	
17. Which of the following methods of data storage will you employ?	
Please place an 'X' in all appropriate spaces	
Data will be kept in a locked filing cabinet	
Data and identifiers will be kept in separate, locked filing cabinets	**X**
Access to computer files will be available by password only	**X**
Hard data storage at City, University of London	
Hard data storage at another site. *Please provide further details below.*	**X**
The transcripts of the interviews will be stored in a locked filing cabinet in the researcher's home.	

18. Who will have access to the data?	
Please place an 'X' in the appropriate space	
Only researchers named in this application form	**X**
People other than those named in this application form. *Please provide further details below of who will have access and for what purpose.*	

19. Attachments checklist. *Please ensure you have referred to the Psychology Department templates when producing these items. These can be found in the Research Ethics page on Moodle.		
Please place an 'X' in all appropriate spaces		
	Attached	**Not applicable**
***Text for study advertisement**	**X**	
***Participant information sheet**	**X**	
***Participant consent form**	**X**	
Questionnaires to be employed		**X**
Debrief	**X**	
Copy of DBS		**X**
Risk assessment		**X**
Topic guide for interview	**X**	
Email template	**X**	

20. Information for insurance purposes. **(a) Please provide a <u>brief</u> abstract describing the project**

This qualitative research project aims to examine the individual experience of stillbirth and the potential for continuing maternal bonds with the lost child. The researcher intends to carry out semi-structured interviews with four participants who have experienced stillbirth no less then three years previously and no more than ten years previously. The interviews will take place in university buildings or in counselling rooms maintained by local charities and will be approximately 90 minutes in duration. The interviews will be recorded and transcribed by the researcher and analysed using a pluralistic qualitative methodology, approaching the text using first Interpretative Phenomenological Analysis and then Narrative Analysis to identify themes and patterns of meaning within the data. It is intended that the research will inform the psychological care of women experiencing stillbirth.

Please place an 'X' in all appropriate spaces

(b) Does the research involve any of the following:	**Yes**	**No**
Children under the age of 5 years?		**X**
Clinical trials / intervention testing?		**X**
Over 500 participants?		**X**
(c) Are you specifically recruiting pregnant women?		**X**
(d) <u>Excluding</u> information collected via questionnaires (either paper based or online), is any part of the research taking place outside the UK?		**X**

If you have answered 'no' to all the above questions, please go to section 21.

If you have answered 'yes' to any of the above questions you will need to check that the university's insurance will cover your research. You should do this by submitting this application to insurance@city.ac.uk, <u>before</u> applying for ethics approval. Please initial below to confirm that you have done this.

I have received confirmation that this research will be covered by the university's insurance.

Name …… Date……

21. Information for reporting purposes.		
Please place an 'X' in all appropriate spaces		
(a) Does the research involve any of the following:	**Yes**	**No**
Persons under the age of 18 years?		**X**
Vulnerable adults?		**X**
Participant recruitment outside England and Wales?		**X**
(b) Has the research received external funding?		**X**

22. <u>Final checks.</u> Before submitting your application, please confirm the following, noting that **your application may be returned to you without review** if the committee feels these requirements have not been met.	
Please confirm each of the statements below by placing an 'X' in the appropriate space	
There are no discrepancies in the information contained in the different sections of the application form and in the materials for participants.	**X**
There is sufficient information regarding study procedures and materials to enable proper ethical review.	**X**
The application form and materials for participants have been checked for grammatical errors and clarity of expression.	**X**
The materials for participants have been checked for typos.	**X**

23. Declarations by applicant(s)	
Please confirm each of the statements below by placing an 'X' in the appropriate space	
I certify that to the best of my knowledge the information given above, together with accompanying information, is complete and correct.	**X**
I accept the responsibility for the conduct of the procedures set out in the attached application.	**X**
I have attempted to identify all risks related to the research that may arise in conducting the project.	**X**
I understand that **no** research work involving human participants or data can commence until ethical approval has been given.	**X**

	Signature (Please type name)	**Date**
Student(s)	**Catharine Hunt**	**21.11.2017**
Supervisor	**Daphne Josselin**	**22.11.2017**

Reviewer Feedback Form

Name of reviewer(s).			
Sophie Lind (on behalf of the psychology ethics committee)			
Email(s).			
[redacted]			
Does this application require any revisions or further information?			
Please place an 'X' the appropriate space			
No Reviewer(s) should sign the application and return to psychology.ethics@city.ac.uk, ccing to the supervisor.		**Yes** Reviewer(s) should provide further details below and email directly to the student and supervisor.	**X**
Revisions / further information required To be completed by the reviewer(s). PLEASE DO NOT DELETE ANY PREVIOUS COMMENTS.			
Date: 6th December 2017 Comments: > Please resolve the ambiguity about the number of participants and interviews (see section 5) > We recommend you encrypt your electronic data if possible (not a *requirement* for approval)			

> Please include the text you would use for the study advert if the snowball sampling method is insufficient.

> In the information sheet you say, *This study is undertaken as part of City, University of London's Professional Doctorate in Counselling Psychology and the duration of the research project will be approximately 24 months.* However, it is unclear where this 24 month figure has come from, and may be taken to imply that the participant needs to be involved for 24 months. Suggest deleting.

> Although you say in section 14 that, *I would also make contact with my supervisor to seek advice if I felt that the participant was in extreme distress,* given the highly sensitive nature of the topic, we recommend that you arrange interviews for times when the your supervisor will definitely be available for immediate help and support should the need arise (via telephone if not in person).

> Under possible benefits on the information sheet, you state that, *it is possible that sharing your stillbirth experience will feel like a beneficial process. Some women report feelings of comfort and validation following sharing their story.* Can you provide any references to support this?

> Please see the university policy on data retention:

https://www.city.ac.uk/research/about-our-research/research-integrity/research-data-management/preserve-and-store

It is recommended that data are kept for a minimum of 10 years. Please amend the application and information sheet accordingly.

> Please avoid jargon in information sheet – e.g., 'transcribed and analysed using qualitative methodologies" – to ensure lay people will understand it.

Applicant response to reviewer comments

To be completed by the applicant. Please address the points raised above and explain how you have done this in the space below. You should then email the entire application (including attachments), **with changes highlighted** directly back to the reviewer(s), ccing to your supervisor.

Date: 13th December 2017

Response: Many thanks for your comments, I have amended as follows:

- As highlighted in Section 5, I have reworded to achieve greater clarification regarding the planned number of participants.
- I would prefer to avoid encrypting data and intend to store data safely and separately and to use a password-protected computer.
- The text for the study advert is highlighted and included in the appendices.
- As highlighted in Section 14, I now state that I would arrange interviews for times when my supervisor will be available should I require her help and support.
- As highlighted in the Information Sheet, I have reworded and inserted a reference regarding the potential benefits to women of sharing this significant life event.
- As highlighted in the Information Sheet, I have removed jargon words and replaced with lay vocabulary.

Reviewer signature(s)

To be completed upon FINAL approval of all materials.

	Signature (Please type name)	**Date**
Supervisor	**Daphne Josselin**	**13.12.2017**
Second reviewer	**Sophie Lind**	**13/12/17**

Appendix 8: Ethics approval letter

Psychology Research Ethics Committee
School of Arts and Social Sciences
City, University of London
London EC1R 0JD

14th December 2017

Dear Catharine and Daphne

Reference: PSYETH (P/F) 17/18 55

Project title: *Narratives of loss and resolution: continuing bonds in the maternal experience of stillbirth*

I am writing to confirm that the research proposal detailed above has been granted approval by the City, University of London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

(a) Recruit a new category of participants

(b) Change, or add to, the research method employed

(c) Collect additional types of data

(d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee ([redacted]), in the event of any of the following:

(a) Adverse events

(b) Breaches of confidentiality

(c) Safeguarding issues relating to children and vulnerable adults

(d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

TBC Sophie Lind

Ethics committee Secretary Chair

Email: psycology.ethics@city.ac.uk [redacted]

Email:Sophie.Lind.2@city.ac.uk

Appendix 9: IPA Sample of annotated transcript

THIS SAMPLE OF ANNOTATED TRANSCRIPT HAS BEEN REDACTED FOR CONFIDENTIALITY REASONS.

Appendix 10: Photograph of IPA analytic process

THIS PHOTOGRAPH OF THE IPA ANALYTIC PROCESS HAS BEEN REDACTED FOR CONFIDENTIALITY REASONS.

Appendix 11: Individual tables of IPA themes for each Participant

I: Table of themes for Heather

Superordinate theme: **Holding on**: "*I just wanted to keep holding him*." p.4 1.129 **Subordinate theme**: Closeness and the senses: "*The moment that you feel him, you smell him*.' p.20 l.709-10 **Subordinate theme**: Warm contact, cold separation: "*We stayed with him for as long as possible but they had to take the baby away and put him in a cold place*." p.2 l.67-69 **Subordinate theme**: The impossible farewell: "*We had to leave him… I just kept asking to stay*." P.18 l.620-21 **Subordinate theme**: Searching for the lost thing: "*I remember just taking the clothes out all the time*." P.21 l.724-5
Superordinate theme: **Someone to bear witness**: "*It was a person, a little boy, a little baby*." p.8 l.263-4

Subordinate theme: Remembrance as a route to connection: "*It's really important how we never forget him*." p.8 l.264-5 **Subordinate theme:** Nurture and memorial: "*As his mother, it is really important to me to keep his name there and talk about him all the time*." **Subordinate theme**: Naming and remembrance: "*Just saying their name, using their name*." p.27 l.944-45
Superordinate theme: Representations of guilt: "*We didn't know if it was something I'd done*." P.3 l.89-90 **Subordinate theme:** The guilt of continued life: **"***This weird kind of guilt*." p.15 l.531 **Subordinate theme**: Could this have been different?: "*Maybe I shouldn't have gone overdue*?" p.3 l.91 **Subordinate theme**: How to share the loss: "*We kept feeling this enormous guilt to have to let people know*." p.24 l.856-57 **Subordinate theme**: The counter-intuitive image: "*So, at the time, you're thinking: 'It's a bit wrong taking photos*.'" p.10 l.357
Superordinate theme: Memorial through the inanimate: *"The clothes I was given … the cuddly toys … I definitely can't get rid of." p.14 l. 473-4* **Subordinate theme**: Continuing bonds: "*We've got his ashes up there in a little box. There's nowhere I want to put them other than with me*." p.19 l.669-71 **Subordinate theme**: Remains as eternal: "*The ashes are in the home – they are not going to get lost and they are always here*." p.20 l.685-6 **Subordinate theme**: Remains as representing the loved one: "*I couldn't leave the ashes behind … it felt like I was leaving him*." p.20 l.689-90 **Subordinate theme**: Things to fill the void: "*We've got hand prints and foot prints and so many photographs*." p.3 l.92-3 **Subordinate theme**: Holding on and letting go: "*It's just an item and it's not Harry. Things break.*" p.14 l.485 **Subordinate theme**: Importance of the memento: "*All of which are very precious*." p.9 l.293
Superordinate theme: A relationship in utero: "*People haven't build memories with a baby that's inside you.*" p.7 l.221-2 **Subordinate theme**: The lonely bereavement: "*People just don't know what questions to ask, how to approach it, how to acknowledge it*." p.6 l.212-3 **Subordinate theme**: Meaning and relationships from inside to outside: "*They were children who he would have heard every day and were with me throughout pregnancy*." p.5 l.159-61 **Subordinate theme**: Living from within: "*He went on the school trip*." p.18 l.628
Superordinate theme: **Before the fall**: "*It's just the pre-grief period… there was none of this heartbreak.*" p.14 l.473-81 **Subordinate theme:** A lost innocence: "*I'm just wishing I had that peace*." p.29 l.1018-9 **Subordinate theme**: A fearful taint: "*People should not be planning ahead*." p.29 l.1013 **Subordinate theme**: Seeing the world through new eyes: "*Constantly feeling jealous of people having babies*." p.29 l.1007-8
Superordinate theme: Something has gone that will not return: "*I don't think I ever found that smell again.*" p.21 l.728 **Subordinate theme**: An emptiness: "*There was nothing*." p.5 l.177

Subordinate theme: Decay and the body: "It was warm, warm days… there are smells and things that start." p.4 l.117-120 **Subordinate theme**: An enforced farewell: "*I just wanted to keep holding him but we knew that was it*." p.4 l.129-30
Superordinate theme: Looking for a reason: "He was still alive and well." p.1 l.14 **Subordinate theme**: Looking for an ending: "That was probably the last time … that was probably when he died because after that I couldn't have him … I couldn't feel him." p.2 l.61-3 **Subordinate theme**: Something breakable: "*He was too fragile*." p.3 l.81-2
Superordinate theme: A place in the family: "*I've got another brother. He's up in the stars*." p.11 l.382-3 **Subordinate theme:** A greeting and a farewell: "*My family were able to come and see him … they met him*." p.3 l.84-5 **Subordinate theme**: The salve of subsequent children: "*It helped give me life*."/ "Blood connection between the boys." p.12 l.426 **Subordinate theme**: Connected to the wider family: "*She [mum] saw him when he was moving*." p.9 "*You've got to meet him*." p.25 l.861
Subordinate theme: Spirituality and remembrance: "I needed to do something that was religious." p.17 l.590 Subordinate theme: Connecting the dead: "*My father was a priest and because of that I felt that I needed to do something that was religious based*." p.17 l.589-90 Subordinate theme: Seeking the spiritual: "*I found a crematorium that had a building that was quite like a church*." p.17 l.596-7
Superordinate theme: Birth and meaning-making: "*In my head, I just knew that I needed to be able to feel this happen because I'm not going to have a baby*." P.23 l.812-14 **Subordinate theme:** The normal/not normal: "*We went through all the motions of a normal childbirth*." p.24 l.833-4 **Subordinate theme**: Dislocated birth: "*The only space they had was on labour ward*." p.4 l.106 **Subordinate theme**: Meeting point: "*The moment that you feel him, you smell him*…" p.20 l.709-10 **Subordinate theme**: Connecting after birth: "*The midwifes suggested that we read stories to him and talked to him*." p.3 l. 77-78
Superordinate theme: Growth, acceptance and a life beyond: "The clothes they have outgrown." p.14 l.487 **Subordinate theme**: Memorial and acceptance: "*We put decorations on it [the memorial tree] and they last for as long as they last*." p.12 l.403 **Subordinate theme**: Subsequent children as a continuing bond: "The blood connection between the boys… *Giving me something of what Harry might have looked like*." p.12 l.426-7 Subordinate theme: Fund raising and memorial: "The money we raise goes direct to hospitals… for bereavement rooms." p.30 l.1055-6

II: Table of themes for Rachel

Superordinate theme: The bittersweet bond: "*We called her Little Fish*" p.30/l.1064

Subordinate theme: Carrying a corpse: "What's inside of you now is *just bones and skin*. Totally dead."" p.8/l.257-358 **Subordinate theme**: Something of mine: "*She was really cute and had my lips*." p.14/l.502 **Subordinate theme**: The known unknown: "*She was always flipping around*." p.30/l.1068 **Subordinate theme**: A bond beyond death: "*She's looking out for us*." p.22/l.781 Subordinate theme: The normal not normal: "*She was like like really just a normal baby*."
Superordinate theme: Into the void: "*All the babies in the rooms around me were crying*." p.7/l.250 **Subordinate theme**: The stillness: "*It was dead silent*." p.15/l.507 **Subordinate theme**: The futile birth: "*The most pointless activity*." p.13/l.449 **Subordinate theme**: Vanishing point: "*It was just very empty*." p.26/l.924
Superordinate theme: The displaced loss: "Not a resting place" p.29/l.1031 **Subordinate theme**: Where to lay her: "*They ended up taking her out of our room and putting her in a storage cupboard*." p.16/l.542-3 **Subordinate theme**: Religious taboo and the stillbirth burial: "*They buried her and they won't tell us where*." p.17/l.607 **Subordinate theme**: A societal blindness: "*You'll be fine. You'll have more children*." p.19/l.671
Superordinate theme: Humour and the surreal: "Maybe I just went to the wrong classes?" p.11/l.378-79 **Subordinate theme:** No laughing matter: "*I am pushing out a dead baby. I am doing whatever I want*." P.13/l.464-65 **Subordinate theme**: How others react: "*People think that if you have a stillbirth it's like: 'The baby's dead… pop!'*" p.2/l.968-9 **Subordinate theme**: Death and the everyday: "'I *will not be attending yoga tomorrow night because my baby died. Have a good evening*.'" p.8/l.265-6 **Subordinate theme**: Normal and not normal: "And the midwives came in and they [Rachel's friends] were busy giving them iced coffee." p.10/l.347-8 **Subordinate theme:** What can I bring?: "So it ended up being like a whole party in the hospital room… they came with food."
Superordinate theme: Loss and the eternal: "Just keep her with us." p.16/l/568-569 **Subordinate theme:** A constant presence: "*She's definitely in our story*." p.25/l.874 **Subordinate theme:** Child bereavement: "*We were just crying away and it was really, really, deep, deep*." p.17/l.584-5 **Subordinate theme:** The family tree: *"She's our child and if we have future children she's still going to be our eldest."* p.22/l.770-71 **Subordinate theme**: Spirituality and the afterlife: "*She's looking out for us*." p.22/l.781
Superordinate theme: The suffering body: "*You're going to be ridiculously in pain and bleeding and bleeding and bleeding away*." p.11/l.374-5 **Subordinate theme**: The reality of birth: "*Why are all these women around me bleeding*? They're full of blood!" p.10/1.363-364 **Subordinate them**: Myth meets reality: "*Because the pregnancy thing is like such a wonderful world*!" p.4/l.128 ***Subordinate theme***: The body as an automaton: "*The body still thinks the baby is alive*." p.28/l.972-3
Superordinate theme: The sarcophagus womb: "*To me, the baby was a parasite*."

Subordinate theme: The horror: "*I want this out now, now, now, now*." p.8/l.259-60 **Subordinate theme**: When birth becomes death: "*It's suddenly a corpse*." p.8/l.281 **Subordinate theme**: Revulsion: "*The whole thing just totally grossed me out*." p.8/l.278-9 **Subordinate theme**: Rejection: "*And then they were like: 'Do you want to hold her?' And we were like: 'No. We want nothing to do with it*.'" p.13/l.466-7 **Subordinate theme**: Decay: "She's dead. So the skin starts to peel off." p.16/l.549-50
Superordinate theme: How to remember: "We didn't have the closure." P.18/l.635-6 **Subordinate theme**: A hollow memorial: "*I think that is for a hair thing but they didn't put a piece of her hair in there*." p.31/l.1095-6 **Subordinate theme**: Something to keep: "*That was her name*." **Subordinate theme**: A place to mourn: "*It's like a whole garden and everyone's got stones there for their babies*."

III: Table of themes for Aurelia

Superordinate theme: The shameful loss*: "I didn't want my mum seeing my first dead baby." p.7 l.244* **Subordinate theme**: Something to hide: "*I didn't want to share the baby with anyone*." p.7 i.244 **Subordinate theme**: Stillbirth as shameful: "*If somebody would see it [*photograph of the baby*], I would maybe feel ashamed*." p.20 l.743
Superordinate theme: A lonely bereavement: "*Nobody can tell you: 'Oh, I understand.'*" p.9 l.331 **Subordinate theme**: Looking for connection: "*I used to think: 'Oh I wish I could meet somebody there* [at the graveyard].'" p.16 l.331 **Subordinate theme**: A community of grief: "*It's like when you are talking about it, this makes you get it out of your system*." p.9 l.323 **Subordinate theme**: The loss that cannot be shared: "*I did not want to invite any of my family [*to the funeral*].*" p.15 l.552
Superordinate theme: The conflicted bond*: "They said: 'Do you want a picture?' I said: 'I don't want it.'"* p.4 l.130 **Subordinate theme**: Mementoes embedding memory: "*If there would be no pictures, like if you would have no memories*." p.6 l.214 **Subordinate theme**: Retrospective valuing: "*The nurse took some pictures… I am very grateful*." p.6 l.210-211 **Subordinate theme**: A pulling away: "*Sometimes, I don't want to be connected too much because I don't want to dwell on it*." p.25 l.932
Superordinate theme: A permanent grief: "*It's never going to go away*." p.19 l.701 **Subordinate theme:** Memory and the sensory: "*Sometimes I hate the Spring*." p.5 l.152 **Subordinate theme**: An unpredictable grief: "*You never know when it will hit you again*." P.26 l.983 **Subordinate theme**: Inescapable loss: "*Then you have a child and everybody is thinking that life is carrying on… but it is not. You have these waves of grief*." P.22 l.830
Superordinate theme: **Excising the pain: "*I wanted to cut it out from my mind and my body*." p.3 l.78-9** **Subordinate theme:** An impossible loss: "*This is not happening*." p.2 l.67

Subordinate theme: A turning away: "*I don't want to hear that I had the perfect baby and this beautiful baby*." P.3 l.80-82 **Subordinate theme**: The angry cry: "*I didn't want to have anything to do with it and I was angry at the baby and I was angry at me and I was angry at everybody and I was angry*." P.3 l.80-82 **Subordinate theme**: The sarcophagus womb: "*You want to send me away with a dead baby inside*?" p.2 l.73-4 **Subordinate theme**: Dissolving the past: "*I just want to move on with my life… I never call it by the name*." p.21 l.791
Superordinate theme: Love and spirituality: "*I want to see him have some blessing*." p.6 l.217 **Subordinate theme:** "*Just the perfect baby lying there.*" p.6 l.199
Superordinate theme: A wild grief: "*I will go mental… you have turned into this crazy woman*." p.10 l.374 **Subordinate theme:** Disintegration of the self: "*I was physically and mentally totally destroyed*." p.3 l.83 **Subordinate theme**: "*I needed to be on constant watch because maybe there is a worry that I could do something to myself*." p.3 l.92-94 **Subordinate theme**: "*I was mentally in distress because you know it is not a happy ending*." p.3 l.124-5
Superordinate theme: Touching the void: "*I wanted to hold on to the symptoms of pregnancy*." p.10 l.367 **Subordinate theme**: These empty arms: "*Maybe I should have some doll… because you just want to hold some baby*." p.10 l.369 **Subordinate theme**: The end of the movement: "*The baby doesn't move today*." p.2 l.40-41 **Subordinate theme**: The silent birth: "*They put us in a special room – sound-proofed – where you don't hear any other mothers and it's most important that you don't hear any other babies crying*." p.3 l.84-86 **Subordinate theme**: Hope and fruitful womb: "*The most important thing was to be pregnant again*." p.11 l.409
Superordinate theme: A life beyond: "*The post-death reality is quite hard*." p.26 l.983 **Subordinate theme:** Fear and fragility: "*You are never… safe*." P.13 l.453 **Subordinate theme:** No looking back: "*I don't have the energy to lose on grieving because I need to live for the kids.*" p.17 l.613 **Subordinate theme:** Erasing the baby: *"I don't think it is about remembering the baby, it is about remembering my experience."*
Superordinate theme: A loss felt in the body: "Your breasts are growing and your milk is getting wasted." p.10 l.361 **Subordinate theme:** Containing the loss: "*You want to to send me away with a dead baby inside*?" p.2 l.73-4 **Subordinate theme:** Detaching from the body: "I give birth and they put a screen in front of me." p.5 l.159-60 **Subordinate theme:** Connecting through the body: "*I was very grateful they forced me to give natural birth because then I felt like I was the mother*." p.10 l.345

IV: Table of themes for Caroline

Superordinate theme: A heavy grief: "*It felt like you have a bucket of tears that are ready to fall…*" p.34 l.662 **Subordinate theme**: How the grief leaks out: "*I would let it [the grief] out at night…*" p.34 l.668 **Subordinate theme**: A grief that permeates: "*You can't get away from it*." P.29 l.563 **Subordinate theme**: A grief to walk with you: "*It affects people right to the end…*"p.47 l.912
Superordinate theme: Loss and the afterlife: "*See you one day in Heaven...*" p.24 l.463-4 **Subordinate theme**: Faith as a route to reunion: "*I know the little baby is in Heaven and I will see home one day.*" p.15 l.275-6 **Subordinate theme**: Faith as a route to strength: "*God… helped me through the worst trial I could ever go through…*" p.42 l.825-6 **Subordinate theme**: Christianity as stronger than medical science: "*Being a Christian, I wouldn't abort*."/ "They [the hospital] were really trying to push me to abort." p.2 l. 33-34/
Superordinate theme: The female body as a safe space: "*That's where the baby's home is. That's where he's safe. In your tummy*." p.5 l.75-80 **Subordinate theme**: One life inside another: "*That was his life, inside of me*." p. 48 l.935 **Subordinate theme**: The female body as provider: "It's so difficult when the milk comes in." p.12 l.221-2 **Subordinate theme**: An embodied relationship: "I felt his movement a lot… one night he woke me up because it felt like he did a flip-flop in my tummy." p.33 l.633-6 **Subordinate theme**: Dreaming and the female body: "*I had a strange dream… He said he wanted to go back in*." p.15 l.287-8 **Subordinate theme**: Pregnancy and pleasure: "*I always used to think that it was quite a joy that he would kick around*." p.47 l.921-3
Superordinate theme: Loss and the eternal: "*There's not a day goes by that I don't think of him…*" p.41 l.794 **Subordinate theme**: Grief as time travel: "*Sometimes, it's as if it were yesterday*." p.28 l.550-551 **Subordinate theme**: Post-traumatic growth: "*I am not sorry that it happened*." p.49 l.947 **Subordinate theme**: Joyful memorial: "*Most days… you don't have the painful loss but you remember the nice things*." p.47 l.921-3
Superordinate theme: Fear of the lifeless baby: "*You don't know what to expect, so you're quite scared giving birth to a dead baby*." p.52 l.1011 **Subordinate theme**: Fear of the abnormal: "I was scared he would have too many deformities." p.40 l.771/ "*A part of me was hoping …that the baby would die sooner rather than later*." **Subordinate theme**: Stillbirth as horror and gore: "*I didn't want to see him covered in blood*." p.39 l.766 **Subordinate theme**: Fear of the not normal: "*They covered most of his face so he looked normal*." p.40 l.775 **Subordinate theme**: Rejection of the corpse: "I wanted them to take it." p.9 l.165
Superordinate theme: Taken from me: "*When they took the baby away, that was horrible*." p.39 l.766

Subordinate theme: A lost dream: "I *am not going to be the happy, expectant mother to be*." p.3 l.54 **Subordinate theme**: An overwhelming absence: "*Nothing came out*." p.12 l.231 **Subordinate theme**: The female body as burial mound: "*When you have the baby, you still end up with this bump and you think: 'Oh that has to go quickly!'*…" p.12 l.215-17 **Subordinate theme**: Nothing to hold: "*The worst thing was leaving the hospital empty handed*." p.10 l. 181-2
Superordinate theme: **Fragility and the lost little one**: "…the baby was so light… it felt like a packet of crisps I was holding…" p.9 l.159-60 **Subordinate theme**: The briefest moment of contact: "That was quite brief, you know…" p.9 l.165 **Subordinate theme**: Retrospective valuing: "*You don't realize that it's important, but it is*." p.28 l.353-6
Superordinate theme: **Memorial through space and time**: "*His little picture is always there*." p.32 l.620 **Subordinate theme:** Living in the memory: "*…so I remember what he looks like...*" p.19 l.364 **Subordinate theme**: Something concrete: "*Because it is something real to look at now and again*." p.18 l.341 **Subordinate theme**: Somewhere to visit: "We had a little plaque made." p.23 l.443 **Subordinate theme**: Memorial as validation: "*It's as is if he was a real person*." p.27 l.515

Appendix 12: Table of nested IPA themes with illustrative quotes

Continuing bonds via the female body • **A relationship forged in the body: "That was his life inside of me."/ "She was always flipping around."/ "I was having the best time in my life. Everyone is nice to you because you are pregnant."/ "I always used to think it was quite a joy that he would flip around."/ "That's where the baby's home is, that's where he's safe, in your tummy."/ "The baby does not move today."/ "I think that was the last time because after that I could not feel him."/ "He went on a school trip."/ "Those were the children he would have heard every day."/ "On a Saturday morning, I often used to go for a swim and then comeback and have my strawberry smoothie and that was when the baby kicked the most."/ "Through pregnancy I did have some joyful times."/ "I**

remember being in the bath and him moving."/ "Wow! His heart is beating strong, you know?"

- **<u>Birth as a route to visceral connection</u>: "I was very grateful they forced me to give natural birth because then I felt like the mother."/ "I have very strong memories of giving birth."/ "In my head, I just knew that I needed to feel this happen."/ "I was bleeding and bleeding and bleeding away."/ "It was very painful,"/ "She [the midwife] was getting the placenta out."**

- **<u>Experiencing birthing death</u>: "The baby does not move today."/ "Could you just give me a C-section and try to bring the baby back? Or can you do something to me? Some electric shocks?"/ "You want to send me away with a dead baby inside?"/ "I wanted to kind of like cut it out from my mind and body."/ "I want this out now, now, now."/ "I am pushing out a dead baby."/ "You're quite scared giving birth to a dead baby."/ "What's inside of you now is just bones and skin."/ "I've got this whole mound, dead."/ "The most pointless thing."**

- **<u>The postnatal body as a conduit</u>: "It's so difficult when the milk comes in."/ "The body still thinks the baby is alive."/ "Your breasts are growing and your milk is getting wasted."/ "I was in pain and was bleeding and breast milk. All the standard post-pregnancy … And they'd given me tablets and that was horrible."/ "It was so difficult when the milk comes in."/ I had a strange dream once that I was pregnant and the baby came out and he was alive and he wanted to go back in."/ "Your leaking breasts… all these changes. For me, the most wonderful thing was my period."**

Conflicted bonding with the shape-shifting baby

- **The beloved baby: "The baby was just so beautiful."/ "He was perfect."/ "Just the perfect baby lying there."/ "She's our child."/ "She was really cute."/ "We just called her 'Little Fish'."/ "He was a baby, a little boy, our son."/ "It's as if he were a real person."/ "She's our daughter."/ "She was like a little doll."/ "She's our child and, if we have future children, she's still going to be our eldest."/ "It was funny… I thought his feet were quite big."**

- **The rejected baby: "It's suddenly a corpse."/ "I don't want to look at the baby."/ "I don't want to hear that I had the perfect baby."/ "My husband went to see the baby straight away... I couldn't do it. I didn't see the baby for maybe ten hours."/ "She's dead, so the skin starts to peel off."/ "We wanted nothing to do with it."/ "I was angry at the baby."/ "I wanted them to take it."/ "I never call it by the name."/ "The whole thing totally grossed me out."/ "I didn't want to see it covered in blood."/ "I was scared he would have too many deformities."/ "I couldn't hold him."**

- **The absent baby: "When I held her, I was in touch and could cry."/ "The baby was so light. It felt like a packet of crisps."/ "I just wanted to keep holding him."/ "The worst thing was leaving the hospital empty handed."/ "You knew instinctively that it wasn't right."/ "When they took the baby away, that was horrible."/ "We stayed with him for as long as possible but they had to take the baby away and put him in a cold place."/ "Maybe I should have some doll because you just want to hold some baby."/ "It was just very empty."/ "There was nothing."/ "They put us in a soundproofed room. It's most important that you don't hear any other babies crying."/ "They didn't put a piece of hair in there."/ "Because it [a picture of the baby] is something real to look at now and again."/ "We've got this little picture in a frame… near our**

wedding photo."/ "It keeps the memory alive, you know, the little book."/ "I know that we've done the right thing keeping the little photographs and I know they are there

<u>Bereavement experienced as an unravelling of sense-making</u>

- **<u>An undoing of the self: "This is me going crazy!"</u> "We were just crying away and it was really deep, deep because I was thinking: 'Now I have to bury my child.'"/ "All this heartbreak/ "I was physically and mentally totally destroyed." / "I needed to be on constant watch because maybe there is a worry that I could do something to myself."/ "I was mentally in distress because you know that it that is not a happy ending."/ "I was like: 'Oh God! This is me going crazy!'"/ "We were totally broken."**

- **<u>The disposable baby: "They haven't got a face and a name."</u> "People haven't built memories with a baby that's inside you…"/ "They ended up taking her out of our room and putting her in a storage cupboard."/ "People think that if you have a stillbirth it's like: 'The baby's dead. Pop!'"/ "They haven't got a face or name."/ "They buried her and they won't tell us where."/ "I did not want my family to come to the funeral."/ "'You'll be fine - you'll have more children.'"/ "If there would be no pictures, like if you would have no memories."**

- **<u>A societal blindness: "No one remembered."</u> "It's so lonely."/ "People were ignorant and had no concept of what it was to lose a baby."/ "People just don't know what questions to ask, how to approach it, how to acknowledge it."/ "People don't always know what to say."/ "Taboo and ignorance."/ "'At least you know you're fertile.'"/**

"Whatever you will say, you can't understand."/ "I did not want my family to come to the funeral."/ "They emptied our flat of everything baby related."/ "'I don't know where the receipts are. These are not things I thought I'd have to give back.'"/ "The anniversary of her death was two weeks ago. No one remembered."

- **<u>A feeling of wrongdoing: "This weird kind of guilt.</u>" "At the time, it felt a bit wrong taking photos."/ "This weird kind of guilt."/ "I didn't want my mum seeing my first dead baby."/ "It's a bit wrong taking photos."/ "If somebody would see it [a photograph of the baby], maybe, I would feel ashamed."/ "You keep feeling this enormous guilt."/ "I didn't want to share the baby with anyone."/ "We didn't know if it was something I'd done."/ "I had this weird kind of guilt that people think: 'She's had a baby and now she's out at the shops.'"/ "This is wrong. Should I be here?"**

- **<u>Anger and lost innocence:</u> "I hate flowers now. I hate lilies… Fuck! I don't want flowers."/ "There is some stuff that you can't say because it would make you angry."/ "I was angry at myself that I didn't know. I didn't spot it."/ "Constantly being jealous of other people having babies."/ "You are never safe."/ "I just wish I had that peace."/ "I was angry at the hospital. I was angry at the doctor."/ "We have seen an underside to it that's quite murky."/ "It's just one baby shower after another."/ "There are a lot of similarities in the emotions – the anger and the guilt."/ "Even when they go overdue, I'm just so paranoid for them."/ "For me, I just want to say: "Just be careful!"/ "You are never, of course, safe because you are quite paranoid."/ "This is life, you know. You never know what happen tomorrow."/ "It's just an item and it's not Hal. Things break."**

<u>Spiritual connections through time and space</u>

- **Eternal remembrance: "I feel that, as his mother, it's very important for me to keep his name there and talk about him all the time because I want to protect his memory because he was a person, a little boy, a little baby."/ "It's really important how we never forget him."/ "There's nowhere I want to put his ashes other than with me."/ "Not a day goes by when I don't think of him."/ "It's kind of important to me that people are acknowledging him."/ "I always said I was going to get a tattoo. Stars and a halo."/ "I've worn it [a memorial bracelet] every day since."/ "His little picture is always there." ."/ "It keeps the memory alive, you know, the little book."**

- **A grief outside time: "As if it were yesterday "Everybody is thinking that life is carrying on but it is not."/ "You never know when it will hit you again."/ "Sometimes, it's as if it were yesterday."/ "Sometimes, I hate the Spring because I remember having a stillbirth and I remember the smell of Spring."/ "I think about him every day."/ "Some days, I could speak to anyone about it and other days I wouldn't be able to."/ "You can't get away from it [the grief]."/ "You've got a bucket of tears that are ready to fall out."/ "Sometimes, you have these kind of waves of grief or a smell reminds you."/ "It [stillbirth] affects people right to the end."**

- **Burial rites: "We called the pastor."/ "We called the rabbi."/ "I am a Christian and we want to see like have some blessing."/ "Our baby died and we need to have a funeral."/ "The ashes are in our home. They are not going to get lost and they are always here."/ "He's in the big cemetery"/ "We had a little plaque made."/ "It's like a whole garden and everyone's got stones for their babies."/ "Here's our death certificate for our daughter."/ "So they've got a wall at the cemetery and a garden for the children."/ "I wanted to leave him in the building and they would do the cremation afterwards. So we went outside and then we had to leave him. I just kept asking to stay but obviously you have to go."/ "The funeral was as I wanted it to be… It**

was really important."/ "I couldn't leave the ashes behind, I felt like I was leaving him."/ "We go to the cemetery sometimes together."/ "We put decorations on it [the memorial tree] and they last for as long as they last."/ "It's almost time to renew the plaque."

- **<u>The afterlife</u>: "I know the little baby is in Heaven and I will see him one day."/ "My grandfather died and then, for some reason, that gave me quite a bit of relief, in the sense that someone was looking after her up there."/ "I needed to do something that was religious based."/ "She's looking out for us."/ "We'll get to her somehow."/ "I had the briefest moment of talking to him [the baby] in my dream."/ "My sister-in-law had a dream that he was sitting on my dad's lap. My dad passed away years ago."/ "Dear Lord. Please look after him up there in Heaven."/ "You will be in our hearts forever. See you one day in Heaven. Love Mummy and Daddy."**

<u>Experiencing connection in the life beyond loss</u>

- **<u>Inanimate objects as a route to connection?</u>: "If there would be no pictures, like if you would have no memories."/ "I have a lot of stuff."/ "His little picture is always there."/ "We've got handprints and footprints."/ "We put decorations on it [the memorial tree] and they last for as long as they last."/ "It's just an item and it's not Hal. Things break."/ "Because it [a picture of the baby] is something real to look at now and again."/ "I've worn it [a memorial bracelet] every day since."/ "They didn't put a piece of hair in there."/ "We've got this little picture in a frame… near our wedding photo."/ "It keeps the memory alive, you know, the little book."/ "I know that we've done the right thing keeping the little photographs and I know they are there.")**

- **<u>Holding on and letting go</u>: "Sometimes, I don't want to be connected because I don't want to dwell."/ "I'm growing a little business."/ "Most days, you don't have the painful loss but you remember the nice things."/ "I didn't want to tread in the past because I knew it will not bring the baby back."/ "The money we raise goes directly to hospitals for bereavement rooms."/ "I am not sorry that it happened." / "We are six years on and it doesn't feel as dark."/ "I spend from January until the quiz just trying to find things to auction… this is my Hal time.""/ "I just want to move on with my life."/ "If I dwell on it then I am not happy."/ "Don't just dwell on the past. The future is the most important thing."**

- **<u>Relating to subsequent children</u>: "Right now, we are having massive problems having a child."/ "The goal is just carrying forward the two children."/ "I am not thinking about my past because I am thinking about my children."/ "They [subsequent children] are a blessing. And I lost a baby and now I complain because they are giving me hard time."/ "The most important thing was to be pregnant again."/ "There was a hope, you know, it was possible… August, September, October, November, December, January, February, March…"/ "Because we had had the baby arrived, we were just so relieved."/ "It was like we thought, if we would have a boy, it was kind of be like it never happened."/ "I've got another brother, he's up in the stars."/ "I explain to them [subsequent children] that he is in the clouds."/ "He's very much part of my whole family."/ "I keep all his clothes that they [subsequent children] have outgrown."/ "The blood connection between the boys gives me something of what Hal might have looked like."/ "I don't have the energy to lose on grieving because I need to live for the kids."/ "My children helped give me life."/ "I cannot even begin to step into the shoes of those women who have not gone on to have another baby."**

Appendix 13: Transcript of SNA vignettes prior to parsing

I: Heather's transcribed vignette prior to parsing

pp.20-21, l.709-734 "That moment is the moment that you feel him, you smell him and, as I said before, that smell of his was the clothes he was wearing, was the laundry detergent that I'd obviously used to wash all his new things. And I remember once we'd been to see him quite a lot and he'd lost his little hat so the bereavement no it wasn't the bereavement midwife it was my antenatal midwife. Who was and still is really amazing. She was there for both the births of William and Fred. Because I had C-sections, she came in and I had her antenatally. I remember opening a drawer with all the clothes in to get another hat for him to put on him because she said she'd gone to see him. I think there was a day when we couldn't go – I can't remember – I think were sorting out funeral arrangements. And I opened the drawer, this smell just came out. And I was like: 'Ahhh this smells of H.' And she was like: 'Can you remember what laundry powder you used?' And I was like: "No because I just buy whatever is on special." And I was in cupboard like going: "It definitely wasn't that!" There was a new bottle. You know … but I remember just taking clothes out all the time because every time I held him I had that smell. And I could just … I held his baby-grows and they stayed with me for a quite a long time and then they started losing their smell. And… yeah… I don't think I've ever found that smell again. But that holding him… again, it's just that memory building. Just having … something to hold onto. Smells and noises. There was no noise apart from the sounds of babies crying when we went to see him. There really wasn't anything else of that kind of sense. [crying] But just looking at him and memorising his face, his features. I just didn't ever want to forget what he looked like."

II: Rachel's transcribed vignette prior to parsing

pp.14-15 l. 496-517 "It was horrible! No. It was really nice but it was horrible. I just cried and cried and cried and cried and cried. Because she looked exactly like us. So… And she looked, she was perfectly fine. And, you know … some babies are like really, really ugly? And she was really cute! I can just like look at babies and think that they are really ugly but it's fine because when they grow up they will be cute. She was really cute had, you know, like my lips and my nose and my husband's eyes. You know like proper… just all. And her body was just like totally my husband's. She was totally just all with-it and had hair already. She was just like a normal, normal baby. Except she was floppy. So it was just a very weird… The whole thing was weird because when you give birth … she's meant, there's meant to be crying … like there's meant to be crying. But it was dead silent. We were

holding her and like she looked like a totally normal baby but there is no movement. There's no… So she's like a little doll. It was so weird. The whole thing was just so weird. But it was really sad because it was that baby that I'd looked after for nine months, been totally ill for. So, I thought, like, at least, like, it wasn't an illness, it was, you know, just something that I needed to go through. But then, ultimately, if she's come out dead, then I was ill for nine months for no point. It was like it was very horrible, it was very horrible. The doula took a pictures, which was very helpful, of us holding her…"

III: Aurelia's transcribed vignette prior to parsing

pp. 5-6 l. 159-215 "I give birth and I ask if they can …. they put a screen on the front of me. Like when you have a C-section. I gave natural birth. Quite quick. With the hormones I think that help. And they took the baby away. And then I was just kind of sad because there is no crying, you know, and like … and you just cry again. You know… [crying] But my husband was very broken too but he went to see the baby straight away. And I think he helped to dress the baby and stuff like this. [crying] I couldn't do it. I couldn't see the baby for maybe ten hours, twelve hours, I don't remember now when. I was quite angry. I was angry at the baby, at the doctors, at the hospital. I was angry at myself that I didn't know, I didn't spot it anything. If I will be guided that I will know there is something, if I would have enough scans then maybe they will spot that something is wrong. Over and over, I was being angry at the doctor who stopped me having one more extra scan. What's ironic now in the hospital everybody having the third scan which mean, you know, there could be some signs, they could prevent it. We got the bereavement nurse to help us a lot. What was amazing – how can I say amazing but I do not know how to say – it was very supportive that they help us to organise the funeral. We didn't need to do anything. I saw the baby for a little… some time. I don't remember… It was heart-breaking – you know – but just lifeless. Just perfect baby lying there. Just perfect, you know… But I couldn't hold him. I don't think so. I was just standing next to cot and I think they dress him or my husband dress him. The nurse took some picture and the footprints and as much as I was kind of like against all of this… I did not want this procedure their advice I am very grateful. I am very grateful because I think when in the beginning when you are in shock and trauma you can't think straight you can't, you can't, you can't think what you will feel in a day or two, what kind of regrets you will have. For example, if there would be no pictures. Like if you will have no memories."

IV: Caroline's transcribed vignette prior to parsing

p.7 l.126-169: “And so anyway they took me to the hospital and I was there all night and the whole day. And they gave me, because they knew it was a stillborn – it had died already – they could give me more painkillers because it wasn’t going to affect the baby. In fact, I think they gave me too much of the epidural. The birth seemed to be ages. The baby was 4lbs – which is quite a lot, I think, for a baby that wasn’t going to grow much. So I was in my own sort of room from the time I got there until the end and we called our pastor from church and he came and then, just briefly, and the midwife, we had the same midwife and she stayed with us the whole time. She was brilliant! She was talking to me constantly. She was so strong, such a strong woman and a young girl as well. And anyway, then the pains really started and then they gave me the epidural. And then I did give birth, you know, and it was still very painful. And then they wrapped the little baby up and they put a little cap on him. You know, they clean it all up and they bring it to you and just they allow you to hold it. And I thought: ‘Oh.’ But apparently it helps with closure and all that. I couldn’t believe how light. I was frightened. Yes. And the baby was so light. I couldn’t believe how… it felt like a packet of crisps, you know, that I was holding. And the way they did it, it was quite feeling, you know. They kind of covered half of his face but it looked normal. It looked like he was lying down, so I didn’t see the cleft palate. My husband did, you know, he had a closer look – he wanted to check everything out – but I didn’t. And so that was quite brief, you know, and then I wanted them to take it. After a while. Yes.”

Part Two: Publishable article

"*That was his life, inside of me*": Maternal sense-making regarding experiences of continuing bonds following stillbirth

Prefix

I have chosen to write this publishable piece for the *Death Studies* journal because it aligns with my research study in supporting a qualitative approach to the exploration of bereavement and loss and death attitudes. The journal provides an interdisciplinary forum within which a range of practitioners, in settings which include universities, hospitals and counselling centers, may share research and practice with the intention of better understanding the way in which individuals encounter death and bereavement.

For the purposes of this piece, I have selected three of my superordinate themes within the IPA element of my analysis. In addition, due to the restrictions of word count, I have not been able to include the breakdowns of transcript which relate to the five levels of Gee's (1991) analytic approach.

The following article follows the publishing guidelines requested by the journal of Death Studies.

Title: "*That was his life, inside of me*": Maternal sense-making regarding experiences of continuing bonds following stillbirth

Abstract

This qualitative study explores the ways in which bereaved mothers make sense of experiences of continuing bonds with their stillborn child and aims to enrich an understanding of maternal sense-making. A pluralistic analytical approach was employed, with the intention of providing a layered exploration. Semi-structured interviews were carried out with four female participants who have experienced stillbirth. The interviews were approached using the IPA protocol (Smith, Flowers & Larkin, 2009) and, subsequently, via Gee's (1991) five levels of Structural Narrative Analysis. IPA analysis was intended to offer insight into the individual nature of experience; whilst Structural Narrative Analysis aimed to focus on the construction of meaning via linguistic elements. Themes which arose from the IPA analysis include: "*Continuing bonds and the female body*"; "*Conflicted bonding with the shape-shifting baby*"; and "*Crafting connections between mother and child*". The mother's experience of seeing or holding her stillborn baby is selected as a moment of resonance to comprise the vignettes which have been parsed using Structural Narrative Analysis (Gee, 1991). The findings have implications for clinicians working with mothers who have experienced stillbirth.

Keywords: stillbirth; bereavement; maternal experience; meaning-making; sense-making; continuing bonds

Introduction

The traumatic experience of stillbirth reverberates through the life of every woman who encounters this profound bereavement. The bonds between mother and child begin to form in the first knowledge of pregnancy, when experiences of foetal movements, as well as physical changes to the mother's body, nurture a relationship grown in utero. These unique and intimate bonds are held within a dyadic relationship which contains mother and baby in the symbiotic journey of pregnancy and birth. The death of the baby shatters this unique period of conjoined experience and can leave bereaved mothers with a lifelong sense of loss and yearning.

The existing research in the field of stillbirth recognises an experience of taboo regarding the social response to the loss (Cacciatore, Schebly & Froen, 2009). Traditional mourning

patterns, designed to enhance the potential for feelings of emotional resolution, have been profoundly lacking. Bereaved mothers have encountered an amplification of grief, as a result of the absent acknowledgement of their own experience of loss and also of the personhood of their baby (Doka, 1989; DeFrain, 1986; Lewis & Page, 1978). Current constructivist theory comprehends mourning in an increasingly nuanced manner which recognises a process of meaning-creation connected to the development of continuing bonds (Klass & Steffen, 2018; Rothaupt & Becker, 2007). The majority of existing literature in the field of stillbirth does not approach the loss via these more progressive bereavement theories (Cacciatore et al., 2008). As continuing bonds are now considered to be a vital part of grieving, this provides a rich field of exploration within stillbirth studies (Shaefer & Moos, 2003; Neimeyer, 2001).

Identifying tension in historic responses to stillbirth

Responses to a mother's stillbirth experience have been in tension, with findings sometimes seeking to circumscribe contact without offering maternal choice (Hughes et al., 2002). More recent findings have begun to signpost the necessity for maternal choice and indicate the importance of psychological support in the aftermath of stillbirth (Ryninks et al. 2014).

Foundational pre-natal attachment studies suggest that the child in utero is cradled in a pattern of external relationships (O'Murcho, 1998). However, tension can be identified in the literature regarding the relative benefits of maternal contact with the stillborn baby (Brierley-Jones et al., 2015; Ustundag-Budak et al., 2015). One controversial study by Hughes et al. (2002) indicates an increased incidence of depression and anxiety, as well as PTSD, for women who hold their stillborn infant. These findings were eventually challenged on grounds of inconclusive statistical differences and validity issues (Brabin, 2004). In conflict with the findings of Hughes et al. (2002), a meta-analysis by Burden et al. (2016) identifies maternal experiences of deep regret surrounding decisions not to hold or spend time with the stillborn baby and suggests that the decision not to hold may be linked to feeling unsure what actions would be deemed "*appropriate*" following the birth.

Despite this, the findings of Hughes at al. (2002) and of Turton et al. (2001) resulted in alterations to the 2007 practice guidelines and the National Institute for Health and Clinical Excellence (NICE) changed recommendations and stipulated that mothers should not routinely be encouraged to hold their stillborn babies (NICE, 2007; Royal College of Obstetrics and Gynaecologists, 1985). This policy was eventually challenged and today's guidance (amended in 2010), gives a recommendation for offering the parents the choice of whether or not to hold their child (NICE, 2010; RCoG, 2010).

Making sense of continuing bonds for the bereaved mother

Klass and Steffen (2018) suggest that integrating the memory of the dead into the ongoing life of the bereaved provides experiences of resolution. This integration might involve: facilitating the opportunity to create and narrate bonds; encouraging the bereaved to explore the parts of the self which are actualised within the bond; and enabling the sharing of characteristics of the deceased (Klass & Steffen, 2018). In the case of stillbirth, the current study suggests that this may include identifying as a mother. However, controversy in the literature regarding the benefits to a mother of holding her stillborn baby has resulted in a confusing picture relating to the construction and maintenance of continuing bonds (Seigal, 2017).

In a mixed-methods study by Field and Filanosky (2010), the authors suggest that the potential for creating continuing bonds provides a route to personal growth for the bereaved mother. In addition, Ustundag-Budak et al. (2015) explore the meaning of stillbirth experience for women and its impact on subsequent pregnancies and parenting styles. The findings suggest that the moments after birth are crucial to the processing of loss. Findings in the literature signpost maternal experiences of the continued psychological presence of the baby, the profound impact of stillbirth on experiences of the self and others and the identification of maternal routes to constructing and deconstructing a post-death relationship with the baby (King, Oka & Robinson, 2019; Leichtentritt & Mahat-Shamir, 2017; Ustundag-Budak et al., 2015; and Cacciatore, DeFrain & Jones, 2008).

Recognising the importance of sharing memories

Existing studies suggest the importance of sharing memories of the stillborn and the benefits of curating rituals which may serve to ameliorate experiences of ambiguity for the mother (Golan & Leichtenttrit, 2016; Ustundag-Budak et al., 2015; Sturrock & Luow, 2013; Cacciatore, 2007). Neimeyer, Klass and Dennis's 2014 monograph on grief outlines experiences of loss as intricately social and involving narrative processes via which meanings are identified. The literature further suggests that sharing memories of lost loved ones is beneficial to the bereaved (Stroebe et al., 2002). Crawley, Lomax & Ayers (2013) thus find that the opportunity to make and share memories of the stillborn baby has a positive impact on the ongoing psychological wellbeing of the mother. This is consistent with studies which suggest that mothers treasure creating and sharing memories of their babies (Cacciatore, 2007).

Experiences of disenfranchised grief

The literature indicates that mothers of stillborn babies commonly experience feelings of disenfranchisement, guilt and shame, as well as the denial of the personhood of the baby (Burden et al., 2016; Brierley-Jones et al., 2014-2015; Sissay et al., 2014). Experiences of disenfranchised grief in stillbirth are commonly linked to a lack of legitimizing from the community and family members. Maternal experiences of additional suffering are prompted by these experiences of community isolation. A meta-analysis by Burden et al. (2016) finds that a lack of recognition of the grief processes of both parents results in collateral damage to the parental relationship. The authors also identify maternal experiences of guilt and shame regarding the postnatal body.

Brierley-Jones et al. (2014-2015) suggest that the creation of a social identity, which develops through pregnancy, is abruptly shattered by stillbirth and that this sudden deconstruction of newly fledged parts of self causes emotional pain and feelings of disconnection. The study suggests that mothers of stillborn babies experience a loss of identity as a hospital patient during delivery and that this is accompanied by feelings of isolation. Mothers report feeling guilt and shame that they have given birth to a stillborn baby and some relay experiences of a denial of the personhood of the baby by others.

The importance of ritual and memorial

The literature suggests the importance of ritual, memorial and spiritual sense-making for the mothers of stillborn babies (Kelly & Trinidad, 2012). The exiling of the usual mourning pathways causes distress and the experience of stillbirth triggers existential questioning which may lead to a rupture in faith for the bereaved mother (Bakker & Paris, 2013; Down et al. 2013; Tseng et al., 2010). The parents of stillborn babies have been found to experience a sense of lacking legitimacy in their mourning rituals (Doka, 1989). Due to the uniquely small window for memory creation, ritual and memorial take on vital importance in the validation of the existence of the child and the scaffolding of maternal identity. By participating in post-death rituals, the bereaved mother is able to care for her child in a manner which may contribute to the salving of emotional pain (Brin, 2004).

Cacciatore, Defrain and Jones (2008) categorise stillbirth as a loss which brings with it altered or invisible mourning processes. Rituals involved in stillbirth may include: naming, holding and dressing the baby; taking footprints; taking photographs; allowing other family members to view the baby; or taking the baby home (Kelly & Trinidad, 2012; Cameron,

Taylor & Greene, 2008). Participation in these rituals may assist in amplifying a sense of motherhood and community acknowledgement. For those with a belief in the afterlife, religious rituals engage with concepts of releasing the baby onto a spiritual plane.

Of the qualitative research existing in the field of stillbirth, none directly addresses the experience of sense-making and continuing bonds for bereaved mothers in the UK. In addition, no pluralistic research exists in the field of stillbirth and continuing bonds. A lack of narrative and phenomenological analysis in the field signposts these as beneficial methodologies via which to explore sense-making (Klass & Walter, 2001). Taking a dual approach to the data, elicited from in-depth, face-to-face interviews, with mothers who have experienced stillbirth, will locate the findings more closely within the life-world of the participants involved. This study intends to enrich knowledge regarding maternal sense-making, relating to experiences of continuing bonds, in order to enhance processes of respectful care by exploring the following question: "How do bereaved mothers make sense of experiences of continuing bonds with their stillborn child?"

Method

A pluralistic design, founded upon a postmodern philosophy concerned with the fluid nature of being, seemed appropriate to an exploration of the phenomenon. Taking a layered and holistic approach to sense making seemed best suited to approaching the texture and quality of lived experience (Willig, 2013; Willig, 2012; Frost, 2011). The intention was to combine insights into the lived experience of participants, via the use of Interpretative Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009), with attention to the role of language in meaning-making, via Structural Narrative Analysis (Gee, 1991). An epistemological overlap between IPA and Structural Narrative Analysis can be identified in their shared ideographic approach and also in their mirrored interest in language (Frost & Nolas, 2001). In order to hold the potential tensions between IPA and Structural Narrative Analysis, the ontological standpoint of the study is critical realist and the epistemological standpoint is contextual constructionist (Frost & Nolas, 2011; Frost, 2011; Madill & Gough, 2008).

Ethics, permissions and data storage

This study aligns with the BPS ethical guidelines regarding research projects and participant care. Potential participants were only approached following the receipt of full ethical approval

from the City Research Ethics Committee for the Department of Psychology, City, University of London.

Recruitment and sample

Four participants were recruited in order to carry out one-to-one interviews with women who had experienced stillbirth, within the UK, no less than three years and no more than ten years previously. Two of the participants were recruited via snowball sampling methods, which relied upon the contacts of the researcher. From this method of recruitment, email contact was made with two potential participants. Following this, contact was made with the online editor of a community women's website and, with the appropriate permissions, a participant advert was placed on the site. Two further participants were found via this advertisement.

The four women who took part in the study were white, with two referring to themselves as British, another having been born in Australia and a fourth referring to herself as Eastern European. All participants reported living in the UK and three of the four participants spoke English as a first language. Three participants reported being educated to degree level. The ages of the participants ranged from mid-thirties to late-forties. All four participants were married and experienced the stillbirth of their first child within an NHS hospital. All four of the stillbirths took place beyond the 37th week of pregnancy.

Materials and procedures

Two of the participants were interviewed on City, University of London, premises and two were interviewed in their own homes, using a semi-structured interview protocol. The questions were deliberately open and were designed to encourage the participant to share her experience (Smith, Flowers & Larkin, 2009). Participants were invited to bring a meaningful object to interview in order to facilitate natural reflections on their lived experience (Willig, 2017).

Each of the interviews was transcribed by the first author within four weeks of the interview date. Each transcript was approached, consecutively, via the two chosen methodologies detailed below.

IPA

The transcripts were first approached using an IPA methodology (Smith, Flower & Larkin, 2009), in order to defend potential phenomenological material from pollution by the linguistic approach of Structural Narrative Analysis (Gee, 1991). An initial phase of reading took place and general notes were made in the margin of the transcript. The transcript was then approached using line-by-line inductive coding of themes (Willig, 2013; Smith, Flowers & Larkin, 2009; Langdridge, 2004;). These codes were then examined for meaningful patterns and organised into labelled clusters. Relevant topics were tentatively mapped to identify dominant themes using the clustering of ideas. The clusters were then organised into higher-order categories. Engagement with the material was reflexive and involved a fluid interaction with the entirety of the transcripts (Willig, 2013; Smith et al., 2009; Brocki & Wearden, 2006; Smith, 1996).

Structural Narrative Analysis

The transcripts were subsequently approached using Structural Narrative Analysis (Gee, 1991). This second layer of analysis aimed to maintain an empathic stance towards the individual narratives of participants by engaging with their words and intonation. Within each transcript, an episodic vignette was selected for its emotional resonance and as representative of a pivotal moment in the narrative (McAdams, 1993). The corresponding audiotape was then listened to several times in order to identify prosodic form, signalled by alterations in pitch or hesitation. Each of the four vignettes were analysed, consecutively, to encounter: line and stanza structure; syntax and cohesion; main-line and non main-line plot; psychological subjects; and focussing system (Gee, 1991; Chafe, 1980). This method of deconstructing the text allows particular segments of meaning to be identified.

Results

IPA findings

The IPA findings suggest differing interpretations of the stillborn baby and construct relational tensions between positive experiences of maternal connection and more disjointed experiences of the deconstruction of bonds. Through these differing lenses, the baby may become the object of deep affection and profound longing. However, stillbirth also presents itself as the source of starker responses to death, in which the baby's body is perceived as abject and is rejected.

Superordinate theme: Continuing bonds and the female body

Experiences of pregnancy and birth reveal individual life worlds which construct maternal bonds from this complete universe of contact between mother and baby. This period of time inevitably feeds into powerful memories which promote feelings of connectedness following the death of the baby. However, the experience of childbirth may also be rendered meaningless by the lifeless baby and encountered as a painful shattering of bonds.

Subordinate theme: Forged in the body

For the mother of a stillborn child, to reflect on the experience of pregnancy is to relive the limited window of time which existed for the creation of bonds. Reflecting on the pregnancy promotes a sense of maternal relationship and allows for thematic memories of the baby to appear.

As the bonds between the living may develop into continuing bonds which connect the living with their lost loved ones, so the participants in this study choose to share memories of pregnancy as a route to reinforcing feelings of relationship with their child. Caroline characterises her "*tummy*" as a place of safety and describes her body as her baby's "*home*". As she recalls her womb providing shelter for her child, she acknowledges the live connection between her own body and that of her child: *"That's where the baby's home is. That's where he's safe. In your tummy*." (Caroline p. 4/l. 71-81). The fact of pregnancy builds a relational connection with the personhood of the baby and this shared experience of life binds mother and child in unique ways: "*Its like an actual person inside of me*." (Rachel p. 3/l. 99). Continuing bonds appear as something visceral and lived, as the female body boundaries and contains the life of the baby: "*That was his life, inside of me*." (Caroline p. 48/l. 395).

As demonstrative of this connection, sensory experiences may be intuited by the mother on behalf of her baby. Heather describes a convergent experience which embraces her own environment as one which impacts on Baby Hal's perceptions from within the womb. In the excerpt below, Heather – a primary school teacher – describes the way in which she believes Hal would have recognised the voices of her pupils.

> "*I was a teacher and my class… they were the children that he* [Hal] *would have heard every day and who were with me throughout pregnancy*."
> Heather p. 5/l. 157-161

The bolstering of feelings of relationship and continuing bonds could not be more concrete than when encountered via the pregnancy growth scan. Rachel describes her experience of observing her daughter's movements on the hospital monitor. She nicknames her daughter "*Little Fish*" because of her constant "*flipping around*". In the excerpt below, the scan provides a point of connection which allows Rachel and her husband to assign characteristics to their baby. Characterisation and thematic memories may be the building blocks of continuing bonds and, in this rare moment of shared sense-making, "Little Fish" is "*hilarious*" and "*chilled*" – a baby who flips and yawns inside her mother's belly, as the maternal body becomes the site of family memory creation.

> "*We just called her 'Little Fish'… She was always flipping around. She was the most hilarious baby. We were always scanning her and she'd be like yawning and totally chilled...*" Rachel p. 30/l. 1068-1071

Subordinate theme: Birth as a route to the construction or deconstruction of bonds

This subordinate theme foregrounds the potential for connection between mother and child which may be scaffolded by the birth experience. For some participants, the birth offers some participants the potential for a vital bonding experience whilst, for others, it represents a raw and devastating deconstruction of bonds.

The process of birth may become a route to actualising an experience of motherhood which feeds directly into the creation of bonds. Heather describes an instinctive wish to experience the physical pain of childbirth. The excerpt below displays her innate wish to physically experience the birth. She intentionally heightens her own physical experience of the delivery, engaging in the intentional crafting of continuing bonds in the moment of birth. In this manner, she elects to curate her own experiences of her child in such a way as to strengthen feelings of connectedness.

> "*They* [medical staff] *asked if I wanted an epidural but I couldn't. In my head, I just knew that I needed to be able to feel this happen… because I'm not going to have a baby… I still have very strong memories of giving birth…*" Heather p. 23/l. 808-836

Conversely, themes also appear which relate to the deconstruction of bonds. In the segment below, Rachel seems to be involved in a process of dismantling connection with her baby. The act of birth is rendered pointless, as the pain of labour fails to bring the usual reward. Rachel's language is dismissive and her jarringly defeated tone clashes with an agonising

birth experience. She seems to reject birth as a route to sense-making and interprets the experience with bathos.

> *"I was in agony. And a lot of it was like: 'I can't be bothered to do this any more. This is the most ridiculous thing I've ever done in my life. I can't be bothered.'… I think that was the most pointless activity I have ever done in my life. It was so painful!"* Rachel p. 13/l. 443-450

Themes of the birth providing a potential route to the severing of bonds also highlight the presence of a wish to excise the baby from the mind and body of the mother. Aurelia expresses a profound wish to dismantle bonds in order to erase the emotional pain of the loss as well as the physical presence of the baby: "*I wanted to have a C-section because I wanted to, kind of like, cut it out from my mind, my body*." (Aurelia p. 3/l. 78-80).

Subordinate theme: The postnatal body as a conduit for connection

Automatic physical responses to birth connect the mother to her loss via the production of breast-milk, postnatal bleeding and the after-pains of a contracting uterus. The mother's body enacts unbidden responses which foreground the baby's absence: "*The body still thinks that the baby is alive*." (Rachel p. 28/l. 972-974).

The aftermath of pregnancy is vividly present for Aurelia in the segment below, as she describes her experience of producing breast milk for the son whom she cannot feed. She articulates the tension that she feels between her wish to give her breast milk to "*another baby*" but also her instinctive awareness that this may increase her own emotional pain. She expresses a desire to "*hold on*" to the symptoms of pregnancy, which mirrors her overt longing for physical bonding. The image of "*some doll*" evokes early childhood experiences of imaginary play with inanimate toys, as Aurelia describes a world of innate responses which connect her to her lost child.

> "*Your breasts* [are] *growing and your milk is getting wasted. And, you know, I had this idea that maybe I should give my milk away… 'God, I want to help another baby!' But then, I thought: 'Maybe, it's not a good idea. I will be reminded that I don't have a baby.' As much as I wanted to hold on to the symptoms of pregnancy… Maybe, I should have some doll, because I didn't have a baby? You just wanted to hold some baby?"* Aurelia p. 11/l. 362-370

Themes of shame regarding the postnatal body also appear. Caroline describes the way in which she wishes for her body to swiftly return to its pre-pregnancy shape. The "*bump*" of postnatal belly is configured as an embarrassing anomaly, in the absence of a live baby to accompany it: *"When you have the baby, you still end up with this bump and you think: 'Oh! That needs to go quickly!'"* Caroline p. 12-13/l. 215-236

Superordinate theme: Conflicted bonding with the shape-shifting baby

Fluid perceptions of the baby lie at the core of this superordinate theme which maintains a focus on the different ways in which each mother makes sense of her experience of connectedness with her baby. The continuing bond is influenced by seemingly mercurial experiences of bereavement, with differing constructions of that which is lost as being foetus, corpse, child or angelic being.

Subordinate theme: The beloved baby

Continuing bonds can be configured as an experience of what it is that the lost loved one actuates in the bereaved. A maternal drive to nurture and protect the stillborn is vividly present in this subordinate theme which engages with configurations of the baby as beloved.

An instinctive will to bond appears, as the mother experiences feelings of love and connection. Following delivery, Heather describes her overwhelming instinct to physically bond: "*I wanted to hold him straight away*." (Heather p. 11/l. 364). In the extract below, she shares her experience of powerful maternal affection which is represented by the importance of visiting her stillborn baby. Heather's language is illustrative of her experience of a longing to be with her child. She articulates "*the next day*", "*every day*" and "*for as long as we could*", in a manner which foregrounds her desire for ongoing connection. Heather wishes to stay with Hal but he is moved into "*a cold place*", which conjures the presence of death and separation.

> "*We stayed with him for as long as possible but then they had to take the baby away and put him in a cold place. So, then we went home and came back the next day and, in fact, every day and for as long as we could … Having that time was so very important to me… I just wanted to keep holding him*." Heather p. 2-4/l. 67-129

Themes which relate to experiences of a continuing maternal love which remains consistent beyond death are present. The memory of Baby Hal endures for Heather as a beloved "*son*"

whom she wishes to protect and remember. In the segment below, Heather constructs the personhood of her child so that others can recognise and relate to her loss. Language is the vehicle which allows Hal to become real and his "*name*" is vital in this process of resuscitation. Heather uses the phrase "*all the time*" and also the negative-time adverb "*never*" to convey a sense of permanency.

> "*As his mother, it's very important for me to keep his name there and talk about him all the time and for him to be part of our family because I want to protect his memory, because he was a person. You know, because he was a person, a little boy, a little baby, that should have had a life, and sadly didn't, and it's really important how we never forget him*." Heather p. 8/l. 260-265

Themes of ongoing connection appear, as participants share a sense of an unbreakable continuing bond which remains undiminished by the passing of time. In the excerpt below, Rachel characterises her daughter as a permanent connecting force between herself and her husband. The repetition of the plural pronoun "*our*" and the use of "*we*" indicates that she experiences a continuing connection with her daughter via her relationship with her husband. She immortalises her child as a beloved "*daughter*", who remains forever in position as the "*eldest*" and automatically absorbed into a family narrative.

> "*She's our daughter! She's our child! If we have future children, she's still going to be our eldest… It's very straightforward… She's part of our lives.*" Rachel p. 22/l. 768-781

Subordinate theme: The rejected baby

Experiences of deconstructing maternal bonds foreground the way in which the bereaved mother struggles with some responses to her child. Experiences of detaching from the stillborn baby's body appear, as the beloved baby may be transformed into a waste product which must be discarded.

The following segment articulates an instinct to reject. Rachel's use of the depersonalised pronoun "*it*" underscores her deliberate distancing. She denies the personhood of her baby, and, in this moment of disorientation, the baby becomes something undeserving of maternal contact.

> "*They* [medical staff] *were like: 'Do you want to hold her?' And we were like: 'No! We want nothing to do with it!*'" (Rachel p. 13/l. 465-467)

In these moments of detachment, the participant language alters and the individual child is veiled by the impersonal. Aurelia articulates the use of language as a distancing tool. She explains that she cannot speak her son's name and chooses to refer to him as "*the baby*". She uses the impersonal pronoun "*it*" to distance herself from the personhood of her son: "*Every time … I am calling it 'the baby'. I never call it by the name.*" (Aurelia p. 22/l. 790-791). She describes the way in which she did not wish to "*look at*" her child or to "*hear*" about him.

> "*I didn't want to have anything to do with it... I couldn't look at the baby. I asked them* [medical staff]*: 'I don't want to look at the baby.' Then one of the doctors, I heard: 'Your baby is perfect.' And, I was like: 'I don't want to hear it!*" Aurelia p. 3/l. 78-103

Attitudes to connecting objects seem helpful in revealing the processes of connection and disconnection which appear to be in play. Caroline chose to share a picture of her son during her participant interview. She describes this image as providing a counterpoint to her experience of emptiness: "*I've got something real to look at, now and again*." (Caroline p. 341/l. 18). However, in the extract below, she underscores the discreet nature of this visual memorial. The picture frame is described as "*little*" and also "*tiny*" and the baby's image remains safely contained. There is perhaps a sense of an attempt at detachment in the use of the containing "*glass cabinet*". Transparent, appropriate and clean, the cabinet could be interpreted as circumventing the potential emotional messiness of continuing bonds.

> "*We've got this little picture, in a frame, in our glass cabinet. Just a tiny little one… I'm glad we took a photo… so we can remember what he looks like.*" Caroline p. 19-20/l. 364-372

Subordinate theme: The "empty-handed" mother

For the bereaved mother, it seems that the stillborn baby may remain vividly present in her thoughts long after physical separation. The mother experiences the ongoing psychological presence of her baby via an ongoing encounter with grief and longing.

The simultaneous presence and absence of the baby seems to be a recurrent theme in the analysis. In the aftermath of her delivery, Rachel articulates a sense that the physical

presence of her daughter alleviates frozen feelings of detachment. In the segment below, she shares feelings of disorientation which abate with physical contact with her child. In this moment, it seems that the child holds the mother, as the baby's physical body helps to contain the mother's experience of disorientation.

> "*I was just numb – just numb. When I held her [*the baby*], I was in-touch and I could cry... But, the rest of the time, I was just confused and dazed*." Rachel p. 17/l. 583-587

Themes which relate to experiences of a lack of recognition of the personhood of the baby by family and medical staff are present. Experiences of continuing bonds are seemingly challenged by attempts at erasing the existence of the lost baby. In the segment below, the anonymous "*they*" of the medical staff prove obstructive in Rachel's meaningful constructions of her daughter.

> *"So they* [medical staff] *ended up taking her out of our room and putting her in a storage cupboard. … My husband had to go look for her. And then he was like: 'I found her in the storage cupboard!'. And I was just like: 'Just keep her. Just keep her with us!'"* Rachel p. 16/l. 542-553

Themes of a heightened awareness of the absence of the baby when encountering the outside word seem present. Heather is acutely aware of her baby's personhood but notes that Hal cannot be interpreted by others in a manner which aligns with her own sense-making: "*People haven't built memories with a baby that's inside you."* (Heather p. 7/l. 221-224). Painful experiences of a lonely postnatal departure from hospital recur in participant narratives. Suffering this "*empty-handed*" moment is foregrounded by Caroline.

> "*I think the worst thing was leaving the hospital empty-handed. You just knew, instinctively, that it wasn't right. It was just really horrible… It was probably one of the worst times*." Caroline p. 10-11/l. 181-202

Superordinate theme: Crafting connections between mother and child

Experiences of ongoing grief and existential reflections on the lost loved one's existence in the afterlife represent experiences of continuing bonds. Where to place memorials and how to mark anniversaries become important questions for the bereaved mother and meaningful objects serve as routes to experiencing connection.

Subordinate theme: Ongoing remembrance

The flourishing of maternal experiences of affection for the lost child occur via experiences of ongoing remembrance. Constant remembrance, which the bereaved mother does not expect to diminish with time, is present for participants: *"We think about her the whole time."* (Rachel p. 25/l. 874-876). For some, remembrance is a daily occurrence: *"There's not a day goes by … that I don't think of him."* (Caroline p. 41/l. 794-795).

Meaningful objects serve to boost memory and scaffold experiences of connection. Caroline chose to bring a memory book to her interview which contained images of her son, as well as pictures of his memorial plaque. She explains that the book itself has become a route to ongoing connection: "*It keeps my memory alive, you know, the little book*." (Caroline p. 51/l. 991-1000).

A wish to resuscitate the memory of the baby and to have that memory absorbed into family narratives is present. In the excerpt below, Heather describes a desire to safeguard Hal's position in the wider family. She describes the way in which she uses the anniversary of his birth to prompt rituals of remembrance. The repetition of "*birthday*", "*know*" and "*everyone*" underscores this desire for the outside word to acknowledge Hal's personhood.

> *"He is very much a part of my whole family… they know when his birthday is and it's marked… The first year, we did a massive cake-baking... And I do push it a lot... It's so important to me that people are acknowledging him."* Heather p. 7/l. 234-250

Subordinate theme: Burial rites, spirituality and memorial

Meaningful rituals play a key role in the maternal experience of continuing bonds. The choices made relating to funeral services and other rituals offer the opportunity for meaningful communication. These rituals may offer the mother the opportunity for a public demonstration of maternal identity as the absent baby is constructed as cherished and acknowledged.

Themes of a wish to connect the stillborn baby with other deceased relatives appear, with feelings of relief and peacefulness relating to conceptualising the child being cared for by loved ones in the afterlife. Heather shares her wish to connect Hal's funeral with her own father's religious beliefs. She takes comfort in curating a service which would have been meaningful for her father. In this way, Hal becomes nested within an inter-generational web: "*My father*

was a priest and, because of that, I felt that I needed to do something that was religious based… for Hal." (Heather p. 17/l. 589-598). Devoutly religious beliefs may lead to a wish for sense-making which embraces concepts of continued protection by a higher being: *"I am Christian and we want to see him like have some blessing."* (Aurelia p. 7/l. 217-220).

The placement of remains or ashes appears to be an important route to sense-making relating to experiences of continuing bonds. The burial site may become a place to connect with the lost loved one and with the fellow bereaved: "*We* [Aurelia and her husband] *talk* [about the baby] *sometimes – especially, when we go to the cemetery."* (Aurelia p. 26/l. 921-923). The retention of ashes may also provide a connecting object for the mother. In the excerpt below, Heather shares her sense-making regarding the placement of her son's ashes and a wish for togetherness in burial which allows her to experience a sense of a future which includes Hal.

> *"We've got his ashes upstairs in a little box... There's nowhere I want to put them other than with me... And it's important to have them there… I remember, the first time that we left the flat … saying that I couldn't leave the ashes behind. It felt like I was leaving him."* Heather p. 19-20/l. 669-690

Experiences of a maternal exclusion from burial rites cause feelings of regret and dislocation for the bereaved mother. Rachel shares her dismay at the religious taboo surrounding her daughter's Jewish burial: "*We weren't present*. *Didn't know where it was…* [It was] *really, really, really… dreadful."' (*Rachel p. 18/l. 616-638). Meaningful objects and private rituals provide a route to the covert experiences of continuing bonds for the bereaved mother. Themes of private sense-making connected to the stillborn baby appear for Rachel, as she seeks alternative means of memorial. During her participant interview, she chose to share a decorated stone which she personalised whilst visiting a stillbirth memorial arboretum. In the segment below, the repeated refrain of "*sweet*" and "*sad*" underscores Rachel's bittersweet experience of the visit.

> "*It's a whole garden and everyone's got stones there for their babies... So, I guess, for us, that was kind of like – not a resting place – but a … place to remember. It's really sad to go there but it's also very sweet. It's filled, filled, filled with stones – just like this one* [holding the stone]*."* Rachel p. 29-30/l. 1027-1038

Subordinate theme: The baby in the afterlife

Conceptions of an afterlife contain the potential for being reunited with a lost loved one which could be interpreted as amplifying experiences of a continuing bond. For the mother who has lost her baby, the belief that she will see her child again may prompt the maintenance of a bonded connection.

Themes of the stillborn baby being endowed with the potential for life beyond death recur in the analysis. The baby may be configured as being endowed with beatific protective qualities: "*She's looking out for us*." (Rachel p. 22/l. 781). In addition, an experience of comfort may be drawn from the fact that other relatives are caring for the baby in the afterlife.

> "*When… my grandfather died… that gave me quite a bit of relief, in the sense that someone was looking after her up there...*" Rachel p. 22-23/l. 782-790

Sense-making relating to ongoing spiritual connections with the baby are founded in a conceptualisation of death being vanquished. Those participants with religious beliefs fashion a continuing bond from the certainty of everlasting life: "*As a Christian… I know I will see him again*." (Caroline p. 17/l. 314). This concept of a potential renewed relationship in a spiritual afterlife serves to bolster the stillborn baby's position as a family member. In the excerpt below, the stillborn baby sits upon his grandfather's lap – residing in a place of safety – as he waits for his mother.

> *"I suppose, because I am a Christian, I believe and I know that the little baby is in Heaven and I will see him again one day. So that's a comfort… And then my sister-in-law, she had a dream – because my father passed away last year – that he* [the baby] *was sitting on my dad's lap…"* Caroline p. 16-17/l. 275-322

<u>Structural Narrative Analysis findings</u>

In analysing the four participant vignettes, each participant's segment of parsed text is approached separately in order to preserve an ideographic approach to the material. The different layers of analysis which have been applied to the vignettes have not been included in their entirety within this article. However, a summary of the findings of the five levels is included below, along with a transcript of each of the four parsed vignettes (see Appendices I-IV).

Heather's content hovers closely around herself, her baby and the objects which represent her child (See Appendix I). Her voice is heavy with sensory material, which draws the reader

close to the experience of holding her child. The vignette allows the shape of her narrative to appear, as the focus zooms ever closer to Hal, with the closing Stanza 7 staying intensely near to his face. The syntactic system, which conjures the desire for sensory connection, seems evocative of Heather's yearning. The main-line of the plot supports this skeleton of longing, as a pared-down structure brings the reader ever closer to Hal. The psychological subjects return to the intimate pairing of mother and child. Finally, the focussing system completes this layered sequence of interpretation, as Heather's voice draws the reader towards her physical experience of her child.

Rachel's text draws the reader close to mother and child and is shaped by an ever-shifting sense of loving recognition, interwoven with a conflicting experience of horror (See Appendix II). Rachel zooms-in close to her baby, with a listing of physical similarities between parent and child, but also pulls back in dismay at the "*corpse*" baby before her. In initially parsing the text for stanza form, Rachel's emotional responses emerge within her vignette. A complex tone of conflicting experience is foregrounded, as Rachel employs the hyperbolic against the prosaic in order to sharpen the reader's understanding of her own disorientation. At points, the syntactic structure falters, as language appears inadequate to conveying the experience. The psychological subjects draw a close circle around "Little Fish" as the baby's stillness is drawn into a triadic relationship with Rachel and her husband. The lens of Rachel's narrative remains closely focussed on her baby and the final line sees mother, father and child recorded in the doula's pictures. Finally, Rachel's focussing system seems to distil her conflicting responses and draws out the deep anguish of her experience.

For Aurelia, there is a powerful note of anger, which frames her experience and serves to boundary her interactions with a child – who is held at a distance from the reader (See Appendix III). Exploring Aurelia's vignette reveals her immobility, as she finds herself unable to hold her baby. The headlines of the parts, strophes and stanzas outline a skeleton structure within which it is possible to identify a dominant affect of anger. Aurelia's syntactic and cohesive structure is revealing in its alternative focusing styles. Whilst some lines are lengthy, others remain telegraphic. The main line of the plot appears broad, as the world surrounding Aurelia is drawn into the vignette. The psychological subjects reveal a broad canvas, within which mother and child are located separately. The final stanzas reveal the lone psychological subject to be Aurelia, whose self-reflexive "*you*" dominates the close of the vignette. The focusing system conveys a bleak picture of loss and a tonal landscape of distress and disbelief.

For Caroline, a note of measured passivity and self-protective distance seems to influence her meaning-making (See Appendix IV). Her encounter is tentative and shaped by caution, whilst her narrative style initially appears emotionally muted. However, via the magnifying effect of Gee's approach, profound moments of impact emerge. The titling of the strophes, stanzas and parts amplifies Caroline's responses to her experience. The sequence of events seems counter-intuitive, with the moment of birth interpreted as the "*end*". There are several breakpoints within the text, when exclamations or a collapse of syntactic structure signpost key emotion. The main-line plot retains a weighty level of content, which reflects Caroline's focus on the medical staff. The psychological subjects reveal Caroline's shifting relationship to her baby. A recurrent tone of detachment is countered by moments when the child is lovingly referenced as "*little baby*". In the focussing system, it is possible to identify moments of deep responsiveness.

Across the vignettes, Gee's five levels provide insight into the different ways each woman uses language to convey her experience. A rich tapestry of alternate responses appears, as individual maternal sense-making signposts the delicate complexity of this particular bereavement.

Discussion

The IPA findings suggest multi-faceted maternal responses to the experience of continuing bonds. As the bereaved mother explores ways to represent her child to herself and to those around her, the stillborn baby seems to shift shape, triggering a complex navigation of bonds. Subsequently, applying Gee's (1991) poetic approach to the four vignettes of the participants allowed a meticulous focus on the moment of meeting between mother and child. This foregrounded deeply personal and individual responses to maternal loss which can be seen to enrich the IPA findings above. Each of the participants narrate their experiences of continuing bonds in this pivotal moment using deeply personal linguistic choices as well as unique prosodic intent.

Sense-making relating to "*Continuing bonds and the female body*" is powerfully present in the IPA findings. The moments that are uniquely shared between mother and child amplify the relational aspects of pregnancy, as the bereaved mother may locate her experiencing of the personhood of her baby within the physical changes of pregnancy. A valuing of pregnancy, as a means of building maternal relationship, is mirrored in previous findings by Ustundag-Budak et al. (2015). Similarly, the current study finds that recalling the embodied experiences of pregnancy and birth facilitates an amplification of maternal experience (see

also, Leichtentritt & Mahat-Shamir, 2017). This has implications for the clinical care of the bereaved mother and foregrounds the need for vital psychological support throughout induction and delivery and also in the postnatal 12-week period. In offering the mother an opportunity to see, hold, wash and dress her baby, the bereaved may be enabled to amplify her sense of motherhood and also to say goodbye (Kelly & Trinidad, 2012). In relation to the 12-week postnatal period which follows delivery, it also seems vital that the bereaved mother is offered psychological support in order to assist her in processing her bereavement and to check-in on feelings of isolation and low mood, as well as to acknowledge the profundity of the loss.

Within the Structural Narrative Analysis of the current study, themes of deep yearning are revealed by a linguistic repertoire which evokes the sensory triggers which prompt connection. A deep valuing of experiences of connection can be identified, which echo the IPA findings above which foreground experiences of love and ongoing affection for the stillborn baby. The linguistic analysis also foregrounds emotional tensions, with sense-making suggesting disorientation. Participant language conveys an experience of emptiness and conflicting responses, as anger melds with denial as well as loving recognition. The distress and disorientation identified here aligns with the IPA findings above which relate to the rejection of the stillborn baby. This highlighting of experiences of distress, disorientation and withdrawal prompts suggestions for clinical support which engages with high levels of safeguarding and the ongoing titration of support to the emotional capacity of the bereaved mother. In addition, safeguarding protocols should also be rigorously followed, with frequent postnatal checks on emotional health (Wisner, Parry & Piontek, 2002; Cox, Holden & Sagovsky, 1987).

Golan and Leichtenttrit (2016) identify fluid maternal interpretations of the stillborn baby which mirrors findings within the current study suggesting that the continuing bond may be alternately fortified and denied by the mother. In "*Conflicted bonding with the shape-shifting baby*", the IPA analysis identifies meaning-making relating to shifting maternal perceptions of the baby which may be mediated by the different ways in which the child is interpreted. The baby may be characterised as beloved and cradled in a web of familial relationships. Conversely, the baby may also be rejected as a depersonalised other and denied a place within a family narrative. In situating this finding in the context of long-term psychological support of the mother, it seems important that a dual-processes of meaning-making should be acknowledged by the clinician. This would allow for an exploration of the idea that the bereaved mother may simultaneously wish to remain connected to her lost child and also to find a way of moving beyond her loss (Stroebe & Schut, 2010).

Experiences of uncertainty are also highlighted in Gee's (1991) five levels of analysis, which foreground findings relating to experiences of disenfranchisement and loneliness. Sense-making presents experiences of anger and frozen affect, as the bereaved mother struggles with the contradictory process of accepting the loss of her baby and also acknowledging the existence of the baby. Linguistic structures weave between engaging with and detaching from the personhood of the stillborn baby and this suggests dual processes of objectifying the baby, as well as valuing memories of the baby. This duality echoes the IPA findings and also prompts clinical suggestions which might involve acknowledging this dual process within short-term and long-term postnatal support for the bereaved mother.

Within the IPA findings, the superordinate theme of "*Crafting connections between mother and baby*" suggests maternal experiences of a timeless grief, as well as the valuing of ritual. Practices which promote continuing bonds are harnessed to boost feelings of connectedness, via the marking of anniversaries and the valuing of meaningful objects. The stillborn baby exists as an ongoing psychological presence for the mother and this experience may not diminish with time. These findings mirror those of Cacciatore, DeFrain & Jones (2008), who also suggest the continued psychological presence of the baby for the bereaved mother. In relation to these findings, clinical support for the bereaved mother might beneficially include introducing bereavement care models which encourage all support services to respond with amplified compassion and to foreground an awareness of the potential long-term psychological impact of stillbirth (Cacciatore & Flint, 2012). In the case of subsequent pregnancies, it also seems key to offer the mother an outlet which allows her to share her ongoing grief regarding her stillborn baby, despite the potential arrival of subsequent living children.

The overlapping findings within the study suggest a tapestry of experience which may lead the mother towards or away from experiences of continuing bonds. These findings support existing literature such as the findings of Ustundag-Budak et al. (2015), which suggest that bereaved mothers struggle with the contradictory process of accepting the existence of the stillborn baby whilst acknowledging the baby's non-existence. The findings in the current study deepen an encounter with this contradictory process, by engaging in a closer phenomenological and linguistic exploration of these maternal experiences. The IPA themes portray the complex ways in which the bereaved mother may choose to create continuing bonds and also the ways in which the trauma of the experience may cause her to deliberately detach from experiences of bonds. These support existing findings such as those of Leichtentritt and Mahat-Shamir (2017), who suggest the existence of a dual process

of objectifying the baby, as well as valuing memories of the baby. This pre-existing study is culturally specific and also engages with experiences of feticide rather than stillbirth. The current study offers findings which relate to a UK population and identifies a similar dual process but one which relates directly to the experiences of stillbirth. Whilst the process of detaching seems intuitively relevant to feticide, it is important to note that the same process is identified by the current study within the phenomenon of stillbirth.

The Structural Narrative Analysis in the current study brings an intimate exploration of the maternal experience of the moments following birth and the way in which these may influence subsequent experiences of connection. These experiences of the moments of meeting which take place between mother and child expand upon the IPA findings above which relate to the ways in which memories of the baby feed into later experiences of continuing bonds. This aligns with the findings of Cacciatore, DeFrain and Jones (2008), who identify the "*invisible mourning processes*" which might follow stillbirth as assisting the bereaved mother in mourning processes. The current study expands upon these findings by exploring the ways in which these "*invisible*" processes might feed specifically into experiences of continuing bonds for the bereaved mother, by rooting later experiences of connection within the memories of the moments which immediately follow birth and the differing ways in which the mother may experience them.

Strengths and limitations

Of the qualitative research existing in the field of stillbirth, none has previously directly addressed the experience of sense-making and continuing bonds for bereaved mothers in the UK. In addition, no pluralistic research existed in the field of stillbirth and continuing bonds and there was a lack of narrative and phenomenological analysis in relation to the phenomenon (Klass & Walter, 2001). Taking a dual approach to the data, elicited from in-depth, face-to-face interviews, with mothers who had experienced stillbirth, has located the findings of this study more closely within the life-world of the participants involved and the value of such an approach has been noted when tackling complex and multi-dimensional phenomena (Frost, 2011). In addition, it is hoped that the current study enriches knowledge regarding maternal sense-making, relating to experiences of continuing bonds, in order to enhance processes of respectful care and to promote an individualised approach to mothers who have experienced this unique loss. The findings are intended to contribute to the growing bank of research into maternal stillbirth experience, in a way which increases an awareness of helpful processes of psychological support for the mothers who experience this bereavement.

Participants expressed the fact that they valued having the opportunity to share their experiences. This aligns with studies which suggest that bereaved parents frequently value the opportunity to engage with studies which may benefit others who have experienced stillbirth (King, Oka & Robinson, 2019: Kelley & Trinidad, 2012). Although it is clear that the findings are not generalizable to a wider population because of the limited number of participants, it was the intention of this study to offer an ideographic exploration of this under-researched phenomenon and to harness the interview data of the four participants in such a way as to privilege subjective experience. As all four participants identified as white and heterosexual and were in a marital relationship, the homogeneity of the sample should be highlighted. It is therefore the case that a more diverse participant sample, which includes participants of differing race, ethnicity, socio-economic status and sexual orientation, would offer a fuller understanding of the phenomenon.

In addition, as experiences of continuing bonds with the stillborn child are under-researched, it also seems appropriate to suggest further small-scale pluralistic qualitative studies within this phenomenon. As continuing bonds may be created inter-relationally, further studies might include an exploration of the way in which experiences of continuing bonds with a stillborn child might be co-created. A study using a small sample size might apply two qualitative narrative methodologies, such as Structural Narrative Analysis (Gee, 1991) and also Narrative Dialogic/Performance Analysis (Langellier & Peterson, 2004), to explore the way in which the experiences of continuing bonds might be storied between the parents and grandparents of the stillborn baby (Riessman, 2008). The findings of such a study could contribute to a knowledge base which feeds into bereavement support for the mother and also the wider families of stillborn babies.

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Appendices

Appendix I: Heather holds Baby Hal – Parsed text

PART 1: (That moment)

STROPHE 1: (He'd lost his little hat)

STANZA 1: (The moment that you feel him)

1. That moment is the moment that you feel him/ you smell him
2. And/ as I said before/ that smell of his was the clothes he was wearing/ was laundry detergent that I'd obviously used/ to wash all his new things
3. I remember once/ we'd been to see him quite a lot/ and he'd lost his little hat
4. So/ the bereavement/ no/ it wasn't the bereavement midwife/ it was my antenatal midwife

STANZA 2: (Opening a drawer)

5. Who was/ and still is/ really amazing
6. She was there for both the births of X and X/ because I had C-sections/ she came in and I had her antenataly
7. I remember opening a drawer/ with all the clothes in/ to get another hat for him to put on him
8. Because she said she'd been to see him

PART 2: (It definitely wasn't that)

STROPHE 2: (Can you remember?)

STANZA 3: (A day when we couldn't go)

9. I think there was a day when we couldn't go/ I can't remember/ I think we were sorting out funeral arrangements
10. And I opened the drawer/ the smell just came out
11. And I was like/ 'Ahhhh this smells of Hal!'
12. And she [the midwife] was like/ 'Can you remember what laundry powder you used?'
13. And I was like/ 'No because I just buy whatever is on special.'

STANZA 4: (Every time I held him)

14. I was in cupboard like going/ "It definitely wasn't that!"

15. There was a new bottle/ you know/so
16. But I remember/ just taking clothes out all the time
17. Because every time I held him/ I had that smell

PART 3: (They stayed with me)

STROPHE 3: (That kind of sense)

STANZA 5: (I held his baby-grows)
18. And I could just/ I held his baby-grows
19. And they stayed with me/ for a quite a long time
20. And then/ they started losing their smell
21. And/ yeah/ I don't think I've ever found that smell again

STANZA 6: (Just having something to hold on to)
22. But/ that holding him/ again, it's just that memory building
23. Just having … something to hold on to/ smells and noises
24. There was no noise/ apart from the sounds of babies crying
25. When we went to see him/ there really wasn't anything else of that kind of sense

STROPHE 4: (I just didn't ever want to forget)

STANZA 7: (Memorising his face)
26. But/ just looking at him
27. And memorising his face
28. His features
29. I just didn't ever want to forget what he looked like

Appendix II: Rachel holds "Little Fish" – Parsed text

PART 1: (It was really nice but it was horrible)

STROPHE 1: (She was perfectly fine)

STANZA 1: (She looked exactly like us)
1. It was horrible!

2. No/ It was really nice/ but it was horrible
3. I just cried and cried and cried and cried and cried/ because she looked exactly like us
4. So … and she looked, she was perfectly fine

STANZA 2: (When they grow up)
5. And/ you know/ … some babies are like really, really ugly
6. And she was really cute
7. I can just/ like/ look at babies/ and think that they are really ugly
8. But/ it's fine/ because when they grow up/ they will be cute

PART 2: (It was dead silent)

STROPHE 2: (It was just very weird)

STANZA 3: (Her body was just totally like my husband's)
9. She was really cute/ and had, you know, like, my lips/ and my nose and my husband's eyes
10. You know/ like/ proper … just all
11. And her body was just like totally my husband's
12. She was totally all just with-it/ and had hair already

STANZA 4: (Just like a normal, normal baby)
13. She was just like a normal, normal baby/ except she was floppy
15. So it was just very weird/ The whole thing was weird
16. Because when you give birth/ … she's … there's meant to be crying
17. Like, there is meant to be crying/ But it was dead silent

PART 3: (We were holding her)

STROPHE 3: (There is no movement)

STANZA 5: (She's like a little doll)
18. We were holding her/ And like she looked like a totally normal baby
19. But there is no movement/ there's no …
20. So she's like a little doll
21. It was so weird/ The whole thing was just so weird

STANZA 6: (That baby I'd looked after)

22. But it was really sad
23. Because it was that baby that I'd looked after for so long/ been totally ill for
24. So, I thought, like, at least it was like, it wasn't illness
25. It was, you know, just something that I needed to go through

STROPHE 4: (For no point)

STANZA 7: (It was very horrible)

26. But then, ultimately, if she's come out dead
27. Then I was ill for nine months/ for no point
28. It was like very horrible/ it was very horrible
29. The doula took pictures/ which was very helpful/ of us holding her

Appendix III: Aurelia looks at her baby – Parsed text

PART 1: (They took the baby away)

STROPHE 1: (There is no crying)

STANZA 1: (I gave natural birth)

1. I give birth/ and I ask if they can/ they put a screen on the front of me
2. Like when you have a C-section
3. I gave natural birth/ quite quick
4. With the hormones/ I think that help

STANZA 2: (You just cry again)

5. And they took the baby away
6. And then I was just kind of sad
7. Because there is no crying/ You know
8. And like/ and you just cry again

PART 2: (I was angry at the baby)

STROPHE 2: (I couldn't see the baby)

STANZA 3: (I couldn't do it)

9. But my husband was very broken too/ but he went to see the baby straight away
10. And I think he helped to dress the baby/ and stuff like this
11. I couldn't do it/ I couldn't see the baby
12. For maybe ten hours/ twelve hours/I don't remember now when

STANZA 4: (I angry at myself)

13. I was quite angry
14. I was angry at the baby
15. At the doctors/ at the hospital
16. I was angry at myself that I didn't know/ I didn't spot it, anything

PART 3: (I was being angry at the doctor)

STROPHE 3: (If I will have enough scans)

STANZA 5: (They could prevent it)

17. If I will have enough scans/ be guided/ then I will know there is something/ then maybe they will spot that something is wrong
18. Over and over/ I was being angry at the doctor who stopped me having one more extra scan
19. What's ironic now/ in the hospital everybody having the third scan
20. Which mean you know there could be some signs/ they could prevent it

STANZA 6: (It was very supportive)

21. We got the bereavement nurse to help us a lot
22. What was amazing/ how can I say amazing but I do not know how to say
23. It was very supportive/ that they help us/ to organise the funeral
24. We didn't need to do anything

PART 4: (Just the perfect baby lying there)

STROPHE 4: (I couldn't hold him)

STANZA 7: (It was heart-breaking)

25. I saw the baby for a little/ some time/ I don't remember
26. It was heart-breaking/ you know, just lifeless
27. Just perfect baby lying there
28. Just perfect

STANZA 8: (I was just standing next to the cot)
29. But I couldn't hold him/ I don't think so/ I was just standing next to cot
30. And I think they dress him/ or my husband dress him
31. The nurse took some picture/ and the footprints
32. And/ as much as I was kind of against all this/ I did not want this procedure/ their advice I am very grateful

STANZA 9: (You can't think straight)
33. I am very grateful
34. Because/ I think/ when in the beginning/ when you are in shock and trauma
35. You can't think straight
36. You can't think/ you can't/ you can't

STANZA 10: (You can't think what you will feel)
37. You can't think what you will feel/ in a day or two
38. What kind of regrets you will have
39. For example/ if there would be no pictures
40. Like if you will have no memories

Appendix IV: Caroline holds her baby – Parsed text

PART 1: (So they took me to the hospital)

STROPHE 1: (The birth seemed to be ages)

STANZA 1: (It had died already)
1. And so they took me to the hospital
2. And I was there all night and the whole day
3. And because they knew it was a stillborn/ it had died already
4. They could give me more painkillers/ because it wasn't going to affect the baby

STANZA 2: (A baby who wasn't going to grow much)

5. In fact/ I think/ they gave me too much of the epidural
6. The birth seemed to be ages
7. The baby was 4lbs/ which is quite a lot/ I think
8. For a baby that wasn't going to grow much

PART 2: (We called our pastor from church)

STROPHE 2: (Then the pains really started)

STANZA 3: (Until the end)

9. So/ I was in my own sort of room/ from the time I got there/ until the end
10. And we called our pastor from church/ and he came/ and then/ just briefly
11. And we had the same midwife
12. And she stayed with us/ the whole time

STANZA 4: (Such a strong woman)

13. She was brilliant
14. She was talking to me constantly
15. She was so strong/ such a strong woman/ and a young girl as well
16. Anyway then the pains really started/ and then they gave me the epidural

PART 3: (They wrapped the little baby up)

STROPHE 3: (They allow you to hold it)

STANZA 5: (They bring it to you)

17. And then I did give birth/ and it was still very painful
18. And they wrapped the little baby up/ and they put a little cap on him
19. You know/ they clean it all up/ and they bring it to you
20. And they allow you to hold it

STANZA 6: (I was frightened)

21. And I thought/ 'Oh!'
22. But apparently it helps with closure/ and all that
23. I couldn't believe how light…

24. I was frightened/ Yes

STANZA 7: (The baby was so light)

25. And the baby was so light/ I couldn't believe how
26. It felt like a packet of crisps/ you know/ that I was holding
27. And the way they did it
28. It was quite feeling/ you know

STANZA 8: (I didn't see the cleft palate)

29. They kind of covered half of his face
30. But it looked normal
31. It looked like he was lying down
32. So I didn't see the cleft palate

PART 4: (And then I wanted them to take it)

STROPHE 4: (That was quite brief)

STANZA 9: (He wanted to check everything out but I didn't)

33. My husband did/ you know/ he had a closer look
34. He wanted to check everything out/ but I didn't
35. And so that was quite brief/ you know
36. And then I wanted them to take it/ after a while/ yes

Part Three: Professional practice – Clinical Case Study

A person-centered perspective on maternal bereavement: Working with traumatic loss and the actualising tendency

THIS CLINICAL CASE STUDY HAS BEEN REDACTED FOR CONFIDENTIALITY REASONS.