

Open Research Online

The Open University's repository of research publications and other research outputs

Parental identity in narratives of grief following perinatal death

Conference or Workshop Item

How to cite:

Jones, Kerry (2016). Parental identity in narratives of grief following perinatal death. In: The British Association for Applied Linguistics Science and Communication Conference, 25 Nov 2016, The Open University, Milton Keynes, UK.

For guidance on citations see [FAQs](#).

© [not recorded]

Version: Version of Record

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's [data policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

Parental identity in narratives of grief following perinatal death



KERRY JONES



- Look at challenges bereaved parents face in claiming parental identity
- Perinatal death - a child who is stillborn or who dies in the neonatal period in the first four weeks of life
- Narratives reveal how sense of self and identity is mediated by the social and cultural milieu
- Largely disenfranchising
- Others fail to acknowledge the enormity of the event.

Impact of perinatal death



- Researchers have demonstrated that the death of a child following perinatal death is both devastating and enduring
- Parents experiencing depression, anxiety, PTSD (O'Leary, 2009)
- Struggle with profound sense of guilt and purposelessness
- Reproductive success is considered a critical part of the life course
- Represent a death of part of the self as well as that of the child.

Perinatal death in context



- 1 in every 200 babies is stillborn
- 1 in every 300 babies dies in the first few weeks of life
- Most common form of mortality in early life (Office for National Statistics, 2013; Redshawe et al, 2014).
- Studies with bereaved parents that compared to child death in later years
- Perinatal death is not recognised as an event that is tragic or worthy of mourning
- Referred to as an invisible death (Cacciatore, 2010; Kelley, 2011).

Parental Identity



- Death challenges parental expectations due to discourse that surrounds pregnancy and childbirth
- Frames such experiences in a positive light
- Fails to acknowledge experiences that end in a way that many had unanticipated.
- This changes identity and a sense of self
- Deaths represent a disruption to the life course of siblings and other family members such as grandparents (Jones, 2014; Murphy, 2014).

Narrative Identity



- Critical source of self understanding, meaning and purpose
- Events that are narrated are ways of establishing and reaffirming identity
- Depends if narrations are rejected or accepted by others
- Resources or restraints in claiming parental identity
- Research with bereaved parents - parents construct narratives, share autobiographical accounts
- Listeners who guide the narrator as to what is acceptable and what is silenced

Consequence of silence



- Birth/death becomes invisible
- Creates ambivalent sense of identity
- Betwixt and between that of a non-parent and bereaved parent of a deceased baby
- Parental identity is far more complex than simply an either or status
- Search for meaning and find ways to memorialise their child
- A way of maintaining a relationship with the deceased baby so that it co-exists in the survivor's daily life while they re-evaluate their identity (Klass, 1996:197).

Guilt and self blame



“The hardest thing was that they were alive and trying to breathe but nothing could be done to help them. Was there anything we could have done to help them? Was there anything we could have insisted upon. You always have that feeling of guilt that what could I have done that never goes away even though everyone tries to reassure you. That was a pretty bad Christmas to say the least.”

(Selena, mother of baby twin girls 27 weeks of age, lived for two hours)



- Mother challenges her body and also an inability to intervene to help her daughters aspirate
- The significance - undermines expectations about her own body and medicine's ability to save lives
- Self blame: a danger to individual mental well-being
- Blaming the self or others for the death is a predictor of poor adjustment in bereavement
- In this study: men did not discuss feelings of self blame
- mothers overwhelmingly did even years following the loss.

Responses to loss from others



“I have tried to discuss it [death of a baby] with my mother and she changes the subject every single time. She finds it very uncomfortable so I just stopped bringing it up. I would have thought that the one thing, the one person and the one place where I could get the most support and it ended up being the least supportive. I found more support through a group and a company of strangers than I did from my own family.”



“ My brother arrived at the hospital and really wanted to see him [baby who had died]. So he went off with one of the nurses. The nurse came rushing out in floods of tears and she said that he [brother] had not only picked him up and held him and had a look at him, he sang and talked to him. So it felt, really, really special..Yeah, like he would have done that had he’d been alive. So we asked my brother if he would carry him to the grave after the service since he had held him once before.”

(Wynn timer, mother of baby boy Bryn, who was stillborn at 40 weeks).

To that end... A lack of a cultural script



- All parents experienced a sense of ambivalence about their status as a parent
- Path to parenthood disrupted and sense of self and identity mediated by the social and cultural milieu to which they belonged
- While mothers had a tendency to blame themselves, the responses of others when negative had deleterious consequences
- Acknowledgment and personification aided a sense of coping
- For most parents - turning to a group of strangers to negotiate their identity and assert that there had been a baby with real things
- The groups a way of negotiating a sense of identity and exploring the futility of previous assumptions about pregnancies and birth