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Researching perinatal death: managing the myriad of emotions in the field

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Abstract

This paper addresses the role of 'emotional labour' in conducting sensitive research. As such it begins to unpick the emotional and embodied consequences of working with data which covers sensitive subjects, in this case perinatal death, and considers how such responses are likely to impact on the analysis of data. We draw upon two doctoral studies which explored parental experiences of perinatal bereavement. We argue that researchers need to understand and consider carefully how emotions experienced during the research may impact upon the findings. By exposing the authors' own positionality in this research based on their own experience of perinatal loss, we acknowledge that we are actors in research which has an impact on the process and final product of the studies.

Introduction

The introduction to this special issue has outlined the background to the sensitivities involved in researching particular subjects, for example, sexual behaviours, drug abuse and deviance (Lee, 1993). One difficulty in researching such subjects lies in the management of emotions during the research process. Originally, this area of the methodological literature focused on the emotions of the research participants (Corden *et al.*, 2005), however, there is now considerable interest in the emotions of the researcher and how they might impact upon the research process. As Evans *et al.* (2017) note, a "[r]ecognition of the emotional labour of the research process is of vital importance in research on 'sensitive topics' (p. 595).

It is this recognition that we are focusing on here and, in particular, how the emotions of the researcher might impact upon the findings and consequently recommendations for research when the researchers are 'insiders'. We explore these issues through the lens of perinatal death, that is, the death of a baby following 24 weeks' completed gestation and up until 28 days of life (Perinatal

Institute, 2011). As researching death requires participants to re-rehearse episodes which are particularly painful to them, it is widely acknowledged to be a sensitive subject to research (Lee, 1993; Liamputtong, 2007). Indeed, Lee (1993) points out that, alongside death, the topics of sex and reproduction have traditionally been seen as taboo in western industrialised societies. Perinatal loss is an experience that encompasses all three of these taboo areas and so we consider it to be one of the most sensitive of subjects to research in our cultural context.

Through researching reproductive loss, we consider the role of emotions in producing knowledge. We do this through a joint auto-ethnographical account of our two doctoral studies where we were researching perinatal death from an 'insider' perspective. Both of us had experienced the death of a baby: Jones through neonatal death and Murphy by stillbirth. In so doing, we acknowledge Cotterill and Letherby's (2003) assertions that all research contains elements of autoethnographic accounts both 'intellectually and personally that document not just one life, but many. As such, they are relevant to academic social empirical research be it a survey, interviews or ethnographic research (Cotterill & Letherby, 2003: 14).

In order to set the context, we begin by briefly exploring some of the literature on qualitative interviewing and the emotions associated with this activity before going on to give a brief overview of the methods each project used. Following that, we collate the emotions experienced by both authors when interviewing parents and subsequently analyse these accounts to outline the various ways in which our emotions overlapped. In doing so, we trace the highs and lows of our emotions which were not restricted merely to sadness, anger and pain, as might be expected, but that also included humour, gratefulness and disbelief. We suggest that it is important that researchers understand that the emotions experienced in the field have some bearing upon how the data is interpreted and used, for example, whether one account is privileged over another. We use the concept of 'emotionally sensed knowledge' to account for this. Moreover, we also feel that it is important to note that research into death is not all doom and gloom. The moments of humour, for example, which novice researchers

may not expect and may find difficult to manage, are not only to be expected but also shine a light over the ways in which people come to terms with the death of a baby. In outlining and being reflexive about the emotions the two of us experienced, we also highlight how two different researchers might experience different emotions when researching the same subject.

Qualitative interviewing, emotions and sensitive research

Later in this article we outline the detail of the research projects but, at this point it is suffice to say that both Jones and Murphy were undertaking exploratory research where they were interested in the lived experiences of bereaved parents (Jones, 2019; 2014; 2013). Consequently, we both used qualitative research methods with Jones (2010) taking a narrative inquiry (Etherington, 2004) using the voice relational method framework (Mauther and Doucet, 1998), while Murphy (2009) took a symbolic interactionist perspective using in-depth interviews and deployed grounded theory as a tool for analysis (Strauss and Corbin, 1988). Both studies received favourable ethical approval by their respective universities; Murphy also had ethical approval from her local NHS Ethics Committee.

Qualitative interviewing has, been accepted to involve a significant amount of emotional labour. This concept, put forward by Hochschild (1998), suggests that workers will manage their emotions in order to conform to workplace norms. As such, this has been a helpful concept for researchers in terms of managing emotions while interviewing. At first this attention was mostly with regard to the interviewee rather than the interviewer (Cylwik, 2001) and so the focus had been on ensuring that participants in research were not overly upset or traumatised by an interview. Cylwik has suggested, however, that this focus meant that, in some research, there was a tendency to fail "...to acknowledge the researcher as influential on the research process" (p.243). She has argued though that the researcher:

...should occupy a central position in the research process...emotions that are produced contextually and relationally can be used as a tool to reveal some of the researcher's own beliefs and assumptions (pp. 249-50).

Writing that same year, Hubbard et al. (2001) outlined three emotional dimensions of the research process. First, the emotional labour of a researcher; second, 'emotionally-sensed knowledge' - "...where emotion contributes towards understanding and knowledge" (p. 121); and third, the sociology of emotions which is the description of emotions that a participant exhibits. They pointed out that "[t]he emotions of the respondent, and also those of the researcher are likely to influence and inform our understandings of the topic under investigation" (p. 121). This was an important acknowledgement – the feelings brought to the research process are ones which influence how the data is collected, interpreted and analysed. We agree but also suggest that there is a potential for these emotions to influence the importance attached to one participant's experience over another's.

As Komaromy (2019) has more recently pointed out:

[n]o representation is unproblematic and ethnographic writing reflexively involves both a conscious attempt to reveal the writer's assumptions as well as recognizing the likelihood of an unconscious contribution made by the author of the text which can present itself through things such as focusing on data that connects with past experiences or an individualised style of writing up (p. 5).

Of interest for this paper is the notion of 'emotionally-sensed knowledge'. While they contrast this type of understanding with objective approaches, Hubbard et al. (2001) suggested that, while researching, it is "...appropriate to perceive...emotional and cognitive functioning as inseparable" (p. 126). So, while Strauss and Corbin (1998) might suggest that using grounded theory enables the researcher to

...achieve a certain degree of distance from the research materials and to represent them fairly; the ability to listen to the words of respondents and to give them a voice independent of that of the researcher (p.35)

we would argue that this is very difficult to do particularly with subjects which are highly emotive. However, as researchers, we are required, while feeling emotions, to not necessarily display them or, at the very least, to keep them in check as much as we can (Hochschild, 1998; Komaromy, 2019). This is an example of the emotional labour of the researcher – emotional management to improve the

experience of the participant in much the same way as Hochschild's flight attendants kept their feelings in check to enhance the experience of the passengers. However, when hearing people's stories of grief and bereavement, it is hard for the researcher to keep in check the feelings of sympathy and empathy which may emerge – the researcher is, after all, only human. Having said that, Goodrum and Keys (2007) maintained that, following some initial difficult emotions in their studies on murder and abortion respectively, they were able to develop a detachment during interviews that allowed them "...to continue with the data collection and preserve [their] mental health, while remaining compassionate to participants needs" (p. 256). Goodrum and Keys (2007) were, however, referring to the interviews themselves, but as others such as Ratnam (2019) have discovered that emotions aren't switched off at the same time as the recording device. There is the journey home, the possibly sleepless night mulling over the interview, the transcription and then the data analysis which might involve multiple re-readings. The constant re-rehearsing of the interview, in whatever form it takes, has the potential to repeatedly take the researchers back to the heightened emotions of the interview – perhaps even many years after the event. Here we argue that it is possible that such reliving of emotions might impact deleteriously on researchers over time but that also the experiencing of the emotions during the process might dictate which accounts are privileged over others. Moreover, for the researcher hearing stories which may be akin to their own experiences, these feelings may be even harder to keep in check. As the 'personal is political', often it has been the case that researchers who investigate pregnancy loss of any kind have experience of it themselves (see, for example, Layne, 2000; Letherby, 1993).

If we consider the concept of 'emotionally-sensed knowledge', at its heart is the idea that it is our emotions, as much as our other senses, that contribute to our understanding of the social world. Hubbard et al. (2001) documented emotions such as being upset, anger or an over-empathising with the participants as ones which are likely to contribute to particular interpretations of data. They advocated that qualitative researchers need to be mindful of emotions and discuss with their teams how they are feeling during the research but also the suggested that there was a need for researchers

to interrogate their own emotional responses to data. For example, if one asks oneself why a particular experience of a participant makes one angry, important insights into the complexity of social life or the concept under exploration may be garnered. They acknowledge the difficulty this can bring, however, for researchers who operate within the confines of "...an academic environment that, on the whole, trains researchers to be objective and 'extract out' emotion" (p. 135). This is despite the reflexive turn in the social sciences which allows for reflection and acknowledgment of the positionality of the researcher in the research process (Brewer, 2000).

Researchers such as Evans et al. (2017), who researched experiences of death in Senegal have also considered the idea of 'emotionally-sensed knowledge' using reflexivity. The research team was comprised of members from the United Kingdom and from Senegal – interviews were conducted in the local language and then translated into French and then into English. Noting the sensitive nature of the subject, the researchers adopted a 'contextual feminist ethics of care' which recognised that emotional labour would be used by both interviewee and interviewer. In opposition to Goodrum and Keys's (2007) emotional detachment, they found that listening repeatedly to stories of death had the capacity to "...have a significant emotional impact on researchers" (p. 590). Moreover, one team member "...found it more emotionally demanding to read and make sense of the written transcripts once back in the more comfortable surroundings of her home in the UK" (p. 591).

They have, therefore, recognised that emotions have 'epistemological significance' and that their emotional reactions to the data were bound up with individual biographies, that is, the points at which they were either 'insider' or 'outsider'. Indeed, when thinking about the impact of being an insider researching a sensitive topic, Hubbard et al (2001) have suggested that there is a danger inherent in over-emphasising where,

either the particular topic or the emotions it evokes in a respondent can result in a sharing of experiences which are so close to those of the researcher that the maintenance of any kind of professional detachment becomes extremely compromised (p. 129).

When it comes to death, we can possibly argue that everyone is an 'insider'. In documenting her experience of participant observation in cemeteries, Woodthorpe (2011) noted how she was often moved to tears and when she reached the analysis stage which she expected to be a time of 'remote scrutiny', she then revisited those feelings. Indeed, she questions whether any researcher would even *want* to detach themselves fully when researching death:

...the expectation that the researcher can disengage from their research topic may not only idealistic, but also unworkable. When doing research associated with death, arguably a complete scholarly detachment or a sense of critical distance is never fully feasible (p. 107).

Hubbard et al. (2001) suggested that a way forward to help deal with emotions during research is for the research team to be open with each other about the emotions experienced during the process and this is a suggestion taken up by Evans et al. (2017). However, one wonders where this might leave the doctoral student who might feel unable to open up to a supervisor due to issues of hierarchy and possibly a perceived need to retain the cloak of 'objectivity': a situation which both of us were in. Or, indeed, any research dynamic where power permeates the relationship, such as with early career researchers and those on fixed-term contracts. This could also especially be the case where researchers are also 'insiders' - again, the position of both authors of this paper. So, in common with Evans et al. (2017), we acknowledge the importance of 'emotionally-sensed knowledge' throughout the research project and recognise the importance of the researcher's biography in the production of these emotions. Later we document the emotions experienced during the two studies but before this we outline the methods used in both projects and how this paper came about.

Emotions and research into perinatal grief

The genesis of this article can be traced back to 2005 when we were put in contact with each other by one of Murphy's PhD supervisors. We were researching similar subjects at roughly the same time. We had separately realised that there was little research at the time on reproductive loss from a sociological perspective and both of us were keen to redress this. This came from an

acknowledgement that bereavement does not happen in a social vacuum: the experience is entirely social, with family, friends and healthcare professionals involved as well as societal discourses around pregnancy, motherhood, fatherhood and death that come to bear upon it. Both of us had also realised that also there had been little research on male experiences of loss – whether psychological or sociological – and this was a gap we were also both keen to partially fill throughout doctoral studies.

Study One by Jones

The study on *Parental Perspectives on Grief and Loss Following Stillbirth and Neonatal Death* analysed 27 bereaved parents' experiences by utilising a voice relational method framework (Mauthner and Doucet, 1998). This method represented a transfer of relational ontology into the methodology by considering parents' narratives in light of the relationships to people (friends, family and health professionals) and to the broader social, structural and cultural contexts (medicine, employment and discourse around pregnancy and birth) within which they live (Brown and Gilligan, 1993; Mauthner and Doucet, 1998). The research collected accounts of loss from parents who attended a monthly support group following the death of their baby, of which Jones was a member/facilitator. While the parents' focus was on memorialisation and being able to talk about their baby without fear of censure or judgement by others, parents expressed their sense of powerlessness about an event in which their grief was neither acknowledged nor recognised (Doka, 1985). Few parents had prior awareness that perinatal death was something that occurred, at that time, to other families (SANDS, 2010) and there was little available literature on other parents' experiences, particularly men's. Within the therapeutic literature, a psychological understanding of loss dominated and framed bereaved people's experiences, with scant attention given to any social or cultural context. Yet, bereaved parents in the support group commented that they felt deeply impacted by the responses of family, friends, employers, health professionals, and the health system in which the death of their baby took place. It was critical to analyse these experiences further and within a sociological framework as developed by Brown and Gilligan (1993) and later by Mauthner and Doucet (1998).

Interviews were conducted in couple pairs and individually to capture social accounts of loss and four focus groups were conducted to further develop the research schedule and interview. While I was keen to enlist as many men as possible to the study, the sample of men recruited in the end was not as many as I had anticipated but this is not unusual for researchers in this area (Armentrout, 2005). Ultimately the sample consisted of twenty women and seven men and, of these men and women, 13 had experienced a loss as a result of stillbirth, and 14 parents had experienced a neo-natal death.

Study Two: Murphy

The *Parenting the Stillborn* study was a grounded theory analysis of the experiences of the parents of 29 babies who were either stillborn or who died neo-natally in the United Kingdom (Murphy, 2009). While ostensibly the focus of the research was on stillbirth, the inclusion of parents bereaved by neonatal death was useful in terms of providing a small comparison group. The aim was to interview couples – both together and then separately – in order to understand the social aspects of bereavement by perinatal death. As such I was asking parents to tell me their stories and I would then explore particular areas of their experience which focused on the social and cultural aspects of their bereavement. As with many research projects, doctorates or not, the planned empirical research did not match the eventual research sample and so, in the event, I interviewed some couples but had more interviews with mothers whose partners were not interested in taking part. Like Jones I, too, had difficulty in recruiting men to the project so, when interviewing women, I included a line of enquiry that explored their partner's experiences. While this was secondary data, it was useful to collect as the mothers' perception of the fathers' feelings and behaviours would impact upon their own experiences.

It was interesting to note that, while I was undertaking the research and since, many people (academic as well as non-academic) told me that it was not a piece of research that they would be able to undertake themselves. I assumed it must be because that they would find it too emotionally upsetting

and therefore too traumatic for them to even contemplate – a sensitive research project for one researcher is possibly too sensitive to others.

In writing this paper, we have drawn on the extensive discussions we have had for the past decade or more. Each of us documented the emotions we encountered and, once we compared notes, found many similarities but were also surprised by some of the differences we found. The next section goes on to outline the emotions that saturated the process of researching perinatal loss for both researchers.

The emotions of perinatal bereavement research

When we consider sensitive research and the emotional impact it can have on both researcher and participants, the literature focuses on upsetting emotions such as sadness and depression but the range of emotions we experienced went beyond these. Since interviews were discussing loss, we anticipated that some interview questions would trigger painful emotions for the participants and we were both prepared for our own emotions to be affected by what we would hear. For example, some men and women became upset when describing their loss and how shocked and dismayed they were that their baby had died in the womb when everything had seemed fine; parents on the neo-natal ward who related saying goodbye to their baby; and occasions where some men got visibly upset when talking of designing a headstone for their baby. All the narratives we heard were incredibly moving and throughout our data collection, our attempts to regulate our own emotions and remain a 'professional distance' was an on-going challenge because our overriding ethic was of compassion: the need to be empathic and supportive towards a participant's distress. The remainder of this section begins by highlighting the areas of commonality which includes 'anxiety around interviewing', 'guilt', 'sadness', 'disbelief' and 'anger' before going on to note where there was divergence.

Anxiety around interviewing

Anxiety was an emotion that affected both of us and which was partly engendered by being novice researchers (as doctoral students) in addition to the sensitive nature of the subject. However, while the emotion was the same, often it appeared to have different root causes. For example, Jones would be concerned prior to interviews that parents would refuse to be interviewed concerned that she had put off a parent in initial discussions. While she had one parent who did refuse because they felt it was not the right time to share their experience, she did question whether or not it was her enthusiasm about giving parents a voice (albeit one that would be published anonymously) that had contributed to this parent withdrawing from the research. She was reassured by other parents that they wanted their story imparted to others through literature to raise awareness of the impact of their loss. Her second source of anxiety surfaced prior to interviews with couples. She feared that there would be disagreement between parents about how events unfolded or that there would be discord about how a story should be narrated. Murphy's anxiety was focused more on whether or not participant(s) would open up to her; whether her follow-up questions would be reasonable ones or would she miss obvious areas to explore which she would later regret. There was also anxiety around the impact that the interview(s) might have on the participants – would they become so emotionally upset that she had made a traumatic situation worse?

Guilt

For Jones, concern around making participants upset surfaced as guilt. She had experienced considerable concern about asking parents to share a story that would be traumatic to tell. Indeed, most parents did cry, and felt guilty about being an observer of their emotional pain – a very intimate emotion to display to a stranger. Similarly, Murphy would feel guilt when parents became upset and both, at this point, would sit awkwardly, not sure of what to say or to do. Similarly following the interview both of us would continue to wonder whether parents had felt supported during and after the interview, and whether or not we had said the right thing at the right time or whether we should

have said nothing at all. For both of us what we were asking parents to do was to tell us a story which could end with significant gain for ourselves – an academic qualification of some standing and thus enhance our career prospects. While ostensibly we could tell ourselves that our aim was to allow parents to be heard we were also aware that not everyone would consider the research as being entirely altruistic.

Sadness

We both felt sadness as each story was its own unique tragedy and being ‘insiders’ we both experienced a high level of identification with our interviewees’ experiences during the interviews. Following interviews, Jones felt it important to turn to her reflexive journal to record not only the impact of the interviews but also thoughts about disclosing an aspect of one’s own experience when invited to do so. She found that she carefully selected information to avoid becoming re-immersed in grief by not recalling upon in any great depth, some painful emotions associated with her own experience. This sadness continued on into the transcription of interviews and during data analysis due to the repeated reading of interviews, a method which was necessitated by employing the ‘voice centred relational method’ which meant reading and coding data at least four times to capture the way a parent narrates a story (Mauthner and Doucet, 1998). Reflexivity through use of the journal and in clinical supervision helped to ‘unpack’ her feelings associated with personal experience with those that belonged to participants’ narratives.

Murphy, however, while concerned about its potential impact on her emotional wellbeing, in the end seemed to be distant enough from her stillbirth (more than 10 years prior to the research) that she was not personally traumatised by the perpetual hearing of stories of loss, although she would not consider herself as achieving the level of remoteness that Goodrum and Keys (2007) described. That was not to say that she did not feel sad while interviewing – on more than one occasion during the interviews she was moved to tears. However, it was during the data analysis that feelings of sadness seemed to be stronger. There were two potential reasons for this: as with Jones, it could have been

the close analysis that prompted these feelings but, equally it could have been that, in the space of her own home the full import of the experiences was brought home to her. This was in common to the team member referred to earlier in the literature review where the emotion engendered from the interview was greater during analysis in the UK than during the interview in Senegal (Evans et al., 2017). During the interviews it seemed to Murphy that her brain worked on two levels: one part listening to the interviewee(s), the other formulating the next question. While she is far from being a psychologist, she would suggest that the brain working in this way can protect the researcher to some extent, at least during the interview itself. When analysing the data, full attention is paid to the data so this might be why the process of analysis can be more upsetting than the interview itself.

Disbelief

Perhaps surprisingly, both Jones and Murphy experienced feelings of disbelief towards their participants at times. Murphy occasionally doubted the veracity of parental accounts and wondered whether she was the victim of an elaborate hoax only to be relieved when parents would supply her the evidence of the loss in the form of photographs or mementoes of the baby. Quite where these suspicions came from she finds it difficult to ascertain although one or two parents did mention that people posed as bereaved parents on the internet to garner attention – would posing as bereaved for a research project be the next step for some people? Or the feelings of disbelief may have come from a childhood where the author was bullied and teased mercilessly at school – experiences that gave rise to general feelings of mistrust in the world around her.

Disbelief for Jones was in a different form where she felt incredulity while listening to parents' narrations. One concerned an interview with a parent who was dismissive of another bereaved mother who belonged to the same support group. She had assumed that the loss of a baby and shared membership of a group would bring about support and compassion for another bereaved parent: as a bereaved parent herself this was how she viewed membership of the group.

This posed a dilemma for Jones as she had interviewed this other bereaved mother yet was not able to disclose this during the interview due to ethics. Further reflection through clinical supervision, meant Jones then recognised that participant responses could be a form of projection that possibly came from feelings of guilt or inadequacy.

In another interview, a parent told Jones about a mother who had experienced a miscarriage at 17 weeks and who shared photographs of her baby soon after delivery. This parent had felt disgust at the images. Jones found this bewildering as such images validate parental experiences but she also had the sense of disbelief that a bereaved parent could be insensitive to the needs of another bereaved mother, especially knowing herself how insensitive responses can impact. While this was not something Murphy experienced particularly, she had heard anecdotal reports of factions within support groups – often divisions would be between those parents who had conceived through IVF and those who had fallen pregnant naturally.

Anger

Both of us experienced anger during our studies; thus we had to work hard to contain an outward emotional display of how we felt – a very real and conscious exertion of emotional labour. We heard accounts of comments and responses from others (friends, family, health professionals, and colleagues) which were deemed by our participants as insensitive and even callous. We both felt angered that parents had to endure not only the emotional pain of their loss but did not receive acknowledgement of the impact of the death on their lives and that their grief had been ‘disenfranchised grief’ (Doka, 1989). This triggered for Jones a memory of her own personal losses where she had had empathic interlocutors and how this had enraged her.

For Murphy there was a point where her anger was directed against a couple she interviewed who used forums in the wake of their loss. They mentioned a contributor to a babyloss forum that they followed. On here was an account from a woman who had a particular experience of loss that marked her out from other people. However, the particular nature of the loss meant that at times the details

she posted were inconsistent. The couple interviewed were angry about this, feeling that this inconsistency meant that this particular mother was lying. Murphy's anger was for two reasons. First, she was convinced she had also interviewed the forum contributor that they were referring to and knew that the account would be true. Second, she was angry at the ethics committee as, under their constraints, she felt unable to reveal that it was entirely possible that the account was true. Ethics then got in the way of being able to challenge some accounts and defend other participants from spurious claims.

Black humour

As noted earlier, there were some emotions experienced by one author but not the other. Murphy, for example, found participants had found a lot of black humour in their experiences which they shared with her: tears of sadness intermingled with tears of laughter during many of the interviews. It was interesting to see how, despite the tragic nature of their experience, a dark humour was drawn upon by parents who could still see the funny side to some aspects of what happened to them. Laughter, of course is well known to be a coping strategy and, while emotions ran high at points during the research, humour was also a way of deflecting it. For example, in one interview that Murphy conducted a participant revealed the joke name she had given to her son and giggled uncontrollably. Moreover, another couple were keen to recall the humour a midwife brought to their experience where he (sic) compared the mother's reproductive organs to a car engine. This serves to remind the researcher that, while ethical considerations might be paramount in researching sensitive subjects, individuals have the capability and the agency to utilise techniques that will dissipate difficult emotions, whether it is through changing the subject; the use of gallows humour or irony. As one participant put it:

You know you have to trust these people with your lives and the lives of your prospective children and they didn't deliver ... literally.

Shame

Due to her work as a counsellor, Jones felt a sense of shame. She heard many accounts from parents who had sought counselling for their grief. While most who did so benefitted from it, one parent felt that she had not done so. When she recounted to the counsellor her relationship difficulties, the mother felt resentment when she was informed by the counsellor that she just had to accept things. Jones felt a sense of professional shame: as a trained therapist herself, she had supported many bereaved parents, and felt strongly the counsellor could have better supported this participant.

Other feelings: relief, responsibility, gratitude and happiness

Other feelings referred to by Jones included *relief*, *responsibility* and *gratitude*. Stories were at times difficult to listen to and to tell. For this reason, she offered parents the opportunity to have a copy of the transcript and some parents took up this offer. Her sense of relief was apparent when parents encouraged her to publish these stories. This relief was felt alongside her sense of gratitude that despite their loss, they shared their stories willingly. She felt a responsibility to get these stories out and was duty bound to ensure that professionals and others heard about the impact on bereaved parents (Jones, 2019, 2014; 2013). This was also the case for Murphy (Murphy, 2019; 2013a; 2013b; 2012; Murphy & Thomas, 2019).

Finally, it is worth noting the *happiness* that Murphy felt during the research as some of the women she spoke to were expecting a subsequent child and, without exception, she would later be emailed with news and photos of a new arrival. She always welcomed those emails which counter-balanced the negativity of the interviews.

Emotions after the interviews

For both Jones and Murphy the range of emotions did not just start and finish with the interview process but were experienced during the transcribing and analysing of the data too: emotions came

back to haunt both of us. They were also present in what we term 'the spaces between'. These are the times before the interview and afterwards as we would travel home (for Murphy this was often by car which made her wonder now how safe she might have been driving home). Going to sleep that same night and waking up the next morning were also points at which the emotions might return. Discussion of the interviews with supervisors or during conference presentations would also spark emotions too – in particular anger. For example, Murphy relates mentioning to someone that she knew (anecdotally) of some parents who took their stillborn baby out for a walk in its pram. Rather than an expression of interest, she encountered anger from the person who said "God, some people just take it too bloody far!" This example also highlights how it is unpredictable to know when these different emotions will come to the fore.

When analysing data both Murphy and Jones continued to experience similar emotions to those experienced during the fieldwork. Jones, for example, would rankle every time she read the comment from the couple describing another participant as a liar; she would continue to feel guilty at the very personal nature of the information parents were giving her and to feel anger at the insensitive words of a health professional or friend; and with some of the interviews, both of us would continue to look for signs she was being hoaxed. Some interviews would distress Jones more since the accounts were expressed with a great deal of emotion and again a sense of guilt would pervade her thoughts. Even at writing this article, as she engages with the data many year later, her sense of disbelief at the lack of compassion expressed by one bereaved parent for another and the anger she had felt towards insensitive comments remains as present now as it was at the time.

As mentioned earlier, Murphy used grounded theory which meant that when an interview had been transcribed, she would revisit it – more than once – to break the data up into codes and categories. While she had no concerns that the research distressed her or had a negative impact, there is one thing worth mentioning which is relevant. Following the interviews, and up to this day, Murohy can read one of the interviews or recall a comment that was said to her, and she can see herself straight

back in that participant's home. She can hear their voice and see the room clearly. She can remember the visceral feel of the sofa or chair that she sat on, the bodily reactions to the account of their experiences. As she sits and write this now, a decade later, such flashbacks almost feel like she has at least one symptom of post-traumatic stress disorder (PTSD) (NHS, online, undated).

Emotions, objectivity and research

For these studies, our research encounters were an embodied experience that required emotional labour of which one aspect was the management of emotions. What do we mean by this? For Hochschild (1998:9) emotional management is "... an effort by any means, conscious or not, to change one's feeling or emotion."

Part of the emotion work that we engaged in while undertaking our qualitative research was to manage our own internal feelings with outward displays of emotion. This meant that we had to consciously manage and reflect upon our embodied experience. During some interviews we found ourselves displaying emotions that were at odds with how we felt: while this might be the professional way to behave, is it an honest one? But when respondents discussed other bereaved parents in a hostile or derogatory way which evoked anger or disbelief in each of us as researchers, we had to contain it in order to stay within the ethical requirements of our research. Instead, we found ourselves merely nodding as if in understanding, rather than showing our horror or disgust at a point when we really wanted to challenge a respondent's account. In writing up experiences we then needed to be careful that some participants who had made us angry (or who we might have disbelieved) were not overlooked in the presentation of our data. Was it more likely that we favoured the quotes of some participants over others? For both of us, undoubtedly. Moreover, some participants were incredibly articulate and explained their experiences and feelings so well that it was too easy to rely on them. But it is probable too, that the emotions engendered by some parents, made them more likely to be drawn upon when writing up. The greater levels of empathy with some parents may also have resulted in their accounts being over-emphasised at the cost of others.

If we appeared detached in some research encounters, this was both to retain a professional distancing as well as to protect ourselves. Indeed, some of the difficulties we encountered in conducting research with bereaved parents was attributable to us constantly having to manage emotions in the field. As Schaffir et al. (1980: iv) note:

[t]he intensity of the field work process typically accompanied by a psychological anxiety result[s] in a continuous presentation and management of self when in the process of those being studied.

Indeed, the constant management of self in our research was prevalent during interviews where there was a high degree of emotion expressed by participants.

However, the emotional impact of conducting the interviews did not simply stop when it ended. The sense of sadness which prevailed felt overwhelming at times, triggering as it did, for Jones, her own sense of hopelessness and bereavement responses following her own previous loss. We would agree with Visser (2013) that researchers need to be warned of the emotional impact of interviewing but it strikes us that it should be highlighted that this warning should be extended to every stage of the research project and that the management of emotions should be built into the study design whether this is to use a research journal or the use of clinical supervision. While it might be that colleagues on research teams have colleagues happy to talk over the emotionality of interviewing as a support mechanism, the lone researcher – such as a doctoral student - is more isolated and this needs to be acknowledged with measures being available to support lone researchers where necessary.

Data analysis and emotionally-sensed knowledge

So what of emotionally-sensed knowledge? That we were impacted to some degree by these encounters is in no doubt, but what of the data? When presenting qualitative research findings we are, by necessity, partial in the sense that we have to make choices about which data we use to demonstrate a point and what is left in the transcripts. This is not merely an intellectual decision but might also be an emotional one. To take the example of anger, where we are presented with data

from participants which makes us react emotionally more than others we are more likely to use those ones than others in order to inspire anger and empathy in our readers. This is especially the case when our research is disseminated to health professionals as we are hoping to inspire action for change. We are then at risk of privileging some accounts over others. At the other extreme, what are we likely to do when presented with an account which means we are angry at the participants themselves? It may mean that we are less likely to use such an account and therefore that participant's experience is discounted. Certainly in terms of empathizing with the woman who lost two babies in one pregnancy, Murphy was at risk of not valuing so much the account of the couple who thought that that woman was lying. For Jones perhaps her anger at the woman who was unsympathetic to someone who had had a similar loss might mean she would discount other things the woman was saying. In both scenarios, there is the danger that in under-valuing accounts due to our emotions we may miss valuable research data. Indeed, while Hubbard et al. (2001) suggest that there is a danger in over-empathising with participants, perhaps we can be at risk of under-emphasizing with them too – a concern that is not often raised when considering issues of empathy in qualitative research.

To that end, our experience highlights the importance that, as qualitative researchers, we need to pay full attention to the emotions our data gives rise to, not only to be aware of our subjectivities but also to counter the risk of bias against individual participants whose stories might not fit what we would expect or, indeed, would like to hear.

Conclusion

We have outlined in this article the emotions that we both experienced while undertaking research with parents around perinatal death. As documented these emotions were not limited to sadness but ranged from humour and happiness through to anger and guilt. When researching such subjects it is important for researchers to exercise reflexivity and be aware of their emotions throughout the process – from study design through to data analysis and preparing the final report. To that end drawing on concepts such as 'emotionally-sensed knowledge' can give useful insights around how

decisions are made about data analysis and to avoid privileging some accounts over others. Indeed, it can be useful to see how emotions can lead us to under-empathise with participants where, very often, we are at pains not to over-empathise with them.

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