

Men's Experience of Stillbirth: Gender identities, fathering and the social mediation of male grief

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I hereby certify that the work embodied in this thesis is the result of original research and has not been submitted for a degree to any other University or Institution.

Signed:

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Table of Contents

ACKNOWLEDGEMENTS	3
ABSTRACT	5
CHAPTER 1 INTRODUCTION	7
RATIONALE	8
AIM AND RESEARCH QUESTIONS.....	8
CHAPTER 2 LITERATURE REVIEW	9
INTRODUCTION.....	9
PREGNANCY LOSS AND 'ROLES'	9
THE SOCIO-CULTURAL MEDIATION OF GRIEF	12
GENDER AND THE MULTIPLICITY OF MASCULINITIES.....	13
CONCLUSION	14
CHAPTER 3 METHODOLOGY AND RESEARCH DESIGN	16
INTRODUCTION.....	16
RECRUITMENT	17
THE SAMPLE	18
THE INTERVIEWS.....	18
DATA ANALYSIS	20
REFLEXIVE ANALYSIS OF THE INTERVIEW DYNAMIC AND RESULTANT DATA	20
ETHICAL IMPLICATIONS	22
CHAPTER 4 THE STILLBIRTH EXPERIENCE	23
INTRODUCTION.....	23
THE MEDIATION OF FATHERHOOD DURING PREGNANCY	24
FATHERING AFTER STILLBIRTH	28
CONCLUSION	35
CHAPTER 5 THE GENDERED AND RELATIONAL EXPERIENCES OF GRIEF.....	37
INTRODUCTION.....	37
'FALLING APART' AND 'KEEPING IT TOGETHER'	38
RATIONALITY AND MASCULINITY	41
ANGER AND RELEASE.....	43
BEING FORGOTTEN AND THE 'SUPPORTIVE' MALE ROLE	44
CONCLUSION	46
CHAPTER 6 DISCUSSION AND CONCLUSION	47
DISCUSSION	47
CONCLUSION	48
REFERENCES	50
APPENDIX A RECRUITMENT POSTER	55
APPENDIX B INFORMATION STATEMENT	57
APPENDIX C INTERVIEW SCHEDULE.....	61
APPENDIX D INFORMED CONSENT	63

Abstract

Research within the social sciences examining experiences of stillbirth has consistently focused on women's perspectives, while men's perspectives and experiences have received little attention. The limited research available has illustrated the need to incorporate men's perspectives to gain a better understanding of the gendered character of stillbirth. Biologically determined sex role theories have significantly influenced previous research agenda, shaping, in turn, cultural beliefs around men's experience of pregnancy loss and the importance and validity of male expression of grief. However, contemporary approaches to gender research focus on the negotiation of identities and multiplicity in masculine and feminine identities. Such theorisations of the social construction of gender and grief provide the conceptual frame for the study presented here. The study is based on a series of qualitative semi-structured interviews with 12 Australian men who had experienced stillbirth. Their accounts begin to reveal the ways in which some men identify as fathers to their unborn and stillborn child and how they develop dynamic and ongoing relationships with their child post stillbirth. The results show that demonstrating masculinities in fathering and grief is complex and negotiated territory, in which masculinities are constructed and enacted in gendered relational contexts.

I think as a father, which I like to consider myself to be..... [Sam]

Chapter 1

Introduction

Australian and international research on stillbirth consistently focuses on women's experience (e.g. Cacciatore and Bushfield, 2007; St John, Cooke and Goopy, 2006) while men's experiences have received little attention. The majority of academic research on stillbirth has been generated from within a nursing or biomedical worldview, with focus on aspects of care and medical reasons for stillbirth (e.g. Kidron, Bernheim and Aviram, 2009; Stephansson, Dickman, Johansson and Cnattingius, 2001). Few sociological explorations into men's experience of stillbirth are available. As McCreight (2004:326) indicates, "the impact of pregnancy loss on male partners has been largely overlooked in academic research", resulting in a significant gap in our understanding of the stillbirth experience.

A review of social science academic literature over the last two decades indicates a largely psychological-driven approach to understanding pregnancy loss, with predominant focus on measuring and quantifying grief experiences (e.g. Turton, Badenhorst, Hughes, Ward, Riches and White, 2006). While valuable in terms of outlining the need for greater social support for women and families, these studies have perhaps inadvertently contributed to, or indeed validated, broader socio-cultural comparisons of men's and women's experience of pregnancy loss (see Puddifoot and Johnson, 1999). This has reified the idea that women's experience of stillbirth is generally more intense or of greater 'significance' than men's (see McCreight, 2004). Within this literature, high emphasis is also placed on men engaging in supportive, rather than expressive roles, often involving the suppression of feelings and emotions following pregnancy loss. Biologically-determined sex role theories have largely influenced research regarding men's experience of their female partner's pregnancy loss and men's experience and expression of grief (see Versalle and McDowell, 2004-2005). Contemporary approaches to gender research have critiqued sex role theory and the subsequent stereotyping of men and women, rather, focusing on the negotiation of identities and multiplicity in masculine identities (see Connell and Messerschmidt, 2005; Courtenay, 2009).

Rationale

This study explores how a group of Australian men experience fathering and how they negotiate their expressions of grief (their own and their partners) following the stillbirth of their child. This project will expand on the limited international research currently available on the gendered experiences of stillbirth. Thus far, no research has been done in the Australian context focusing on men's experiences. Moreover, rationale for the project extends from the fact that there is little sociologically-informed qualitative research in this area extending beyond biomedical or psychological understandings of grief and trauma. It is imperative then, that men's experiences are documented to complement existing work in contemporary masculinities studies and dying, death and bereavement research. While still recognising the critical importance of women's experiences of stillbirth, this research is necessary to give voice and recognition to men's experiences of grief and loss, thus far, a largely unacknowledged facet of this form of bereavement. This may, in turn, lead to the development of greater support services for men – services that can be situated within an understanding of what it means for men to lose an unborn child; not merely as an extension of female grief.

Aim and Research Questions

The aim of this study is to gain a clearer understanding of Australian men's experiences of the stillbirth of their child. The project was guided by the following key research questions:

- What are men's lived experiences of stillbirth and how do they construct themselves in the context of their unborn and then stillborn child (i.e. as fathers or as fathering)?
- How do men of stillborn children experience and express grief and to what extent can this be considered a gendered and relational experience?

Chapter 2

Literature Review

Introduction

A review of academic literature on stillbirth from the last two decades reveals a continued interest in the experience of stillbirth from women's perspectives. There is a large corpus of literature detailing the impact of pregnancy loss for women, (e.g. Cecil and Leslie, 1993; Layne, 1990, 1997; Letheby, 1993; Madden, 1994 and Rajan, 1994). Yet, international academic research describing men's experience of stillbirth is limited (McCreight, 2004:326) and in Australia no sociological informed research has hitherto been published. The fact that men's experience of stillbirth is relatively unknown is the premise of this study. Accordingly, this review of academic literature in the area has also included various forms of pregnancy loss including miscarriage¹, stillbirth² and perinatal loss³ from the perspective of both men and women.

Pregnancy Loss and 'Roles'

A quantitative psychological approach has regularly been used for 'measuring' an individual's ability to cope and the extent of their grief experience. The Perinatal Grief Scale is a psychological assessment used to gauge the 'levels' of grief following pregnancy loss, incorporating grief subscale items such as "active grief", "difficulty coping" and "despair" (Toedter, Lasker, Alhadeff, 1988). The Perinatal Grief Scale has been used predominantly to measure women's grief, however studies attempting to compare women and men's grief following pregnancy loss are also prevalent. One such study (Stinson, Lasker, Lohmann and

¹ In Australia miscarriage is defined as the death of a child within the first 20 weeks of pregnancy (NSW Department of Health, 2009:5).

² In Australia stillbirth is defined as the death of a child during pregnancy or at the time of birth, from 20 weeks or more of pregnancy or weighing 400 grams at birth and does not present any evidence of life, for example breathing or a heartbeat (NSW Health, 2007:1 and Australian and New Zealand Stillbirth Alliance, 2008).

³ A perinatal death is defined as a stillbirth or the death of a child within the first 28 days of life (NSW Department of Health, 2007:15).

Toedter, 1992) compared the so-called 'parental grief' of 56 couples using the Perinatal Grief Scale. The women in the study scored significantly higher than men across all the grief measurements. Stinson et al (1992) argued that men's lower scoring is a response to American cultural norms that encourage internalising of emotions, rather than open expression. However, another study (Puddifoot and Johnson, 1999) using the Perinatal Grief Scale, contradicts the aforementioned study (Stinson, et al, 1992) finding some men's grief is, unsurprisingly, not dissimilar to grief experienced by women who have miscarried. The study found characteristic differences in how men and women cope with grief following miscarriage, with men showing less immediate grief but higher levels of delayed effects of grief, specifically regarding two of the three measurements, feelings of "despair" and "difficulty coping" (Puddifoot and Johnson, 1999). While the Perinatal Grief Scale is worthwhile in providing a broad indication as to the willingness to express grief, the actual experience of grief and men's capacity to articulate this, is rather more complex. Moreover, documenting such experiences requires, it is argued here, use of an interpretivist approach to data collection.

Other research on men and women's experience of pregnancy loss has emphasised how grief and expressions of trauma are situated within a gendered form of relationality – that some men may 'sacrifice', or indeed internalise their grief and pain to support, protect and 'be strong' for their partner (Murphy 1998:329, O'Leary and Thorwick 2006:78, Puddifoot and Johnson 1997:839, Samuelsson, Radestad and Segesten 2001:125). Such acts are firmly situated within a wider context of the 'male role' and cultural expectations encouraging men to perform normative and stoical forms of masculinity (Versalle and McDowell, 2004-2005). Indeed, a qualitative study in Sweden by Samuelsson et al (2001:127) suggests that some men may feel there is 'a job to do' in supporting their female partner. These 'jobs' include taking on the burden of advising relatives of the stillbirth and preparing for the return home without their child, thus relieving the woman of this role (Samuelsson et al, 2001:127). While some men engage in such 'jobs' to protect and support their partner, Puddifoot and Johnson's (1997) study of UK men, suggests that men experience a "double bind" situation, whereby they suppress their feelings of grief and do not talk, so as to reduce distress for the female partner (Puddifoot and Johnson, 1997:840). This is indeed self-fulfilling, in that, men may, in turn, be viewed as 'less caring' or are less impacted on by the experience. This "double bind", as Puddifoot and Johnson (1997) call it, exemplifies the complexity of emotions surrounding loss and grief, and indeed, the kinds of gendered character of behaviours considered socially and personally appropriate. The dynamic, as indicated, is self-perpetuating; in order to fulfil a

masculine role some men are not expressive, minimising recognition of male grief and justifying a focus on women in terms of support interventions.

Recent qualitative research in America by O'Leary and Thorwick (2006) found that some men encounter the expectation of societal pressure to "be strong" for their partners, silencing their anxiety, stress and grief to "protect" the female partner. It is worth noting, that such relational activities also protect elements of the male identity, that is, from perception of weakness or penetrability. However, this 'role', it is argued here, serves neither the interest of the individual male nor their partner in terms of enabling expression of grief or indeed feeling able to ask for help. Indeed, O'Leary and Thorwick (2006) argue that some men are deterred from accessing support services that may support them at the time of pregnancy and at postperinatal loss. While the aforementioned research was focused on health practice, it is significant in acknowledging men's supportive approach of their female partners, and as I argue in this thesis, is important in recognising their experiences of grief

The importance of recognising and accommodating men's experiences of loss and subsequent grief has certainly been emphasised within the academic literature, despite the lack of studies actually documenting it. Of the few studies of men's experience following pregnancy loss, qualitative research by McCreight (2004) and Murphy (1998) aimed to further examine men's experience beyond merely playing the 'supportive role' for their female partner. The research carried out by Murphy (1998) in the UK documented men's experience of miscarriage and explored the men's feelings, loss, gender differences in grief, coping and care provision. Murphy's (1998) study examined men's perception of loss, not only of the pregnancy, but of fathering and family. These research findings identify and emphasise the need to explore beyond the 'roles' of men being a supportive partner, to examining the lived experience of men's loss, grief, emotional expression and identity as men and as fathers. In a similar way, McCreight's (2004) research in Northern Ireland indicates that the perception and expectation that men *only* assume a support role discounts men's real life experiences and the meanings attached to the loss of their child. Taking a narrative approach, this study examined the socio-technological shaping of fathering, via ultrasound imagery, that provides a scene for men to bond with their unborn child (McCreight, 2004:334-335). The imagery then becomes the focus for visualisation and emotional feeling for men to attach to their unborn child. This, as we shall see, becomes an important theme in accounts of the men interviewed for the current study. The results of these studies by Murphy (1998) and McCreight (2004) indicate the

importance of research exploring the loss of a fathering identity (developed during pregnancy) and grief resulting from the failure to fulfil that role.

The Socio-cultural Mediation of Grief

Related to the aforementioned support roles adopted by men to protect their partners following pregnancy loss, roles assumed and experienced within and around grief are also emphasised in academic literature. For example, Littlewood's (1992) study of adult grief examines the work of Lily Pincus, which describes three status positions following bereavement; the "chief mourner", "helpers" and "honorary experts". Littlewood (1992:104-105) suggests the position of "chief mourner" is generally taken on by a person who has the closest social relationship to the deceased. A considerable amount of support is afforded the "chief mourner" until the position is gradually withdrawn as issues of greater importance, other than the death, take priority (Littlewood, 1992). "Helpers", on the other hand, have higher obligations in the provision and channelling of support towards the "chief mourner". "Helpers" view themselves as givers rather than receivers of support. Littlewood (1992) suggests that for "helpers", general cultural demands discourage social expression of grief, and as such, their grief often goes unacknowledged. Thus, in facilitating the "chief mourners" grief, the "helper" may deny their own. Helper's also tend to doubt the depth of grief experienced by the "chief mourner", which Littlewood (1992:106) attributes to the "helper" experiencing somewhat high and often unacknowledged levels of grief. Like the researchers in the aforementioned studies, Littlewood (1992:145-146) provides a gendered analysis of how fathers cope following loss, suggesting many men engage with the role of "helper" by being strong, suppressing demonstrations of sadness, keeping busy and increasing workload to cope with loss. While somewhat simplistic, in that, such typologies may wax and wane over time and even be blurred in practice, such distinctions do provide a frame through which to understand the gendered relationality of grief.

Another way in which 'grief roles' may be defined is through formalised support and counselling services. Howarth (2007:196) argues that historically, professional services have been firmly entrenched in the realm of psychology and psychiatry. She argues that the prescriptive professional practices engaged by psychology and psychiatry operate under the basic assumption that the bereaved are to be "reassimilated" back into social life (Howarth, 2007:197). Howarth (2007) suggests that this understanding of grief emphasises what is

deemed “normal” versus “pathological”, relying on the biomedical model and the assumption that experiences of grief are universal or non-differentiated. She explores the concept of “grief work” devised by Eric Lindemann in 1944 that promoted the processing of grief by “working through loss” (Howarth, 2007:197). Grief Work set about pathologising individuals as either “normal” or “morbid” and set a scene for the development of stage theories that required the bereaved to move through phases or stages to achieve a ‘successful’ outcome. Howarth (2007:196) emphasises these accounts provide little contribution to social explanations of grief and the ways in which journeys through grief and grief processes are situated within cultural beliefs and social structures, including class and gender.

Alternately, rather than a biomedical model that prescribes ‘working through loss’ or being ‘reassimilated back into social life’, other grief support roles are emerging that are increasingly dynamic and fluid. Kellehear (2007:73) suggests the bereaved may develop a continuing relationship with the deceased. Indeed, research by Howarth (2000) argues boundaries of the grief support role are increasingly blurring, suggesting the bereaved maintain contact and interact with the dead via memory, reflection, talk and dreams so that the dead are not actually ‘dead’. This depiction that the bereaved engage with the dead, challenges portrayals of grief roles and indicates an interesting shift from ‘roles’ that only relate to the living. The research findings of Kellehear (2007) and Howarth (2007) indicate the emphasis that has been placed on ‘roles’. These authors have emphasised the deficiencies in the sex roles approach to grief that does not incorporate social structure *and* individual agency within an analysis. This analysis is relevant in how men perceive and maintain their gender identity and what it is to be ‘masculine’ in their grief.

Gender and the Multiplicity of Masculinities

Contemporary work on gender and masculinities, particularly that within the New Men's Health (see Broom and Tovey, 2009), has highlighted the struggle and tensions encountered by men when negotiating cultural expectations and beliefs around masculinity. As Courtenay (2000b:12) argues from a social constructionist perspective, men are not merely “passive victims” of social or cultural conditioning or socially ascribed roles, but are active agents in constructing and reconstructing masculinities. Thus, ‘masculinities’ cannot be bounded or represented by a single determinant, but rather, masculinities are complex, varying and are

constantly negotiated and renegotiated through practiced social actions, which may vary according to time, place and social setting (Connell and Messerschmidt, 2005:835-836).

Moreover, men seek to distinguish and define themselves from women and 'feminine' characteristics (Courtenay, 2009:14). Courtenay's (2009) research on men's health suggests men reject health practices, rather, enacting hegemonic masculinity by demonstrating themselves as more powerful, efficient and superior compared to the vulnerable and health seeking 'feminine' woman. Furthermore, Courtenay (2009:21) suggests not only do men construct masculinity in relation to women and other men but also to social structures, such as media, government and corporate industries. In this way, Messerschmidt (1993) suggests men seek alternate resources to construct gender and validate masculinity so that other masculinities may be enacted such as, marginalised, subordinate, resistant or complicit masculinities (Courtenay, 2009:19). Poynting, Noble and Tabar's (2003) research on protest masculinity and Lebanese youth highlights how class and race relations intersect and interplays with masculinities, so that gender embodies a "claim to power" (Connell and Messerschmidt, 2005:848) constructed from economic and structural marginalisation and subordination.

In summary, masculinities are viewed here as dynamic, overlapping and intersecting in a continual process of representation and contestation. I argue in this thesis that the multiplicity of masculinities and the influence of cultural codes on masculine identity, plays an important role in men' experience of stillbirth, research which hitherto, has been unexplored.

Conclusion

This review of literature on pregnancy loss, fathering, masculinity and grief, has illustrated the strong and consistent focus on women's perspectives, and the relatively little attention given to men; none in the Australian context. While several studies have taken a psychological approach to measuring 'grief experiences', these studies have tended to reify the distinctions between the male and female experience, building on and perpetuating a general assumption that women's experience is greater or at least more critical than men's. It should be emphasised that understanding and documenting women's experiences is critical, and indeed, women's experiences contain certain elements, such as forms of physical pain and bodily distress that are not necessarily part of men's experiences. Yet, as illustrated in the following

chapters, men do experience trauma and a relational form of fatherhood grief; a hitherto unexplored area.

Furthermore, the academic literature on pregnancy loss, grief and gender highlights differing theories regarding roles and how, or if, men take on certain roles within the bereavement process. Indeed, the following chapters tracing men's lived experiences of stillbirth illustrates a more complex process of grief and loss, requiring the negotiation and navigation of gender and masculine identities.

Chapter 3

Methodology and Research Design

Introduction

I have given considerable thought to the most appropriate methodology for this study and a qualitative methodology was chosen for several reasons. First, the area is under-researched, and, as a consequence, relatively little is known about the study's research questions. An exploratory and flexible approach is particularly appropriate in these circumstances (Bryman and Burgess, 1994). Secondly, the study is exploring contingent and complex issues; the inherently multi-faceted questions do not lend themselves to narrow quantification or a rigid approach. Qualitative methods require a specific form of methodological rigour. Full account of issues relating to reliability, validity and generalisability (Mays and Pope, 1995; Schofield, 1994) has been taken in the design of this study. The qualitative research methods chosen for this study provide an opportunity to understand social phenomena, via detailed accounts from the research participants, without the application of quantification and measurement (Abercrombie, Hill and Turner, 2000:284, Payne and Payne, 2006:175). The methodology for the research draws on a broad interpretive and constructivist approach of qualitative research, focusing on how individuals interpret the world and "make sense of the world around them" (Bryman, 2001:13, 14, 18). The focus here is on the researcher interpreting the meanings of individual's experiences and actions, constructing a view of social 'reality' from the participant's perspective (Bryman, 2001:14; Leedy, 1997:161). A key technique within an interpretive approach is developing theory from the data (Bryman, 2001:390). This approach enables the data collection and analysis to evolve at the same time, so that as data is collected it is also interpreted and coded for analysis (Bryman, 2001:390-391). Broadly, within this project I have taken a constructivist framework (Bryman, 2001:18) whereby I view social life as continually being produced and revised by human belief, words and actions; that is, the social world is continually worked at (and reworked) by individuals and meaning is then constructed within and through social interaction (Bryman, 2001:17-18).

Recruitment

Accessing men to talk about a sensitive issue such as stillbirth requires a certain approach to recruitment. Given the reluctance and problematic nature of recruiting men to discuss pregnancy loss noted in other studies (see McCreight, 2004; Murphy, 1998) it was decided a combination of purposive and snowball sampling would be used to recruit research participants. For this study, purposeful sampling provided opportunity to record the lived experience of the specific target population and was chosen to increase the usefulness of information from knowledgeable participants, while a modified snowball sample allowed interviewed participants to act as informants to identify other males within the population specified (Leedy, 1997:162; Robson, 2002:265, 266).

On acquisition of ethics approval, posters (Appendix A) inviting men to participate in the study were placed on University of Newcastle noticeboards and in libraries, community centres, pharmacies and shops throughout the Hunter Region of NSW. The Hunter Region comprises the major towns of Merriwa, Scone, Muswellbrook, Singleton, Dungog, Cessnock, Maitland, Newcastle and Lake Macquarie districts.

Using brief statements from the ethics approved Information Statement (Appendix B) to describe the study and invite participants, an email was circulated to various community service organisations encouraging them to forward the email onwards as an electronic 'word of mouth' or circular. A maternity organisation, a parenting website, a religious magazine and stillbirth support and research organisations were contacted by email and provided a brief description of the study. Further contact via email or telephone engaged organisational support, resulting in a summary and contact details of the study placed in online forums, magazines, newsletters and on websites.

All promotional materials referred to the study website (www.stillbirth.nc.com.au) which provided brief study information, a downloadable Information Statement and contact information of the researcher and project supervisor. The website was provided as an intermediate measure where people could view more information about the study before telephoning the researcher directly.

Assessing the limited recruitment response from the Hunter Region the sample area was increased to incorporate Sydney. Overall, twelve men were recruited to the study. Nine men responded to information provided by support and research organisation newsletters, with three men responding to poster advertising, the email circular and an online forum.

The Sample

Overall, fifteen men offered to participate in the study and twelve were interviewed over the six month recruitment period. Three men who offered to participate were not included in the study, having contacted the researcher after recruitment had closed. The sample comprised seven men from Sydney and five men from Newcastle. The ages of the men ranged from 28 to 54; one had no living children. One of the twelve men interviewed had experienced stillbirth twenty years prior and the remaining eleven men had experienced stillbirth within the last six months to three years.

Depending on the initial communication from the men, further information about the study was provided via email or telephone and the men were encouraged to view the research website for verification of the study. Sample design was not intended to be representative of all men who have experienced stillbirth; rather the purpose was to obtain a sample, within a restricted time period, to begin to explore the lived experience of stillbirth from a male perspective. While not representative of all Australian men, it would seem likely that many of the themes emerging in the following chapters may resonate with experiences of men in other contexts and locations and help enhance our understanding of wider issues. All the respondents were over 18 years of age and were English language speakers.

The Interviews

As suggested above, qualitative semi-structured interviews provide an opportunity to focus on meanings of specific phenomena (Robson, 2002:271). The interviewer worked from an initial interview schedule, (Appendix C) which provided guidance but also flexibility and adaptability with regard to phrasing of questions, adding or omitting questions, and probing and seeking elaboration of answers (Payne and Payne, 2006: 131; Robson, 2002:272). The interview schedule was adapted for subsequent interviews and the actual questions asked within each interview were adapted to the individual circumstances of the interviewee.

The study addressed very sensitive issues and thus the following strategies were implemented to generate trust with research participants; interviews were arranged in locations convenient, private and comfortable; time was provided before the interview to discuss the project and answer any questions the participant had regarding informed consent, confidentiality of data and anonymity; voluntary participation and free withdrawal from the study at any time was also outlined; time was also provided at the conclusion of the interview if the participant wanted to ask questions and a summary of the research findings was offered to interested participants.

The interviews lasted for between 45 minutes and 2.5 hours, with nine participants opting to be interviewed in their homes and three participants in their workplace. The home or workplace, in each case, was considered convenient, private and comfortable for the participant and assisted in developing trust and rapport between the participant and interviewer. The interviews were conducted by Shari Bonnette, and the questions were adapted, added or omitted as required and probing questions were used to seek elaboration (Payne and Payne, 2006:131; Robson, 2002:272). With consent of participants the interviews were digitally recorded and later transcribed.

The interview began with an open-ended question "Can you tell me about the stillbirth experience and what it was like for you?" and proceeded based on each participant's response. This initial question was sufficiently broad but representative of the research and provided foundation for participants to speak freely (DiCicco-Bloom and Crabtree, 2006:316). This allowed participants to follow their own interest and intimate knowledge of stillbirth, which proved very productive (Johnson, 2002:103-119). The relationship between the men and their child during pregnancy, stillbirth and at the present time was an emerging theme, as was the experience and expression of grief and response and support of family, friends, work associates and other support networks following stillbirth. Religion and spirituality was also a theme that emerged during the initial interviews. Future interviews were modified with a question on religion and spirituality presented at the end of the interview, unless the participant had previously addressed this theme. Space prevents exploration of religion and support networks within the thesis, however, men's relationship with their child and their grief experience will be examined.

Data Analysis

Recorded interviews were transcribed verbatim and initial analysis began by reading the interview transcripts. The three phases of qualitative analysis outlined by Charmaz (2009) was applied to analyse the data. The first phase of qualitative coding included categorising sections of data and allocating a code that was representative of the data (Charmaz, 2009:43). This included reading transcripts and writing relevant codes in the margins of the transcript. New codes were added, as required, as further transcripts were read. The second phase of focused coding includes moving between interviews and making comparisons of particular experiences. This included selecting the most significant codes in all the interview data and integrating alike coded data, from all the interviews into one electronic document. The third phase of analysis, axial coding, included identifying relationships between coded categories, linking themes that had emerged during the previous coding phases (Charmaz, 2009:60). In this way, this final phase of analysis brought the data together to produce a coherent analysis.

Reflexive Analysis of the Interview Dynamic and Resultant Data

Broom, Hand and Tovey (2009) suggest gender, environment and individual biography impact and shape qualitative interview data. One or a combination of these factors may intersect to shape qualitative data (Broom et al, 2009:57). For example, the female-to-male interviewer/interviewee context may provide men an opportunity for a more 'feminised' discussion on stillbirth, fathering, loss and grief, which may not emerge in the same way if the interviewer was male (Broom et al, 2009:59-60). Broom et al (2009:54) suggests men may be more or equally comfortable "speaking with a woman than a man" on particular subjects and within certain contexts. Broom et al (2009:60) emphasise that this does not imply the account provided by the man is inaccurate but "rather it is embedded in a particular interpersonal dynamic".

In this study, for some interviews the gender dynamic required, what Broom et al (2009:51) term "impression management", to increase rapport with the interviewee. This included, but was not limited to, discussion of 'masculine' subjects such as; the mechanical tools the interviewee's son was playing with next to the backyard shed and discussing mining trade information with another interviewee who worked in a similar industry. The emergent "gendered dynamic" and forms of "impression management" from each participant in the

interview (i.e. interviewee/interviewer) will inevitably have impacted on what the men shared with me as a female interviewer. For example, giving them 'permission', albeit implicitly, to be more emotive and express sensitive issues perhaps ascribed by some as 'feminine'. For instance, the men discussed their experiences of IVF, miscarriages and further attempts at having children.

The interview environment may have also contributed in shaping the interview data. Most of the interviews organised for this study were conducted in participant's homes, however, some interviews were also arranged for the workplace. Stopping work and the workplace interview location may impact on the sharing of data and its collection. For example, one interview was conducted in a workplace meeting room, away from the main offices but with glass walls. As people walked past they could see into the meeting room. Although, as the interviewer I situated myself facing the glass walls, the data contributed by the interviewee may have been affected by the lack of visual privacy of the environment.

Broom et al (2009:59) also highlight a process of "credentialing" where the interviewer's qualifications and ability is questioned and the credentials of the interviewee were asserted. Questioning the credentials of the researcher occurred on numerous occasions. The most significant credentialing occurred around questions of my own experience of stillbirth and why I was conducting the study. This may have occurred at any point during the interview. In one instance, I was questioned mid way through an interview by the wife of my interviewee as she was leaving the house:

What made you do it? Was it just a.....what made you, I was just talking with the girls the other day.....and we know a couple people who are doing it through the guys and we were thinking what made you decide to do it? [Dennis' wife]

Nathan also questioned my credentials, asking specifically if I had a similar experience:

One question I have - how did you come to that subject? Did you have an experience like that or is it just from an academic point of view? [Nathan]

In all circumstances where my own stillbirth credentials were questioned I explained I had not personally experienced stillbirth. While this revelation in itself may have detrimentally

affected rapport, I sought to explain why I was doing the research and the importance of the research, which was well received by all parties.

In summary, the research interviews were an account of past events but also a space for “interactional performances” of gender, environment and individual biography (Broom et al, 2009:61). At times, as the interviewer, I recognised these factors and could account for them by, for example, impression management and at other times they were identified on reflection. Nevertheless, the impact of gender, environment and individual biography has been relevant in this study in shaping interview data.

Ethical Implications

Research participants were advised that the interviews would be digitally recorded to facilitate transcription of data and each consented. Participants were provided an Information Statement (Appendix D) to read and keep, which detailed information about the study. After reading the Information Statement, participants were required to sign an Informed Consent form before the interviews were conducted. The form outlined information such as, brief review about the study, confidentiality, voluntary participation and contact details of the research supervisor. Additionally, to minimise the potential for emotional anxiety contact information was provided for SIDS and Kids, who offer bereavement support for families who have experienced stillbirth and sudden and unexpected infant death. Pseudonyms were used in the thesis for all the participants, as well as names of partners and children quoted by the men, to prevent identification.

Chapter 4

The Stillbirth Experience

.....a lot of people would say that he has never lived, and that's of course, that's not true; he has lived. He has not lived on the planet - not on the planet - but outside here, not lived born but he has lived of course fully in Melissa⁴'s pregnancy.
[Nathan]

Introduction

This chapter explores ideas about fatherhood and how these ideas shape and are shaped by experiences of having a stillborn child. It is worth considering that being 'a father' is predominantly expressed in social and cultural contexts as parenting *live born children*. For example, Hofferth (2002:31) describes a father to be a man who identifies himself as having a living child, while Lamb (2002:93) describes a father as one who develops an attached relationship with their child in the first few months of life. Implicit in these definitions is that men identify with and develop relationships *only* with a live born child; definitions which, I will argue in this thesis, may be problematic when discussing stillbirth. This leads us to the question as to whether men develop relationships with their child during pregnancy or whether men identify as a father to a stillborn child, leading to more complex and broader questions of who is a father and what is fathering?

In terms of refining and defining 'what is fatherhood', fatherhood is also often understood to have biological/genetic components, although this is complicated by step-fathering, surrogate children and fathering of adopted children. Ultimately, 'what is fathering' is a complex, socially located and shifting question; a question that may also need to include the experiences of men who have 'fathered' both live born or stillborn children. Lupton and Barclay (1997:4) argue fatherhood is a 'sociocultural phenomenon'; it exists and is produced through social and cultural processes. Following Lupton and Barclay and other work on the social construction of 'fathers' and 'fathering', this chapter explores how men of stillborn children view themselves as fathers. In particular, and drawing on their accounts, I will unpack the technological

⁴ All names have been replaced by pseudonyms to protect identities.

mediation of fatherhood and the men's interactive communication with their child during pregnancy. It will be argued that the men in this study construct a fathering identity during pregnancy by engaging in a relationship with their child mediated via sensory perception. Furthermore, the chapter will engage with the notion of the liminal rites (Van Gennep, 1960) of fatherhood, exploring the temporal and situated experience of transition; a rite of passage marked by ritual process. An example of liminal rites is that of the pregnancy ultrasound as the man constructs his identity as a father. Liminal rites and temporal displacement are explored further in the second part of the chapter, where the men in this study describe the development of their identity as fathers prior to and after the stillbirth.

The Mediation of Fatherhood During Pregnancy

Technologically-Mediated Rituals of Fatherhood

The men interviewed for this study expressed how they developed a relationship with their child during pregnancy. This relationship emerged from, and evolved within, regular medical appointments and in particular viewing their child by means of ultrasound imagery. The pregnancy was, for several of the participants, a critical way to engage with their child, to facilitate 'a beginning' in their father-child relationship, and to initiate and develop their identity as fathers. I begin with those who viewed this notion as integral to their fathering identity:

...throughout the birth, almost every OB's appointment I would go too; I would come home early from work to go too. Every scan that we had, I would go too.
[James]

I went to every appointment, every doctor's appointment, every scan with Anna.
[Daniel]

As shown in the excerpts presented above, and in the other interviewees' accounts, ultrasound scans during pregnancy are what Draper (2002:790) describes as "a significant affair". The ultrasound facilitates aural perception of the baby's heartbeat and visual perception of the baby's body, providing the fathers and mothers with a visual and sensual representation of their child. This techno-mediated relationship (the ultrasound visit) serves as the aural and visual claim to belonging, attachment and the beginning of parenting. It was

talked about by the interviewee's as enabling them to visualise their child, thus reinforcing the 'reality' of the baby, which could not be 'felt' by the fathers in the same way as mothers thus, strengthening their claim to fatherhood (Draper, 2002:784, 790; Hockey and Draper, 2005:46). In this context, the ultrasound is ascribed the meaning of contemporary parenting ritual (Draper, 2002:790) and validation of status, in which the child is given identity alongside the men's new identity as fathers being initiated.

Interpersonal Communication Rituals of Fatherhood

Further to technological rituals that enable perception, the men also engaged in their own personal rituals of communication. Dennis recalled he would 'chat' with his daughter during pregnancy. This light verbal interaction was Dennis's customary, familiar and comfortable method of communicating every-day, external-to-the-womb events to his child.

You build a relationship with the child even in the womb I suppose...I suppose I used to chat to Mary when she was in the womb. [Dennis]

Dennis has developed and fostered his sense of fatherhood by connecting with his child in the womb through a meaningful relationship in which he discusses, discloses and shares the world. Interaction using a variety of senses between the men interviewed and their unborn child, was also described. Talk, touch and play was initiated by the men to interact with their child and often included reciprocal engagement between the men and their child. The men described engaging in communication with their child, which was interactive, responsive and also memorable and 'fun'.

Like when, for some reason he always, like when Caitlin was pregnant with him, he always responded to the sound of my voice, so we'd be laying in bed ready to go to sleep and I'd be having a little cuddle and I'd be reaching around and playing with her tummy and feeling a kick back or whatever and move around and it was...As weird as it may sound, when he's still in the tummy sort of thing but just all the fun times you sort of had with him and seeing him move around and stuff like that. [Adam]

In the above quote, the interaction involved responsive movement from his child. The movement occurred specifically and in response to Adam initiating the interaction and acts to

highlight the intertwining of both Adam's and his child's senses. Stainton's (1990:95) research describes similar interactions in which parents seek to discriminate "between talking to a fetus and interacting with an infant who is sensed to participate by listening, initiating, or responding to parental communication". This is highlighted by Adam saying 'as weird as it may sound' as he sought to clarify and acknowledge the possible unusualness of his interactive relationship with his unborn child. Yet, these interactions ascribe social identity to the child and father, blurring temporal and corporeal boundaries, where Draper (2002:790) suggests "the future is brought into the present and the social precedes the biological birth".

As ultrasound images and stories are emailed to friends and family and physical signs of pregnancy become visible in the woman, the pregnancy becomes what Kukla (2006:294) describes as a "public project". Pregnancy as a "public project" is then subject to public and social scrutiny and is shaped by duties and responsibilities (Kukla, 2006:294). In this context, women are visually interpreted as having higher responsibility, and consequently, a biologically referenced and entitled connection with the child.

Yet, the accounts of the men interviewed here suggest that such cultural understandings may undermine men's experiences of relationship, ownership and connection. Indeed, each talked about how they (and men more broadly) connect or bond with their child in equally important ways. In this way, Nathan described how his unborn child is in his consciousness and interacts with his child throughout his everyday actions:

We are in another situation....there's a different bond that we have to build up and that's what I'm trying to say. It's a very different situation; it happens more in my head. There's another baby, that is half of me and half of Melissa and it is an extremely strange, great idea but I have to be here while she and my baby are somewhere else in the city or wherever else. I have to bond with that baby, I have to understand that there's a baby, I have to think of it without feeling it or feeling it from inside, not seeing it, nothing. I have to go to work, I have to sit in meetings and still get myself into that I'm going to be a father again, another father, whatever. So there's a huge process happening which is, I think, not so obvious to the world because it's very easy to understand the bond between a mother and a baby because obviously the tummy is growing and there's a baby inside...so you are building up a very, very big bond but not on such an obvious thing, because

nobody can see that bond...so you're constantly bonding already with your child but on a more thinking or spiritual way or whatever where I'm thinking of it constantly, I'm with her but obviously not physically with her because I have to go to work and I have to do other things. [Nathan]

Lupton and Barclay (1997:32) argue that women are culturally positioned and understood to be significantly more “connected” and “bodily focused” than men because of the experiences of pregnancy and childbirth, which are “ways of being for women that simply are not accessible to men”. For example, Draper’s (2002) research on men’s experience of ultrasound during pregnancy, positions the pregnant woman as the embodied subject because she is “with child”. Draper (2002:789) describes the men’s experience as “proxy embodiment”, because men cannot experience the direct embodiment of pregnancy, leaving pregnancy to be mediated only through the woman’s body.

However, in the accounts of the interviewees, and in Nathan’s quote in particular, there are distinct embodied aspects of how he engages with his child and fatherhood, blurring distinctions between the embodied feminine and the biologically/genetically-connected masculine. The thoughts of his child throughout the day contested the idea of male separation from the unborn child, and his experience (and those of others interviewed here) challenges the gender binary view that only women can have exclusive embodied parental engagement with a child.

You can't say it was worse for Melissa because it was in her stomach; it is not. Obviously the baby was in there but the bond and therefore the loss is just as much. [Nathan]

In Nathan’s experience, both he and his wife experienced stillbirth in an embodied manner, albeit in different but equally important ways, therefore making Nathan’s experience of loss when their child was stillborn equally as significant as his wife’s. In this way, Nathan’s experience demonstrates a connection and relationship that develops for some men during pregnancy and highlights equivalent grief experiences to the female partner.

The men in this study have thus far discussed how they interact in the world via sensory perception and actively engage with their child during pregnancy. Rituals such as interactive

sessions supported by ultrasound technology, interpersonal/interactive communication and thoughtful bonding enable a relationship between child and father and the construction of identity for both child and father prior to birth

Fathering After Stillbirth

Initial Responses to the Stillborn Baby

The previous section discussed how the men in this study constructed a fathering identity during pregnancy. This current section will explore how the men in this study understood themselves as fathers during and after stillbirth. As previously discussed, the child's social identity and the man's fathering identity were constructed prior to biological birth. For the men interviewed here, the stillbirth had not been their expectation of pregnancy, childbirth or within their imagined experience of being a father. The men described feeling 'shock' and 'disbelief' as they attempted to assimilate the impending stillbirth with their child and their own identity as fathers.

I just couldn't believe it, I just was stunned. How could this happen? This is not possible... [Sam]

Immediately massive shock...but there was a lot of disbelief of what they were telling me, because you actually thought, this can't be happening, not now. [Daniel]

Terrible. It changed my life, changed my life. It was shock, it was...yeah, devastating. It was unexpected and yeah, just something that I never thought that I'd have to deal with. [Andrew]

As shown in the excerpts above, the men did not know how they would 'deal with' the stillbirth, and while these initial responses indicate the imminent stillbirth to be a harrowing and deeply disturbing experience, for some of the men the labour and birth contained a mix of joy and sadness.

When the labour pains came on it was kind of hard to quell the excitement; it was horrible, but you just, you were so ready to be excited, that you just forgot.

[Edward]

Edward talked about being 'so ready', preparing himself over several months of pregnancy, that he 'forgot' the reality of the stillbirth when his wife was in labour. For Daniel, the sadness of one stillborn child and one live baby presents daily challenges as his wife was pregnant with twins.

Anna had made me bring a camera but I was so not in, you know, it's not a joyous occasion but it is, but it's not like you don't want to steal something from Zoe's moment, because there was two of them. [Daniel]

Daniel described conflicting emotions regarding which child to focus on and experienced guilt for the joy of a live baby and sadness for his stillborn baby, while attempting to respect both children when the birthday was also a death day. A complex dialectic emerges between labour and birth, which is associated with joy and excitement, as experienced by several of the study fathers and the complicated feelings associated with labour resulting in a stillborn child.

Men Describing their Stillborn Baby

McCreight's (2004:335) study of men who had experienced pregnancy loss via miscarriage and stillbirth, described men as being uncertain "as to whether the pregnancy outcome was to be understood as a 'baby'" and questioned their "'identity as fathers'". In contrast, the men in this study had mediated experiences with their child, through ultrasound scans and interactive communication, which enhanced their identification with their stillborn baby and reinforced their sense of being fathers. Moreover, description of physical attributes was common, for example, Daniel recalled the fragility of his child, while also adding his child 'was so beautiful'. Other men talked about their child as 'perfect' and looking 'like a little baby'.

She just looked like a little baby. She was all wrapped up and she just looked like she was asleep. [Sam]

He looked perfect, but he was pale and he had red lips...but he was beautiful.
[Edward]

In comparison to the men who took part in McCreight's (2004) study, the men interviewed here categorically knew the outcome of pregnancy was *their* baby. They talked about already establishing a relationship with their child and identifying as a father.

The men in this study had a sense of knowing and having a connection with their baby. This is demonstrated by Nathan's feeling of shame when he described his initial reaction to his stillborn baby:

The first moment I was terribly, terribly shocked, which I really regret or I'm ashamed of, to be so shocked of my own child, but it was just a little...it looked from the first moment like a little red piece of meat; I couldn't...the arms were small, thinner than my little finger, very, very fragile everything and just the size – very small – and as he was still in his little position, and was not moving, I couldn't see up or down, I just saw the big red piece of very red, towards dark red.
[Nathan]

For Nathan, the liminal space or boundary between child in womb to baby stillborn was what Hockey and Draper (2005:52) describe as the "visual fracturing of the body", where the body is divided through a "doubling of images". The images separate the material body of the stillborn baby to the social body and identity mediated visually via ultrasound. Similarly, McCreight (2004:338) quotes one of her male research participants as saying:

"I held her and I was afraid, I was actually petrified, my own flesh and blood and I was petrified to see her, she shocked me, they handed me 10lb 2oz of meat, it was freezing cold in a basket with no skin."

For Nathan, the material body of his stillborn baby disrupted and challenged the identity ascribed previously to his child. Nathan's stillborn baby was not the child he had viewed on ultrasound, so he was disturbed by the visual perception of his baby looking like 'a little red piece of meat', yet he also recognised the baby as his 'own child'. The shame of disgust in viewing the disintegrating body and its dislocation from the visualised child, which was mediated via technology during pregnancy, was particularly traumatic for several of these men. Similarly, Hockey and Draper (2005:52) suggest social identity can result from

contestation, which is concurrent with McCreight's (2004) research participant and Nathan's response to seeing their stillborn baby for the first time. Both men, however, provided their baby with a social identity and identified with the baby as being their own, confirming Hockey and Draper's (2005:52) argument that the material body is not the only site for construction of social identity.

Fathering a Stillborn Baby

Thirty years ago best medical practice discouraged parental viewing and contact with the stillborn baby (Brabin, 2004:28). The experiences of the men in this study reflects the NSW Health Stillbirth Policy (2007) that directs care provision that respects the stillborn baby as equal to a live baby, with parents informed they are able to "hold, undress and bath their baby" and be provided continued access to their baby before the funeral. As per current practice, the men in this study spent numerous hours with their child holding, bathing, talking to and touching their child and visiting them often over several days. In contrast to McCreight's (2004) study, where the men interviewed "questioned their identity as fathers", the men in this study described the time spent with their child post birth as a valuable fathering experience. Daniel expressed wanting to keep 'holding' his child and 'carry on seeing her' and described the time spent with his child as the pinnacle of any other event or time he has experienced in his life.

That was absolutely an amazing time because I'll always look back at it as one of the most valuable short pieces of time I've ever had in my life, that I got to spend with her...That time was the most valuable time in my life, I could probably pinpoint at that hour, the most special time in my life, over our wedding, over anything. [Danie]

A significant proportion of the men in this study described interactions with their stillborn child as similar if not identical to the interactions many other parents have with their live born children post-birth, holding, bathing, touching and talking. Research by Worth (1997:73) further highlights fathers who interacted with their stillborn babies in similar ways that fathers of live babies would. The holding of the baby allowed the fathers to realise the baby was their child and assisted in acknowledging the reality of the child and stillbirth (Worth, 1997:73). Similarly, Edward describes his fathering experience in this way:

We just sort of spent hours with him...just talked to him, held him. Just played with his fingers and toes and things and cried. [Edward]

The men in this study participated in rituals, such as talking, bathing, playing, touching and photographing their baby, that were significant in enabling the men to assimilate the stillbirth experience with their fathering identity. Hockey (1996:56) also suggests parents perform these cultural rituals which, in turn, provide social identity for the child.

Liminal Rites of Fatherhood

Several of the men in this study talked about “a loss of future hopes and dreams” when their child was stillborn (see also McCreight, 2004). They spoke with sadness at never having the opportunity to witness their baby live and grow outside the womb and to fully interact with the world. Some of the men reflected on the future they wished for their child and compared other children's lives with the life that ‘could have been’ for their child.

But it just became more real...that you know she's never going to breathe, we're never going to see her grow up, we're never going to have any part of her other than just seeing and spending that time with her then. [Dennis]

Several men in this study expressed they would never hear their child's voice or cry and would not know or see their child grow up, experiences which had been visualised during pregnancy and had become the means by which the men embodied their child.

...from Thomas we have nothing; I have never heard his voice - I think that's one of the worst things that ... I never thought of it, how bad it is that I have never heard him cry ...I have never heard his cry; he has never taken a pen in his hand, nothing on that and we have hardly any pictures. [Nathan]

I mean not a day goes by when you don't think about him and what he could be doing at this age, or you see another kid on the street or one of our friend's kids up here who a few of them would have been his age now, and you sort of imagine them running around the back yard or whatever and doing whatever they do. [Adam]

Several of the men expressed feeling 'ripped off' at not having the future develop as expected for themselves or their child. For some of the men in this study leaving hospital and going home without their baby was not what they had visualised as part of their fathering experience.

One thing that we didn't ever anticipate or expect was actually leaving the hospital...but to actually leave the hospital was the hardest part of all, because we had to leave him behind, and not bring him home with us. [Andrew]

When their baby was stillborn, the men's experience of fatherhood could not continue into the future in the same way as it would for parents of live children. While the men had accepted, and to a degree embodied, fatherhood during pregnancy, the aftermath of the stillbirth confronted them with situations that challenged this sense of fatherhood and forced them to renegotiate their fathering experience. Furthermore, because the child would always remain a baby, fatherhood itself becomes almost static. Several of the men, however, developed a dynamic and ongoing relationship with their stillborn child.

Ongoing Relationship

Several of the men in this study described an ongoing relationship with their child and had adapted to the stillbirth by including their child into their everyday lives. For some, this included dialogue with their child or speaking with others about their child, which Walter (1996) suggests is how people "integrate the memory of the dead into their ongoing lives". For several of the men in this study, rituals and commemoration of their child contribute to an ongoing relationship, such that parenthood is continually negotiated. For example, James created a recurrent remembrance for his child by wearing the same tie and cufflinks to work every month on the date his child died.

Before the funeral, I bought a tie and a set of cufflinks to wear at the funeral and on the 10th of every month, I always wear them to work; the tie and the cufflinks. [James]

Most of the men in this study had experienced stillbirth within the last three years and had commemorated their child's birthdays in various ways including lighting of candles, releasing balloons, writing notes for their child, having lunch or a picnic, visiting the cemetery or by

having birthday cake. It is evident in Neil's experience that for some men, and for some families, commemorative acts do not diminish over time. Neil's child was stillborn approximately twenty years prior to interview and his child is still included in family conversation and recognised not as an 'active member of the family, but as a member of the family'. The family celebrates the stillborn child's birthday each year with a cake and Neil visits his child's grave several times a year including birthdays and Christmas.

Howarth (2000:135) suggests anniversaries for the dead provide a reminder of the continuing presence of the deceased in daily life. Birthdays, deathdays and other anniversaries that acknowledge "life course rituals" develop an ongoing representation of life stages and achievements "which might have been, and in some ways are" (Howarth, 2000:132). These rituals are actively maintained to enhance the relationship between the living and deceased (Normand, Silverman and Nickman, 1996:91; Silverman and Nickman, 1996:349). Rituals developed around the commemoration of a stillborn child assist in the continual evolution of the fathering identity. As Walter (1996) suggests, this allows men to "integrate the memory of the dead into their ongoing lives" in such a way that the living "move on" with and "without the deceased". In this way, several of the men in this study indicated they talked with their stillborn child. Nathan was confident he is able to 'feel' and 'communicate' with his child and explained he had an ongoing dialogue with his child. Nathan believed he and his child were together and partaking in the ongoing relationship of father and child.

I insist on believing that Thomas is here, that I can feel him and I can communicate with him...it's just I would not accept the fact that was last time I saw him and that's the last time I communicate to him when he was buried or something.

[Nathan]

Several men in this study expressed the hope they were better fathers from their stillbirth experience. Edward explained he would 'still try and be a good dad' for his stillborn child, while William expressed his relationship with his stillborn child as living on through his current fathering experience with his other children.

I feel that I'm a better person in many different ways than I possibly was before. Maybe...I hope I'm a better father. [William]

The men with live born children spoke of how their children provided them with motivation and continued focus on family. Lucas, for instance, following the stillbirth of his child, found solace in the daily routine of caring for his three other children and the 'life that comes with them'. While several of the men in this study had ongoing relationships with their stillborn child, Lucas explained this was not the case for himself.

I don't have a relationship with her. [Lucas]

Lucas talked about relying on his memory of his child rather than keepsakes or acts of remembrance, which he considered symbolic representations that would not last. Hockey and Draper (2005:50) describe memory as "a highly valued resource for recovering authentic material" of the deceased and so it is for Lucas, that the memory of his stillborn child is more 'authentic' than any symbolic representation. While Lucas rejected the notion of symbolic or material representation of his stillborn child, his reliance and belief in his memories actually confirms a continued identification with his child and his role as a father therein.

Conclusion

The men in this study developed a relationship with their child during pregnancy and considered themselves to be fathers pre, peri and post still birth. They embodied notions of fatherhood, which began early in pregnancy, via technological mediation and was a way in which they identified as 'being a father'. Sandelowski and Black (1994) suggest men can "know" their babies in similar ways to their partner by attending the ultrasound scan. Further to this, the men shared communicative interaction with their child during pregnancy, confirming in the context of stillbirth what Hockey and Draper (2005:43) suggest, as the unborn having social existence.

While the men did not question their identity as fathers after the stillbirth they experienced a liminal rite of passage as they came to terms with their new identity as fathers to a stillborn child. As Howarth (2000:131) suggests, the status of a parent cannot be "separated from a fundamental sense of self" and some of the men in this study ensured their identity as fathers via acts of remembrance and ongoing dynamic relationships. In this sense, temporal boundaries of the embodied life course are challenged as the men's children are mediated through them and are provided an ongoing social identity (Hockey and Draper, 2005:43-44).

While some of the men in this study identified largely with their live born children and did not perceive to have an ongoing relationship with their stillborn child, most of the men did have an ongoing fathering experience, be it three or twenty years post stillbirth. In these accounts, notions of fatherhood as necessarily having involved interaction with a live born child are contested and suggest a need to reassess and reconstruct definitions of what it is to be a father.

Chapter 5

The Gendered and Relational Experiences of Grief

I'd give it all up in a heartbeat to have my daughter back. [Andrew]

I have to remind myself and I remind her [wife] as well but it does upset me. I might not show it as physically or as often as what she does.... [James]

Introduction

This chapter extends on the previous chapter by exploring ideas about male gendered expressions of grief and how grief consists of multiple, dynamic emotions that are negotiated and renegotiated over time. Existing research has tended to highlight gender differences, with grief and anxiety rated by intensity on a scale and reduced to descriptors such as “active grief, despair, fear and guilt” (see Versalle and McDowell 2004-2005; Stinson et al, 1992). While these scales may be beneficial in highlighting grief, the scales may also be problematic in not fully capturing the diversity of gendered grief experiences.

Indeed, Rosenblatt (1996:48) questions the use of ‘grief’ as a single term to describe and encapsulate the diversity of thoughts and feelings of one or many people for the same loss or different losses over time. While this chapter uses the term ‘grief’, it also unpacks what it means to these men and highlights the diversity of emotion felt by these men who have experienced stillbirth. To begin, the chapter will discuss aspects of gendered social expression in relation to the control and release of emotion. Indeed, a point of departure within this chapter is that the beliefs and behaviours in and around grief and trauma are shaped, but are not determined by, ideas about masculinity and femininity (Courtenay, 2009:13). In particular, the chapter discusses crying and anger as situated *and* gendered expressions of grief.

Following McCreight (2008:8), it is important to emphasise that this study does not seek to pathologise emotions or feelings experienced by the men. Additionally, the accounts of emotionality and grief outlined in this chapter do not encapsulate all the emotions that will be experienced by men in similar positions and are not intended to provide a prescribed outline or step-by-step process of male grief. Rather, the intention is to begin to sensitise the reader

to some key elements in the experience of stillbirth and grief from the perspectives of a select group of Australian men.

'Falling Apart' and 'Keeping it Together'

Popular culture is infused with ideas about 'masculine' or 'feminine' forms of emotional expression. Self help texts such as *Why Men Don't Have a Clue and Women Always Need More Shoes* (Pease and Pease, 2006) and *Men are from Mars, Women are from Venus* (Gray, 2004) reify cultural binaries in and around gendered forms of emotionality and interactivity. In this way, stereotypical attributes of women include passivity and emotional expression, compared with stereotypical traits of men, such as stoicism, strength and inexpressive emotion (Stillion and McDowell, 2001-2002; White and Stillion, 1988). O'Reilly (2004:167-168) suggests men are socialised to this idealised, but ultimately reductive form of masculinity, by valorising behaviours and characteristics considered masculine and denying and repressing emotions associated as the feminine other. While the pressures of hegemonic forms of masculinity are important to recognise, most distinctions are thoroughly blurred in practice, and indeed, in this study, tension emerged between what is considered to be 'manly' in Western society and the personal realities of negotiating and expressing grief. From this perspective, emotions and expression can comprise certain forms of masculine expression and identity, so it was imperative to explore ideas about what it is to 'be a man' in the context of these men's experience of stillbirth. The interplay of such gender dynamics may reveal the way in which the men articulated their experience and how it may be shaped by socio-cultural expectations. Andrew, for example, explained his emotion in response to the stillbirth, within a gendered frame:

I cried like a big girl. [Andrew]

While crying is pathologised within archetypical depictions of 'the Aussie male', Andrew resorted to this cliché to articulate his emotion. He described crying within the frame of gender relationality, not because he is a 'girl', but because he realised that his behaviour did not conform to accepted public performances of masculine identity. This was somewhat ironic given that it was apparent in the interviews that most of the men in this study were, in fact, comfortable with emotional expression; specifically emotions considered stereotypically feminine, such as crying. While this may have been, in part, a product of the 'safe' interview

environment with a female interviewer (see Chapter 3 for further discussion) each of the men discussed this emotion following the stillbirth, and several cried during the interview as they discussed their grief.

The interviews illustrated, both in the accounts and the actual interview process, that these men are actively negotiating and managing what it is to be a man and 'masculine' (versus what fathering means and is in the context of stillbirth). The integrity of the ongoing fathering relationship necessarily involved emotion and intimate connection, yet the performativity of masculinity requires, it would seem, other components that may not be 'compatible'.

Courtenay (2000b; 2009:21) suggests men are active agents in continually challenging and undermining "dominant norms of masculinity", whereby masculinities are constantly being constructed and reconstructed. Within this framing of gender 'roles', men are not merely passive victims of cultural conditioning or the socialisation of prescribed gender stereotypes, as evidenced in the accounts of the men interviewed here.

Several of the men in this study explained how they 'fell apart' crying or 'lost it' after hearing their child had died and would be stillborn. In the short space of time between their child being alive to their child dying, some of the men had to make sense of their paternal experience, which had taken an unforeseen deviation. Visualisations of the planned birth and expectations of the child's future were replaced with the unexpected traumatic outcome of stillbirth. Accompanied by his sister and brother in law, Sam questioned how he could 'go through with the birth' and 'lost it' falling to the floor crying. At this point in time, Sam considered it important not to 'lose it' in the presence of his wife, not wanting to cause further distress to his wife prior to birth.

I think it was because she [wife] wasn't there and I could lose it for a minute and not feel that I'm going to cause her to lose it even more. I felt like if I was with her and I lost it we would never recover. [Sam]

In the above quote from Sam, censoring emotion was important to protect his relationship with his wife. Buetel, Willner, Deckardt, von Rad and Weiner (1996) suggests men may hide their grief to not overburden their partner, while McCreight (2004) suggests, rather than 'hiding grief' men put aside their own grief to support their partner. Following the stillbirth of his child, Sam recalled realising the importance of sharing grief and emotion with his wife. In a

similar way, Neil talked about maintaining his emotions by not 'falling apart' after finding out his child had died.

I had kept it all together up until that point – and then I was talking to him [priest] and I just fell apart and I was sobbing over the phone, but I held it together really well until then. [Neil]

Phrases such as, 'keeping it together' and 'holding it all together' reflect a cultural expectation that men remain strong and stoical (McCreight, 2004:329). This, one could argue, may be concurrently embedded in notions of the 'male role' but also the moral economies of caring and dying (see Chattoo and Ahmad, 2008). From this perspective, Sam and Neil experienced "care as an embodied moral practice" whereby they negotiated the care of their wives within moral boundaries of self (Chattoo and Ahmad, 2008:551). For Sam, this meant initial inexpressiveness of emotion to protect his wife, while for Neil, his control of emotions until he reached 'breaking point' could be viewed as a sign of moral resilience and endurance (Chattoo and Ahmad, 2008:556). Neil used the phrase 'no substitute for experience' when speaking of his priest, reinforcing the priest's experience in similar circumstances and as someone who Neil could rely on for trust and support. In this way, roles emerged as both Sam and Neil sought to maintain a sense of control and also provide support, while navigating ideas of reciprocity and obligation.

Daniel also recalled how being alone after the stillbirth of one of his twin children provided an opportunity to 'let it all out'. He describes experiencing different emotions depending on different contexts to which he was exposed:

So anyway I came home and I was mega-low, because Zoe wasn't here; Anna was not doing well, she was in hospital; mum and dad weren't here and I was just in tears and just felt like ... It was like while you've got people here, like Anna and Zoe and you've got to be strong for them and stuff like that, but they were gone and I was here on my own.... [Daniel]

When Daniel spent time by himself, without his wife, surviving twin child or parents, he talked about expressing his emotions and vulnerability. He considered time by himself an opportunity to cry, whereas with family surrounding him, he described an alternate context, in

which he was required to be 'strong for them'. For some of the men interviewed for this study, enacting masculinity included self-regulating actions dependent on specific yet varying contexts (Messerschmidt, 1993:83). In this context, the men quoted above have ascribed certain characteristics of being a husband and father, such as being brave and strong, in a way that, fatherhood and manhood interplay and shape each other. It is not that women are not 'strong' and 'stoical' within family contexts and even within the context of stillbirth, to suggest this would reify distinctions and create new and erroneous oppositions based on gender 'roles'. Rather, the masculinities interplay with, but do not determine, experiences and expressions in and around stillbirth.

Rationality and Masculinity

Several men interviewed for this study stood out in terms of their so-called 'rational' approach to the stillbirth, grief and thoughts for the future. Lucas explained he initially felt 'numb' after hearing his child would be stillborn, but at the time he focused on the process involved in the birth and 'getting back to our family'. He recalled feeling sad for several weeks after the stillbirth but reflected on his experience and resolved not to be sad anymore.

...I cried a lot in the first couple of weeks and felt quite desperate. It was sad. But I reflected on it and I think I was really sad for that time and then came out of it.
[Lucas]

McCreight (2004:346) suggests this type of response is a "traditional view", whereby "male bereavement is experienced through an intellectualisation of the process of grief". Lucas' expression 'came out of it' perhaps reflects an intellectualisation of grief as a process that is moved through, however, this may also reflect an idiosyncratic feature of his perspective on life and an approach that is not merely about gender identity. Further to this, Lucas talked about the difference between his grief and his partner's grief in terms of time and processing of, or 'dealing with' grief.

....my personal grief or the impact on me I thought passed reasonably quickly, a lot faster than my partner's grief and my partner's dealing with it. [Lucas]

The impact of the stillbirth on the 'rest of our lives' was not something Lucas had initially considered. However, contemplating an alternate experience of stillbirth without any existing live born children, Lucas considers his existing children as providing solace, love and a positive focus for the future.

Yeah, and that was a thought primarily in my mind that we've got these three little children who are such consolation and solace in this daily routine and all the love that they bring. This must be ten times worse for somebody who doesn't have that and is anticipating having a small baby in their life that's now not going to happen and it must be like an eerie silence. [Lucas]

Weighing up his life, Lucas considers his wealth in terms of family, housing and employment and concludes even though he has experienced stillbirth he is 'still well in credit in the positive'. In a similar fashion, William also provided a positive perspective, illustrated via a metaphor of swimmer and swimming pool to describe his grief. From this perspective, William described being able to swim well at times and not so well at other times, until he reached a point where he was at the edge of the pool and could get out. Considering himself now, 'out of the pool', William reflects on his grief as a time when he was 'in the pool':

I think the problem with stillbirth is that you just get thrown into it and you've just got to paddle. You've just got to try and swim and I think some people are good swimmers and I think that myself and Eva have been pretty good swimmers...I suppose the pool is a classic, when you're thrown into an environment some people don't swim so thrown into the alien environment and that's where you are – it is a stillbirth, there's no answers, there's no solution, you don't know what's happening, things are happening at the same time but nothing's happening, something's ended but you're still going and you're going, "What happened back here". So the pool analogy for me is probably where I've seen myself, where I believe that I've got to the side of the pool and got out. That's where I feel I am now. [William]

William also spoke about the 'healing' properties of his live born child which provided a level of 'distraction' for both himself and his wife after the stillbirth. Samuelsson, Radestad and Segesten's (2001) research on father's whose child had died prior to birth, suggest men source

strength from their remaining live born children to help them in their everyday lives. Reinforcing this idea, William spoke about how his experience of stillbirth improved his character. In this sense, William's approach was to experience and learn from the stillbirth. Although rationalisation of grief was a seemingly unique perspective in this study, it highlighted the differing responses, expression and experience of grief for the men.

Anger and Release

Pregnancy loss literature expresses male anger in terms of feelings of frustration (Samuelsson et al, 2001), apportioning blame (Puddifoot and Johnson, 1997) or as a 'disguise' for sadness and fear (May, 1996). In this way, anger remains a negative emotion, embedded in 'masculine' behaviours associated with aggression and violence (Morgan, 2002:413). Furthermore, release of anger in grief is often legitimated via 'processes' or 'cycles of grief', described in the often cited work of Kübler-Ross (1969) as "waiting for the storm to blow over". As compared with crying, anger is not as culturally permissible as an expression of grief; yet it is viewed as more 'manly' presenting men with a series of rather contradictory expectations and pressures. Such notions are problematised by Morgan (2002:419) who questions the perception that authenticity and embodiment of a true self is achieved by (or linked to) the ability to weep or shed tears. This concept of embodiment is evident in well-used phrases such as, 'to get in touch with one's emotions', yet clearly, anger is not permitted as an emotion *equal* to crying.

In this study, some of the men did not speak of anger in terms of violence or hostility towards others; they spoke of anger as having a meaningful direction. Nathan and Edward, for example, talked about their anger, which they had channelled into hitting a punching bag. Nathan recalled he and his wife both 'wanted to hit something' and the punching bag enabled the release of 'really really, bad anger' and 'frustrations'. Similarly, Edward had been recommended the use of a 'punching bag' to release his energy, which had developed into extreme anger.

Well, how to use our energy was one. A lot of the time I wanted to go somewhere and kill someone, I would have been happy to just hack someone to death, I was that angry. I've just recently taken up boxing, a punching bag and I use that a bit but not a lot. [Edward]

Anger is often ascribed negative connotations, particularly the association with physical violence. In this case, bodily expression of anger by kicking and hitting a punching bag is confined within the space of grief and is considered culturally permissible, and in many ways encouraged (Morgan, 2002:413). In this study, some of the men talked about releasing anger through the use of punching bags and physical work. Adam spoke about renovating his house as providing opportunity to release stress by knocking down walls and exerting excess energy.

....so it was good to get in [to the renovation] with a hammer and chisel and be knocking things down and smashing tiles up and everything which to me, is a pretty good release of stress and stuff, just getting in and doing physical work and just taking it out on the [renovation].... [Adam]

While, several of the men in this study talked about anger as part of their grief, Stinson et al (1992:221) suggests anger after pregnancy loss is not necessarily a 'male' emotion but is a 'normal' response of both men and women. In this context, expression of emotion is reflected in the continual construction and reconstruction of both masculinities and femininities.

Being Forgotten and the 'Supportive' Male Role

Puddifoot and Johnson (1997:844) argue equating men and women's grief regarding pregnancy loss cannot be justified, because women have greater physical involvement and experience significant pain that may require medical attention. Given this context, women's relationship with the unborn child as 'naturally' more embodied than men is emphasised and her experience of grief and pain legitimised. With such intense focus on the woman and how she copes, the experience of men and how they cope may be overlooked, as explained by Daniel:

I think, just from my experience, I did get forgotten. There's so much about the mother and there's so many more people looking at the mother and seeing if she's coping. [Daniel]

Recognition and validation as a father, while also expressing grief, was important to some of the men interviewed. Nathan explained his frustration with family who did not acknowledge his place in the stillbirth experience.

...but there's also a big bond between a father and a child and at some point I was actually telling, I think it was my sister or my parents - one of them - I said, "look, it's not only Melissa who lost a child - I've lost a child as well. I'm not the telephone operator to tell you the news how Melissa's doing - ask me how I'm doing. I've lost my child and I couldn't do anything for it". [Nathan]

Nathan challenged the notion that his wife's grief was more legitimate than his own. Consistent with this, O'Leary and Thorwick (2006:83) suggest when concern about coping is directed to the woman, fathers may feel diminished. As a consequence, questions directed to the woman, legitimate her expression of pain and grief, which may overlook men's experiences, as was the case for Daniel as he sought to 'function' as best as possible for others around him:

....you're having to function for someone else and so because you're doing the best to function for them, a lot of people are thinking that you are doing okay and they're missing it.....then they can see there's a hell of a lot of sorrow there. [Daniel]

Patrick also talked about being a supportive husband to his wife after the stillbirth. However, a male friend brought to Patrick's attention that he was 'struggling'. Until this time, Patrick had not thought of himself and how the experience had affected him until his friend asked how he was.

....he was the first thing to make me aware of, you know, it's alright for everyone patting Amber on the back and giving her a hug to see how she's coping but how are you going Patrick? How are you personally going? He was the first person to bring it to the attention of maybe I'm struggling a little bit. [Patrick]

The interaction between Patrick and his friend challenges the ideal role of men who have experienced stillbirth, as supportive and experiencing less pain than the woman. Indeed, in Patrick's case, it was another male who provided him with thoughtfulness and compassion, roles identified as stereotypically 'feminine'. Yet, rather than enacting a hegemonic masculine

form of 'mateship', Patrick and his friend's interaction illustrates the contested and varying sites of production of masculinities

Conclusion

This chapter has highlighted the interplay of gender identities and men's varying grief emotions experienced after stillbirth. Several of the men in this study described expressing grief through crying, anger and reflecting on and rationalising their experience. While not underemphasising crying as a grief experience, crying has often been represented as a more 'legitimate' expression of grief than anger, yet several of the men expressed anger as a critical part of their grief experience. As Stinson et al (1992:211) suggest, anger following pregnancy loss is an emotion experienced by both men and women. Given this context, anger cannot be wholly appropriated by men, just as much as crying cannot be appropriated only by women as an expression of grief. However, for the men interviewed for this study, anger was afforded bodily action, which is reflected in several of the men releasing anger and energy by boxing and renovating. Alternately, when men enacted supportive, strong and stoic constructs of masculinity in their grief, their grief experience was often overlooked by others. Indeed, the men interviewed for this study have emphasised the complex and continual construction of masculinities in gendered and relational contexts, of what it means to be a supportive husband, a rational father or a man who is expressive or inexpressive with emotion.

Chapter 6

Discussion and Conclusion

Discussion

The findings for this study were limited by the recruitment sample only including adult fathers in heterosexual two parent families and retrospective accounts of the men's experiences which may have distorted data. Additionally, participant self selection cannot be representative of the general population of men who have experienced stillbirth. The sample design, however, was not intended to be representative of all men who have experienced stillbirth; rather the purpose was to obtain a sample, within a restricted time period, to further investigate the lived experience of stillbirth from a male perspective.

In this thesis I have provided the first sociological-informed study of Australian men's experiences of stillbirth. In doing so, my aim was to build on existing stillbirth research, which has predominantly focused on women's experiences. While, clearly, women's experiences are important and valuable, it is apparent men's experiences have been overlooked.

Drawing on a series of in-depth interviews and relevant conceptual work within the existing social science literature, this study has drawn attention to several key themes and provides valuable insight into the social mediation of men's experience of fathering and grief following stillbirth. First, as evidenced in their accounts, the men in this study developed an early fathering identity during pregnancy. The importance of pregnancy cannot be denied, and for the men in this study it was a time when their child was alive and they could interact with them. Indeed, I have argued in this thesis that technologies and communicative interactions may be enhancing and shifting the sense of intimacy and relationality between father and child before birth (see also Stainton, 1990) and even changing the temporal dimensions of the fathering experience. I have argued the accounts presented in this thesis contest definitions of fatherhood and notions of fatherhood as parentage of live born children.

When their child was stillborn, the study fathers experienced a liminal rite of passage, as their identity underwent a metamorphosis, from fathering a live child to fathering a stillborn child.

The accounts presented here indicate men's relationship with their child did not end when their child was stillborn, but continues to evolve in interesting ways. This includes the celebration of birthdays, commemorative acts and thoughts and conversations with the child, which I argue, provides the men in this study with an ongoing and dynamic relationship with their child. Future research exploring the long term fathering identity of men who have stillborn children and how this may change over time, would be valuable and enhance knowledge of temporal relationality of fathers and their children.

Moreover, the accounts presented here indicate grief responses of most of the men in this study were not dissimilar to the female partner or wife. While some of the men in this study enacted a support role, their grief was often overlooked by others, yet when some of the men expressed their grief through crying and anger their emotions were not considered with equal recognition as their partners. Future research of men's emotional expression of grief in stillbirth would further inform studies of masculine identity and grief. Additionally, the accounts suggest some of the men may intellectualise their grief (McCreight, 2004) by rationalising grief as a process. While this is not to pathologise this process nor suggest that women cannot, or do not do this as well, it is importance to unpack the gendered practices of grief and trauma management. Indeed, while these men experienced a more rational experience of stillbirth, they did not discount that the stillbirth of their child had and continues to affect them in a many ways. The men in this study demonstrated they were actively negotiating and managing the interplay of grief emotions and gender identity. The current study confirms that demonstrating masculinities in both fathering and grief is complex, dynamic and negotiated territory, in which masculinities are constructed and enacted in gendered relational contexts.

Conclusion

This is the first sociological-informed study of Australian men's experience of stillbirth. Previous research has focused on the gendered experience of stillbirth, specifically women's experience, while this study demonstrates the way men experience stillbirth is embodied and ultimately relational. Previous research of stillbirth have tended to be based on distinctions between embodied and disembodied; dichotomous representations based on gender, that is, women and men's experiences, whereas these accounts blur temporal and corporeal boundaries of pregnancy, parentage and grief.

The study revealed the experiential elements of stillbirth on a number of levels. Firstly, how men experience their child pre, peri and post stillbirth, through technological mediation and communicative interaction. Secondly, the study unpacked relational expressions of grief and stillbirth and how men undertake and enact certain roles and pursue certain forms of obligation, which is situated in the wider context of masculinity. The findings of this study provide a contribution to the studies of gender and grief. Specifically, the findings of this study are important for progress of support services for men that can be developed within a context of understanding of what it means for men to lose an unborn child.

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Appendix A

Recruitment Poster

Are you an adult male whose partner has had a stillbirth in the last 3 years?

Your experience and opinions matter

MEN NEEDED TO TALK ABOUT STILLBIRTH



- You will be invited to talk one on one in an interview about stillbirth
 - You will be met at a time and place that suits you
 - Your information remains confidential
 - Your contribution is important

Interested? Have Questions?

Visit www.stillbirth.nc.com.au or email stillbirth@newcastle.edu.au



Research will contribute to an Honours project by a student from the School of Humanities and Social Science at the University of Newcastle

Appendix B

Information Statement

Information Statement for the Research Project:

Men's Experience of Stillbirth

You are invited to participate in the research project identified above which is being conducted by an Honours student researcher from the School of Humanities and Social Science at the University of Newcastle. The research is part of an Honours study at the University of Newcastle, supervised by Dr Alexander Broom from the School of Humanities and Social Science.

Why is the research being done?

- The project aim is to gain an understanding of men's experience of stillbirth. The project seeks to evaluate your experience with your child, the grief you experienced and the support you had around you after the stillbirth.
- There is limited research in Australia or Internationally that provides men's perspective of stillbirth so your experience and opinions matter.

Who can participate in the research?

- Men aged over 18, whose female partner has experienced stillbirth six months ago or up to 3 years ago

What choice do you have?

- Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you.
- If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data which identifies you.

What would you be asked to do?

- If you agree to participate in the research project you will be asked to attend a face-to-face interview of approximately 1 hour duration.
- The interview is very much conversational. The student researcher will ask you a minimal amount of questions as required, relating to the research topic.
- The interview will be conducted at a time and place that is mutually convenient.
- The interview will be audio recorded.
- Participation is entirely voluntary.

- There are no payments for participants but your contribution is important.
- You will be required to sign a consent form but you are free to withdraw consent at any time, without any penalties. You do not have to provide a reason for withdrawing from the project.

What are the benefits and risks of your participation?

- This is an opportunity for you to contribute your thoughts, opinions and experience about stillbirth.
- It is understood that you will be talking about your stillborn child and this may cause you discomfort. If you require assistance following the interview the local Hunter Valley contact for stillbirth support is SIDS and Kids and they can be contacted on 4969 3171. This telephone and outreach service is available 24 hours a day.

How is your information kept private and confidential?

- Your consent form and the de-identified data collected is stored separately and securely at the University of Newcastle.
- Your identity will not be revealed, a pseudonym will be used in any written material so that you cannot be identified.

How will the information collected be used?

- The data collected from the interview will be de-identified and presented in the student researchers Honours thesis which will be submitted to the University of Newcastle.
- Individual participants will not be identified in any reports arising from the project.
- You will be able to review the audio recording and transcripts to edit or erase your contribution.
- There may be an option for results to be published in an academic journal. This would be quite significant in presenting men's experience of stillbirth to a national and international audience. Publication does not attract any financial gain for the student researcher, the supervisor or the University of Newcastle.

What do you need to do to participate?

- Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have any questions, contact the student researcher or research project supervisor via email or telephone.

- Please contact the student researcher or research project supervisor via email or via telephone to arrange a time and place for interview.
- You will be required to sign an Informed Consent form before commencement of an interview.

Further Information

- If you would like further information please contact the student researcher or research project supervisor via email or telephone.

Thank you for considering this invitation

Signature (Student Researcher)
Supervisor)

Signature (Research Project
Supervisor)

Complaints about this research

This project has been approved by the University of Newcastle Human Research Ethics Committee, Approval No. H- (pending approval).

Should you have any concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan, NSW, 2308, telephone (02) 4921 6333 or email

Human-Ethics@newcastle.edu.au

Appendix C

Interview Schedule

Interview Schedule

Men's Experience of Stillbirth: Gender identities, fathering and the social mediation of male grief

Reminders: Voluntary participation, interview can stop at any time without penalty, no reason for withdrawal from project.

Intro Question

Can you tell me about the stillbirth experience and what it was like for you?

What was the experience like for you after the stillbirth of your child?

What was your relationship like with your child during/after stillbirth/today?

What was the response of the people around you following the stillbirth of your child?

What did people say to you following the stillbirth of your child?

General demographic questions

Could you please tell me your age at the time of this interview?

Could you please tell me your occupation at the time of this interview?

Could you please tell me the highest level of education you have completed?

Could you please tell me the town or suburb in which you currently reside?

Appendix D

Informed Consent

Informed Consent Form for the Research Project:

Men's Experience of Stillbirth

I agree to participate in the above research project and give my consent freely.

- I understand this research project will be carried out as described in the *Information Statement*, a copy of which I have retained.
- I understand that participation in this research project is voluntary. I am free to withdraw consent at any time, without penalty. I do not have to provide a reason for withdrawing from the project.
- I consent to participating in an interview and having the interview audio recorded.
- I understand that my personal information will remain confidential to the researchers (except as required by law). This form and data collected will be stored separately and securely at the University of Newcastle.
- I consent to a pseudonym being used so that I cannot be identified.
- I consent to quotes from my interviews being used in the thesis report and any published material provided my identity is not revealed.
- I consent to publishing of results from this study provided my identity is not revealed.
- I have had the opportunity to have questions answered to my satisfaction.
- I hereby voluntarily consent and offer to take part in this project.

I (print name) hereby consent to take part in the above detailed research project.

.....
Signature

.....
Date