GOZITAN COUPLES' LIVED EXPERIENCE OF LOSING A CHILD DURING PREGNANCY:

EXPLORING WHAT HELPED THEM THROUGH THIS PROCESS

By

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A Dissertation presented to the
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DECLARATION OF AUTHENTICITY FOR MASTER'S STUDENTS

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I hereby declare that I am the legitimate author of this dissertation and that it is my original work as supervised by Ms. Carmen Delicata.

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ABSTRACT

This study explores the experience and what assisted or hindered Gozitan married couples' resilience after losing a child during pregnancy. It also unearths the manner in which these couples gave meaning to their lived experience, both from a mother's and father's perspective. For this purpose, a retrospective study was conducted with four Gozitan married couples who have suffered child loss during pregnancy. Data was collected using individual semi-structured interviews where four in-depth dyad interviews were carried out. By adopting a phenomenological approach, data was elicited from the participants and later transcribed verbatim. Each interview was analysed utilising Interpretative Phenomenological Analysis (IPA). From this analysis, six major themes emerged: (i) Culture and demographic differences, (ii) Emotional rollercoaster, (iii) The grandparents share in the situation, (iv) Managing the loss, (v) Picking up the pieces and (vi) Sense of loss is timeless. The results illustrated the account of their experience, the way they lived through the immediate and the days and weeks after the loss and the effect such an untimely loss had on the young couples' emotional and psychological wellbeing. It delves into how the experience also had a ripple effect on their respective families and friends, specifically on the grandparents. My study brought out the gendered differences that exist between men and women in managing and coping with grief. This study also emphasises the benefits of psychotherapy within the field of perinatal and antenatal psychotherapy.

Keywords: Child loss, pregnancy, couples, grandparents, psychotherapy, experience

DEDICATION

This work is dedicated to my two children, Jack and Katrina: through losing a son, I gained a daughter.

There isn't a day that passes by that my mind doesn't wonder about you, dear Jack. Raising you, my sweet Katrina, is a blessing and an immense joy. You sparkle our lives with Love.

This dissertation is also dedicated to my husband, Helios:

my ray of sunshine, and the one who has taught me the meaning of love, support and resilience. Knowing you're here as my pillar softens all the hardships and sufferings of our married life. There is nothing we cannot endure together.

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Special sincere appreciation also goes to those who have willingly participated in this study and whose participation and co-operation made this project possible. While wishing them all the best for their future, I hope that their participation provided them with not only an opportunity to voice their accounts to the community, but also a new opportunity for understanding child loss during pregnancy and the meaning of effective family psychotherapeutic services.

Additionally, while this research journey gave me new insights about my clinical practice, I take full responsibility for the presentation of this study. To this end, I ask the participants to forgive me if this study somehow does not totally portray their experience – what is presented is my interpretation of their phenomenological experience.

The completion of this dissertation would have never been possible without the support of my family and extended family. Firstly, I would like to express my sincere gratitude to my soulmate, my dearest husband and best friend, Helios. I love you for everything, for being so understanding and for putting up with me through the toughest moments of my life. Thank you for being a wonderful father to our daughter, Katrina, and for stepping in when I couldn't give her time and attention when she mostly needed it.

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Chapter 1 – Introduction

1.1 The aim of the study

The aim of this study is to shed light on what Gozitan couples go through when they lose a child during pregnancy. The objectives of this research are to explore the couple's perception of being a family, the experience of loss as lived by the couple and the influence that such an experience has on their relationships.

While loss during pregnancy has been widely explored from a mother's perspective, little research, both on an international and local level, focuses on how such an event affects the couple (Abboud & Liamputtong, 2005; Due et al., 2017; Puddifoot & Johnson, 1997). In a Maltese context, limited qualitative research exists on this subject: only a few undergraduate studies are available and these neither focus on the couples' experience, nor take a systemic perspective. Present studies mainly take on a psychologist's perspective of the effects of miscarriage on women (Cassar, 2010), the social worker's perspectives on parents' experiences of perinatal death (Bajada, 2006) and the mother's experience of stillbirth (De Maria, 2004). Although pleased that Maltese researchers have started paving the way in the study of local couples who experience child loss in pregnancy, I believe we still need to widen and deepen our understanding on the effects such a traumatic event has on the couple's relationship and on the other systems surrounding them.

Thus, the main research question of this study reads:

- What does it mean for couples to lose a child during pregnancy?

Related to the main question, secondary research questions emerged:

- How did they perceive that this experience influenced their relationship as a couple?
- How did they perceive how others coped with their loss?

1.1 Personal interest in the subject

From a young age, I always viewed the birth of a child as a special and privileged experience. I used to think that the time of waiting should be celebrated with overexcitement and thrill. However, I used to observe that not everyone in my family shared the same views. As I grew older, I could better understand this ambivalence around pregnancy. On the one hand, there was joy and happy expectations, while on the other there was dread and apprehension.

At the age of thirteen, I heard my father refer to the four miscarriages my mother went through very early on in their marriage. Hearing that my parents had suffered such losses came as a shock; it was news to me and to my three older sisters. I felt hurt that my parents had kept such a secret from us. At the same time, I felt extremely sad for my mother who must have lived these losses in silence as my father is not one to address emotions. As time passed, two of my sisters experienced several child losses, but these were also kept inconspicuous.

As a family, we grew up avoiding sadness and painful emotions, so we protect each other during hard times. This was seen as a sign of strength and resilience which became part of our family script. Nonetheless, when faced by inevitable life events we end up vulnerable and lost.

When one year into our marriage, my husband and I lost our son Jack at twenty-one weeks gestation, the family experience was totally different. It was devastating knowing that our first child is going to die; nevertheless, I felt that this episode in my life was an epiphany (Adam et al., 2015). It was a life-changing experience for both my husband and I, but also for whoever touched and supported us through our journey. I remember it being a distressing phase in my life but one which I lived with others. My husband, family and friends were there with me during this difficult time in my life. I wanted to break away the family legacy of silence around the loss of a child.

Ironically, in my role as a trainee family psychotherapist and a psychology assistant in a hospital setting, I work with couples who have gone through the loss of their child during pregnancy. Only a few are referred, and at times, some couples even refuse the service. Through the ones I met, I have come to appreciate more the uniqueness of the experience for each parent, for each couple, and for each family. This triggered my interest and desire to learn more about the subject: to understand why some seem to cope so well, why others struggle more, why some refuse to talk about it, and how others may be lost in the system, and those who, like my mother and father, are left to make it on their own.

1.3 The context of the study

This study has been made possible through the participation of four young married Gozitan couples who have gone through the experience of child loss during pregnancy. While reading this dissertation one has to keep in mind that the context in which this study took place is the tiny island of Gozo. Gozo is made up of several small

communities that give colour to the characteristics of this island. It is considered as the sister island of Malta and, at 67 square kilometres of land, has a population of 32,723 people (NSO, 2019). Gozo's majority is aged between 50 and 59, while in Malta 30 to 39 year olds account for the highest share of the population (ibid). The limited number of young adult residents could be related to the dependency the younger generation has on the main island: many move to Malta for study and work purposes. This population characteristic could also be an effect of how Gozo is marketed internationally: focus is placed on the island being a quieter and calmer place where expats can retire (Gov.mt, 2019).

The island is insulated from the rest of the country by the Mediterranean sea: the only means for a Gozitan to commute to Malta is by using a ferry. *Hemm baħar jaqsam*- there's a sea that distinguishes us; a Maltese idiom which refers both to the geographical division between Malta and Gozo and the cultural differences that exist between the two islands. This geographical element has played a very important role in how one experiences and portrays family life in Gozo.

1.3.1 Gozo: a face to face community

> Honour and shame are the constant preoccupation of individuals in small scale, exclusive societies where face to face, personal, as opposed to anonymous, relations are of paramount importance and where the social personality of the actor is as significant as his office. (Peristiany, 1966, p.11)

With a high population density and the small sized islands, the Maltese are particularly mindful of each other's business (Abela et. al, 2013). Due to Gozo's smaller

size, this face to face community is more prominent. Everyone seems to know each other and all news is spread within a few minutes or hours either by word of mouth (O'Riley Mizzi, 1994) or through social media, such as Facebook (Riva et al., 2016). It is almost impossible to keep a special event undisclosed. Losing a child could be one of those events: the news will start an outpour of sympathy and a sense of virtual support. In a small sized island such as Gozo, losing a child during pregnancy, becomes a community experience. The private and the public become intertwined into each other (Abela & Walker, 2014).

1.3.2 Family life in Gozo

Enriching literature focusing on the 'Mediterranean model' (Egolf et al., 1992) shows how Mediterranean cultural factors offer resilience in deprived circumstances (Satariano & Curtis, 2018). Social dynamics, a strong familial bond, social cohesion, and social support are important sources of resilience to adversity and illnesses (Gilliom, 2001).

The Maltese islands benefit from a geographical arrangement where relatives tend to live very close to each other; at times newlywed couples decide to reside in the same locality where one or both partners would have been brought up (Abela, 2016). The country's geographical characteristics, and in particular its size, render the distance between families a mere five to fifteen minutes' drive away. This makes it easier for families to visit or offer support to each other on a regular basis. That said, this reality could have also brought about an obligation on Gozitan families to support each other in child rearing, in supporting family members with mental health issues, in taking care of

their elderly and in bereaving the deceased (Abela, 2016; Borg Xuereb, 2008; Grech, 2016). Bozormenyi-Nagy and Sparks (1973) described these obligations as loyalties which provoke us to feel a sense of indebtedness to our family of origin, as if families are bound within a transgenerational ledger.

According to the Mediterranean model, such supportive factors help community stability (Satariano & Curtis, 2018). In relation to young couples, it is my observation that extended family in Gozo, both because of its strong ties of affection and maybe invisible expectation, feels obliged to care for the new couple by helping them build a family, and achieve self-realization and individuation (Abela, 2016; Spiteri & Borg Xuereb, 2012). The spirit of self-sacrificing and willingness to adjust to one another, better known as 'marianismo', is a prominent theme on this small island (Gil & Inoa Vazquez, 1997). Bozormenyi-Nagy and Sparks (1973) refer to this as indebtedness. This could be a reflection of deep-rooted catholic religion schemas and ritual prayer that the islanders use to ease the heaviness of such burdens, such as 'nofrih għal Alla'- 'I offer this to God', mostly portrayed by women (Pearce et al., 2016). Meanwhile contextual theorists believe that such an indebtedness originates from the loyalties we build through our families. Unfortunately, as much as healthy loyalty patterns could be of benefit for families, patterns of over-entitlement and over-indebtedness could result in unhealthy loyalty family patterns (Wilburn-McCoy, 1993).

Although grandparents might still be in the workforce, it has long been known that they come to the aid of their children and grandchildren in times of family crises (Gladstone et al., 2009). This is reflected in how they try to accommodate and lessen the burden of today's young dual-earning couples. Their aim is to help them deal with

today's house mortgages and expenses, long working hours and help them avoid delaying childbearing (Azzopardi, 2007). As noted by Abela and Walker (2014), childbearing in today's society is being delayed and couples are controlling reproduction for more financial stability with the hope of better prospects for future children (Azzopardi, 2007; Spiteri, 2019).

In Gozo, only 121 children out of 914 aged zero to three attended a childcare in 2017 (NSO, 2019). Childcare is a government funded service, which is free to all employed parents who pay social security (Free childcare scheme, 2019). Gozitan couples seem to opt for other options. Grandparents' work commitments are sometimes planned around the needs of their children and grandchildren to help in child-rearing. In 2012, childcare figures in Malta indicated that grandparents or other relatives where childrearing an average of 17 hours on weekly basis (National strategic policy for positive parenting 2016-2024). Another factor could be that a generation of grandparents are still stay at home mothers or fathers who can care for their grandchildren. Parents seem to be grateful to have this option rather than send their children to childcare (Spiteri & Borg Xuereb, 2012). These factors formulate my hypothesis and that loss and bereavement have a bigger impact in such contexts. Bereavement differs according to socio-cultural, contextual and relational factors (Wortman & Silver, 2001). As noted by Kohner and Henley (2001), losing a child in pregnancy does not only mean the loss of the child, but also anticipated roles, expectations, time invested in planning around child-caring and a loss of self-accomplishment. I believe this also applies in a Gozitan context.

1.3.3 The effect of losing a child during pregnancy in a very small community

Family life and parenthood are still highly valued and honoured in Gozitan society; that said, choices made by Gozitan adults seem to be influenced both by traditional notions of familialism and the more modern shift of individualism (Walker, 2014). Today's couples are in a constant learning process on balancing between togetherness and separateness - two polarised positions that play a central role in a family's succession (Azzopardi, 2007). This is tested by the couple's juggle of a career, individual autonomy, self-actualization, a family and the expectations that everything brings along (Abela, 2016; Azzopardi, 2007). The increased need of individual autonomy and self-actualization has led to a rise in age at marriage, a decline in fertility, rising fertility outside marriage, female economic autonomy and increasing equality in gender roles (Abela, 2016). When family and individualism are conjoined, tension and stress magnify (Azzopardi, 2007). Equality, economic independence, education, career, gender roles, and gender power are all elements that affect this tension (Walker, 2014). The expectation to have the best of both worlds could be very difficult and detrimental to the relationship (Azzopardi, 2007), but somehow shameful if one fails to carry it out.

Parenting is still considered as one of the most important things in adulthood and society seems to have big anticipation in welcoming a child to one's community (Walker, 2014). Honouring such social constructs and avoiding shameful consequences might help us understand the strong reliance Gozitan couples have on their family of origin as a support mechanism to help them achieve the best of both worlds (Tavora, 2012; Trifiletti, 1999). Family values persist in Mediterranean countries, such as Malta, and this is mostly due to the retention of social norms that unfold around reputation and religious cultural

values. Losing a child on such a small island would mean not just failing as an individual or couple, but also failing the community which tends to see a child as an addition to it. Statistics show that in 2018, Gozo had 275 live births and 30 foetal deaths in pregnancy. Goffman as cited in Satariano & Curtis (2018), argues that society is divided into two main categories: those deemed to be 'normal' and the 'deviants'. Losing a child could place those thirty couples under the 'deviant' category, leading to increased shame.

1.4 Theoretical Framework

The theoretical frameworks that will underpin my IPA research methodology chosen for this study are social constructionism, systemic theory and the family life cycle theory.

Social constructionism's philosophical stance assumes that meanings are generated by what people experience and do together (McNamee, 2017). In fact, in this study, my intention is to see how the couple experienced their phenomena as a by-product of their own interactions together as a couple and also with their immediate environment (Burr, 1995).

On the other hand, the systemic theory framework implies that, in research, we give importance to both the self but also to the different systems and subsystems that we live and interact with, in different contexts (Walsh, 2011). In this study, I will be exploring not just the relational aspect between the couple, but also attempt to understand relational dynamics (Rober, 2015) that occurred vis-à-vis other systems surrounding them during that specific episode, such as midwives, doctors, family members, children and acquaintances who have been mutually influential in the process of loss.

The loss of a child during pregnancy tends to have a ripple effect on the entire family network and other systems that come into contact with the couple who suffered the loss of their child (Walsh & McGoldrick, 2013). Change in social expectations creates disruption in the family life cycle, increasing the likelihood of symptoms, dysfunctions, and difficulty during a transition (Carter & McGoldrick, 1988). These different systems will all be applied to my area of study within a Gozitan context.

1.5 Conclusion & Overview

This introductory chapter is followed by an account of existent literature related to my area of study. Chapter 3 provides the reader with the rationale for the methodology and methods used. The findings that emerged from the four semi-structured interviews are presented in Chapter 4 and then thoroughly discussed in Chapter 5. The concluding chapter highlights the strengths and limitations of the research and presents recommendations for clinical practice, policymakers, future research and education.

Chapter 2- Literature review

2.1 Introduction

In this literature review I will be going through existing literature to help readers understand the relational difference between married couples who transition to parenthood and couples who lose a baby during pregnancy. I will highlight the grief that couples go through and the gender differences that exist related to this grief. I will delve into the effect such an untimely loss can create on the communities closest to the family, including grandparents, friends, children and medical staff, and consequently understand how such communities affect couples when dealing with their pain. Lastly, the spiritual aspect in relation to untimely loss will be explored. These ideas will be reflected through the three theoretical frameworks chosen for my study: systemic theory, social constructionism and the family life cycle.

2.2 Setting the context of parenthood

Pregnancy is a special experience that marks the passage from childlessness to parenthood and where changes in the identity, roles and functions of both parents and extended family happen; it is a time full of expectations, hope, joy, fear and faith (Bennett et al., 2008; McGoldrick et al., 2016). The new member of the system is welcomed according to one's personal expectations. The sex, health, name and how long the child was awaited for play a key role in how one reacts to that child's birth (McGoldrick et al., 2016). As important is the relationship the parents have with other family members, influenced by factors such as grandparent acceptance of the marriage and if everyone's doing their part to shift to relationships in the parent and grandparent generation (ibid). When an untimely loss of a baby occurs, the

natural order of life reverses and all the mentioned expectations are shaken, making the process more painful (McGoldrick et al., 2016).

2.2.1 Social constructed ideas around parenthood

The experience of becoming parents appears to be the acceptance ticket into adulthood. In the past, the role of the parents wasn't questioned. It was ordinary for women to bear and care for children while men took on a provider role (Martins et al., 2014; Luepnitz, 1988). However, for the first time in history, having a child has become more or less a conscious choice (McGoldrick et al., 2016). The shift towards an equitable relationship between men and women and the availability of birth control has led couples to decide the best timing for them to start up a family or not (ibid). Having such a choice led women to continue in educational and career endeavours and become co- providers (Amato & Hayes, 2014). Parenthood and paid work are now viewed as a constant relationship and in changing patterns over the life course (Doucet, 2016). Husbands are also taking on a larger share of household chores and childbearing responsibility (ibid). This arrangement has led to the rise of the individualised marriage, where self-development, flexibility and open communication are promoted (Cherlin, 2004).

Although today, gender roles seem to have become blurred, some longitudinal studies have shown that an increase in gender differentiation does occur before and after the transition to parenthood (Katz-Wise et al., 2010).

Although the delay of childbearing and voluntary childlessness is becoming more common, in Malta, the social expectation to have children at least two years into marriage was still very strong up to thirteen years ago (Azzopardi, 2007). I did not come across any other studies that could strengthen or deny this statement.

The embodiment of being a mother or a father is different for both genders. Nevertheless, this is also determined by the cultural imagery and social prescriptions which influence each other's experiences. It's very common to observe the prevalence of gender differences once a couple start the transition to parenthood.

The pregnancy in itself can start the process of men's intimidation and women's sense of wholeness. The mother's biological makeup of being the child's source of life and nourishment, and also the idea that the mother knows best for the child, might put the father in a position of powerlessness (Martins et al., 2014). In this regard, fathers adapt to a functional but passive role, such as helping in what they can, providing assistance, being present, dealing with necessary bureaucracies and ensuring that everything is taken care of (ibid). Women seem to be satisfied that their husbands are supportive and available when needed (Martins et al., 2014). Although today, man's participation in caregiving is increasing (Doucet, 2016), at times they feel discouraged to take on the role of caregiver (Martins et al., 2014). Unfortunately, this slows down their participation and involvement (Johnston & Swanson, 2006; Martins et al., 2014). Meanwhile, social constructs of equity between genders have led to an ambivalent stance for men who are expected to be involved and not just provide. They are expected to engage with and show affection towards their children. Fathers feel they can interact more with the child when the baby is a bit older (Sutter & Bucher-Maluschke, 2008). In reaction to this, when men do help and participate, it can be quite surprising to their wives who then tend to exaggerate their feedback because they wouldn't have expected it (Martins et al., 2014).

In Malta, young couples tend to be dual earners. Women tend to lunge into the role of primary caregivers, but yet again, they see parenthood and work as intertwined (Doucet, 2016). Even when a man decides to be a stay-at-home dad, he still tends to remain connected to his paid

work since earning and breadwinning remain central to one's hegemonic masculinity and identity (Doucet, 2006; Latshaw, 2011; Townsend, 2002; Williams, 2010). One can see how the state has promoted childbearing and parenting through family-friendly measures introduced over the years, such as an increase in maternity leave, paternity leave, reduced working hours, flexi-time, job-sharing and tele-working (National Strategic Policy for Positive Parenting 2016-2024). Nonetheless, aspects of social legislation may still be hindering parental equality in the Maltese context, such as that only one of the parents is granted parental leave (Borg Xuereb, 2008). In Malta, it is still the norm that women are the ones who leave work on maternity leave and care for the baby after arrival (ibid). This is taken for granted by both men and women, possibly leading fathers to miss out on their child's milestones. Nonetheless, it seems that locally, gender social expectations give little space for fathers to be fully in the picture: with the arrival of a child, he is expected to work and provide for the family.

2.3 Reversing the natural order of life

Going through the death of a child is a most painful experience since this reverses the natural order of life (McGoldrick et al., 2016). Literature suggests that both parents grieve the loss of not raising a child, the changes the baby could have brought in their lives and being parents themselves, but both genders bereave differently (Ekelin et al., 2008; Kitzinger, 1984). Men tend to be concerned about their wives. A theme evident in seven studies involving men and pregnancy loss highlighted how men believe their emotions have to be put on hold and their role in that traumatic moment transformed to one of support to their wife and 'remain[ing] strong' in the face of loss (Due et al., 2017; Ekelin et al., 2008). This shows how social desirability does not give men space to fully disclose their feelings for fear to appear weak and vulnerable (Due et

al., 2017). In addition, men tend to worry about the effects that other pregnancies could have on their relationship but are unable to discuss this with their partner. Instead, many engage in rigorous exercise and keep themselves busy to cope with such a distressing time (Kavanaugh, 1997). Meanwhile, women seem to show concern on how such a loss might have impacted their husbands; nevertheless, they express how the husband's physical presence was helpful (ibid). Contrary to men, women cope by keeping busy and they also tend to open up and talk more about their loss (Kavanaugh, 1997). They are more in touch with their feelings, such as emptiness, and find it hard to be around pregnant women (Kersting & Wagner, 2012).

2.4 A community in mourning

Gozo is a face-to-face community and news spreads in a short period of time. It is very hard to cover up an experience of loss, and this eventually turns into a sensational community experience. I remember my husband and I discussing this matter and having to decide whether we wanted to keep the news of having lost a child to ourselves, knowing that people would still know, or else make it public through the use of social media. The aim was to let people know about our loss and in a way, I felt we were giving permission for others to talk about it and memorializing the event.

Not having known about the pregnancy, seen the child when born or experienced the special bond between the child and parents, could make it hard for society to understand the loss and grief the process entails. This could leave parents feeling lonely and without social recognition, men feel disenfranchised grief, relationships are negatively impacted, and accessing support becomes challenging (Abboud & Liamputtong, 2005; Bennett, et al., 2005; O'Leary &

Thorwick, 2006). Parents might not only feel that their child or role as a parent was lost, but also as if for the world, their child never existed (Bennett et al., 2008).

At times, society tends to believe that to minimize the parent's pain and avoid re-traumatization, it would be better if they don't speak about the loss of the infant. Literature has consecutively shown that this is not the case and, unfortunately, not talking about the event aggravates the grief and isolation of both mothers and fathers (Due et al., 2017; Kavanagh, 2002; Wajnor et al., 2011). Acknowledging the loss appears to validate parents' concerns and give them a sense of being listened to (Côté-Arsenault & Morrison-Beedy, 2001). It seems that empathy towards the parents increases depending on how far along the pregnancy was at the time of loss (Plagge & Antick, 2007). The further along the pregnancy was, the more society tends to perceive loss as more painful but a more meaningful experience, leading to more support (Hailey et al., 1994). What is perceived as helpful by most bereaved parents is that others accept their feelings and behaviour, acknowledge their loss, be there for them and be available to share their experience with them (Kavanaugh, 1997; Rowlands & Lee, 2010). From a medical perspective, research shows that keeping parents informed of what was happening, providing competent care and giving them special attention, was very helpful during the process of losing their newborn (Kavanaugh, 1997). When empathy is given from the staff at the maternity ward, parents find great comfort in their support (Ekelin et al., 2009; Wajnor et al., 2011). Therefore, emotional support, concrete support, informative support, psychological help and guidance are very important (Gerber-Epstein et al., 2009). When these are not provided, parents experience distress (Rowlands & Lee, 2010).

2.5 The effect on the intergenerational family

Pregnancy loss creates a ripple effect, affecting not only the parents but also family and intergenerational relationships. The way generations cope with the loss of a family member who is physically absent but psychologically present depends on the unique roots each parent's family of origin value (Boss, 2006; Doka, 2002). Grandparents can be a primary source of emotional and social support, but they can also generate stressors on the parents when they don't acknowledge the lost child. Parents who lost a child perceived their parents as a source of security, protection, support and advisors (O'Leary et al., 2011). However, distress can emerge when grandparents fear to openly express their grief to the parents with the intention of protecting them or others from hurt and disappointment (Côté-Arsenault & Donato, 2010). At times, the old misconception that grief and mourning have a timeframe does not help in the process of healing. In fact, many bereaved people report that grief and mourning never completely end (O'Leary et al., 2011). Often, parents perceive the grandparents as being unable to understand the enduring nature of grief, and that their acknowledgment of the baby's existence would have helped. Therefore, having grandparents talking about and acknowledging the personhood of the deceased baby, even during the awaiting of another child, is helpful (O'Leary, 2011).

Sometimes, the intergenerational relationship seems to change after the loss of a child. Some grandparents are perceived as more engaged; others as silent. Parents do appreciate that grandparents keep naming the lost baby in conversations and anniversaries and to also save photos because for them it would represent their understanding of their continued bond (Neimeyer, 2006). Parents perceived that grandfathers tend to seek more information in a following pregnancy. Grandparents who experienced losses themselves were perceived as being

able to create a new bond with the adult child because they were now both bereaved parents (O'Leary et al., 2011). However, if the script of the intergenerational family is to 'just move on' and the grandparents or family do not acknowledge the lost child, disenfranchised grief might emerge (Doka, 2002; Moules et al., 2004). Bereaved parents find it hard watching grandparents grieve both for their grandchild and the impact it had on their adult child, which unfortunately no one has the capacity to fix (O'Leary et al., 2011). Consequently, parents feel the need to protect grandparents by not disclosing too much in a following pregnancy.

Parents also feel the need to protect children in the family from all the disappointments they could endure if the loss had to occur or had to reoccur. Children are generally involved in the preparation of welcoming a new baby in the family; very often this is a family's main focus during the pregnancy. Unfortunately, due to grief and depleted emotional resources, children are at times left in the dark about the loss (Erlandsson et al., 2010). The role of the big brother, sister or cousin disappears, leaving behind a lot of confusion on little minds. There is the misconception that, at a young age, children are unaware of death (Davies, 1999). Studies suggest that having family rituals and photographs of the deceased baby can be a source of communication, grieving and memory for both the siblings and parents (Fanos et al., 2009). The school environment is the next place close to home for children. It is very common that a child's bereavement is expressed in such a context. This should be encouraged through play and also through drawing family pictures that include their deceased sibling (Erlandsson et al., 2010). Unfortunately, school personnel sometimes fail to acknowledge sibling bereavement; teachers are not comfortable talking to the child about death and this can lead to further disenfranchised grief (Holland, 2008). It is crucial that parents and professionals are resourceful enough to know what to do and say in such cases so as to diminish a child's suffering and pain. Support to and

resilience in bereaved children are gained by the help of the arts, by initiating conversation and by acknowledging grief, which also help to create a lifelong bond with the lost sibling (Steel et al., 2008).

2.6 Spirituality in rough times

It is during unjust circumstances where our foundation of spirituality is shaken (Walsh, 2007). The untimely death of a baby can shatter core beliefs related to predictability, security and basic trust (ibid). Regardless of being religious or not, death and dying lead humans to ask existential questions about the significance and meaning of life and unfortunately people struggle to come up with a coherent answer to such an event (Yalom, 2008). Nonetheless, studies show that our inner spiritual resources help us get through the experience in a resilient way (Tedeschi & Calhaun, 2004). In Malta, the Catholic Church has strongly influenced the beliefs, values and upbringing of the locals. So much so, that when in need of help and support, the Maltese seem to turn to clergy as a primary resort and to seek solace in prayer (Sammut, 2003). Faith, contemplative practice and congregational support are all resources that help stricken people heal painful wounds, take charge of life and go on to live and love fully (Tedeschi & Calhaun, 2004). From our earliest years, faith is inherently relational, where our inner beliefs about life are shaped by our close caregiving relationships in an 'I- thou' position (Buber, 1970). When one takes a position of "I lift thee and thou lifts me", one experiences a deep, intimate and authentic connection (Walsh, 2007, p.180). This connection bonds partners, family members and close friends who, through their care, nourish the spiritual well-being of the wounded. In turn, our spirituality expands and deepens our connection with others (Walsh, 2007).

2.7 Conclusion

This literature review provided an overview of the changes that spouses go through when they transition to parenthood and how socially constructed ideas and beliefs around parenthood influence their transition to being a parent of a baby lost during pregnancy. This was followed by an overview of the different systems around the couple, such as the community in general, medical staff, the intergenerational family, children around the couple and, finally, the spiritual aspect in their relationship.

It emerged from the literature review that although the subject of a couple's experience of baby loss is still internationally emerging, it has nonetheless been explored more widely internationally than it has in a local context. Thus, the decision to pursue a qualitative approach is deemed appropriate. There is a dire need for further qualitative research to better understand what couples go through when they lose their baby during pregnancy in a small island context. It will also help in finding different and better ways of practicing psychotherapy through exploring couples' perceptions and interpretations of what was helpful and what was not. The intention is to not simply provide information on what methods or various ways one can help a bereaved couple during the loss of their baby, but to also present ways on how to provide comfort to clients (Viklund, 2013). In the next chapter, I will present the methodology and methods adopted in this study.

Chapter 3 – Methodology

3.1 Introduction

In this chapter I will be providing an overview of the methodological approach used in this study. I will start this section by illustrating the main research question and its rationale. I will then proceed to explain the motives behind choosing a qualitative approach and specifically why an interpretive phenomenological analysis (IPA) was adopted as the research method. The subsequent section outlines the research process. Data collection, data analysis, ethical issues and my self-reflexivity as a researcher will be addressed.

3.2 The rationale for choosing a qualitative approach

This research project was informed by a systemic, postmodern, social constructionist approach. Systemic researchers value detailed, and careful explorations of the way people express themselves, the way they talk, act, reflect and make meaning dialogically (Rober, 2015). Qualitative research offers a satisfactory platform that allows systemic researchers to collect and manage complex data necessary for their studies. This methodology offered flexibility of exploration from an *emic* perspective, where as a researcher I can understand and view experiences and the way people perceive, interpret and make sense of their experiences and social realities, in depth (Ritchie & Lewis, 2003; Smith, 2008).

People interpret and understand their world by creating meaningful stories; investigating these from a statistical perspective can never present an understanding of intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity and religion (Ritchie & Lewis, 2003). Through a qualitative approach, these could be interpreted and a robust description of the

lived experience given (Smith, 2008). All persons interviewed held their own interpretation and reality of a similar situation; this is better known as idiosyncrasy and it is what makes every story unique. A qualitative approach thus enables a thorough, in-depth comprehension of intricate issues and the discovery and reconciliation of meaning (Cassar, 2017; Shank, 2002).

With the contribution of social constructionism ideas, constructivism and emphasis on self- reflexivity, systemic thinking has paralleled with qualitative research (Burck, 2005). The qualitative accounts of participants were considered as constructed within a particular context, through language and discourse of dominant and subjugating meaning rather than mirroring reality (White & Epston, 1990). As a researcher, it gave me the possibility to put forward, through self-reflexivity, my positioning in terms of similarities or differences related to; culture, race, ethnicity, gender, age, sexual orientation, spirituality, linguistic tradition, biases, beliefs, preferences, theoretical, political, and ideological stances, and emotional responses (Berger, 2013).

I hence believe that a qualitative approach is the most suitable method for my study as I wanted couples to help me understand their lived experience of losing a child during pregnancy. Being reflexive helped me recognise and take responsibility of my own experience within the research and the effect it could have had on the participants being studied, questions being asked, data being collected and the interpretation I presented (ibid).

The main aim of this study was to explore the meaning Gozitan couples gave to losing a child during pregnancy. My intention was to investigate issues around the couple's idea of being a family, the experience of loss, the influence that such an experience had on the couple's relationship, what helped or hindered the couple after the process of loss and the couple's perceptions of how others coped with their loss.

Thus the main research question of this study read:

- What does it mean for couples to lose a child during pregnancy?

Related to the main question, secondary research questions emerged;

- How did they perceive that this experience influenced their relationship as a couple?
- How did they perceive that others coped with their loss?

3.3 The rationale for interpretative phenomenological analysis

I decided to examine this phenomenon by adopting an IPA as described by Smith et al. (2009). IPA "provides us with a rich source of ideas about how to examine and comprehend lived experiences" (Smith et al., 2010, p.10). In line with IPA, my research aimed to understand the couple's experience and the meaning they gave to losing a child during pregnancy. I explored participants' generated experiences, perceptions and views, and sought to understand the meaning they generated (Brocki & Wearden, 2006; Reid et al., 2005).

Different types of qualitative methodologies exist, such as narrative analysis, grounded theory, and autoethnography. The choice of using IPA amongst other approaches was guided by the aim and research question (Biggerstaff & Thompson, 2008). Although IPA shares similar features with other qualitative methodology, such as narrative analysis (NA) and grounded theory (GT), the latter two were discarded as options. NA, similar to IPA, focuses on the participant's experience and meaning-making process (Crossley, 2007; Willig, 2013). Despite these similarities, NA was discounted because it focuses on people's use and sequence of narratives and stories which departs from the aim of this research (Coyle, 2007). I opted for IPA rather than GT since the aim of the study was to elucidate the experience by focusing on ideography rather than on generating theory as is done by GT (Payne, 2007).

3.3.1 The philosophical underpinnings of IPA

IPA methodology is informed by concepts and debates around three important pillars: phenomenology, hermeneutics and idiography (Smith et al., 2009). van Manen (1990), captured these beautifully by saying that: "the (phenomenological) 'facts' of lived experience are always already meaningfully (hermeneutically) experienced. Moreover, even the 'facts' of lived experience need to be captured in language (the human science text) and this is inevitably an interpretive process" (p.180).

The phenomenological aspect of IPA focuses on people's perception of how they view life's events at their immediate experience, rather than as we conceptualise, theorise, categorise or reflect on it (Adams & van Manen, 2008). As proposed by Edmund Husserl, to understand the experiences around us we need to take a step back and adapt a phenomenological attitude; in this way, we can understand how individuals are making sense out of their lived experience (as cited in Shinebourne, 2011). My perception as a researcher needed to be 'bracketed' (epochè), or put aside, to allow this phenomenon to take prominence (Pietkiewicz & Smith, 2014). Phenomenology has transitioned from descriptive phenomenology, which emphasises the 'pure' description of people's experiences, to the 'interpretation' of such experiences, as in hermeneutic phenomenology (Matua & Van Der Wal, 2015)**.**

Hermeneutics is a term coined by Heidegger, which refers to the attempt of the researcher to comprehend and interpret what the participants want to convey, in order to translate their message (as cited in Freeman, 2008; Moran, 2000). A researcher is already indulged in the pre-existing world of people, objects, language and culture, and one can never be meaningfully detached from it (Smith & Osborne, 2008; Smith et al., 2009). On the contrary, in interviews, as in therapy, we take who we are, all our "personal and professional experiences, values, biases

and convictions" (Anderson, 1997, p.137). In carrying out this research, I adhered to Heidegger's view as I believe the interviewer's mind is not empty (Rober, 2015) and I do not believe that epochè can ever be achieved. Understanding cannot take place without researchers having their own initial assumptions; that said, the focus would be more on the process rather than the content of the conversation (Rober, 2015; Willig, 2013). Furthermore, I believe that my personal and professional self both played a major role in the interpretation and it was impossible to deny all the thoughts, feelings and experiences that fundamentally make me the person that I am. This circular hermeneutic pattern gives interpretative phenomenological researchers the opportunity to use one's self-reflexivity to make presuppositions and assumptions visible, in an attempt to advance understanding (Willig, 2013). At a later stage, this was developed into double hermeneutics, a process where I tried to understand the participant's understanding of their own experience (Smith et al. 2009).

The third philosophical orientation of IPA is idiography. As explained by Harré (2016) "idiography refers to studies of individuals one at a time, without reducing any of them to an instance of a common type" (p.164). The aim is to see "the wholeness and uniqueness of the individual' from a more complete and in-depth picture" (Malim, Birch & Wadeley, as cited in Pringle, Drummond, McLafferty & Hendry, 2011, p.21). Interviewing couples meant being cautious to not minimize the in-depth experience of both the individual participants and their relationship as a couple. This in-depth analysis was made possible by the participation of a small numbered and homogenous group (Smith et al., 2009). It assisted in creating a more detailed description and in identifying cases' similarities and differences (ibid).

To sum up these three constructs, we can say that IPA is a method that focuses on the individualised description of an experience (Smith, 2008) but also acknowledges the researcher's

self-reflexivity and relationship between the parts. This made IPA fit well within a systemic and social constructionist framework.

3.4 Research procedure and design

3.4.1 The sampling strategy and participant criteria

In IPA studies, due to its idiographic focus and concern on the quality of the detailed account, the sample size is usually very small. Generally, a sample size of three to six participants is favoured at Masters level (Smith et al., 2009). For the purpose of this study I recruited four couples on a voluntary basis. These were chosen through purposive sampling (Palinkas et al., 2013). In order to ensure homogeneity of the sample, the participants were able to take part in the study if they fulfilled a set of criteria (Sargeant, 2012). That said, being on a small island, I had to keep in mind the limited population size. The eligibility criteria together with the rationale required for the inclusion of participants were as follows:

a) The participants had to be Maltese married couples.
b) The participants had to be between 25 and 45 years of age. Research suggests that this is the age bracket for child-bearing couples in Malta (NOIS, 2016).
c) The couple would have lost a child during pregnancy in the past years, but at least one year would have passed from the event. Empirical data on a participant's reaction to different assessment procedures showed that the majority of trauma survivors do not find the experience as distressing but rather as valuable and relieving. The assessment provides them with an opportunity to give testimony about the experience and this is perceived as therapeutic (Seedat et al., 2004). Research shows that trauma survivors in an acute setting benefit from participation:

they report control over the initiation and discontinuation of the interview, which unfortunately they would have lost once they entered hospital for observations and check-ups, and at which point the ordeal would have started (ibid). The choice of a one year gap serves as a precaution to avoid any mental health issues. Research shows that inadequate support during the first year of loss can be a predictor of depression as long as a year after loss (Plagge & Antick, 2007).

d) The mother to-be was hospitalized and needed some medical or surgical intervention.

3.4.2 Recruitment of participants

The respondents were selected from data held by the Gozo General Hospital (GGH), with the permission of the GGH administration and the Head of the Maternity Department. In this study, the midwife in charge of the department was an intermediary person between the participants and I. The midwife in charge, in a non-random manner, selected the potential participants who fall within the criteria of my research. She also assessed who is eligible to participate or not according to her own one-to-one experience with them, both on the ward and on an outpatients basis. Together with the consultant gynaecologist, she would have regularly met the couples, both before and during their ordeal. In addition, the consultant would have assessed the psychological and physical state of the couple post-pregnancy loss.

I was informed that those who showed signs of prolonged distress were reviewed and referred to the appropriate services, for example psychiatry and psychology. To avoid further psychological and emotional harm or distress, the midwife in charge made sure that my clients would not be from such a client group.

The eligible participants were contacted by the midwife in charge herself to see if they were interested in participating in this study. Couples who showed willingness to participate

were sent a letter of information (Appendix B) to their home address to help them make a joint informed decision about their participation. Participation was completely voluntary: when clients decided to be part of this study they contacted me for an appointment and the interview was carried out at a place convenient for them. With Gozo being a small island and a face-to-face community, I ended up knowing some of the potential interviewees. I discussed this with the midwife in charge and she refrained from recruiting them for my study.

3.4.3 Data collection

The data in this study was collected through in-depth, semi-structured interviews which I have ultimate ownership of (Smith et al., 2009). One-to-one interviews were held with all couples and each lasted approximately sixty to ninety minutes (ibid). A consent form needed to be signed by both participants for the interview to occur (Appendix C). To ensure confidentiality, and in accordance with the General Data Protection Regulation (GDPR) of 2018, names and other indicators that could reveal the client's identity on the recordings were changed so that participants remained anonymous (Smith et al., 2009). The information letter sent contained an explanation of the criteria needed for inclusion in the study, nature and significance of the research, the method of data collection and their role as participants. This provided them with all the necessary information to make an informed decision on whether or not to participate in the study. The couples were re-read the nature of the research, the data collection procedure and their role as participants before starting the interview (Sanjari et al., 2014). Those couples who were interested in taking part contacted me directly through a phonecall or electronic mail. Six couples were contacted for an interview; two refused to participate. One of the couples refused as they were still struggling with past miscarriages and childlessness while the other couple

disclosed how it is still hard for the husband to talk about the loss. Due to this distress, I offered both couples psychological support from the Psychology Department at GGH. In the transcription and dissertation, pseudonyms were used instead of names so as to maintain confidentiality. The interviews were audio recorded and saved in an encoded external hard drive which was destroyed after the compilation of this research study. Later on, a verbatim transcription was captured (Pietkiewicz & Smith, 2014).

Through IPA's commitment to idiography, I felt free to engage with the participants as the experts and thus my role was to only facilitate and guide the dialogue (Smith, 1995). Nonetheless, the notion of the client as the expert does not mitigate the therapist's, or in this case the interviewer's, expertise (Rober, 2015). Keeping a genuine stance of curiosity helped me develop a rapport with the participants while being fully engaged with their experience. All interviews were dyadic, defined as "one researcher interviewing two people together" (Wilson et al., 2016, p.1551). The researcher and interviewees "'transformed' or 'enlightened' understandings as an outcome of dialogical interaction" (Roulston, 2010. p.220). Opting for dyadic interviews was of relevance since the participants acted out as prompters and provided the missing pieces to the gaps of each other's conversation (Wilson et al., 2016). It added richness to the findings because it helped me understand better the power dynamic and interaction between the couple and how they lived the experience of child loss differently from each other. Despite these advantages, a major limitation of the dyadic interview is the possibility of one interviewee dominating the interview, a factor which I tried my best to avoid (Morris, 2001).

3.4.4 Interview schedule

The interview guide (Appendix D) included background information on the dyad such as age, occupation, number of losses, gestational week of baby lost and number of other children. The open-ended questions focused mainly on five phases: the couple's idea of being a family, the experience of loss, the lived experience as a couple, what helped them cope and how they perceived that others coped with their loss. In these five phases, questions were developed to analyse more in-depth the couple's sensory perception, mental phenomena and individual perceptions (Pietkiewicz & Smith, 2014).

3.4.5 The process of data analysis

Data analysis is the repetitive process of fluid description and engagement with the transcript (Smith et al., 2009). Once a verbatim transcription was prepared and translated, the process of reading and re-reading data commenced (ibid).

Each recorded interview was transcribed verbatim and analysed as indicated by Smith et al. (2009). The first step involved an iterative process, where the transcript was read several times to help me familiarise with the text and context, and to grasp the general gist of the participant's experience from an insider perspective (Storey, 2007). The reading process was supplemented by listening to the participant's voice and interview flow. As this process was taking place, I wrote on the left-hand margin exploratory comments which arose as a reaction to the text. This also included the couple's interaction dynamics (Morgan et al., 2013). The exploratory comments were then transformed into themes on the right-hand margin. As noted by Smith et al. (2009), I was attentive to not reduce the participant's experience.

The second step involved initiating noting and commenting freely on the semantic content and language (Smith et al., 2009). I divided the transcript into three margins: the first for emerging themes, the second for the couple's conversation and the third for any descriptive, linguistic or conceptual comments (ibid).

Following this, I started developing the emerging themes (Smith et al., 2009). I analysed and structured the written notes and allocated an adequate theme. These themes were based on the participant's interpretations, however my interpretation as a researcher also emerged through my collaboration. This is known as double hermeneutics (ibid).

These themes were then mapped and organised through the process of abstraction. This involved putting together the themes, relating emerging themes with a related pattern between them and then creating a superordinate theme for the group (Smith et al., 2009). Once this process was done, the superordinate themes together with the themes were graphically structured in a table of content (ibid).

This process was repeated for all interviews. Each case was special in itself, therefore information from previous interviews was bracketed to allow new themes to emerge (Smith et al., 2009). My subjectivity as a researcher was also bracketed by self-reflexivity and several meetings with my dissertation supervisor. These steps allowed me to identify themes and integrate them into meaningful clusters, first within and then across the four cases (ibid).

3.5 Ethical considerations

It was my sole responsibility that throughout the carrying out of this research I do not cause any harm to the participants or put them at risk of harm. Before the commencement of this research, ethical approval was sought from the Institute of Family Therapy Ethics Committee to

ensure that all ethical issues were appropriately addressed. Approval was obtained on the 12th of September 2018. Approval to access participants was also granted by GGH and the Maternity Department.

I was aware that interviewing the dyads, and their disclosure of the experience of losing a child during pregnancy, could cause them emotional distress. There were several instances during the interviews where I had to pause, remain emphatic and wait for the participants to regain composure. Had I felt that a participant was experiencing distress, I would have discussed the possibility of stopping, changing the subject or terminating the interview, as instructed by Corbin and Morse (2003). However, this was not necessary during my study. I did my best to give both participants equal opportunity to talk and express their point of view of the experience. Once over, I debriefed the couple about their experience of the interview: as Smith (1992) suggests that, it is morally wrong for the researcher to leave the interview if someone is emotionally distressed. Psychological support was offered to two couples who made contact with me after reading the sent information sheet and refused to participate. Arrangements were made beforehand with the psychology department for the provision of such a service in case of need. The four dyads expressed that sharing their experience was therapeutic.

3.6 Personal reflexivity

Creswell (2007) explained that interpretation of a given phenomenon is based "on the cultural, social, gender, class and personal politics we bring to the research" (p. 179). Being a Gozitan female, my beliefs and ideas in relation to this phenomenon undoubtedly influenced the interpretative process.

My personal interest in this subject started off when my husband and I experienced the loss of our son, Jack, at twenty-one weeks gestation. This dissertation was a driving force to keep me going through such a hard time. Along the years, I came to realise that my resilience is determined by understanding and searching what others have gone through during such an experience. This has given me the opportunity to render meaning to the experience and place back my fragmented pieces of the story. As a woman and as a mother, I felt acknowledged that what I was going through was also felt by others. It was soothing to me knowing that others have gone through a similar process and it also increased my awareness in relation to work in therapy. This explorative journey helped me come across research related to other systems that are affected by such a loss which, due to being drawn by grief, I would never have thought about. I started becoming aware of the effect it could have had on my husband, the grandparents, the children, the medical staff, but also society in general. Taking into consideration that this study was done on the little island of Gozo, children tend to be precious because the births or losses that occur determine the future of this island.

Being a psychology assistant in a health setting has also exposed me to families who lost their child during pregnancy and this continued to nurture my interest on the subject. Having gone through the experience myself and having such a clientele, made me feel responsible to be as knowledgeable as possible to help clients cope through the process. As research from a Maltese and Gozitan perspective is missing, studying the local context will help me improve both the psychological services in regards to these clients and also the therapeutic interventions that help a couple cope through grief.

3.7 Conclusion

In this chapter I have provided a detailed description of the methodology of this study as well as illustrated the main research question adopted, the rationale behind it, and the aims and objectives of the study. The decision to choose a qualitative approach, specifically an IPA approach, was explored. Finally, the research process, including data collection, data analysis, ethical issues and self-reflexivity, was outlined. In the upcoming chapter I will present the results emerging from the study.

Chapter 4 – Results

4.1 Introduction

The research participants shared their unique and detailed experience as couples who lost a child during pregnancy. The aim of this chapter is to present the different views shared by the participants.

I will start this chapter with a brief description of the participants. I will then proceed by presenting a master table of themes capturing the main superordinate themes and sub-themes elicited from the interviews. Following this, each theme will be described in detail and substantiated with excerpts from the original transcripts. Pseudonyms are used throughout this study to protect the participants' confidentiality. Personal information that could lead to the identification of any of the family members was either altered or left out to ensure anonymity.

4.2 The research participants

The following table (Table 1) illustrates basic information about the couples participating in this study:

Table 1

Couple	Pseudonyms	Age	Occupation	Years together	Years married	Number of losses	Other children following loss
1	Mark	30	LSA	12	3	1st: 9 weeks 2nd: 12 weeks	1 year old
	Claire	26	Nurse				
2	Saviour	32	Administrative work	7	3	1st: 19 weeks	10 months old
	Laura	28	Accountant				
3	Karl	34	Construction worker	16	10	1st: 40 weeks 2nd: 12 weeks 3rd: 8 weeks	5 year old 10 months old
	Denise	36	Nurse				
4	Mario	36	Police officer	12	7	1st: 9 weeks 3rd: 12 weeks	5 year old 8 months old
	Sandra	36	Teacher				

4.3 Table of themes

Table 2 below illustrates the six main themes which emerged from the analysis of data in this study, together with the subthemes. This list of themes has been elected from the original transcript of the participants. A sample of the transcript can be found in Appendix E.

Table 2

Superordinate themes	**Sub-themes**
Culture & demographic differences	• Starting a family in Gozo requires more planning • 'Congregational' support • Need for children, to feel whole
Emotional rollercoaster	• The unthinkable happens • Instant sense of attachment • Empty pain- no baby to bring home • Isolating oneself from families with babies • More space needed to talk
The grandparents share in the suffering	• Unfulfilled expectations • Protecting each other from the pain • Being there for them in a practical way
Managing the loss	• Make you or break you • Gendered ways of grieving
Picking up the pieces	• Making sense of what happened • Spirituality • The way towards healing

Sense of loss is timeless	• Time soothes wounds

4.4 Themes

4.4.1 Culture and demographic differences

The difference in culture and demography between Malta and Gozo captures the reality that living in Gozo requires more planning when initiating a family. The four couples interviewed mentioned how commuting between the two islands creates drawbacks; this also makes planning a must when thinking of building a family. They also noted that their respective families tend to be very involved in their life and in providing practical support. It appears that the idea of family and having children amongst Gozitans is still very much influenced by its closely-knit culture and specific demographic.

4.4.1.1 Starting a family in Gozo requires more planning

Since there are more job opportunities in Malta, the majority of Gozitan young adults work there. The daily commute between the islands is considered as stressful and hinders family life. For Mark, Claire, Mario and Sandra the thought of having a child while still working in Malta discouraged them. They were also aware of the extra demands impinged on them as a couple:

> Sanda: "[ ] Even if you are still working in Malta…in the morning…that's what I used to worry! I worried a lot… When I got pregnant, I started…I was still working in Malta…I thought how am I going to manage to catch the ferry now? I would need to wake the baby up very early and take him to my mum! Understand?"

Claire reflected that for her, working and living in Gozo was more practical:

> "That, that if something happens, in five minutes you're home. Now more than ever with the child, in five minutes you'd be home. Even if you take, even if you need two hours to leave. In Malta, eee…Malta you need to take four. Here (Gozo) two hours are two hours".

When working in Malta, logistical thinking becomes a must in coping better. Gozitan women - maybe more than men - tend to delay pregnancy with the hope of being employed in Gozo in a few years. Sandra mentioned how after the loss, both she and Mario were faced with remorse for having wasted precious time waiting to find full-time employment in Gozo before starting a family. For some, starting a family takes time, and the time when pregnancy was delayed is later thought of as having been wasted:

> Sandra: "Yes, in fact, that's why I waited a bit…for my chance to be transferred to Gozo. Then emmm… If I knew what I had to go through, I would have tried for children once I got married. Because then you end up prolonging the time, obviously."

> Mario: "[ ] we planned to wait three to four years before having children [ ] then those years felt as lost possibilities, because until we got our actual son, another two and a half years passed"

Claire and Sandra both believed that the prospect of being settled, living and being fully employed in Gozo, increases the chances of getting pregnant;

> Claire: "I (pause) don't know if it's by chance or not but with this child, I got pregnant just a few days after they phoned me for Gozo. Called me…not that I was going to be transferred, just if I am interested to be transferred. When they called I said I'll soon be

leaving Malta. I think that helped because although it's not something one can see it still affects us."

Residing, working and raising one's child in Gozo holds the benefit of more quality family time. Having to work in Malta while residing in Gozo would take time away from these family experiences:

Mark: “If I leave from home at five he (son) would still be asleep. After work you go home for half an hour, because, listen, then I having something here and there, then I enter home again and he's asleep. So, practically there are days I see him for half an hour… and that's it."

Mario: “There were times I stayed in Malta for three days. I stay there because it would not be worth crossing.”

Karl and Denise, the only couple who were both residing and working in Gozo, mentioned how they never felt pressured to start a family by people around them or society in general. They planned to wait before starting a family, with the prospect of being in a better financial position when a child arrives:

Denise: “I am going to tell you again, we did not have children immediately and we didn’t focus on what people say…that we didn’t have any. Not that we couldn’t have children…I mean we wanted to settle down so when we have children, we would be a little bit comfortable.”

4.4.1.2 'Congregational' support

Mutual to the couple's idea of residing and working in Gozo is congregational support. By congregational support I here mean the support young couples find from their immediate family, mostly from parents and grandparents. Couples rely heavily on this congregational support. It sees them through the different stages of their early married life, especially when something out of the ordinary happens. Young couples are never alone on this journey; they continue to seek their parent's support and approval. The interviewed couples mentioned how the maternal mother played an important role in supporting and caring for the couple when they went through the loss of a child as well as when pregnant again. Sometimes, the new family moves in with the maternal parents for greater support; living in Malta would certainly diminish such a support system. Karl and Denise were very grateful for the support they found from the maternal mother:

> Denise: "Then we used to stay here (referring to her mother's house) so I used to have my mother. I wouldn't be home on my own (crying)"
> Karl: "But at that time the fact that she didn't work… My mind was at rest that there was her mother eee…I would have been concerned that she's on her own. Who knows what she's doing? Who knows what thoughts pass through her mind?"

The parents of these young couples tend to be involved in the upbringing of grandchildren to help the young couple have a better family-work balance. This is done by taking a keen interest in their children's financial growth and supporting them as much as they can so they can continue with their paid work. This strengthens family connectedness and unity;

> Sandra: “Working in Gozo would be ideal because even having the grandparents eee they help you. If you're in Malta you're not going to find help like here. It could be that there are childcares… but maybe I tend to understand it like this because we're Gozitans…But the thing is I wished that grandparents take care of my children, not foreigners."

Joining her, Mario also expressed how helpful his parents and in-laws are and how grateful he is for all the little things they do to help them out:

> "Help is beautiful for everyone. Simple things like, I don't know, prepare for you a pot of soup, it saves you a lot of work. Maybe, you are at work and they pick up the child from school. Everything, everything is helpful. You appreciate every little thing."

4.4.1.3 Need for children, to feel whole

Gozitan couples in my study felt that they are still very much constrained by traditional values around family and family life. To feel complete and whole as a family, the Gozitan couples interviewed believed that it was necessary to have children. They expressed that this was not the reality amongst their Maltese friends: for the latter, being a family does not necessarily mean getting married or having children. Karl explained:

> Karl: “That of building a family and have children. What is a family without children? [ ] You stay a bachelor, on your own.”

Meanwhile, Claire expressed the difference she sees between the Gozitan understanding of what it means to be a family and the prevalent understanding in Malta:

> "Even in deciding to have kids, they (Maltese) prolong. My friends (Maltese) got married. I tell them: *Will you be having a baby soon? Noooo not now, first we have to…* It's like in Malta they give more importance to material things. I don't know…I also tend to believe that here in Gozo we tend to be materialistic but when it comes to family, I believe they prolong more than us."

4.4.2 Emotional roller-coaster

While being interviewed, the couples went through retrospective journeys that led them to unprocessed and raw emotions. Losing a child during pregnancy can be devastating and overwhelming for both the parents and the people around them. The death of a child indicates the discontinuation of the biological and social construct process of that specific child, irrespective of the parents' imagination and desire. They grieve both the physical loss and the unfulfilled expectations and desires of raising a child of their own. In this theme, I will address the couple's whirlwind of emotions before, during and after the ordeal, and following the birth of another child.

4.4.2.1 The unthinkable happens

The knowledge of the embodied process of gestation commences a process of endless imagination. During this stage, the parents exclaimed that having to go through the loss of their child during pregnancy was unthought of. Once the loss happened, their idea of parenthood was quickly shattered:

> Sandra: "[ ] You don't think it would happen to you. You don't feel it's going to be you."
> Mario: "It's like… I have heard about these things before, but you never expect that you're going to go through it."

During the interview, Claire disclosed how due to a gynaecological medical condition she feared she would never get pregnant. For her, getting pregnant soon after getting married was

way beyond what she expected. It filled her with hope about the future of their family. Nonetheless, losing their child so quickly into the pregnancy broke her heart and her future dreams were tarnished:

> Claire: "I have endometriosis, which is something very normal, very common in women, but you still read a lot of things. It tells you that it's very hard to get pregnant, you know. You start saying: *Now I lost it? When I managed to get pregnant? Maybe there won't be a second time...*and more stress"

4.4.2.2 An instant sense of attachment

Both Sandra and Claire directly expressed that for them motherhood started the minute they got to know they were pregnant. They felt an instant attachment to their unborn child and immediately connected to their sense of motherhood. Sandra expressed her attachment by saying:

> Sandra: "[ ] The fact is that, once you get pregnant, you feel you're a mummy."

The fathers in this study also showed a sense of attachment to the unborn child. However, men seemed to feel an attachment to the unborn child at a different stage in pregnancy. Although there is the longing for a child, Mark, who has gone through two miscarriages, explained that hearing a heartbeat made him feel more attached. He interpreted the sound of the heartbeat as a sign of existence:

> Mark: "I think we mostly took the first loss more badly than the second one, the first one [ ] we had heard the heartbeat."

4.4.2.3 Empty pain: No baby to bring home

Advances in ultrasound technology offer a sense of reassurance to parents. It gives them the possibility to follow the development of the child from the early stages of life. As explained by the participants, regardless of at which point in gestation the child was lost, they still suffered trauma and a sense of devastation. Both Sandra and Claire, the two mothers who lost their child in the early stages of gestation, recalled feeling distraught and hopeless when, after a few ultrasound visits, there no longer was a foetal heartbeat:

> Sandra: "For the second baby, I had a heartbeat, so I had more hope. But it soon vanished once she (gynecologist) told me there was no heartbeat anymore."

On the other hand, Laura and Denise, whose pregnancy was more advanced, recalled a sense of shock and devastation and described how fast and surreal the experience was, leaving them with a lot of unanswered questions. Their husbands were also very emotional while recalling their experience. Although the experience was anxiety-provoking, they wanted to share the whole experience with their wife and be with her during such a difficult time;

> Saviour: “On that day I was still working in Malta. So, when she called, it was at ten in the morning, she said she saw blood. It’s like at that point I panicked and I was going to leave [ ]”
> Laura: “Then I don’t know how you arrived in Gozo (looking at husband)”
> Saviour: “On that day the minibus was delayed, I don't know how I managed to catch the…but I was on pins and needles until I arrived, obviously.”
> Laura: “You arrived exactly on time”
> Saviour: “On-time”

Sandra, one of the mothers who had to give birth in the early stages of gestation felt that going through natural birth was very painful and traumatic, greater than experienced by other mothers. When mothers hold their newborn in their arms, their labour pains tend to be quickly forgotten and the pain itself is given a new meaning. When a mother does not have the newborn child to hold and treasure, the pain of childbirth is regarded as futile and in vain;

> Sandra: "[ ] I gave birth to the first one (lost child). I pushed for nothing …I suffered for nothing [ ] I had nothing in my hands."

Three out of the four mothers mentioned how apart from the physical loss of the baby, they also experienced a psychological feeling of emptiness with the delivery of the dead child;

> Sandra: "One minute you feel a mummy and the other you have nothing, nothing …and it's like feeling EMPTY… literally, you feel empty."

The two couples whose pregnancy was more advanced recalled how at least they had this painful memory to hold on to since they had the opportunity to say their goodbyes to their baby. They treasured the opportunity they had; to hold the baby in their arms, take pictures and create memories, which marked the birth and existence of the child. Nonetheless, it was devastating and upsetting having to put their child at rest, leave the hospital empty-handed, and bring no baby home. At that point, the four couples were hit by the pain of an untimely death which brought them in touch with the reversal process of the natural order of life;

> Denise: "[ ] You don't imagine that, understand? You imagine that you are coming back home with the baby [ ] it's very difficult."

Both Karl and Sandra, a father and a mother from two different dyads described how going through such an ordeal left them helpless. They lost touch with the meaning of life during this traumatic event and acknowledged the necessity of support during such a difficult time;

> Karl: "Poor him is the one who doesn't find support from somewhere. I think one would die after the baby one would have lost, for sure. If he doesn't leave… he will end up bad!"

> Sandra: "If we were still without children… [ ] I think I don't know… I won't exist…or else I would just be living!"

The three couples who went through recurrent losses mentioned how they perceived the first loss as the most painful. When it reoccurred, they felt that they were more prepared for what could happen. Having another child following the loss helped them invest their energy into their living child, fulfilling the role of parenthood and soothing a little their empty pain;

> Denise: "Then we have this child who makes us forget everything [ ] he doesn't leave you space to think. And now also the little one [ ]."
> Karl: "I think he compensated for the void space of the other (lost child). That's what we say (smiling)"

4.4.2.4 Isolating oneself from families with babies

Going through such a meaningless loss appears to have led the interviewed parents to lose their sense of direction. The prospect of being expectant parents was no longer real, so they

ended up dissonant from other parents of young children. They believed they were a constant reminder of the loss, and this added salt to injury. Distraught, Karl and Denise recalled:

> Karl: “In fact, my brother has got a son the same age as him, in the same week […] The thing was… even, my sister got married around that time, you see him (nephew) running around their feet, walking”
> Denise: "In fact, we didn't use to meet them because…”
> Karl: "In fact, we ended up almost not talking to each other" (broken voice)
> Denise: “Because we couldn’t face them”
> Karl: “It’s like we couldn’t stand them” (broken voice)

For the parents, seeing children who were born during the same time of their lost child made them resent their parents and fantasise about who their own lost child could have been;

> Sandra: "Of course, of course, eee you see other people pregnant. Not that I had that (sense of anger)…but you feel pain every time you see them. Even now, for example, I see my friend's children, I say he would have been five years” (emotional)

Sandra also recalled how she had shared her pregnancy news early. It was distressing for her having to explain to people that there won’t be a baby:

> Sandra: “Eemm people knew that I was pregnant so every time I go out… How are you? How along are you? You have to tell them every time.”

4.4.2.5 More space needed to talk

During the interviews, there was a common feeling amongst participants that they were not listened to enough or that people around them did not give them enough time.

Claire reflected how, at times, friends were more of an ear than one's own family. She reflected that they were more willing and open to hearing her and not quick to move on:

> "My friend Clara, she's also a nurse, she helped me a lot (laughing). Poor her, she used to be with me all the time, always. It's like as I said before, the parents don't show, friends are more… Even my sister, she doesn't show I think because they are afraid to ask. But friends seem to say it more as it is"

Contrary to Claire, Sandra felt misunderstood and lonely in her group of friends who happened to be pregnant at the same time. It could be that not fully acknowledging their friend's loss helped them to not dwell on the awful possibility that this may happen to them too. Nonetheless, Sandra was not sensitive to her friends' position: she was too absorbed in her pain and felt that they did not acknowledge the personhood of the child she lost:

> "Even when I miscarried the first time, they dismissed it. It's like they don't care, "*now try again and you will have*". It's like… I have just lost a baby. For the people who have not gone through it, they are not aware, mmm it's like not a baby, it's like not a loss, it is like "*get up on your feet again*"

Karl believed that nobody could understand their pain as much as they did:

> "I think as much as the mother and father feel, nobody can feel it…not even grandma or grandpa. It doesn't mean they didn't feel, they felt it a lot."

Something that Sandra could never talk freely about was the guilt she feels to this day. Her concern revolves around the lack of parity in grieving the lost children. She felt that she

grieved the first loss more than the second one. This sense of unfairness was also present when she started talking about the privileges that her lost children have missed compared to her living children, mostly her love:

> "At the same time, I used to feel guilty that I'm loving them; both in Chris and even this one (youngest baby). It's like, in the beginning, I feel guilty, like… like I'm not supposed to be holding this child, but the other one (lost one). Especially with my eldest son I went through a phase like that. I felt… I used to say: "*What if he's seeing me and he's saying it's not fair*". But I tend to be very sensitive…"

To compensate for this guilt she made sure that her children were grateful to their lost siblings and that they were remembered:

> "If possible ehe…ehe even as I told you, to my eldest, before we sleep, we always, even talk to them, so when we pray we remember about them, obviously. Then for example, after I had the eldest, even now that I have this one, I want them to thank them. If I hadn't miscarried them, they would not be here. That's why I want to show them… so they appreciate."

4.4.3 The grandparents share in the suffering

When a loss of a baby occurs, the grief is not just limited to parents but affects generations and communities (O'Leary et al., 2011). Under this superordinate theme, I will be focusing on the perceptions of the interviewed couples' concerning their parents (grandparents) reactions during the time of the loss of the baby.

4.4.3.1 Unfulfilled expectations

The prospect of becoming grandparents could have been a long-awaited process. Three couples out of four perceived how due to this greater sense of anticipation, the first lost grandchild led to a greater sense of devastation:

> Laura: "They (grandparents) took it badly eee.. this was the first baby from both sides"

> Denise: "[ ] for my family, he was the first one for them (grandchild). I think my side of the family felt it much more (than his side) you understand? (crying)"

4.4.3.2 Protecting each other from the pain

To see a beloved adult child suffer can be incredibly painful for the grandparents (Ranney, 2009). As explained well by three of the studied couples, their parents preferred staying silent and refused to speak about the loss in front of them. Saviour and Laura interpreted such silence as a way how their parents protected them from more heartache and distress. The consequence was that both sides could not talk about their grief with each other:

> Laura: "I think they do it so they don't hurt you because I think if you see them cry [ ]…I think they will break you more! As in…"
> Saviour: "The same…like I used to do with Laura eee"
> Laura: "That's it"
> Saviour: "I try not to bring up the subject, think of other things when with her, and hide what I was going through."

The study brought to the fore how grandparents, mostly grandmothers, avoided addressing the subject with the bereaved daughter or daughter-in-law. Instead, grandmothers tend to ask about the mother's wellbeing to the husband, at times leaving the woman feeling lonely:

> Claire: "My mother also took it badly…but my mother doesn't show. Then when I told her that I'm pregnant again …"
> Mark: "I think she used to ask me, rather than her… In the sense, she used to tell me: *Is she well?"*

During the interview, Mario and Sandra appeared as if they were talking about the event for the first time. This gave them the space to give new meaning to their narrative when it came to the concern shown by in-laws during the time of loss:

> Sandra: "I remember myself asking: *Did they tell you something?* (looking at husband) Do you know…you know…*remember? It's either because you didn't use to tell me?* (looking at Mario) I don't know eee…but I wanted them to show concern."
> Mario: "Noo… they asked for example: *How is Sandra*? and like that but…"

Claire mentioned how only after she got pregnant again that the grandparents felt they had permission to talk about the emotions they went through during the time of the loss:

> 'When I told her (mother) that I am pregnant, she told me… *Ohhhh I have been praying for you so much*. So I think she used to worry. [ ] Now I have a son and so on and at times I mention the loss. Dad shows that he's saddened and tells me: *"What can you do these are things that happen."*

As adult children, some participants remained cautious as to how much grief they disclosed with their parents, intending to protect them from further pain. It's hence no wonder that it was a big relief and a greater celebration when they had another child. Both the grandparents and the bereaved parents had the chance to rewrite and correct the script.

Mark and Claire described this episode as:

> Mark: "I keep saying [ ] how big is the One who is above us, that our son (alive) was born the first one. [ ] there was a week (between the birth of his son and that of his brother's son). So everyone was happy for us, understand?"
> Claire: "Even for the fact that although we went through two miscarriages, we were still the ones who made them grandparents first, understand?"

4.4.3.3 Being there for them in a practical way

The two couples in my study who recalled the struggles in their relationship during the time of loss felt that turning towards the support of the maternal mother, was necessary for their relationship, especially in the beginning. The maternal mother could have also felt the responsibility of taking care of her grieving daughter and to make life easier for the new couple to avoid separation, both by being her listener and by offering practical help. Mark and Claire recalled how Mark's parents showed their care and support by doing home visits.

> Karl: "If she (wife) was going to stay at home, she was going to stay with her mum, stay with someone she could talk to. [ ] At home (on her own) you end up ruminating all the time. [ ]

> Denise: "At least you find someone who washes your clothes. During that time you are not going to wash clothes or cook for sure."

Sandra explained that during that devastating time she feared and worried if her child was safe in the hands of God. Out of love, her mother used to visit the local priest as a way to reassure her daughter that children lost before baptism are still children of God and go to heaven:

> "My mummy used to go and speak to a priest, and he used to tell her*: No, No, they still went next to Him*, understand?"

4.4.4 Managing the loss

While interviewing the couples it was evident that losing a baby had an impact on their relationship. While talking about their story of loss, I could almost visualise their experience through the language they used and the way they addressed each other in front of me. For two of the couples, the experience felt unfinished; I could feel the wife's resentment when talking about how they managed the loss. The way the interviewed couples managed the loss was strongly determined by gendered ways. Their co-constructed narratives determined the way they organized and interacted amongst themselves after the loss of their child.

4.4.4.1 Make you or break you

When reflecting on the impact this loss had on the couples' relationship, all the participants in this study mentioned how such a traumatic experience leaves its mark. It is the individual's and couple's resources that help the situation to not go too far:

> Sandra: “After the first miscarriage, I used to say: "*If we don’t end it now we will never do.*” I used to go against him because he is such an introvert person. I didn’t, I didn’t use to tell him anything but I used to feel anger at him: “*Why isn’t he feeling like me?*” or “*Why isn’t he crying like me?*”’

Mario and Sandra spoke about their difficulty relating to and understanding each other during such a hard time. Sandra reflected that, with hindsight, this could have easily led them to a separation hadn’t they been well supported and resilient enough. Saviour and Laura eloquently summed up the situation:

> Laura: “If you are not ok together something like this will break you”
> Saviour: “And if you are good it will strengthen the relationship”

This experience tested the couple’s relationship. Their affinity and their togetherness helped them manage the storm together. Mark and Claire shared how they managed this period in their life by making more time for each other:

> Mark: “[ ] We spent time together and then, the first chance we had, we travelled."
> Claire: “But we are like this in everything… I don’t know but we do everything together. Same thoughts… not that we share our thoughts but we used to find comfort in each other.”

They felt they could contain the situation and be able to share the experience as a couple. They did not feel the need for extra support from their extended families because they reasoned that having each other was enough. This experience helped Claire build a

stronger boundary between her and her mother. This pleased her husband as finally, he felt he was enough for his wife:

> Claire: "[ ] I tend to tell my mum everything …he (husband) tends to complain about telling her everything (laugh). It's true, I don't know how to keep a secret from mum. But certain things (during the loss) I didn't use to tell my mummy as I used to tell them to Mark."

Three of the couples in my study had gone through a previous loss of a child. They described their first loss as the most painful. When it reoccurred, they felt stronger as a couple and more prepared and armed for the challenges they were going to face. Sandra specifically mentioned how going through all this turmoil made her more resilient as a person:

> "I'm a lot stronger now that I have gone through this thing. I feel stronger as a person."

4.4.4.2 Gendered ways of grieving

Even in tiny Gozo, cultural and social constructs influence the way grief is managed in the family. Men tend to believe that one cannot grief for long. To recuperate from such an event one needs to look forward in life, be positive, strong and not exaggerate the circumstances. Showing one's emotions is a sign of weakness and unmanliness. This could be a way how men protect their wife from their grief, but it could also be what restrains them from being more open and free to talk about the loss;

> Claire: "[ ] In general, a woman tends to open up more than a man, it was always like that. It's like when men are sad, it's like a taboo. That is how it's seen by certain people. Which in reality there is nothing wrong in being sad but…"

> Mark: "We never mentioned to each other that we are sad or like that…in the sense alright, you would be at that time but [ ] it's like we always saw the way forward."

On the other hand, Karl brought out such a sturdy social construct around strength when he described that he did his best to cope on his own, to avoid burdening his wife from more sadness and distress:

> Interviewer (Int): "And during that time, what did you need from Denise?"
> Karl: "I never needed anything."

Contrary to men, women feel they can't cope without the support of their husbands. Their support was perceived as very important to manage the loss. For the women, support meant being hands-on, present and reassuring:

> Laura: "[ ] Sort of even just knowing that he's there, not saying anything, whatever but just…present. Exactly you have someone who is there for you."

While the participants were recalling their story, I could notice how the women in my study were more verbally expressive about their sadness, anger, guilt, and fears. Men felt they could talk openly about anger and fear through preoccupation, but not sadness. However, these emotions came out very clearly through silent crying, speech disfluency and facial expressions. Saviour had a moment of vulnerability and expressed his sadness silently through crying:

Int: "It's hard hmm?"
Laura: "Yes (with a sad voice and red eyes) Long pause….."
Int: "Tough…"(Father still crying silently looking at his three-month baby in his hand and cradling her)
Laura: "Yes" (With tears and broken voice- got emotional seeing Saviour crying)
Int: "Really tough" (got emotional with them)

During this study, it also emerged that men tend to have this silent pact amongst themselves: that of not talking about the ordeal between themselves. Karl explained that not talking about babies or the lost child at work was considered as a sign of respect. It appears that men are very cautious about what to say around other men. They prefer not talking about it, because they know that it might be humiliating and also too painful for men to show explicit emotions;

Denise: "They did not mention anything in front of him […]"
Karl: "If they would have mentioned, I would have picked up my work bag and left. So… I'm not going to bother doing it. That's what I had planned in my mind. I said now they will question me on a lot of things, I pick up my bag and wupp…I find another job."

During the interview, all participants hinted that silence and avoidance of sad emotions amongst men seem to be transgenerational. This strongly shows the gender constructs which revolves around Gozitan men when dealing with sadness. Mark mentioned how his father does not "do" sadness and manages the stress associated with difficult experiences by travelling abroad. This is his way of deflecting from difficult emotions and which Mark himself has adopted when in hard times.

Meanwhile, Mario, the only participant who was less emotionally connected, reflected how his work as a police officer could have led him to depersonalise the loss. Although he was sad about the event, he was still able to move on quicker than his wife leading to an emotional dissonance between the two. He described that:

> "It could have made a difference because we (police) encounter everything. I have seen dead people, and I picked up dead bodies. I went on accident cases, death is still dreadful. [ ] It's like, yes that's the word, you become thick-skinned."

Somehow, after the loss, men's life continued as before; they went back to work almost immediately, picking up where they left off. Being with colleagues but not talking about what they had just gone through made it feel as if it did not happen. At home, they faced another reality. Women needed to stay with their sadness, to think about the incident, go through the details of the experience and, maybe, in the retelling, hope they make sense of it differently. Men's concern was now focused on their wife's wellbeing, afraid of her mental health and its effect on the relationship. Men are positioned to be strong for the couple, thus lacking the space to grieve:

> Mark: “Sadness eee…(red eyes/broken voice)(pause) Sadness…and apart from sadness, the thing is you see her sad (wife).”

> Karl: “You can’t show emotions because if you don’t hold back you (couple) end up shattered, God forbid. She was sensitive (pause). I think a mother feels more than the man, I think, not that I didn’t feel but a mother is different.”

The women's needs were different. They would have wanted to process what happened and validate both the existence of the baby and the loss of the child they could have had. Therefore, when some of the women in my study felt that their husband was not sad enough, they interpreted this as a lack of care about their child, which consequently made them angry:

> Karl: She used to tell me: *Does this (event) mean nothing for you*?
> Denise: Especially when I used to be very down
> Karl: As I said*: But what am I going to say*?

Sandra felt the need for her husband to show and share the grief as the child was a bridge they shared and that connected them. However, not having her husband as a source of containment made her question their relationship:

> "Listen, not that it crossed my mind that I'm going to leave [ ] but I used to feel a little bit angry at him because he did…and I used to tell him: "*How is it that you're feeling nothing, how*?" And he just says heqq"

Sandra made sense out of it at a later stage, when she started talking with others who had gone through a similar experience. They shared parallels in the way their husbands seemed emotionally detached from the ordeal:

> "Even my friends felt the same as me, so I don't know. I don't think it's only because of me. I also think that there is a difference between them and their husbands (women and men). [ ] There was a difference, their husband felt it differently."

Although Karl had a problem staying sad, he had no difficulty revealing his preoccupations. He worried about any reoccurrence of loss during subsequent pregnancies and doubted if they will ever have any future children:

> Karl: "We were fearful when we had this one (second son). Until we saw him in our arms."

Mark expressively exhibited his worry about his wife's excessive thinking and expectations;

> Claire: "Because you start saying: *But am I going to have children*? A lot of questions. And nowadays there is this internet…"
> Mark: "You end up searching…SHE continues searching"
> Claire: "Your mind gets blown away with lots of thoughts [ ]"
> Mark: "Because she continues to read what could happen afterwards"

At times, worry urged the women to surf the internet for answers and understanding. Instead, the overload of online information led the women to excessive worry and doubt. At times, this led to obsessional thinking and behavior. For example, Claire carried out daily blood tests to check her hormone levels. Guilt and blame featured strongly in Laura's and Sandra's grieving process. They worried about what they could have done differently to prevent the miscarriage or whether there was something wrong with their reproductive system. They were hard on themselves, failing to understand that guilt and self-blame were part of the grieving process:

> Laura: “So, God knows how you’re already feeling, you already sort of be partially blaming yourself and then that’s what you would need (sarcastic), someone who breaks you more than you already are, understand?”

> Sandra: “And it’s not…now I know that I’m not… but you say it’s not my fault… it’s not because I did something wrong."

Gender differences also emerged in the role husbands took immediately following the loss. Some of the wives felt that it was overwhelming to deal with all the necessary paperwork related to issuing the death certificate, the funeral, the autopsy and putting back the baby stuff in boxes before returning home. They therefore managed the loss and grief by leaving all this toil in their husbands’ hands. This expected responsibility made the women unaware of the effect going through these issues alone had on the men;

> Denise: "[ ] It was very difficult to put away everything (baby's cot, clothes and toys). Not me, I did nothing of that, they did it for me, thank God."

> Laura: “[ ] It’s like for the funeral and preparations oh myyy… it’s like Saviour take care of them yourself…like

Karl relived this distress when recalling:

> “Before she came home, we had to put away everything. [ ] Then poor her, especially (crying) when you have to dismantle the empty bed and put it in the box again - tough.”

In my study, although all the women expected their husbands to take over some core responsibility, only Laura was sensitive enough and mentioned how there was a point in time when she felt she had to put on hold her own grief for a little and make sure her husband has space to grief;

> "In fact, I ended up worrying about him (laughing) Because with me crying all the time and he's like…(confused). I got worried…I'm like Sav you have to grief as well as in not just (take care of me)…"

4.4.5 Picking up the pieces

Having gone through the process of loss, the couples in my study used narratives to make sense of their shaken world. This process helped them create a coherent story. It facilitated the ordering of events, and allowed them to comprehend reality and recreate new narratives for this untimely loss. These stories helped them pick up the pieces, bind their experiences and create a relationship between the stories to eventually generate unique memory segments (Bosticco & Thomson, 2005). Their responses indicate that internal resources and spirituality were important for such a coherent story to be generated.

4.4.5.1 Making sense of what happened

All the parents in my study questioned the 'why' behind the loss. What gave them slight closure was a story that they could make sense of, an understanding which could help them move on in life.

Claire mentioned that as a couple they held on to what was good between them and relished the time leading to the pregnancy even though the outcome was not a happy one. It is like they had their relationship to hang on to, which gave them meaning:

> "[ ] The others had to happen, unlucky that they had to happen after each other [ ] When I was pregnant with our son we had been married for two years. When I look back I say at least although we have gone through a lot… we relished each other well for two years."

The fact that the couples in my study managed to get pregnant meant that they were not infertile. Three out of four couples mentioned that holding on to the knowledge that another pregnancy was not beyond their reach was necessary for them to move on:

> Saviour: "[ ] Before she got pregnant for the first time, it took us a long time trying and you end up saying: *But will we ever have children*? And a lot of question marks. When this experience happened, it's true that we lost a child but… [ ] you know, you know that you can get pregnant and you know that the next challenge is that the child arrives, not what you need to do to… You try to concentrate on that."

I noticed how Karl and Denise frequently made use of coping language, in a way blaming destiny: *it had to happen, there is nothing one could do, what happened happened, we were the chosen ones*. They made sense out of it by concluding that the loss was beyond their control, nothing they could have done would have prevented it. It was in God's hands;

> Karl: "But well, He chose us (pause) [ ]"
> Denise: "But later, then, you stop saying these things (pause). But during that time I think it's normal, I think it's normal"

On the other hand, Mario and Sandra generated a different meaning. While for Mario this event was something that had to happen, Sandra argued that if it wasn't for the two babies they lost, they wouldn't have the children they have today. This gave them solace;

> Sandra: "[ ] After I had the elder one and now this one (youngest child) I say they (the children who survived the pregnancy) should thank them. They are alive, both of them, if I wouldn't have miscarried the others they wouldn't be here. That's why I want to show them (acknowledge the lost babies existence) so they appreciate, understand?"

4.4.5.2 Spirituality

All couples in this study, in diverse ways, referred to spirituality. It was very visible that all couples went through a spiritual journey. All of them connected their loss to religion but for one of the mothers, it was a more personal and deeper spiritual experience.

Losing a child made most parents initially question God's existence and his proclaimed love for children. They were, on the one hand, surrendering to God's will and that this had to happen, and on the other hand, questioning whether God knew what he was doing:

> Karl: "Me, why me out of so many people?"
> Denise: "*But God are you in heaven*- you start saying."
> Karl: "*But is He there?"*
> Denise: "Then children, you know, you say it"
> Karl: "*Out of so many people, you give them to those who don't care enough for them*"
> Denise: "Yes, at first you take it against God but then you stop doing it"

The couples hesitantly disclosed how they were angry at God, as if allowing this to happen to them was His doing;

Laura: “During that time you would be like (laughing) not doubting but a bit like *why me?* Although I don't know it's a bit hard let's say it like this cos it's like…”
Saviour: “Exactly (pause) not that you would want to go against God butttt yes”
Laura: “You like question (thinking)”
Saviour: “You tend to be a bit angry (smiling)”

Nonetheless, it is towards God that these couples eventually turned to in times of helplessness and loss:

Claire: "And when you are helpless you still turn towards Him…I think. It could be anything, not just a miscarriage"

Saviour: “[ ] still, I kept praying every day and at the end of the day you still end up turning towards God.”

Denise: “Although when you need him you still turn to him. But during that time you’re blank (Long pause)”

To connect spiritually and help them in the process of grief, Saviour and Laura felt the need to name the lost child after the father’s favourite saint:

Int: “Boy…what did you name him?”
Laura & Saviour: “George [ ] (long pause - looked at father and he started crying…the name George triggered this sadness of loss)”

Mario and Sandra felt the need to connect with the child through a medium or a shrine that keeps the memory of lost children alive. Unfortunately though, this is not possible in Gozo. Unlike in Malta, Gozo does not have a communal burial for babies who die prematurely:

> Sandra: "I spoke about him (lost child) even to my son and he knows that we've got baby angels, we talk to them every day, we tell them goodnight and we love them… [ ] We go to Ta' Pinu and take flowers. Because another thing is that I don't have a place where to take flowers. [ ] You know what also helped me, I went to a healer [ ] Medium …I went to a medium"

For Karl and Denise, keeping the memory of the child alive is also very important. They do this mostly by talking about the child but also by keeping his photos somewhere visible, where everyone can see:

> Karl: "Had we detached from him, we wouldn't have left a photo where we could see it, both here (mother in law) and at home. And it's visible… where one could see it, not just to say that I have a photo
> Denise: No No
> Karl: It's placed where we spend most of our time

4.4.5.3 The way towards healing

Some of the couples in the study expressed similar ways of coping through such a traumatic and stressful time. Others had a more unique and personal experience of coping strategies in their road to recovery.

Mark and Claire mentioned how the support they found from a close friend of theirs who happened to be a priest, as well as the professional help of the miscarriage clinic, was significant for them to cope:

> Mark: "Fr. Micheal used to come, he used to help us. In the sense he used to talk, he used to prepare us for when we go outside, what people would say."
> Claire: "[ ] then we found a lot of support because we started going to the miscarriage clinic."

On the other hand, for Karl and Denise, the emotional support of the maternal mother was crucial in their recovery:

> Karl: "We had a lot of help from her mother"
> Denise: "You realise how much they care for you, you get how much they go out of their way for you, I think."
> Karl: "If we say Uff..they will say Ahh with you. When one cries, the other cries [ ] They felt a lot for us. [ ] Thank God they were here for us [ ] God forbid, is you don't have your mother (to support you) because you have to cope on your own, and on your own it is dreadful."

The couples in this study mentioned how going out and travelling were helpful strategies for coping. Denise recalled that work, and being with her colleagues and friends was what helped her the most to get back to normality:

> Denise: "Work I think. When I went to work. [ ] Cos then you start going out, meet your friends. And then you know, someone says a joke and you start laughing without knowing… work, work."

It was interesting how Sandra's way of coping was through curbing the need of caring for something, so she bought plants and a dog. This helped her to in some way satisfy the mothering instinct:

> Sandra: "Then I felt like wanting to take care of something. Then I bought some plants to take care of them"
> Mario: "We also bought a dog."
> Sandra: "Then we took in a dog. When we bought this dog, then I started feeling better as it was like I was taking care of something. That I was mummying someone."

Sandra also mentioned how her emotional need for support led her to search for quotes to validate her emotions and to also join Facebook groups. These are social media pages were parents of a lost child during pregnancy can share their experiences and talk:

> "Then I joined Facebook groups. You start observing others like you, they feel things like you."

Almost all couples mentioned how helpful it was when they spoke with other couples who had gone through a similar experience and who were later gifted with a child. They felt solace knowing their cloud could have a silver lining:

> Saviour: [ ] Something that used to help me a lot was when someone who had gone through the same thing talked with me. Especially telling you and you would know that afterward, they had children. Because you start seeing everything dark and you start saying that there will never be a better time upon us and you build courage through them.

Laura: Yes yes that used to help

Three of the couples mentioned how having children after the loss made it easier for them to heal. With children in their life, they have less space to think about the loss. This could be the reason why couples in this study spoke strongly about the need to have children to feel whole:

> Karl: “I think he took the place (of the lost child), what we lost from the other baby was replaced by him, that’s what we say (Smiling) [ ]”
> Denise: “He doesn’t let you think"

4.4.6 Sense of loss is timeless

During the interviews, the memory of losing a baby was vivid and fresh. Every couple interviewed narrated their experience with deep emotions that, to me, still felt very raw, as if the occurrence happened only yesterday and not years ago.

This sense of loss as being timeless was best described by Sandra. She recalled how Mario's grandma, having gone through several miscarriages forty years ago, grieves the loss of her babies till this day. This validated Sandra's ‘extended' grieving process. Through the recalling of this event, Mario came to the realisation that no matter how much time passes, grieving never stops:

> Sandra: “Like I said, his grandma, she’s 84? [ ] like forty years have passed. [ ] we had the chance to talk, we were on our own and she cried as she felt the pain eee she understood what I’ve gone through. My mother cried with me but her cry is different because she never miscarried.”

> Mario: “So she understood Sandra more… and how she felt. And I imagine (she cried), due to her experience. When someone reminds her about the event after all these years… probably she is still crying the lost children”

4.4.6.1 Time soothes wounds

Most parents touched the concept that time does not heal or make you forget but at least it tends to soothe the pain and the wound that such a loss would have created. Time is considered to reduce vulnerability:

> Mario: “Time eee. That's what soothes, you don't remain that much…”
> Sandra: “Vulnerable”
> Mario: “Vulnerable. Time starts passing eee I think time.”

4.5 Conclusion

This chapter presented the results obtained from the analysis of the four interviews carried out with four couples. In general, the results provided an understanding of the couples' experience when losing a child during pregnancy in a Gozitan context. Six main superordinate themes emerged. These were: culture and demographic differences, emotional rollercoaster, shattered hopes and dreams, managing loss, picking up the pieces and sense of loss is timeless. Each superordinate theme consisted of several sub-themes. These themes were highlighted because they reflected the main essence of the lived experience of the participants. In the next chapter, I will be presenting the discussion emerging from these results, as well as my interpretation of existing literature and the local context. Some personal reflection will also be presented.

Chapter 5 – Discussion

5.1 Introduction

This study explored what Gozitan couples go through when they lose a baby during pregnancy and their resilience level in managing the ordeal. I chose IPA as the methodology for this research as it allowed for an in-depth exploration into the participants' worlds. IPA has also been used in other international and local studies published on the subject. In my study, this methodology brought forward the complexity of the couples' experience and their world views. This led to the emergence of richer and more complex data.

Since in the previous chapter, I tried to stay as close as possible to the participants' phenomenological experience, I will now discuss the findings that emerged. I will be dividing this chapter into the six main superordinate themes and their following sub-themes. In the discussion, I will present each superordinate theme, and make reference to existing literature and self-reflexivity.

The results from this research were completely data-driven. Since the findings shed light on new areas which I did not foresee, additional literature was added to the discussion. This was referred to in order to substantiate the new and unforeseen aspects that emerged.

5.2 Initial reflexive commentary vis-a'-vis the journey of the four couples

Throughout this journey I have kept a reflexive diary to enable me to keep an open attitude (Clancy, 2013). It was my gauge to examine personal assumptions and goals. It also helped me separate and differentiate my constructed belief systems and subjectivities from that of

the participants (Ahern, 1999). Writing things down and reviewing them later enabled me to reflect on my interpretations prior to reaching any conclusions (Clancy, 2013).

First and foremost, what predominated my mind throughout this research was my own personal experience of child loss during pregnancy. From the early stages of the research proposal, I remember my supervisor and I contemplating if it was a wise decision to take on board such a sensitive subject which was so close to home. I chose to proceed with the subject; at that point I believed that researching the subject was my only way of giving meaning to what happened. In parallel to this, I also found it necessary to attend personal therapy to work on my upheavals. My supervisor supported and helped me in giving voice to my internal dialogues. These included: how might the participants' narratives affect my emotional and psychological wellbeing?; is it ethical to disclose to the participants that I also had gone through a miscarriage?; does my own experience privilege me in knowing a sufficient amount about such an event?; would I find myself not curious enough to question and deconstruct certain ideas?; and where should I drop the line between being in the role of an interviewer and not jumping into that of a therapist?. Thus, discussing these important issues with my supervisor helped me balance myself and somewhat "bracket" the issues.

I also wrote about my anxiety in finding couples who were willing to participate in my study. Gozo is already a small cohort and although miscarriages are very common, the numbers are still little. I was also aware and concerned that for this study I needed the dyad couple. That meant that the wife could not be interviewed without the husband, something which most wives recommended on the phone. The wives seemed willing to talk about it and it made me reflect if they had ever spoken about the experience with someone or if they had been lost in the system, like myself. I was worried how this could affect the course of the interview, knowing that the aim

of this study is different from that of therapy. Nonetheless, what I mostly feared was that, the fathers, being men and being on a small island, where it would be harder to trust as everyone tends to know each other, would make it harder for them to talk. Astonishingly enough, I managed to find four fathers who, with some persuasion from their wives, were willing to participate. I called six families in all, of which two refused to participate. One of them was still childless and expressed that she was going through a hard time. The other participant, who had other children following the loss, disclosed how the event was still hard for her husband to talk about. The four couples who took part in my study were all new parents to another child, at the time of the call. For two of the couples this was their first child after the loss, while for the other two, the child was their second born.

These were my reflections before the actual interviewing process. A reflexive commentary will be presented below in some of the sub themes.

5.3 Culture and demographic differences

This superordinate theme shed light on the participants' personal experience in relation to their living context. I felt it was necessary to delve into such a discussion because one could never understand Gozitan couples' frustrations, fears and anxiety around building a family without considering their contextual reality.

5.3.1 Starting a family in Gozo requires more planning

During my study, it emerged that Gozitan young married couples tend to long for children soon after they get married. Similar to their Maltese counterparts, Gozitans seem to be juggling between a career, individual autonomy, self-actualization, a family and the expectations

that come along (Abela, 2016; Azzopardi, 2007). Bringing up a family in Malta is much harder for the Gozitan couples in my study; living in Gozo yet commuting daily to Malta for work augments this reality. Being a Gozitan myself I have gone through most of the challenges that these couples endured during the early stages of their married life. My identity seemed to revolve around being a wife, being fully employed in Malta, focusing on my master studies, and at the same time wanting to have a child. I remember that my constant worry was how I was going to manage to raise a child in Malta, together with my husband, knowing that I have so much going on. I felt stuck between wanting to fulfill my dream career and a sense of obligation towards my husband to produce an offspring. While recalling their experience, through countertransference, the interviewees tapped into my anxieties of feeling pressured, running out of time and not knowing where to stand.

Most hence delay childbearing until the wife is lucky enough to land herself a good job in Gozo. Not having the husband at home is less of a difficulty as both the paternal and maternal grandparents are more than ready to lend a hand. This does not mean that the husband's involvement in the family is not appreciated, but at least while he is at work in Malta, the wife has enough support. This is sustained by Satariano and Curtis (2018) who suggest that Mediterranean cultural factors such as social dynamics, a strong familial bond, social cohesion and support, offer resilience in deprived circumstances. Such support tends to be immensely appreciated by Gozitan young couples. For two of the women in my study, the prospect of finding full time employment in Gozo was a catalyst in getting pregnant.

When a Gozitan couple prolongs pregnancy, this is not regarded as time to consolidate their relationship or for enjoying time alone as a couple: instead, they are abiding time until a job

opportunity in Gozo arises. Thus, losing their much-awaited child after a prolonged wait is much more disheartening and painful, leading to involuntary childlessness (Letherby, 2002).

On the other hand, Karl and Denise, the only couple who have always lived and worked in Gozo, described how their delay in starting a family was more financially driven. Their improved financial situation would increment their sense of security when planning to start a family, aimed at offering a better standard of living to their prospective child.

During this part of the interview, I was highly conscious of the multiple selves that I was interpreting. I was anxious that as a person who has gone through a similar experience as a Gozitan could have affected the interviews. Nonetheless, taking a postmodern collaborative stance helped me to socially construct the conversation through language (Epstein, 1995).

5.3.2 'Congregational' support

I have introduced the word *congregation* in this study to describe how Gozo, being such a small island, tends to be based on close knit communities within a short distance of each other. This particular geographical scenario makes it ideal for reciprocal support between the adult offspring, their parents and other extended family. However, in most cases, the front liners remain the grandparents. The couples hardly made any reference to children, siblings or aunties and uncles. Generally, both grandparents give a hand, even though it seems that the grandmother prevails in offering the most practical and at times emotional support. From a contextual point of view, in their study of loyalties, Bozormenyi-Nagey & Spark (1973) described that certain affiliative needs come about through "feelings of obligations, service and self-denying sacrificial altruism" (p.38). This self-sacrificing spirit and willingness to adjust to new family dynamics seems to be a prominent theme on the island, and one mainly exhibited by the grandmothers.

This arrangement within the familial context tends to work well for todays' dual earners, because it gives them the opportunity to achieve a better work-life balance. However, and without generalising, I came to the conclusion that despite all their good intentions, some grandparents do not make a distinction between being supportive and making the young couples dependent on them. As described earlier by Satariano & Curtis (2018), family support seems to be the catalyst for resilience in times of distress. However, dependency on the matriarch figure can limit the capacity of the couples' adaptability learning process (Bozormenyi-Nagy & Spark, 1973). At times when what they most need is to turn towards each other for support, the grandmother can unintentionally steal the couple the opportunity to communicate, feel connected, create secure patterns and adjust to different circumstances (Byng-Hall, 2008).

5.3.3 Need for children, to feel whole

In the families studied, a transgenerational replicative family script could be noticed (Byng-Hall, 1995). One can observe the strong urge to have children as the ultimate goal to be considered a family. This concept seems stronger for those couples who have experienced this tragic loss, making the whole journey of starting a family quite a traumatic one.

Karl said that the difference between staying a bachelor and getting married were children. No wonder then that depending on bearing children to feel fulfilled, loved, accepted, recognised and whole, could lead to a bigger sense of loss when the much anticipated child dies. Depending on children to fulfill such needs can be a malfunction and role reversal (Bozormenyi-Nagy & Spark, 1973; Minuchin & Fishman, 2002).

On another note, existing literature shows that female identity seems to be enmeshed with that of being a mother, rather than anything else. In the early stages of the transitional period to

motherhood, women experience a sense of self-loss (Laney et al., 2015). This process aims to initiate the inclusion of the child's needs in the mother's awareness. It is only at a later stage where women feel that mothering and the close relationship with their children tends to intensify their personality and identity (ibid). Nonetheless, family identity and the couples' personhood identity seem to be defined differently amongst the couples' Maltese friends.

Claire has described how she perceived her Maltese friends as giving prominence to work and self-actualization in their early stages of married life, rather than having a baby. That said, Azzopardi (2009), who has studied Maltese couples' expectations before and after marriage, also found a consensus amongst Maltese couples that "a childless family is no family at all" (p.126). In addition, what seemed to differentiate their expectations of starting a family, was women's career orientation. The non-career oriented woman expects that she and her partner dedicate more time to the relationship and the family following marriage, while the career oriented woman notes that, due to career commitments, they have limited time to spend together as a couple and that delaying pregnancy would be more ideal.

5. 4 Emotional roller coaster

During the time of loss, the couples faced a whirlwind of emotions where patterns of grief seemed to be unpredictable (Lin & Laskar, 1996). Only with hindsight did they become aware of their past illogical reactions, normalising their grieving process.

5.4.1 The unthinkable happens

The idea of unexpectedness is contradictory in itself. No matter the gestational stage of the loss, no parent is prepared nor expecting such an event. However, some couples decide not to

reveal the pregnancy before three months, the timeframe where most losses happen (Cohain et al., 2017). Others know that they have gynaecological problems from an early stage in their life. Nonetheless, no matter how aware they are about the possibility of a failed pregnancy, they still seem to reject any prospect idea of loss. Having to relinquish hopes, expectations and fantasies is unthinkable for parents who long to have a child (Walsh & McGoldrick, 2004). It's as if, with the death of the child, the participating couples came face-to-face with the reversal of the natural order of life (McGoldrick et al., 2016).

5.4.2 An instant sense of attachment

Prenatal attachment is considered as the unique relationship that develops between the parents and foetus. This relationship can be described as the affiliation and interaction of the parents with the unborn child and their desire to know him or her (Brandon et al., 2009). Two mothers in my study recalled an instant attachment when they learnt they were pregnant.

Existing literature suggests that the parent-foetus attachment seems to be related to the quality of the postnatal relationship the mother had with her own mother (Benoit et al., 1997; Müller, 1996; Siddiqui & Hägglöf, 2000; Theran et al., 2005). However, little research is found on father- infant attachment (Vreeswijk et al., 2014). Society has moved to the idea where the father is expected to build an attachment with the unborn child, but this can be quite challenging. Pregnancy is less tangible for men and they do not experience the same physiological changes that women undergo during pregnancy (Genesoni & Tallandini, 2009). What made the experience more tangible and real for the men in my study was hearing the heartbeat of the baby. Vreeswijk et al. (2014) found that the quality of fathers' thoughts and feelings on the unborn child seem to be more important in shaping the representation of the foetus, rather than in

thinking about the foetus. This argument strengthens the need for professionals to encourage couples to experience pregnancy together by attending perinatal classes and doctor's appointments together. One must also be aware of an increasingly multicultural society in Gozo, where father-child attachment may be viewed completely different. In this sense, the psychotherapist must strive to strike a balance between understanding cultural differences and exploring the different realities that father-child and mother-child relationships are viewed with (Pederson, et al., 2008).

5.4.3 Empty pain: no baby to bring home

In circumstances like the untimely loss of a baby, the family life cycle tends to go through a disruptive period. The parents experience emotions that they might have never felt before and their way of thinking could be disturbed. Findings in my study are supported by Wajnor et al. (2011) where they note that women tend to experience physical and psychological pain and emptiness, helplessness and hopelessness. As described by the parents studied, such an event was shocking and surreal, while other international studies have suggested that it could lead to intrusive trauma-related symptoms (Broen et al., 2004) In the hours before labour, there is no time to think, prepare oneself or make sense of the circumstances. Making the process more painful is when you are struck with the reality that you won't be taking your baby home. Labour pain during child loss is considered as agonizing because psychologically, the mother knows that the process will be unfruitful. Men are also struck by the pain of emptiness but they feel the need to keep it together and be of support to their wife (Wagner et al., 2018, Walsh & McGoldrick, 2004).

5.4.4 Isolating oneself from families with babies

After the loss of the child the parents seem to have experienced a sense of dissonance with families who have babies. Other babies could have been perceived as a constant reminder of the loss, indirectly provoking jealousy and anger for having their bodies failing on them (Serrano & Lima, 2006). It was not less painful for men. They conveyed this pain explicitly and shared how they preferred to distance themselves from families with babies because, as found in existent literature, they felt outsiders (Koert, 2014). Those who disclosed the pregnancy news in the early days felt it daunting to share news of the miscarriage. Such an event may also make it difficult for mourning couples to relate and socialise with friends their age who already have children.

5.4.5 More space needed to talk

While grieving, one goes through stages of guilt, shame and anger (Kubler-Ross & Kessler, 2014). The couples felt they didn't have enough space to emotionally and freely express themselves. Instead, people around them, apart from a few, were quick to offer a solution with the intention of soothing their pain. Existing literature suggests that acknowledgment from family and professionals is needed for grieving mothers to feel less distressed (Rowlands & Lee, 2010). The women in my study rarely found such acknowledgment and emotional support. Men seemed not to comment on such a theme, possibly due to a cultural sub-consciousness and an idea of masculinity of being stoic in the face of adversity. There were couples who felt they were mostly understood by friends rather than family. On the other hand, pregnant friends were dismissive of such an event and the parents felt hurried to move on. Such a reaction could be out of fear of the possibility of something similar happening to them.

5.5 The grandparents share in the suffering

The grief which follows the death of a child during pregnancy affects generations and communities and is not only limited to the parents (O' Leary et al., 2011). All couples in my study agreed how the grandparents suffered through the process of loss. They tried to compensate for the couple's pain by supporting them in the way they knew best.

5.5.1 Unfulfilled expectations

The couples in my study noted how their parents' presence in their lives is still strong, and one which lingers even in their married life. Their parents' over-involvement, approval of their marriage, and the investment of shifting one's relationship to the grandparent generation can cause a sense of devastation when the child dies (McGoldrick et al., 2016). Walsh and McGoldrick (2004) say that such a loss reverberates through the kin network. All interviewed couples agreed that there was excitement at the prospect of a new baby in the family, and so the loss affected their parents, too.

Recent statistics reveal that Gozo's highest percentage of population falls within the age of 50 to 59 years (NSO, 2019). With increased life expectancy, becoming a grandparent and even a great- grandparent is seen as the next stage in one's life cycle (Drew & Silverstein, 2004). In the life cycle theory, grand parenting is a position that connects the past with the present through personal recollections and stories (McGoldrick et al., 2016). It is a reparative opportunity for grandparents to repair and enrich their parenting relationships with their adult children through the grandchild (Boszormenyi-Nagy, 1987).

5.5.2 Protecting each other from pain

Existing literature highlights how the grandparents seem to suffer double the pain; that of losing a grandchild and that of seeing one's beloved adult child suffering (Ranney, 2009). The way each generation suffers this ambiguous loss depends on the unique coping skills learnt from their family of origin (O'Leary et al., 2011). In Gozo, it seems that in sad circumstances, silence prevails. Silence does not give permission, neither to the couple nor to the grandparents, to express their loss and the emotional distress that comes with it. I was surprised when men in my study disclosed how their mother-in-law asked them, rather that her own daughter, about her wellbeing. My constant internal dialogue makes me wonder if this is indeed just an issue of protection from further emotional pain, as perceived by the couple. My thinking drives me to question other complex patterns of emotions, such as; if it's the fear of the maternal grandmother to contain her own and her daughter's emotional upheaval or whether it's a socially constructed belief of moving on quicker with grief, by directly or indirectly, avoiding the subject. Côté-Arsenault & Donato (2010) have found that when grandparents, for fear of further hurting and disappointing their already vulnerable young couple, choose to remain silent, the young couple gets a mixed message of dismissal and lack of acknowledgment of the untimely loss. This can actually be more damaging than beneficial. This is typical of unmeshed families, where insecure-ambivalent attachment patterns start to emerge in time of fear and anxiety (Byng-Hall, 2008).

The fact that the grandmother's emotional support role lacked a more direct approach seems contradictory, as existing literature would suggest. Parents who lost a child perceived their parents, mostly the maternal mothers, as a source of security, protection, support and advice (Gerber-Epstein et al., 2009; O'Leary et al., 2011). However, my study brings to the fore that the chain of events and the different coping strategies related to grief left the grieving women in a

very lonely place. Another aspect I found interesting was how close family never questioned the grieving men how they were doing following their loss, as if they were not part of the picture. This indifference to fathers' personal loss and the misconception about how they grief, placed them in a lonely place. Parents of a deceased child seem to need validation and a shared view from grandparents on the ongoing bond the parents would have created with their child (Neimeyer, 2006). Unspoken loss experiences can leave both men and women with disenfranchised grief: when a person experiences a significant loss which is not openly acknowledged, socially validated or publicly mourned (Doka, 1989).

5.5.3 Being there for them in a practical way

Research on this subject suggests that maternal mothers appear to mediate the tension and distress between the couple by addressing the needs of her daughter and minimizing pressure on the couple (Swanson et al., 2009).

For some of the couples in my study, the maternal mother seemed to be the glue that kept holding them relationally. Nonetheless, at times, too much caring and trying to be there might have come across as interfering within the couple's private need to grief. It is this lack of set boundaries between parents and their adult married children that could lead to this situation. Considering the vulnerable condition grieving parents find themselves in, I believe that the older generation should be the one to offer unconditional support and withdraw to the background when required. Furthermore, research shows that husbands seek council from their mother-in-law in trying to understand their own inner conflict regarding their different ways of grieving. They saw their grief as being less than that of their wife, whereas in a social context, they feel it's expected of them to show a strong front for the sake of the couple's relationship (ibid).

My study reveals how couples seemed to receive more hands-on, practical help by close family and friends, rather than the more needed emotional support. International research refers to this as logical support (Wagner et al., 2018). Home visits by extended family, the provision of meals, reassurances and being allowed to leave work early under this exceptional circumstance, were most appreciated by the grieving couples. This situation, heart breaking as it was, made the couples realise that despite everything, they still had a strong support system.

Also in line with existing literature, the couples seemed to appreciate that their parents kept this lost baby alive with photos, by mentioning the lost baby in conversations, and in commemorating anniversaries. They felt emotionally supported by others' understanding of their need for a continued bond (Neimeyer, 2006).

5.6 Managing the loss

This research has brought to the surface that a child loss during pregnancy has an impact on a couple's relationship. As described by the couples themselves, such an experience can make you stronger or break you, and the way the couples dealt with grief was mostly gender-based.

5.6.1 Make you or break you

Following the death of the child, the grieving couple seemed to have entered into an interplay dance between togetherness and separateness. In such a sensitive time, the couples' meaning of life and relationships became profoundly affected. The couples described it as either a time that strengthens the relationship or a time that weakens it. Rosenblatt and Barner (2006) suggest that closeness and distance depend on what the couples feel they have shared or not shared during the time of loss. My study shows that those couples who lived the loss together,

grieved together. Acknowledging the loss and being emotionally supportive helped them be more resilient and they experienced less need to seek support from others. On the other hand, couples unable to do this drew even more apart to the point that they feared separation. As discussed earlier, for some couples, the family could have unintentionally hindered rather than supported their grieving process. Maybe if the maternal mothers were less quick to jump to the rescue, the couples could have made more effort to share their grief through togetherness, reciprocity and to adapt to this new circumstance in their married life.

5.6.2 Gendered way of grieving

Not surprisingly, my research supports existing literature that shows that both women and men experience sadness following the loss of their child, however they express this grief differently (Beutal et al., 1996). Men seem to experience deep sadness, grief, anxiety and even depression for a short period of time, but take cover under a silent position and lack of visibility (Cumming et al., 2007; Reinhart & Kiselica, 2010; Serrano & Lima, 2006; Wing et al., 2001). This is strongly held between men, too: they seem to honour a silent pact. Although it's a self-isolating process, the men in my study preferred not to talk or mention the loss in front of male colleagues. On the contrary, they saw this silence as a sign of respect. Literature suggests that men avoid appearing needy in front of other men, as this makes them appear vulnerable (Greif, 2009). Barak Obama's high profile male friendship with Joe Biden during his 2008 presidential campaign was intentionally targeted to de-stigmatise the culture of toxic masculinity, which forbids men from expressing emotions openly (Repley, 2016). Having said that, during the interviews, my male participants had no problem privately showing anger and concern for their spouse's wellbeing, but not for their own grief.

Meanwhile, women acknowledged their emotions more by wanting to talk, recalling the event, making sense of what happened and making sure that it doesn't reoccur through reading a lot of information on the internet (Bellhouse et al., 2018). Although there is an abundance of literature regarding a mother's experience during antenatal loss, the father's experience has not been thoroughly addressed (Wagner, et al., 2018). The interviews made it clear that the minute the loss occurred, the fathers took it upon themselves to become 'the protectors'. This is in line with other research which shows how men trivialize their own feelings to better support their wives (Serrano & Lima, 2006). Almost three decades ago, Gilmore (1990) found that the cultural conception of masculinity is to protect, procreate and provide. In the case where procreating fails, men are left with the options of protecting and providing. Men believe that there is no space for two to grieve and by minimising their emotions they kept the relationship in haemostasis (Murphy, 1998; Rinehart & Kiselica, 2010). Although men tend to grieve the loss, they appear more confused about their relationship with their wife. In my study, one of the husbands avoided people that reminded his wife about their loss so as to protect her from more pain, and to also protect their relationship from breaking down, fearful that grief will break their family apart. Men felt their wives, as the one who carried the child, deserved more time and space to grief and to come to terms with the loss. They made sure to minimise any more burden by becoming task oriented, such as taking care of funeral arrangements (if any) and housework. Women and society in general seem to expect such a task-oriented role from men, undermining their emotional needs and leading to disenfranchised grief.

From personal experience, I remember my husband recalling that having to prepare the body of the child for the funeral was horrible and devastating for him. This experience was never shared with me but I was with him when he disclosed it with his cousin who went through a

similar experience three years later. Only one wife in my study acknowledged the need to give space to her husband to grief. Another wife assumed the protector's role in order to give her husband, who needed to vent his emotions through a display of anger, the required space. Her strategy was to use coping language, such as, *there was nothing we could do.* Unconsciously, this dismissal creates a missed opportunity for the couple to live this personal tragedy through togetherness.

These divergent interpersonal ways of communicating between genders can, at times, create turbulence in a relationship. Men are able to go to work and establish some normality; this helps the event stay out of their mind and to think about future pregnancies (Abboud & Liamputtong, 2005). Three women in my study interpreted this process as insensitive and uncaring, while one male participant stated that, although the women's grief is understandable, it seems to be over exaggerated. It's with this future-oriented perspective that the male counterpart takes a leader's role, while the wife comes to terms with her loss. Couples who don't acknowledge their grieving differences can get stuck in a demand and withdraw pattern, which leads the couple to distance themselves from each other. It might help couples to understand that, as noted by Doka and Martin (2010), two types of grievers exist. Intuitive grievers are those who grieve with feelings, while instrumental grievers are those who display physical, cognitive or behavioral patterns and avoid talking about feelings. Acknowledging such gendered differences will help couples feel less judged and more comfortable expressing themselves together (Rinehart & Kiselica, 2010).

5.7 Picking up the pieces

The world of these couples was shaken and a fragmented self-emerged during the time of loss. Their relationship went through a period of trial and together they strived to come out resilient. They were able to go back to normality when they started putting the events in order, comprehending reality and recreating new narratives to generate a unique memory segment (Bosticco & Thomson, 2005).

5.7.1 Making sense of what happened

In his book *Man's Search for Meaning*, Frankl (1946) noted how "in coming to accept death, we can more fully embrace life". However, Kessler (2019) argued that to fully embrace life after an untimely loss, parents must find meaning to be able to transform grief into a more peaceful and hopeful experience. This meaning making involves shared narratives that fit into one coherent story within the family's life experiences and belief systems (Walsh, 2006).

The couples in my study spoke about holding on to what was good between them and relishing the time being on their own. Others just accepted that it had to happen and that it was beyond their control. Sandra processed her two losses as events that led to gaining two other sons. This cognitive process was one way the couples effectively reorganised and moved forward with life.

5.7.2 Spirituality

Finding meaning in the ordeal allowed the grieving parents to go through all the grieving stages, eventually leading them to a spiritual journey. Nobody explained his/her spiritual stance before and during the time they were losing their child. They only made reference to their

spiritual journey after the loss. From my experience, I clearly remember myself talking to God to spare my child. During labour, I felt that my son did not want to leave my body, up to a point where I broke down and told him that it's ok to let go, that I will still be there to hold him. I felt that at that moment, the connection with the child was beyond this world's experiences: surreal, very personal, hard to explain and not sure if it can be understood. For the couples in my study, either because I didn't prompt it or because they hadn't gone through such an experience themselves or else out of fear of not being understood, they felt more comfortable to talk about the anger they felt after the loss.

Very often, in the case of child loss during pregnancy, there is no specific reason why the ordeal occurs. This created bewilderment in the studied parents who consequently turned their anger towards God. One has to take into consideration the context of this study, one where religion still holds strong. The young couples disclosed how during that difficult time they questioned God's existence, God's proclaimed love for children, and God's plans. They also questioned why it had to happen to them; why God seemed to give children to others who, in their eyes, were less privileged. They turned their anger towards God. Nonetheless, they all recalled that it was towards God that they turned to when they experienced despair. This is discussed in grieving literature, such as that of Kubler-Ross and Kessler (2014), where, somehow, it's safe to be angry at God instead of finding other things to blame or be angry at. Blaming God helped them to accept what happened and that it must have been God's will.

Spirituality was visible through wanting to feel connected with the child. One father named his son after his favourite religious saint; in Gozo, such a tradition appears alive and well amongst persons with a village patron saint close to heart. He got very emotional when this story was recounted: this shows the connection such a name holds in his heart. A mother spoke with a

medium to make sure her children were safe and in good hands while every now and then she visited the Ta' Pinu shrine to feel connected with them. This brought up the fact that in Gozo there's no allocated communal burial location for miscarried children, but the need for one is very much felt. Parents have no specific place where to grieve. All the couples disclosed how they feel connected with their lost children: they keep their memory alive through the stories they narrate and photos or memoirs they display at home.

5.7.3 The way towards healing

The couple's resilience triumphed by going through a creative process of adaptation which fulfilled their emotional and psychological needs. All couples appeared to have started their healing process once they felt emotionally supported by family, friends and people who had gone through a similar experience. They felt people close to them gave them space to grieve and they were also able to share more deeply with them. They were apologetic yet present and did not offer solutions. As highlighted in existing literature, sharing experiences validates loss and provides hope that things will get better (Wagner et al., 2018). For the couples in my study, knowing they are fertile and that another pregnancy is not beyond their reach was necessary for them to move on. The congregational support from extended family and priests were considered helpful as they supported them to hold on as a couple and in preparing them for unexpected circumstances. Mark and Claire mentioned the relief they felt when they found professional medical guidance in Malta, as in Gozo the service of the miscarriage clinic is still not available. Both for the men and women, work seemed to offer a haven soon after the loss. Women prolonged their return to work but once they did, they recalled having a bit of normality back in

their life. Similarly, literature notes how a return to normality through work helps avoid excessive thinking and brooding over the loss (Gerber-Epstein et al., 2009).

At the time of a number of these losses, the Psychology Department at GGH was still not available and no support group existed. To compensate for her emotional needs, Sandra shared her experience with other women on Facebook and searched quotes that validated her emotions. In the process of being on their own and relishing themselves as a couple, Mark and Claire travelled. To satisfy the mothering instinct, taking care of plants and pets served as another coping mechanism. For three of the couples, healing was made easier when they had children after the loss. This made them feel whole again.

These couples didn't have it easy. Early on in their marriage, they had to encounter turmoil. However, as described by Walsh (2006), families have the potential to adapt, repair and grow; this leads them to resilience.

5.8 Sense of loss is timeless and time soothes wounds

For the couples in my study, the memory of losing a baby was vivid and fresh. The rawness of deeply settled emotions were as if the occurrence happened only yesterday, and not years ago. As many grieving people report, grieving never completely ends (Corr, 2002) and so was the experience of these couple. Being in the twenty-first century, people are more aware of the perils of psychological and emotional traumas and this encourages them to be more expressive about their experiences. Nonetheless, this seems to depend on two conflicting discourses of emotions. Emotional disclosure happens when people perceive that it's a discussion of emotions constructed on normal and healthy activity, whereas discourse of unspeakability occurs if they frame emotions as dangerous and threatening (Howard et al., 2000).

When the loss of a child during pregnancy occurs, it appears to give permission to previous generations to come forward and talk with the new generation retrospectively, and this can serve as a healing process for both. They don't feel threatened or judged, but listened to and understood, leading to a deep discussion on emotions. Recalling such vivid emotions led one of the studied couples to come to the realisation that no matter how much time passes by or how much one is submissive to silence and socially constructed ideas of moving on, the event of having lost a child is never forgotten – it's a blueprint for life.

All parents hinted at the idea that the pain of grief never heals but time seems to fade the pain through resilience and love, soothing the couples' wounds and helping them be less vulnerable.

5.9 Conclusion

This chapter has provided a detailed discussion of the findings which emerged from my study. The discussion highlights the multitude of emotions Gozitan couples experienced during the time of loss of their child, the couple's perception of the way grandparents took the loss, the different ways the couple grieved and how they managed to come out resilient. In some parts of the discussion a reflexive commentary was included to help illustrate the personal thoughts and biases which could have impacted the findings. The next chapter concludes the study.

Chapter 6 – Conclusion

6.1 Introduction

This study explored what four Gozitan married couples went through when they experienced child loss during pregnancy. It delved into how these couples came to terms with accepting and understanding their own personal journey both from a mother's and a father's perspective.

The main superordinate themes which emerged from data analysis were the following: culture and demographic differences; an emotional rollercoaster; grandparents sharing the suffering; managing the loss; picking up the pieces; and sense of loss as timeless.

The salient findings of this study clearly revealed that the untimely death of a child affected the young couples on both an emotional and psychological level. It also highlighted the ripple effect the loss had on their respective families and friends, with particular emphasis on the grandparents. It brought to the fore the gendered differences that exist between men and women in managing and coping with grief.

In the sub-theme 'Gendered ways of grieving', the couples retrospectively spoke about the grieving process of their respective partner. A dissonance emerged in terms of how mothers and fathers lived the grief of their lost child, leaving them feeling lonely in the process. They seemed to believe that there is only one way of grieving, mostly that of expressing oneself and being open about one's emotions. Such intuitive grieving, mostly adhered to by women, left both genders lost: women expecting men to grieve like them, and men not knowing why they were not feeling the need to grieve in the same way as the woman was. My findings also show that

although the grieving process might have been expressed differently, both men and women suffered immensely after the loss of their child, no matter the gestational age.

In the process, it also emerged that the extent to which grandparents supported the young couples depended on the way the couples coped with the loss. Couples who were able to share their grief and be of support to one another seemed to be less dependent on emotional support and direct involvement in their day-to-day life by grandparents and immediate family. No participant had disclosed that they turned to, or were offered, psychotherapy to deal with this ordeal. Coming back stronger after such a turbulent ordeal was only possible through support offered to each other and / or received from extended family, through the spiritual journey of meaning making, and through using one's inner resources.

Having all this knowledge in hand gave me insight on how I, as a systemic and family psychotherapist and also a psychology assistant in a public healthcare setting, can work better in therapy with grieving couples. These results pave the way for a number of suggestions aimed at improving ongoing practices with which professionals in Malta and Gozo operate, exercise and implement their expertise, while helping Gozitan couples experiencing child loss during pregnancy to emerge resilient after such an ordeal.

6.2 Strengths and limitations of the study

The fact that I have gone through such an ordeal myself served both as a major strength and a limitation. It placed me in a privileged position, in the sense that, only someone who has gone through such an experience could prompt and address certain tangents over others during the interview. Nonetheless, I am aware that I could have colluded with the couples' stories, thinking that I knew too well what they were going through, making me less curious to dig

deeper. To avoid such conditions, regular meetings with my dissertation supervisor in between interview sessions helped me balance the process. In addition, adopting a phenomenological stance during the interviews could be regarded as another strength as I followed the participants' experience as it emerged, thus helping me bond with them.

This study was done retrospectively. This could be perceived as a limitation, as the participants themselves had to reflect profoundly to bring back painful memories, at times fearing they had forgotten or blocked out certain details pertaining to their experience of loss. While this could have limited data collection, I was also aware that it wouldn't have been ethically correct or acceptable to involve parents whose experience of loss occurred less than a year ago.

The four interviews were dyadic interviews. The primary intention of this study was to give space to both mothers and fathers to talk about their experience of losing a child during pregnancy. Through dialogical interaction, the participants acted out as prompters and provided missing pieces to each other's gaps, adding richness to the findings. A multi-actor dialogue raised important challenges for me as the interviewer; nonetheless, a co-created dialogical tension between what was said and what was not said, created space to talk about the experience (Rober, 2015). Bakhtin considered life as an ongoing, unfinished dialogue continually taking place. This interview was part of such a co-constructed space for both the parents and I to explore the experience (Morson & Emerson, 1990).

So as to stay within a systemic theoretical framework, questions revolved around the couples' relationship vis-a-vis other people in their lives and the socio-political-economic context they lived in during the loss, and not just on the experience of loss. The questions were deliberately intended to give the couples the opportunity to explore aspects of their lived

experience that they had never spoken about, neither with each other nor with others. This further strengthened the idea of how important and necessary it is for couples to find specialized professional help when going through traumatic times, helping them alleviate their relational distress. On the other hand, one major limitation of these dyadic interviews was the possibility that one interviewee dominated the interview (Morris, 2001). When such circumstances occurred, I did my best to balance and involve both voices in the conversation.

This study also brought social constructs to the fore, which these couples and their respective families have trans-generationally brought forward. Unfortunately, due to the limitation of the study, other parts of the couples' systems where not delved into. In addition, when I explored the perception of siblings and cousins on the loss, the couples couldn't relate as in most cases the lost child was the first grandchild in the family. In scenarios where the loss happened in the early stages of pregnancy, the couple had not yet disclosed the news to the children in the family. Other systems that would have been relevant to explore include medical staff, such as midwives and gynaecologists, and psychological staff, such as psychologists and psychotherapists who have had clients who went through such an experience.

This research was specifically on Gozitan married couples. This has given this study a personalised touch, where one can now develop a deep understanding of the socio-cultural context, values and norms of this population. That said, this could have limited me from other experiences in relation to Maltese counterparts, non-married couples, foreigners who do not have Maltese citizenship but happened to give birth in Gozo, and mothers-to-be who delivered at home and were never admitted to hospital. I am aware that this study was not to generalise results but to focus on issues of interest through the detailed narratives of the couples.

6.3 Usefulness of the study

This study clearly identifies a gap in the public healthcare system; a system which, at present, does not offer enough ancillary services in this area that offer a holistic supportive approach to grieving couples, guide them how to communicate their grief, and how to see light at the end of the tunnel. I found that through voicing out their feelings, thoughts, fears and hopes, the couples managed to come to terms with their grief, process it and move on. More needs to be done on the islands in the area of psychotherapy (Bonnici, 2015; Casssar, 2017). A lacuna exists when it comes to psychological services in the field of perinatal psychology.

6.4 Recommendations for future research.

A study which could prove to be insightful is to carry out this same research with Maltese couples. This would help us understand if, due to specific geographical and cultural differences, Maltese couples who have gone through child loss during pregnancy live the experience differently than their Gozitan counterparts.

I believe that an IPA study looking into a father's perspective on grieving a child's loss during pregnancy in a Gozitan context, would help shed light on men's perceptions and/or misconceptions of what would be regarded as helpful when it comes to supporting them in such a stressful time. It might also bring out the different needs men have in psychotherapy.

In addition, an IPA study on the relational patterns that couples get into when grieving in a Gozitan context would be interesting as a specific focus. The emerging patterns would be key to psychotherapists' awareness on a couple's disorganised patterns and how they reorganise themselves after loss.

Another interesting aspect worth exploring would be grandparents' lived experience of losing a grandchild in Malta. Given that grand parenting is very important in our culture, such a study would give professionals in the field the opportunity to shed a spotlight directly on grandparents' lived experience, rather than on their experience as perceived by others.

My final recommendation where research is concerned is to present a triangulation of data in a study by bringing together the observations and/or views of psychologists, psychotherapists and/or counsellors, couples, as well as medical professionals, such as midwives and gynaecologists, thus providing an ultimate multi-faceted picture on the experience.

6.5 Implications for practice, policy and education

Pregnancy is a time of numerous transitions, a time to adapt to parenting as a new role. I strongly believe that while nothing prepares you for the loss of a child during pregnancy, couples could benefit from perinatal classes that support them as a couple through all the possible physical, emotional and psychological changes that pregnancy could bring, regardless of whether the pregnancy is successful or not. Pregnancy brings with it many changes and challenges. Helping couples validate each other's emotions and being aware of existing gender differences and incongruences when grieving and dealing with distressing situations in a pregnancy, would be helpful.

All couples in my study suggested that professional psychotherapeutic interventions delivered in a caring, compassionate and culturally sensitive manner, could have been essential for a better and quicker recovery. Prior to my study, no participant was offered or turned to psychotherapy to deal with this ordeal. Nowadays, a psychological service is in place at GGH. I still believe there is a lacuna when it comes to dealing with loss during pregnancy. This could be

related to stigma or the domination of familism where one feels no need to go and talk to someone outside the family. I think it would be ethical if a systemic and family psychotherapy service is implemented as part of the perinatal mental health protocol, a service that is still being developed. This would be in line with the newly launched Mental Health Strategy which seeks to highlight the importance of mental health in all aspects of society (Building Resilience: Mental Health Strategy for Malta 2020-2030, 2019). This niche in the mental health sector would help support couples from the early stages of pregnancy, keep following their development along the way and help them overcome the challenges that pregnancy brings with it. In order to have strong families in our society, we need to help couples stay connected and to validate each other's feelings, even if they don't match.

During the loss, both midwives and family psychotherapists can help couples by providing leaflets containing information that would help them, both emotionally and logistically. Such leaflets can include information on validating emotions and on practical issues, such as the Dilation and Curettage (D&C) process, autopsy process, miscarriage clinic process, and funerary paperwork requirements. This measure will ease the stress and pressure on the couple from having to figure out things on their own.

Some of the parents recommended how they would have benefitted from a miscarriage clinic or professional consultation at the time of the first loss. This is a service which gives parents space to verbalise their medical concerns and fears and where medical professionals can answer concerns and direct them towards hope. This service only exists in Malta at Mater Dei Hospital. Offering such a service in Gozo would at least benefit suffering couples by preventing the commute between the islands, a factor that makes an already difficult ordeal further stressful.

Another recommendation involves a communal burial space. Parents have expressed their frustration at not having a place in Gozo where they could put their child to rest. Maltese counterparts have such a service and Gozitans used to be invited to use this facility when a loss happens. However, and understandably so, Gozitan grieving parents want a specific spot in Gozo, one that is easy to reach when they feel the need to grieve.

On a policy level, when it comes to improving family-friendly measures and holistic well-being, I believe that when a couple goes through the premature loss of a child, it would be beneficial for both parents to be given appropriate grieving leave which they can make use of simultaneously during the first month of the loss. It has to be kept in mind that both parents suffer the loss and grieve. Since extended family appears to be crucial in supporting young couples after a loss, I would recommend addressing the possibility of grandparents in the work force to also have grieving leave so as to provide them with space for dealing with the loss.

6.6 Conclusion

I must admit that this study took me on a learning journey, one immensely applicable for me as a trainee family psychotherapist in a hospital setting. I feel I have enriched my knowledge on couple work and widened my perspectives on psychotherapy within the field of loss, grief and how to come out resilient. I will strive to take on board what I've learnt from the results of this study and endeavour to implement this in practice. This research outlined a number of important findings about Gozitan couples' experience of loss: the challenges that geographic and cultural differences create; how they managed the loss as a couple; how the experience affected their extended family, specifically the grandparents; and coming out resilient in the end. This study is important because it provided space for the stories and valuable voices of couples who went

through loss and who were kind enough to share their experience with me. Only through their lived experience was this study possible. The couples' resilience and stamina to hold strong in such a rough time gave me further strength to keep on working hard to contribute to the field of perinatal psychotherapy.

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Appendix A

IFT Malta Ethics Approval

This form should be completed by the trainee and passed to the supervisor prior to a review of the possible ethical implications of the proposed research dissertation or project.

No primary data collection can be undertaken before the supervisor and the Institute's Research Ethics Committee has approved the plan.

If, following review of this form, amendments to the proposals are agreed to be necessary, the trainee should provide the supervisor with an amended version for endorsement.

The final signed and dated version of this form must be handed in with the dissertation. Failure to provide a signed and dated form on hand-in will be treated as if the dissertation itself was not submitted.

What are the objectives of the dissertation / research project?

- Explore the lived experience of four Maltese couples who have gone through the experience of losing a baby during pregnancy and explore what helped them through the process.
- Explore how this experience has impacted their relationship as a couple.
- Explore what helped the couple cope with such a situation.
- Understand what the couple perceived that others thought that helped them during the process of loss

Do you intend to collect *primary data* from human subjects or data that are identifiable with individuals? (This includes, for example, questionnaires and interviews.) YES

If you do intend to collect such primary data then please respond to ALL the questions 3 through 13. If you feel a question does not apply then please respond with n/a (for not applicable).

What is the *purpose* of the primary data in the dissertation / research project?

The purpose of the primary data in this dissertation is to understand the experience of couples who have lost their child during pregnancy and see what helped them cope during the process of losing their child. I am not aware that there exists secondary data of Maltese couples which I can make use of.

Who is the *survey population(s)*?

- Maltese fathers and mothers who are married and have lost a child during pregnancy.
- These couples had to enter hospital due to needed medical or surgical intervention

How big is the *sample* for each of the survey populations and how was this sample arrived at?

The sample size in this study will be that of four couples. I will be doing a qualitative study using IPA. In IPA studies, due to its idiographic nature and the concern in the quality of the detailed account, the sample size of the participants is usually very small, sometimes also suggesting a case study (Smith et al., 2009). IPA is a method that focuses on the individualised description of an experience in their unique way (Smith, 2008). This methodology focuses at in-depth detailed analysis and examination of the individual's experience and perspective (Pietkiewicz & Smith, 2012). This in- depth analysis could be made due to the small number of participants (Smith et al., 2009).

How will respondents be *selected and recruited*?

The respondents will be selected from the statistical data of the Gozo General Hospital with the permission of the GGH administration and the Maternity Head of Department.

In order to ensure homogeneity of the sample, the following selection criteria will be used:

e) The participants have to be Maltese married couples

f) The participants have to be in between the ages of 25 – 45 years. Research suggests that this is the age bracket for child bearing couples (NOIS, 2016)

g) The couple would have lost a child during pregnancy in the past years but at least one year from the event would have passed. Research shows that if these couples were not well supported during their first year of loss, it could be a predictor of depression as long as a year after loss (Plagge & Antick, 2007).

In this study the midwife will be helping me as an intermediary person between the participants and me. The participants will be randomly analysed by the midwife who she will see who is eligible to participate or not. A midwife is a key person in the maternity

ward, where she frequently meets the couples for follow ups together with the consultant. The consultant would have assessed the psychological and physical state of the couple post the pregnancy loss. I was informed that those who would have shown signs of prolonged distress would have been reviewed and referred to the appropriate services. The midwife will make sure that the research participant won't be from such client group to avoid further psychological or emotional harm or distress.

The eligible participants will be contacted by the midwife herself to see if they would be interested in participating in this study. Those clients who show willingness to participate will be sent a letter of information at their home to help them make an informed decision and discuss between them if they wish to participate in this study. Participation to my research is completely voluntary so when the clients decide to be part of this study they can contact me and an appointment will be given at a place convenient for them.

Gozo, being a small island and a face to face community – it might easily happen that I would know or identify any of the potential interviewees. Should this be so I will refrain from letting them participate in my study.

What steps are proposed to ensure that the requirements of *informed consent* will be met for those taking part in the research? If an Information Sheet for participants is to be used, please attach it to this form. If not, please explain how you will be able to demonstrate that informed consent has been gained from participants.

A letter of information (see attached form) will be sent to the participants once they accept by phone. During the first contact with the participants I will be giving them the information letter again together with the informed consent. The participants need to read it carefully and only if they both sign the consent form will the interview proceed.

How will *data* be *collected* from each of the sample groups?

The data will be collected through face to face semi-structured interviews with both parents. The interviews will be audio recorded, transcribed a verbatim and analysed using IPA method.

How will *data* be *stored* and what will happen to the data at the end of the research?

The data of the clients will be stored safely in a password protected hard drive with any identifying details removed from the transcript. The audio recordings will be deleted once the transcript is finished and my supervisor will only have access to anonymous versions of the transcript. Recordings and transcriptions will be destroyed once the study will be completed.

How will *confidentiality* be assured for respondents?

To ensure confidentiality, the names and other indicators that can reveal the client's identity on the recordings, will also be changed so that the participants will remain anonymous.

During the transcription and in the dissertation the same altered name will be used.

What steps are proposed to safeguard the *anonymity* of the respondents?

The same as in question 10

Are there any *risks* (physical or other, including reputational) *to respondents* that may result from taking part in this research? YES

If YES, please specify and state what measures are proposed to deal with these risks.

During this dissertation there may be the risk that the participants feel distressed or emotionally overwhelmed by recalling their personal experience of loss. To safe guard the psychological wellbeing of the participants, I will start the process of safeguarding the

participants in the recruitment phase. The midwife will suggest those couples who she believes, from her own experience and contact with them throughout the follow ups, that would have coped well with their loss.

Moreover, participants in this study will be invited to be interviewed on a strictly voluntary basis without putting any pressure on couples to conform. The fact that the midwife would be contacting them herself rather than myself as a researcher, I will be ensuring more space and freedom for the couple to decline the invitation to participate in such a study.

Furthermore, participants are informed both verbally as well as in written format through the consent form that they can choose to stop the interview at any stage

If distress occurs during the interview I will slowly stop the interview for the safety of the client and offer them psycho- relational support. Arrangement with the psychology department at GGH for the provision of such service in case that the needs emerge, have already been made.

Are there any *risks* (physical or other, including reputational) *to the researcher or to the Institute* that may result from conducting this research? NO

Will any *data* be *obtained from a company or* other *organisation*. YES

For example, information provided by an employer or its employees.

What steps are proposed to ensure that the requirements of *informed consent* will be met for that organisation? How will *confidentiality* be assured for the organisation?

I will be writing an email to the COO and CEO of the GGH to inform them of my research and request to use clients/participants from their data base. I will attach the approved ethical form to the email so that they would know the details of this research. Once I get the necessarily approval I will consult the midwife in charge of the Maternity Department at GGH. The midwife will be in charge of viewing the client's notes to see who is eligible to participate or not to this research.

The midwife will only select and view the data of the clients who were found to have resolved the loss by the consultant after the pregnancy loss. The midwife will make sure that my clients will not be from the client list that was referred to the psychological services.

In the selection phase the midwife only will have the access to the names of the participants. This will be done to make sure to keep the confidentiality of the clients during the selection phase. The eligible participants will be contacted by the midwife herself to see if they would be interested in participating in this study. Those clients who show willingness to participate will be sent a letter of information at their home to help them make an informed decision and discuss between them if they wish to participate in this study. Participation to my research is completely voluntary so when the clients decide to be part of this study they can contact me and an appointment will be given at a place convenient for them.

Gozo, being a small island and a face to face community – it might easily happen that I would know or identify any of the potential interviewees. Should this be so I will refrain from using them as part of my study.

16. **Does the organisation have its own ethics procedure relating to the research you intend to carry out?** YES

If YES, the Institute will require written evidence from the organisation that they have approved the research.

17. Will the proposed research involve any of the following (please put a √ next to 'yes' or 'no'; consult your supervisor if you are unsure):

• Vulnerable groups (e.g. children) ?	YES	√	NO	
• Particularly sensitive topics ?	YES	√	NO	
• Access to respondents via 'gatekeepers' ?	YES	√	NO	
• Use of deception ?	YES		NO	√
• Access to confidential personal data ?	YES	√	NO	
• Psychological stress, anxiety etc ?	YES	√	NO	
• Intrusive interventions ?	YES		NO	√

18. Are there any other ethical issues that may arise from the proposed research?

No, not that I know of.

INSTITUTE OF FAMILY THERAPY
12 SEP 2018
MALTA

IFT - Malta
Institute Of Family Therapy
Psychotherapy, Training, Supervision, Consultancy
www.ift-malta.com

Please print the name of: I/We grant Ethical Approval

Student Signed: Maria Grace Debono supervisor Carmen Delicata

(student) Maria Grace Debono (supervisor)

Date 17.7.18. Date 17.7.18

AMENDMENTS

If you need to make changes please ensure you have permission before the primary data collection. If there are major changes, fill in a new form. For minor changes then fill in the amendments (next page) and get them signed before the primary data collection begins.

Debono Marija at GGH-Health

From: Galea Rita at GGH-Health
Sent: Tuesday, 03 July 2018 13:52
To: Debono Marija at GGH-Health
Subject: RE: Re:

Maria,

We spoke re data protection policies regarding natural persons. Kindly always obtain the client's consent before proceeding with your project. If in doubt regarding something feel free to contact me and get clearance from me as DPO.

Regards.

Rita Galea
Principal - Data Protection Officer
Health-Gozo General Hospital

t: +356 22106220 e: rita.galea@gov.mt | www.gov.mt
Ministry for Energy and Health
Kindly consider your environmental responsibility before printing this e-mail Gozo General Hospital, Ta' L-Ibragg Street, Ir-Rabat, Gozo, MALTA

From: Debono Marija at GGH-Health
Sent: Tuesday, 03 July 2018 08:20
To: Galea Rita at GGH-Health
Subject: FW: Re:

Dear Rita,

Just a gentle reminder regards this email.

Thanks & Best Regards
Maria

From: Fenech Joseph H at GGH-Health
Sent: Tuesday, 26 June 2018 09:29
To: Debono Marija at GGH-Health
Cc: Galea Rita at GGH-Health
Subject: Re:

Dear Ms.Debono,

Approved from my end on the proviso that this is in line with the data protection and GDPR act.

Ms. Galea, you may wish to advise.

Best regards,
J.

-------- Original message --------
From: Debono Marija at GGH-Health <marija.a.debono@gov.mt>
Date: 26/06/2018 08:28 (GMT+01:00)
To: Fenech Joseph H at GGH-Health <joseph.h.fenech@gov.mt>

Cc: Galea Rita at GGH-Health <rita.galea@gov.mt>
Subject: FW:

Dear Mr. Fenech

I hope this email finds you well. As part of my first email I forgot to attach the information sheet and consent form that will be given to the participants. In these sheets there will be the information related to their data protect.

Thanks & Best Regards
Maria Grech Debono
Psychology Assistant

From: Debono Marija at GGH-Health
Sent: Friday, 22 June 2018 14:22
To: Fenech Joseph H at GGH-Health
Cc: Galea Rita at GGH-Health; Grech Maryrose at GGH-Health
Subject:

Dear Mr. Fenech

I hope this email finds you well. I am Maria Grech Debono, the psychology assistant at the GGH/ Steward Health Care Hospital. 4

At the moment I am reading a Master course in Systemic and Family Psychotherapy. As part of the course I am required to do a dissertation in an area- of which I am interested in doing a research with 4 Maltese couples who have experienced child loss during pregnancy and see what helped them cope through the process. In order to start my research I would need your written consent for this project. Kindly find attached the approved proposal for more details.

I look forward to hear from you,
Best Regards
Maria Grech Debono

Appendix B

Information Letter

April,

Dr Anton Tabone Street,

Victoria, Gozo.

1st October 2018

Dear Mr & Ms_____

I am Marija Grech Debono, a student studying for a Masters degree in Systemic and Family Psychotherapy with the Institute of Family Therapy, Malta. I would like to invite you to be part of my dissertation which is part of the requirement for fulfilment of this Master degree. My topic of study will be on 'Gozitain couples' lived experience of losing a child during pregnancy: Exploring what helped them through this process'.

My aim of this study is to interview Gozitain couples who have gone through the experience of losing a child during pregnancy. I am interested to know how they managed their experience and understand how and what helped them cope during this time. I will meet the couple myself, and the interview will last between one hour and one and a half hour. The interview will be recorder via an audio- recorder, transcribed and analysed through qualitative analysis. Your confidentiality will be respected at all times. I will keep the data stored safely in a password protected hard drive with any identifying details removed from the write-up of the interview. The audio recordings will be deleted once the transcript is finished and only my supervisor will have access to anonymous versions of the transcript.

Your contribution will aid in the compilation of this dissertation and to possible future research projects pertaining to this topic. Your input is appreciated and valuable in contributing to the current literature. Furthermore, I hope that it will help in rising awareness of what couples go through when losing a child during pregnancy and identify what is missing in our health system that can better support other couples who will go through similar experiences.

I would like to thank you for your time and consideration to participate in this study. Once you both agree to take part, kindly contact me on 99215241 or email marija.a.debono@gov.mt, I would be highly grateful for your participation.

Maria Grech Debono
IFT Trainee Systemic and Family Psychotherapist

Ittra ta' Informazzjoni

April,

Triq it- tabib Anton Tabone,

Rabat, Għawdex.

12th May 2018

Għeżież Sinjur u Sinjura _____

Jisimni Marija Grech Debono, studenta li qed nistudja fuq livell ta' Masters fis-*Systemic and Family Psychotherapy* ma' l-*Institute of Family Therapy, Malta*. Nixtieq nistedinkom biex tkunu parti mir-riċerka li nixtieq inwettaq bħala parti minn dan il-kors tal-Masters degree. Is-suġġett jitratta dwar 'L-esperjenza ta' koppji Maltin li tilfu tarbija waqt it-tqala. Nesploraw x'għinhom waqt dan il-proċess'.

L-għan ta' dan l-istudju huwa li nagħti vuċi lill-koppji Maltin li għaddew minn din l-esperjenza ta' telfa, nifhem x'sens ingħatat lil din l-esperjenza u x'għinhom jirkupraw f'dak iż-żmien. L-esperjenza ħa tkun f'forma ta' intervista wiċċ imb' wiċċ u iddum madwar siegħa, siegħa u nofs. L-intervista ħa tkun awdjo-rekordjata, miktuba u wara analizzata billi tintuża analiżi kwalitattiva. Importanti li infakkarkom li l-kunfidenzjalita ħa tiġi irrispettata. L-informazzjoni ħa tkun mistura f'*hard drive* protetta b'password u l- ebda dettalji li bihom tistgħu tiġu magħrufa m'huma ħa jitħallew fuq t-transkritt li jiġi miktub. L-awdjo li jiġi rekordjat ikun imħassar wara li t-transkritt issir u l-unikà persuna li jkollha aċċess għal verżjoni anonima hija s- supervisor tar-riċerka tiegħi.

Il-kontribut tagħkom f'din ir-riċerka ħa tgħin biex inkun nista' nibni ir-riċerka tiegħi, kif ukoll għall-possibiltà ta' riċerki oħra li ikollhom x'jaqsmu ma' dan is-suġġett. L- involviment tagħkom f'din ir-riċerka hija apprezzata ħafna. Din ir-riċerka tista' twassal li inqajmu iktar *awareness* minn xhiex jagħaddu koppji li jagħaddu mill-esperjenza tat-telfa ta' tarbija waqt it-tqala u x'għinhom jirkupraw minn żmien tant diffiċli f'ħajjithom. Din ħa twassal biex aħna bħala professjonisti nagħtu support adekwat u nitgħalmu kif nistgħu ngħinu lil koppji li jkunu għaddew minn esperjenza simili bħal tagħkhom.

Nifhem li dan huwa suġġett li jista jkun diffiċli għalikom li titkelmu fuqu iżda nixtieq nurikhom l-aprezzament tiegħi talli qed tikkunsidraw li tipparteċipaw f' din ir- riċerka. Naprezza li kif tagħmlu l-ħsieb li tipparteċipaw bħala kopja tikkuntatjawni fuq 99215241. Inkun grata immens għall- interess tagħkom.

Nisma' minn għandkhom,

Maria Grech Debono
IFT Trainee Systemic and Family Psychotherapist

Appendix C

Consent Form

Title of the study: Gozitain couples' lived experience of losing a child during pregnancy: Exploring what helped them through this process.

I, the undersigned participant, have understood the aims and process of the research as stated in the information sheet. I am therefore agreeing to be interviewed and for that interview to be recorded (audio recorded only) with the understanding that:

I am participating on my own free will and may withdraw from the study at any point from now till the data are analysed, without the need to give reason for my doing so.

If I feel any psychological discomfort at any point during the research, I will inform the researcher immediately and will be directed to psychological support, should I feel the need for it.

My participation will remain anonymous and confidentiality will be ensured by change in names and other indicators that can reveal my identity. These will be removed.

My data may be used for research purposes as stipulated in the information sheet. I also agree that the data may be shared for further research projects whilst understanding that all personal data will remain anonymous and in strictest confidence, in accordance with the Data Protection Act (2018).

Signatures:

Participant 1 _____

Participant 2 _____

Researcher _____

Thank you,

_____	_____
Marija Grech Debono	Ms. Carmen Delicata /supervisor
Trainee Systemic & Family Psychotherapy	Dissertation Supervisor

Formola tal- Kunses

Grazzi talli iddeċidejtu li tipparteċipaw f'din ir-riċerka wara li irċivejtu t-telefonata mid-Dipartiment tal-Maternita t'Għawdex. Din hija l-formola tal-kunsens fejn ħa nispjegalkom x'inhuma d-drittijiet tagħkom waqt li qed tipparteċipaw f' dan l-istudju.

Titlu tal-istudju: L-esperjenza ta' koppji Maltin li għaddew mit-telfa tat-tarbija tagħhom waqt it-tqala. Nesploraw x'għinhom waqt dan il-proċess.

Jien, bħala parteċipant, nifhem l-għan u l-proċess ta' din ir-riċerka kif ġie indikat fil- karta ta' l-informazjoni. Għalhekk qed naqbel li niġi intervistat/a u awdjo irrekordjat/a u qed nipparteċipa minn jheddi u nista' nieqaf f'kwalunkwa ħin minn x'ħin issir l-intervista sad-data tal-analiżi tal-intervista, mingħajr m'hemm bżonn li nagħti raġuni.
Jekk nħoss li ġejt affetwat/a psikoloġikament f'xi mument waqt ir-riċerka, ninforma lir-riċerkatriċi immedjatament u hi tirreferini għal sapport psikoloġiku jekk hemm bżonn.
Il-parteċipazjoni tiegħi ħa tibqa' anonima u l-kunfidenzjalita ħa tkun miżmuma billi ikun hemm tibdil fl-ismijiet jew xi informazjoni li tista' tikxef l-identità tiegħi. Dawn jiġu imħasra mir-riċerka.
L-informazzjoni miġbura tista' tiġi użata għal raġunijiet ta' riċerka kif huwa imsemmi fil- karta tal- informazzjoni. Jien naqbel ukoll li l-informazzjoni miġbura tista' tiġi użata f'riċerki oħrajn, pero nifhem li l-informazzjoni personali ħa tibqa' dejjem anonima u kunfidenzjali, skond it-termini tal-Att tal-Protezzjoni tad-Data (2003).

Firma:

Parteċipant 1: _____

Parteċipant 2: _____

Riċerkatriċi: _____

Grazzi,

_____ _____

Marija Grech Debono
Trainee Systemic & Family Psychotherapy

Ms. Carmen Delicata
Dissertation Supervisor

Appendix D

Interview guide

General information:

- Age of both interviewees
- How long have you been together?
- How long have you been married?
- Type of employment

1) The couple's idea of being a family	Before getting married, what were your ideas around how your family should be? **Prompts:** a) What were your expectations, ideas, and fantasies around the concept of building a family? b) How much did you wish for children? c) How did the Gozitain culture influence your ideas of how to be a family? d) Was there anything in particular that struck you which you still remember?
2) The experience of loss	Can you tell me about your experience of loss during pregnancy? **Prompts:** a) At what stage in your pregnancy did you lose the pregnancy? b) What crossed through your mind during this experience? c) How did you experience it differently?
3) The lived experience as a couple	Looking back, in what way did this experience influence your relationship between you two? **Prompts:** a) What did you find difficult when it came to relating with each other? b) What were you expecting from each other during this difficult time c) How could you have been of support to each other?
4) The coping strategies	What helped you go through this experience? **Prompts:** a) Immediate experience, Home Environment, Friends & acquaintances b) What hindered you cope better? c) What did you find difficult to do in your day to day

	life?
5) The perception of how others coped with their loss	How do you think that others has took or imagined this loss? (staff, family, friends, children) **Prompts:** a) How did they share their grief to you or maybe not? Was there an episode that you remember? b) How do you understand their reaction? c) How did this help you or hinder you in the process?

Skeda tal- Intervista

- Eta' tal- parteċipanti
- Kemm ilkom flimkien
- Kemm ilkom miżżewġin?
- Tip ta' impjieg

1) L-ideat tal- kopja dwar li tkun familja	Qabel ma żżewiġtu, x' kienet l- idea tagħkom ta' kif intom tkunu familja? **Prompts:** a) X'kienu l –aspettazjoni tagħkom, l- ideat jew fantażiji madwar l- kunċett li tibni familja? b) Kemm kienet kbira x-xewqa tagħkom li jkolkom t-tfal? c) Kif taħsbu li l- kultura Għawdxija affetwat l- ideat tagħkom ta' kif għandha tkun familja? d) Kien hemm xi episodju partikolari f' ħajjitkom li għadkom tiftakruh, li seta' affetwa l- mod ta' kif intom taħsbuha dwar il- familja?
2) L- esperjenza tat- telfa	Qisu tistgħu tirrakontawli dwar l- esperjenza li ġarrabtu waqt it- tqala? **Prompts:** a) F' liema stadju tat-tqala, tliftu t- tarbija? b) X'għadda minn moħħkom waqt din l- esperjenza? c) Kif esperjenzajtuha differenti?
3) L- esperjenza ta' kif għexuha l- koppja	Jekk ikolkhom tħarsu lura, din l- esperjenza kif influenzat ir –relazzjoni ta' bejnietkom? **Prompts:** a) X' sibtu diffiċli meta ġejtu biex tirrelataw ma xulxin? b) X'kontu qed tistennew minn xulxin waqt dan iż-żmien diffiċli? c) Kif stajtu tkunu ta support għal xulxin?
4) Coping strategies	X'għinkom tirkupraw minn din l- esperjenza? **Prompts:** a) Waqt l- esperjenza, id- dar, hbieb u nies li ma tantx tafu? b) X' ma għinkomx tkampaw aħjar? c) X' sibtu diffiċli li tagħmlu fil- ħajja ta' kuljum tagħkom?
5) Il- perċezzjoni ta' kif ħaddieħor (ikkopja) mat- telfa tagħhom	Kif taħsbu li ħaddieħor ħadha jew immaġinha din it- telfa? *staff, familja, ħbieb, tfal **Prompts:** a) Kif qasmu d- dispjaċir tagħhom magħkom jew forsi le? Hemm xi episodju li tiftakru?

	b) Kif tifhmu r- reazjoni tagħhom? c) Kif taħsbu li dawn ir- reazjonijiet għinukhom jew xeklukhom fil- proċess?

Appendix E

Excerpt From an Interview

Emerging Themes	Original transcript in Maltese	Explorative comments
Demographic and cultural differences	1. Interviewer: very fast…qisu lanqas ittik chance… 2. Laura: le le processing… 3. Interviewer: tiprocessa x' gara 4. Laura: X'gara x'gara igifieri w 5. Interviewer: ehe 6. Laura: igifieri qabel kien cum paq pum go sija 7. Interviewer: ok ok	The disress that Gozitains work in malta but live in gozo have to go through. Pressure and time
Fathers emotional distress	8. Interviewer: u qisu x' kienet l- esperjenza tieghek savior fuq din il- bicca tax- xoghol? 9. Saviour: jien dik il- gurnata kont xoghol Malta ghax kont ghadni nahdem Malta, igifieri x'hin cemplitli fl- ghaxra ta' filghodu qisu qaltli li rat id- demm qisu dak il- hin ..ippanikjat kont ha nigi l- haw imma ftit wara qaltli kollox alright u bqajt hemmhekk 10. Interviewer: Ehe ehe	Distressing for fathers Sens of relief- especially for the father. Being present made him feel less guilt- father
A surreal experience	11. Saviour: imbghad flghaxija x'hin ha nitlaq liiii mix- xoghol cemplitli qaltli li rat hafna demm u li ha tmur l- isptar 12. Interviewer: ehe 13. Laura: Imbghad ma nafx kif wasalt ghawdex	
Emotional rollercoaster	14. Saviour: igifieri l- mini bus dak inhar damet ma giet ma nafx kif ilhaqna l- vapur…imma ikollok seba mitt sena sakemm tasal..ovjament	I felt privilege to know because this gave me a space to speak a bit more with them
Sense of relief	15. Laura: Wasal bl- ezatt 16. Saviour: Wasalt bl- ezatt uuu..	

Appendix F

Table of Themes with Illustrative Quotes

Super-Ordinate Themes	Sub-Themes	Illustrative Quote
Super- Ordinate Theme 1 Culture & demographic differences	Starting a family in Gozo requires more planning	*Mark: "If I leave from home at five he (son) would still be asleep. After work you go home for half an hour, because, listen, then I having something here and there, then I enter home again and he's asleep. So, practically there are days I see him for half an hour… and that's it."*
	'Congregational' support	*Denise: "Then we used to stay here (referring to her mother's house) so I used to have my mother. I wouldn't be home on my own (crying)"* *Karl: "But at that time the fact that she didn't work… My mind was at rest that there was her mother eee…I would have been concerned that she's on her own. Who knows what she's doing? Who knows what thoughts pass through her mind?"*
	Need for children, to feel whole	*Karl: "That of building a family and have children. What is a family without children? [ ] You stay a bachelor, on your own."*
Super – Ordinate Theme 2 Emotional Rollercoaster	The unthinkable happens	*Sandra: "[ ] You don't think it would happen to you. You don't feel it's going to be you."* *Mario: "It's like… I have heard about these things before, but you never expect that you're going to go through it."*
	Instant sense of attachment	*Mark: "I think we mostly took the first loss more badly than the second one, the first one [ ] we had heard the heartbeat."*
	Empty pain- no baby to bring home	*Sandra: "[ ] I gave birth to the first one (lost child). I pushed for nothing …I suffered for nothing [ ] I had nothing in my hands."*

	Isolating oneself from families with babies	*Karl: "In fact, my brother has got a son the same age as him, in the same week […] The thing was… even, my sister got married around that time, you see him (nephew) running around their feet, walking"* *Denise: "In fact, we didn't use to meet them because…"* *Karl: "In fact, we ended up almost not talking to each other" (broken voice)* *Denise: "Because we couldn't face them"* *Karl: "It's like we couldn't stand them" (broken voice)*
	More space needed to talk	*Sandra: "Even when I miscarried the first time, they dismissed it. It's like they don't care, "now try again and you will have". It's like… I have just lost a baby. For the people who have not gone through it, they are not aware, mmm it's like not a baby, it's like not a loss, it is like "get up on your feet again"*
<u>Super- ordinate Theme 3</u> The grandparents share in the suffering	Unfulfilled expectations	*Laura: "They (grandparents) took it badly eee.. this was the first baby from both sides"*
	Protecting each other from the pain	*Claire: "My mother also took it badly…but my mother doesn't show. Then when I told her that I'm pregnant again …"* *Mark: "I think she used to ask me, rather than her… In the sense, she used to tell me: Is she well?"*
	Being there for them in practical way	*Karl: "If she (wife) was going to stay at home, she was going to stay with her mum, stay with someone she could talk to. [ ] At home (on her own) you end up ruminating all the time. [ ]* *Denise: "At least you find someone who washes your clothes. During that time you are not going to wash clothes or cook for sure."*

Super- ordinate Theme 4 Managing the loss	Make you or break you	*Laura: "If you are not ok together something like this will break you"* *Saviour: "And if you are good it will strengthen the relationship"*
	Gendered ways of grieving	*Claire: "[ ] In general, a woman tends to open up more than a man, it was always like that. It's like when men are sad, it's like a taboo. That is how it's seen by certain people. Which in reality there is nothing wrong in being sad but…"*
Super- ordinate Theme 5 Picking up the pieces	Making sense of what happened	*Claire: "[ ] The others had to happen, unlucky that they had to happen after each other [ ] When I was pregnant with our son we had been married for two years. When I look back I say at least although we have gone through a lot… we relished each other well for two years."*
	Spirituality	*Karl: "Me, why me out of so many people?"* *Denise: "But God are you in heaven- you start saying."* *Karl: "But is He there?"* *Denise: "Then children, you know, you say it"* *Karl: "Out of so many people, you give them to those who don't care enough for them"* *Denise: "Yes, at first you take it against God but then you stop doing it"*
	The way towards healing	*Denise: "Work I think. When I went to work. [ ] Cos then you start going out, meet your friends. And then you know, someone says a joke and you start laughing without knowing… work, work."*
Super- Ordinate theme 6 Sense of loss is timeless	Time soothes wounds	*Mario: "Time eee. That's what soothes, you don't remain that much…"* *Sandra: "Vulnerable"* *Mario: "Vulnerable. Time starts passing eee I think time."*

List of Tables

Table 1: Participants' Profile

Table 1							
Couple	**Pseudonyms**	**Age**	**Occupation**	**Years together**	**Years married**	**Number of losses**	**Other children following loss**
1	Mark	30	LSA	12	3	1st: 9 weeks 2nd: 12 weeks	1 year old
	Claire	26	Nurse				
2	Saviour	32	Administrative work	7	3	1st: 19 weeks	10 months old
	Laura	28	Accountant				
3	Karl	34	Construction worker	16	10	1st: 40 weeks 2nd: 12 weeks 3rd: 8 weeks	5 year old 10 months old
	Denise	36	Nurse				
4	Mario	36	Police officer	12	7	1st: 9 weeks 3rd: 12 weeks	5 year old 8 months old
	Sandra	36	Teacher				

Table 2: Master table of Themes

Table 2	
Superordinate themes	**Sub-themes**
Culture & demographic differences	• Starting a family in Gozo requires more planning • 'Congregational' support • Need for children, to feel whole
Emotional rollercoaster	• The unthinkable happens • Instant sense of attachment • Empty pain- no baby to bring home • Isolating oneself from families with babies • More space needed to talk
The grandparents share in the suffering	• Unfulfilled expectations • Protecting each other from the pain • Being there for them in practical way
Managing the loss	• Make you or break you • Gendered ways of grieving
Picking up the pieces	• Making sense of what happened • Spirituality • The way towards healing
Sense of loss is timeless	• Time soothes wounds