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Stillbirth and loss: family practices and display

Abstract: This paper explores how parents respond to their memories of their stillborn child over the years following their loss. The relatives of those who have died after living for several years or more have the residual traces of a life lived as a basis for an identity that may be remembered over a sustained period of time; for the parent of a stillborn child the claim for a continuing social identity for their son or daughter is precarious. Drawing on interviews with the parents of 22 stillborn children, this paper explores the identity work performed by the parents who were concerned to create a meaningful identity for their child and include it in their families after death. The paper draws on Walter's (1999) thesis that links continue to exist between the living and the dead over a continued period of time and on Finch's (2007) concept of family display. In turn, the paper argues that evidence from the experience of stillbirth suggests development of each of these theoretical frameworks.

Introduction

To a greater or lesser extent, parents will form pre-natal bonds during pregnancy (Sandelowski 1994). Though relatively rare, a stillbirth, that is, the death of 'a child' born after 24 weeks' gestation (Confidential Enquiry into Stillbirths and Deaths in Infancy 2001), will occur in several thousand pregnancies in the UK each year. For example, in 2009 the stillbirth rate for England and Wales was 5.2 deaths per 1000 births (Office for National Statistics 2011); in Scotland it was 5.3 per 1000 births (NHS Scotland 2011) and in Northern Ireland, 4.8 per 1000 births (Northern Ireland Statistics and Research Agency 2011). Drawing on interviews with parents bereaved by stillbirth, this paper examines what happens to that bond through the examination of family practices after a stillbirth. It utilises Finch's (2007) notion of display and Walter's (1999) work on continuing bonds with the dead.

Theorising reproductive loss

While there is a large psychological literature on the experience of reproductive loss, the sociology of perinatal¹ bereavement remains under-developed since the early 1980s when studies in this area began to emerge. Sociological insight has suggested that couples may experience conflict following the loss of a child due to ‘incongruent bonding’ with him or her which gives rise to ‘incongruent grieving’ (Peppers & Knapp 1980): a male tendency to suppress emotions may result in their partner thinking that they are not grieving for the baby and, therefore, did not love it. Other research indicates that women often lack social support at times of reproductive loss (Rajan & Oakley 1993) and Malacrida (1999) has argued that the lack of a societal recognition of perinatal loss has a real cost to the economy in terms of unresolved grief which may result in mental health problems at a later date.

Lovell (1997) has argued that, despite legal acknowledgement that a child has died, the stillborn occupies an ambiguous position because stillbirth, along with other forms of pregnancy loss, has tended ‘...to be devalued because there appears to be no *person* to grieve for’ (p. 29). Lovell (1983) interviewed women who had experienced a late miscarriage² or stillbirth and identified that the mother who had suffered a stillbirth occupied an anomalous space on the maternity ward, being regarded as neither mother nor patient. The lack of a baby led bereaved mothers to see themselves as an ‘embarrassment’ who should be discharged from hospital as soon as possible and those mothers who stayed in hospital felt ‘out of place’. Furthermore, Lovell (1983) also noted that many hospital professionals assumed a ‘hierarchy of sadness’ in which miscarriages were regarded as lesser losses than stillbirths and stillbirths less important than neonatal deaths. She argued that this was unhelpful for

a full understanding of the experience of loss and that parental commitment to the pregnancy was a better indicator than the length of gestation of the likely reaction to the death.

Since Lovell's research on women and their experiences, a growing academic literature on male grief has begun to emerge. McCreight (2004) has documented and explored male experiences of loss and highlighted how men may question their identity as fathers. Fathers reported that their partners, having been positioned as closer to the expected child than they were, were seen by family, friends and health care professionals to be more affected by the loss and McCreight (2004) termed men who were subject to such marginalisation of paternal grief, to be the 'forgotten mourners'. A recognition of the paternal experience has now emerged in the self-help literature where bereaved fathers have begun to document their own experiences (see, for example, Di Clemente 2004; Don 2005). Also, at the 2011 Sands AGM and at the House of Commons launch of the new Sands' report *Preventing Babies Deaths: What Needs to be Done* (2012), it was men who recounted their story of bereavement rather than women.

The hospital protocols around perinatal loss that have emerged since Lovell and others undertook their research now construct perinatal loss as bereavement: Davidson (2011) has argued that the invention of the 'perinatal interval', the emergence of an academic literature on death, loss and attachment and the activism of pregnancy loss support groups that gave '...voice to women's grief' (2.4) are the primary reasons for the emergence of such protocols. The UK *Guidelines for Health Professionals* (Schott et al., 2007) are published by the Stillbirth and Neonatal Death

Society (Sands) and recommend that parents should be offered the chance to spend time with their baby, either in the hospital or at home. Such practices, where the body is seen by parents, and often the family and friends of the bereaved, provide visual evidence of the baby to a wider audience than there would have been previously. This practice, however, has been subject to some criticism with Hughes et al. (2002) claiming that the more prolonged and closer contact between mother and stillborn baby, the greater the risk of mental health problems such as depression, anxiety and post-traumatic stress disorder. Trulsson and Radestad (2004) have suggested, though, that the trauma identified by Hughes et al. (2002) might not have been precipitated by seeing the baby but by the mismanagement of the care of parents during the time between the diagnosis of the death and the birth of the stillborn baby.

Drawing on interviews with the parents of 19 deceased children, some of which were stillborn, Cacciatore and Flint (2012) argued that the rituals that follow after the death of a child enable parents to retain a link with the stillborn baby. In the UK, collecting traces of the baby such as copies of footprints, handprints and locks of hair, to give to the parent(s) in a 'memory box' is now routine: a social identity for the baby, then, may be '...claimed [by parents] via material items and practices which promise or evoke embodiment' (Hockey & Draper 2005: 51). Many parents will display photos of their dead baby in their home and often these photos will include other family members. Layne (1992; 2000) has suggested that the practice of retaining material traces of the unborn child enables parents to legitimate their grief.

In cases where a first child dies, mothers and fathers have particular struggles with their identity (first author 2012) as the identity of parent is dependent on a relationship

with a child. Thus, a mother can only be understood as such when thought of in relation to a dependent other: the baby or child (Jenkins 1996). While their social circle may have constructed them as putative parents, the death of the baby may well negate their identity as parent especially as all parents, bereaved by stillbirth, may at some point be met with silence. Rajan & Oakley (1993) note that the friends and family of parents who have had a miscarriage or stillbirth are often unwilling to discuss the experience with the bereaved (see also Mander 2006). Layne (1997) argues that this cultural denial of loss is partly because ‘...unlike a growing child or an adult who leave behind a trail of existence, an unborn child lacks the material traces of social life’ (p. 300) hence the move to retain such traces of existence that have the potential to continue the bond.

The continuing bonds thesis

The continuing bonds thesis, described as ‘...the dominant academic discourse’ in the area of death studies by Valentine (2008: 4) has been applied to many different types of bereavement. Its premise is that relationships are able to survive the life-death boundary which may occur through processes of negotiation and meaning-making (Valentine 2008; Martin, 2010). Researchers in this area have noted that survivors will integrate the dead within their lives by becoming active agents in managing the deceased’s biography (Walter, 1999) and that the dying themselves may have some control over their post-death identity (Exley, 1999). In *On Bereavement*, Walter (1999) drew a distinction between private and public bonds with the dead. His conceptualisation of the private was individualistic and included sensing the presence of the dead, talking to them, praying to or for them and an association with symbolic places and things that enable individuals to retain the deceased in their continuing

lives. His public domain referred to post-death identities which are sustained through conversations with others who knew the deceased. Walter's (1999) conceptualisation of the private and the public runs counter to the sociologically-established divide between private and public spheres which conceptualises the former as the domestic sphere and the latter as the world of paid work.

While continuing bonds with a deceased person who lived may entail a certain amount of work, this is clearly a more difficult thing for parents of a stillborn to achieve although Cacciatore and Flint (2012) have noted that this is attempted by bereaved mothers and fathers. While Walter (1999) claims that with regard to problematic deaths the bereaved might *reconstruct* the biography of the deceased, in the case of stillbirth it seems that parents bereaved through stillbirth need to *construct* a biography for their stillborn (Howarth, 2000).

Family practices and display

Building on Morgan's (1996) argument that there has been a shift from 'being a family' to 'doing families', Finch (2007) introduced the concept of displaying families as one that is integral to contemporary family practices. The family unit is formed by sets of activities rather than people and, as such, families are fluid, diverse and multi-faceted. By applying the concept of display, Finch (2007) emphasised the social nature of the family and posed three key questions: why is display important? how is it done? and to whom do family relationships need to be displayed? Thus, the question of who is considered a family member rests on the relationships between possible members. Finch (2007) argues that "... ...for many people – the contours of 'my family' are not necessarily obvious or easy to identify" (p. 70) and hence display

becomes an important or essential practice. The tools for display are twofold and may be physical objects e.g. photos or domestic artefacts and/or narratives. People will demonstrate that, for example, a former partner or step child is part of the family unit and, at times, display will be more intensive than at others. Finch's concept of family display has the potential to throw light upon our understanding of the aftermath of stillbirth as parents seek to express the place, if any, that the stillborn has in their lives post-stillbirth.

Methods

With few sociological studies on this subject and, with an underlying commitment to the '...belief that people create and maintain meaningful worlds' (Miller & Glassner 1997: 102), in-depth interviews were conducted. Parents were invited to first tell [first author] their story. As Finch (2007) states, people, through the use of narratives, connect their own experiences to a "...generalized pattern of social meanings about kinship" (p. 78). This was also a device to facilitate questioning later on in the interview as the events that they narrated could be later explored in more depth.

Ethics approval for the project was granted by both a local NHS ethics committee and the University of Surrey Ethics Committee. In accordance with ethics approval, all participants were given pseudonyms and any potential identifiers – such as the name of their home town, the hospital where the stillbirth took place and names of family, friends and hospital staff – were removed at the transcription stage. Written, informed consent was obtained from all interviewees and they were informed that they could end the interview at any time and did not have to answer all the questions. They were also offered rest breaks.

Sample characteristics

A total of 31 interviews were conducted with the parents of 22 stillborn babies, all singleton births. The study aimed to conduct a joint interview with both parents followed by individual interviews with each parent, but this proved unworkable due to the reluctance of some fathers to participate, in contrast to the enthusiasm of mothers for the project. Those mothers who were interviewed without their partner taking part were asked about their partners' behaviour which gave some additional insight into male behaviour albeit how that behaviour was interpreted by their partners. Joint interviews were held with ten couples, of whom five women and four men also participated in individual interviews. A further 12 women were interviewed; their partners declining to participate in either joint or individual interviews. All interviews and their transcription were undertaken by [First Author]. In the results section it is indicated which quotes are from separate, joint or follow-up interviews.

Most participants were white and British; one father was from the USA and two mothers were of south-Asian descent. Nineteen of the 22 mothers and seven of the ten fathers were from social classes 1-3 according to the NS-SEC classification. Of the 22 stillborn children, 12 were the parents' first-born. The time since the loss ranged from six months to 12 years: for two parents it was under a year since the stillbirth occurred, seven parents were interviewed between one and two years post-death, five parents between two to three years of the loss and for eight parents the loss had happened more than three years before the interview. In some interviews a longer time frame was being reflected upon than in others and it is acknowledged that this has some impact on the data collected. As Finch (2007) notes, while individuals construct their social worlds, these constructions are fluid and an understanding of

one's family will change over time and be rooted in individual biographies; the interviews recounted here reflect the understanding the individuals had of their family at the time of interview. However, Lundqvist *et al.* (2002) have noted that research suggests that individuals' memories of birth experiences will remain consistent over a long period of time.

Parents were recruited through personal contact, support groups at both national and local level, as well as online. The interviews took place in family homes and the length of joint interviews ranged from 45 minutes to four hours. If at any point one partner became upset during joint interviews, the other would take over telling their story. The individual interviews ranged from ten minutes (a follow-up interview with a father) to three and a half hours.

Analysis

The analytical approach to the interview data was informed by grounded theory (Strauss & Corbin 1990). All interviews were audio-recorded and transcribed in full by [first author]. As the later interviews took place, the first interviews were being analysed using the data software program Atlas-ti and from this early analysis initial concepts were generated that informed the later interviews. During the initial open coding, hundreds of concepts were isolated which were then grouped into categories. Once categories were isolated, using the process of axial coding, subcategories were created to explain them and, in this way, there emerged an understanding of how gender, as a macro-structure, impacts upon the experience of stillbirth.

Results

The themes presented here offer an insight into parental experiences of stillbirth. Emerging from the accounts were themes of identity – that of the parents and of the stillborn child. Mothers and fathers spoke of practices that reinforced the relationship they had with the stillborn over time. This section of the paper documents the way in which parents retain the stillborn as a family member privately and it then outlines how both narrative and artefacts can be tools for display of the stillborn as a member of the family. Finally, this section demonstrates how, despite these tools, there are barriers to including the stillborn in a continued family formation.

Continuing the bond privately

Individualised experiences of private bonds with the stillborn were recounted during the interviews. Examples of ways in which parents would do this included constructing an alternate biography for their son and daughter and the stage they would be at had they lived. Bridget, four years after the stillbirth of her fourth child, said:

Bridget: I was thinking I should be buying shoes for him, you know? And when the thing came up at church for the local parish school saying, you know applicants for the nursery school and I was thinking, you know, he would be old enough for me to apply for a nursery place now. [*Follow-up interview*]

Through constructing the alternate biography for the child, parents also, then, re-construct their own. For mothers, particularly, stillbirth is an active loss, that is, it is the loss of ‘doing’ parenthood to a child and the activity of ‘doing family’ is different to how it should have been. This applied to parents whether it was a first or subsequent child who died, in Bridget’s case, she had lost the identity and the concomitant role of being mother to four *living* children.

The other way in which parents also recounted privatised bonds was through sensing the presence of the dead although only three parents referred to this. For example, one participant claimed to be psychic and to be in touch with her stillborn son:

Fiona: I believe that how I've been able to deal with, um, [son's] death a lot better than what I've seen other people deal with. It is because of my belief in the fact that he's not, you know, dead. He's around, he's just, you know, we can't see him. [*Joint interview*]

While Bridget is constructing a biography for her son had he lived, it might be argued that Fiona is constructing a biography in a slightly different way – a continued existence but on a different spiritual plane. Although Fiona would conceptualise the stillborn's biography as taking place in a separate reality: she was adamant that at times her son returned momentarily and she talked of how she was watching him grow up.

Continuing the bond: narrative as display

There was a thread of experiences that referred to continuing bonds with the stillborn that went beyond parents' individualised world. Narrative as display might encompass creating a biography for the child but also talking about it with other family members. This led, in some cases, to siblings considering their own lost role and relationship with the stillborn. Ann, who lost her sixth child (a daughter), reported that her children would often point to clothes in shops and remark on how the stillborn child would be wearing that size had she lived: children, therefore, might also assume an active role in the creation of the alternate biography or at least consider the impact an extra child might have had. Fiona, mentioned in the last section as believing that she had a psychic connection to her son, recounted how that presence impacted on the

family three years post-death. Her partner also regularly referred to the child intervening in family matters and in this way the couple enabled the stillborn to be integrated to some degree into their family. Moreover, they imputed character traits upon him and he was constructed as a ‘naughty boy’ and duly told off for his behaviour, as unexplained phenomena were reinterpreted in terms of Fiona’s beliefs:

Fred: We’ve had episodes on the computer ’cos you mentioned it before that he’s always on the computer. Well you’d be typing and all of a sudden there’d be complete gobbledegook.

Fiona: Things will happen. Like pages will open. Internet pages will open and words will come on that you haven’t typed or gobbledegook.

Fred: We have a standing joke where we would say, now, stop mucking about [son]. [*Joint interview*]

Whether Fred believed this or acted to support his wife’s beliefs is unclear from the interview.

Talk might often centre around the surviving children’s questions about the death. Maggie’s family was a salient example of how the whole family – after many years of silence – was able to consider what life might have been like had their stillborn son, who would have been the eldest child, lived:

Maggie: They [subsequent children] do say, ‘There should be five of us Mummy, where are they all?’ My little one said, ‘We’d had to have needed a big van.’ I said, ‘Oh, don’t worry.’ [My youngest daughter said] ‘How many people will sit at a dinner table? You’d have to cook twice.’ They’d think about all these things! [*Separate interview*]

Through talking about the stillborn, both children and parents were able to position themselves in relation to a person with some type of identity albeit without a body. For Maggie and her family this was only accomplished many years after the loss. For over a decade the stillbirth was never referred to but the fact that the bond with the stillborn was able to be re-established after a decade suggests strongly that the mother had always retained a private bond with her eldest son.

The question ‘how many children do you have?’ would also give parents a chance to acknowledge and include the stillborn within the family. For example,

SM: When people ask you, how many children you have, what, what do you say?

Ann: I always say it [six]

SM: You always say it.

*Ann: Yeah, yeah. 'cos actually somebody who started in the school asked me in the school. She said “Ooh, someone said you had [son], [eldest daughter] and then three little ones.” I said, “Yeah, and then the baby I lost,” and they’re like “Oh” because to me she is *part of my family* [emphasis added]. [Follow-up interview]*

Recounting the experience to other people was a further way in which the stillborn would be remembered as a son or a daughter. As Rebecca, whose husband would not talk about their son, recounts:

Rebecca: I talked to friends a lot. I bored everybody absolutely rigid. I just talked and talked and talked and talked and talked and talked about it to anybody who’d listen to me because that was all I had left if you know what I mean? Talking about it and talking about what had happened was all I’d got so that, I did that a lot and drove people crazy probably. [Separate interview]

Rebecca had lost her first child and here she is reporting what happened at the time of loss. Interviewed 12 years later, she since does not talk about the child unless asked. There is no grave, no photo and no memorial. For Rebecca display is far less important than it used to be and this changed once she had given birth to a living child.

Other fathers were more willing to talk about the death. As Zoe reported:

Zoe: We’d stay up all night – crying and talking. We still talk about him a lot [one year following the stillbirth]. [Separate interview]

Memorial services were a way in which a joint narrative that included many stillborn children (as well as those who died shortly after birth) may be recognized. For those men, reluctant possibly to talk about the loss, attendance at such events might be seen as a way they could tacitly acknowledge their relationship to a stillborn baby:

SM: Did [husband] go to the Sands meetings with you?

Una: Doesn't do anything, no. The only things he'd come to are like fun days or balloon releases. Doesn't, no; won't talk about it. That's how he deals with it. I'll talk till kingdom come about my son. [Separate interview]

A further narrative about the stillborn encompassed speaking to health professionals, most often midwives, as parents sought to improve practice around perinatal loss. Several participants availed themselves of the opportunity to tell their story so medical professionals might begin to understand how stillbirth might affect a mother and her family. The following excerpt demonstrates this. Una considered that staff *needed* to hear about the lived experience:

SM: Because you've got the guidelines for health professionals...

Una: But then they're not real. Whoever wrote them hasn't got an understanding, because we gave the talk to the midwives and I made them cry when I told them what I told the girls [her two daughters], and I actually apologised and I said, "I didn't mean to upset you." "But Una" [they said] "we needed to know how important that [memory] book was, to us it's a book that we just put in the hand and footprints we didn't know it could be a bloody story book to two little girls." [Separate interview]

Ann used her story to attempt to change practice. Bleeding profusely and in great pain, she had waited for hours to be seen in her local A and E department. Through the use of her narrative of loss, she demanded that women who had been in her predicament would not be kept waiting in the way she was:

Ann: All I actually asked them for and I actually, my GP actually put it in writing the same sort of thing, was that if anybody with any signs of pre-eclampsia and that had been in and out of for the last week like I had been monitored that closely, don't leave them sort of waiting around; get them straight up there so it doesn't happen again. [Joint interview]

The reason many parents decided to take part in this research was also altruistic – to help improve practice. Sheila summarized this attitude:

Sheila: I know that I have to go through stuff [like this interview] because I think it's a job that we have to do in a sense to make it real to other people and to widen the understanding of stillbirth. [*Separate interview*]

Continuing the bond: artefacts as display

Physical objects were also tools for display for parents and these took many different forms. The most usual were photos that were either on public display or kept in a more private place such as a bedroom. Only three parents did not have a photo. Sheila, for example, had the photo on the mantelpiece and reported that:

Sheila: you know, [elder sister of stillborn daughter], she'll pray for her every night and she would sometimes walk by the photo and give her a kiss, the photo on the mantelpiece. [*Separate interview*]

Parents would use other physical objects in order to remind them of the stillborn and these might not necessarily alert others to the bereavement. For example, at an interview with one couple, I [first author] made reference to the large decorative butterflies that adorned their house. The butterfly was, for them and their son, a symbol of their stillborn daughter and, as such, those adornments served as a daily reminder: for this whole family, the stillborn was remaining a continuing feature in their lives:

Isobel: She's with us, definitely. [Our son] says 'she's in my heart and in my head'. [*Joint interview*]

Ornaments which represented the stillborn had an important place in the homes of other interviewees too:

Ann: She's got little bits at Christmas, little china shoes that go on there and I mean they [the children] love her, light their candles, play with her bits. [*Follow-up interview*]

Functional items served as memorials in some families, for example, a bench in the garden:

Carl: We've also got a tree planted here as well. A little tree, we've been a few times and we're also getting a bench for the garden as well, so it's sort of a permanent reminder here. [*Follow-up interview*]

For George and Grace the item was a mug: they were acutely aware that their social circle did not consider them to be parents and Grace painted a mug for her husband on the first Father's Day following the loss. This served as a reminder of her husband's identity as father to the stillborn:

SM: Do you think other people saw you as Mum and Dad?

George: Not really, well, I wouldn't say so, really

Grace: I painted a mug for you, didn't I on Father's Day? And, you know, one of those, you know, paint a mug but instead of doing it on the thing I wrote on the bottom so not everybody would have to see it. Um, but it was sort of, you know, I think I just wrote Happy Father's Day. [*Joint interview*]

The hiding of the parental identity symbolizes the difficulty that parents experienced with self-identification as parents after loss, which was particularly difficult for those who had lost their first-born child.

Occasionally, surviving children who might not have learned any inhibitions about talking about death, would initiate talk of the stillborn. In the following two examples, photos were shown publicly:

Isobel: He's [son] shown the checkout lady at Safeways a picture of [daughter], whipped it out of my purse and said, 'No I haven't just got a brother I've got a sister as well.' [*Joint interview*]

Ann: I got a phone call when I was at home and [the headteacher] said 'Look [daughter's] brought these pictures in.' She'd taken them out of [the memory] box and I didn't even know. 'She wants me to see them and the teachers,' she said, 'and the children.' [*Joint interview*]

It is apparent from these two incidents that some children are keen to remember and acknowledge their lost sibling as well as the parents. This might not be limited to siblings who were old enough to understand and have a lasting remembrance of the death but also extended to younger children who were born after the stillborn, as demonstrated by Maggie's experience.

Graves were also public reminders of the loss:

SM: Do you go [to the grave] a lot?

Una: In the summer we went for a couple of picnics down there with the girls because it's under a tree. We went and cleaned him all up and we went with another family we know through Sands and together we all cleaned the stones and everything, polished it all up, we did everything. [*Separate interview*]

The cleaning of the grave was highly symbolic as a tidy, cared-for, well-visited grave of a stillborn shows other people that this is a child whose memory is very much alive. The grave was important for some parents, as Ian said when referring to their daughter's headstone:

Ian: We wanted [daughter] to be recognized.

His partner, Isobel reinforced the point:

Isobel: we wanted a headstone up as soon as possible just so to see her name. She's you know, there. And we went and got the certificate. We've

got you know, a birth certificate to prove that she was here you know. That's the main sort of thing, the recognition, they are still here, they are still part of us and things like that.....we had people at the playgroup, which is still attached to the school he goes to now, they've planted a tree for her and put in a little plaque with her name on it with a little butterfly. [Joint interview]

Although Amy's husband was not willing to take part in this research, he did talk to her about their stillborn child, and was happy to have a public memorial to the son. The couple had paid for a bench with a name plaque that would provide a private space for the parents to include their stillborn son in their family life:

SM: So have you planted a tree or done anything like that?

Amy: No, actually we're getting a memorial bench at the nature reserve because that was always a place that we were going to take him, feed the ducks and that. In fact, we've been down there loads since and whenever we feed the ducks I do it with a smile on my face, um, and so we decided that we would get a memorial bench down there because when, once this new baby's born, we can all go there as a family and [son] will still be included. [Separate interview]

Barriers to display

It would be wrong to assume that it was unproblematic for parents to display the stillborn as part of the family. For example, less than a year after their loss, Christina's husband was vehemently opposed to having a photograph of their daughter on display so she resorted to keeping one in a drawer upstairs:

Christina: But yeah, he's always right uncomfortable talking about it. He's even got nasty sometimes, 'I don't want to talk about it.' If I try to talk about it, 'I don't want to talk about a reason, she's dead, she's gone, she were my daughter, I miss her but I don't want to talk about her.' He doesn't, we haven't got any photos up. [Separate interview]

While the photo might be a tool for display and continuing a bond for one parent, for another it might make for discomfort and give rise to conflict between couples.

Una was one mother who was publicly silenced on the subject:

Una: When I was pregnant with [daughter who was born after the stillbirth] they wouldn't let me go back to antenatal classes....They told me, they said, 'Una, we'd like you to come, but we daren't.' I said 'Why?' They said 'If somebody says something you're just gonna jump down their throats aren't you?' I went, 'Yeah. I can hear it now, and the people going, I'm not looking forward to giving birth, the pain, I say I can't wait for the pain then at least I know there's something coming, and then I can say, just get that head out and I say as long as it's crying.' [*Separate interview*]

Other parents like George and Grace would respond to signs from their friends that the time for talking of the stillborn had passed: for example, in the noticing of stifled yawns and rolling their eyes.

Parents would also self-regulate display, especially in response to the particularly difficult question of how many children they had. This would pose a quandary for them: how many children did they have? Should the stillborn be included?

SM: When people ask you how many children you have, what do you tell them?

Christina: Oh, that's a right hard one. Um, if people say, mm, it depends where I am and I've struggled with this. It depends where I am and what I want to say and now I don't feel so bad because I'd decided if I don't tell them about [daughter] then that's my choice. [*Separate interview*]

Many parents would talk of weighing up the situation before answering but the denial of the child was problematic for some parents as it would lead them to feel guilty as if by not acknowledging the child they were denying the stillborn their identity as their son or daughter, but others would consider 'denial' to be a practical tool to ensure that social situations ran smoothly. George, by dint of much thought, had found a way round this:

George: I've got two lovely children with me is my 'out clause' because that doesn't necessarily alarm-bell them that I had another so I've learnt to, to build my phrase, you know. [Joint interview]

Discussion

The accounts presented here support the claims made by Howarth (2000), Hockey & Draper (2005) and Layne (1997) that the material traces left following a stillbirth are important for parents to claim their child's identity; those traces also enable them to continue a bond with the stillborn. However, while Walter conceptualises the private sphere as the realm of the individual and the public as everything beyond this, the data here suggests that the spheres within which parents are able to continue a bond with the stillborn may be separated into three, albeit, overlapping spheres. First is the private sphere, which is akin to Walter's (1999) understanding of this term, for the parents in this study, there was some evidence of highly individualistic and privatised bonds. Second, is the domestic sphere which may include memorabilia and discussion of the stillborn within the family. The third sphere, the public, is where practices of display will be towards people other than family members. These practices may include activities such as attendance at memorial services, talks to medical professionals or showing the photo to other people. The behaviour of mothers and fathers might cut across all three spheres and will change over time. A photo in someone's home might be a private reminder but it becomes more public when others are invited into the home and the stillborn is 'displayed'. Parents might talk about the stillborn with each other but they might not necessarily do so in a more public place unless they were tasked with raising awareness of stillbirth. The analysis of the accounts generated for this study, therefore, suggests that a more nuanced approach is

needed when studying accounts of bereavement and continuing bonds and merits further investigation with forms of death other than stillbirth.

Parents of stillborn babies may choose or reject that identity at particular times after the loss and their behaviour will depend on the circumstances they are in or the way in which their biography has unfolded since the death. For instance, Rebecca chose to talk about the stillborn with friends after the event as that helped make it more real for her. As her life changed with the birth of another child, the need for displaying the stillborn child as a part of the family receded: proof of her parenthood was resident in her newborn daughter. This accords with Finch's (2007) argument that display is more important at some times than at others, indeed, Finch has argued that the question, 'who constitutes my family' is a question about relationships. In the aftermath of a stillbirth, parents may find it difficult to position themselves as being parents albeit not to a live child, however, through the use of tools for family display, the stillborn may be included as a member of the family over a continued period of time.

Why is display important for parents of a stillborn? The inclusion of the dead child in their family allows them to acknowledge the embodied relationship that they had with their child during pregnancy and for a short period following the stillbirth. Continuing a bond with the stillborn child, therefore, may reinforce for bereaved parents their own sense of identity as mother and father to that child. Another reason of the importance of display was in the use of narrative for raising awareness of the effect of loss among health professionals and in changing practice in the future.

Both narrative about the stillborn and artefacts were used to display the stillborn as a member of the family and, as such, retain a bond to a greater or lesser extent. Narrative might be used, either internally (as Bridget recounted) or externally, in a number of ways: through constructing a biography for the dead child and, therefore, for themselves; through the telling of the story of the stillbirth to other people; or by taking part in a joint narrative such as a memorial service. The photos and domestic objects that Finch (2007) refers to as her second type of ‘tools for display’ were also apparent in the accounts. While there were few of these for parents to use, photos of the baby – either ultrasound pictures or those taken after birth are clearly important. In the absence of physical artefacts, symbolic reminders of the baby might also become important, for example, decorated mugs and butterflies displayed on the house. The continued presence of such objects in or around the house serves to remind all members of the family of the relationship with the stillborn and his or her place in the family.

These ways of continuing a bond with the stillborn suggest that the identity of ‘bereaved parent’ is one that is active, on-going and requires identity work: families actively demonstrate that one member did not survive birth. Howarth (2000) has noted how parents construct biographies for a stillborn child and the experiences of the participants in the current study support her claim, but this study also suggests that the biographies of the stillborn are, in addition, constructed by his or her siblings³.

It is not possible from this study to make generalisations about practices over a sustained period of time as some parents were interviewed within months of the loss while others were interviewed years after it occurred. The accounts suggest that, for

some interviewees, bereaved parenthood continues to be an important aspect of their identity for many years and that the practices around the stillbirth are not always fully developed within a short period of time after the stillbirth. However, they also suggest that narratives and artefacts are conduits for each other. A remark regarding butterflies on a person's house may enable a narrative about a child. Talking about the stillborn with people outside the family may involve the production of evidence as in the case of Una who showed medical professionals a memory box.

In answering Finch's third question, to whom is it important to display the family, we can begin to understand why display is more important in some cases than in others and thus emphasise the fluidity of families. For those parents, for example, who lose their first baby, and whose identity might be open to question, display may be about reinforcing to others their identity of mother and father.

Finch's (2007) concept of display offers additional analytical purchase but, drawing on the accounts presented, we would argue that there is a fourth question to add to Finch's three questions regarding family display: what barriers are there to displaying families? In displaying the stillborn, many parents experienced conflict either with each other or with other people, whether this was from raised eyebrows, visible boredom or self-regulation as they decided not to acknowledge the stillborn as a member of their family. When this conflict occurred between couples, we might term these incongruent family practices. While Peppers and Knapp (1980) argued that it was incongruent bonding that gave rise to incongruent grieving that cause couple conflict following a child's death, several of the accounts here suggested that incongruent display of the stillborn was a cause of conflict.

As Finch noted, family practices change over time. Since the interviews for this study took place, the bond with the stillborn may have changed depending on the course of family life since the death. The analysis demonstrates that family practices of display may perhaps be more complex than Finch suggests: there are barriers and resistance to display for families that do not conform to social expectations. We suggest that families in other socially awkward circumstances may be subject to such resistance. Such families may include those with a family member who does not conform to social norms, for instance, when a family member is undergoing gender reassignment or exhibits bizarre behaviour associated with severe mental illness. They may also be families that regularly include deceased members whether children or adults. It is also likely that families that include a member who is absent for a stigmatising reason, either voluntarily or involuntarily, may also face barriers in including that individual as part of their family formation for example family members who are in prison or in residential care for people with psychiatric or learning disabilities. . . What barriers exist to including such members in the family invites further investigation.

1. Perinatal loss is defined as a loss of a baby either by stillbirth or within the first seven days of life (ONS, 2011).
2. The definition of late miscarriage varies but will normally be a loss that occurs between 12 and 24 weeks' completed pregnancy (Royal College of Obstetricians and Gynaecologists, 2012).
3. This research project was prompted by the personal experience of [first author] who had a stillbirth in 1994. Some years afterwards her own daughter admitted to making a character on the popular computer game *The Sims* that was named after her dead sister.

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