

**RELATIONAL DIMENSIONS OF PERINATAL BEREAVEMENT: AN ACTION-
PROJECT INVESTIGATION OF JOINT GRIEVING IN BEREAVED PARENTS**

by

SCOTT M. GALLAGHER

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES
GRADUATE COUNSELLING PSYCHOLOGY PROGRAM

We accept this thesis as conforming to the required standard

.....
Derrick Klaassen, PhD, Thesis Supervisor

.....
Landa Terblanche, PhD, Second Reader

.....
José Domene, PhD, External Examiner

TRINITY WESTERN UNIVERSITY

October 2013

© Scott M. Gallagher 2013

ABSTRACT

This study explored the relational dimensions of perinatal grieving. Three perinatally-bereaved couples each participated in one interview, as well as a follow-up member check interview. The research question for this study was, “how do bereaved parents grieve jointly following perinatal loss?” Data were collected using the qualitative action-project method, and participants were asked how they grieved together for their deceased baby. Joint grieving processes were identified at couples’ initial interviews, and then, following preliminary analyses, were presented back to the couples during the member check interviews for confirmation and alteration. The data analysis followed the protocols set forth in the action-project and instrumental case study methods, combining all data collected from both sets of interviews. Within-case analyses revealed intentional frameworks for each of the couples joint grieving projects, including: (1) Marveling at God’s presence in the midst of loss and the endurance of grace, respect, and togetherness in marriage, (2) Finding each other in the midst of grieving differences to celebrate and honour the sanctity of life, and (3) Coming back into life to find joy and new responsibilities while continuing to mark and honour the existence of the deceased. Joint grieving involved several commonalities between the couples, including re-learning the uniqueness of one another through grieving, interspersing grief within ongoing faith careers, using the safety of the relationship to express painful thoughts and feelings, oscillations between hope and pain, and the ongoing nature of grieving rituals as joint actions. The findings of this study support the application of broader theoretical models of bereavement to the unique context of perinatal loss, as well as emerging constructivist models of perinatal bereavement. The findings also demonstrate the relevance of relational dimensions of grieving for future empirical and clinical developments in the area of perinatal bereavement.

PREFACE

This research project was approved by the Trinity Western University Research Ethics Board (file # 12G12).

TABLE OF CONTENTS

ABSTRACT.....	i
PREFACE.....	ii
TABLE OF CONTENTS.....	iii
ACKNOWLEDGEMENTS.....	ix
CHAPTER 1: INTRODUCTION.....	1
Perinatal Bereavement.....	1
Limitations of the Extant Literature.....	3
The Current Study.....	4
CHAPTER 2: LITERATURE REVIEW.....	5
Definitions of Key Terms.....	5
Perinatal loss.....	6
Ectopic pregnancy.....	6
Miscarriage.....	6
Neonatal death.....	6
Stillbirth.....	6
Loss.....	6
Grief.....	7
Grieving.....	7
Joint grieving.....	7
Bereavement.....	7
Theoretical Models of Perinatal Bereavement.....	8

Psychoanalytic	9
Attachment.....	10
Continuing bonds	11
Cognitive stress and coping	12
Integrative Models of Bereavement.....	14
Dual-process model	15
Meaning reconstruction	16
Relearning the world model.....	17
Perinatal Bereavement	21
Individual and Relationship Outcomes of Perinatal Loss.....	24
Maternal impacts.....	24
Paternal impacts	26
Relationship impacts.....	28
Contextual Action Theory	32
Perspectives on action.....	33
Levels of action.....	34
Systems of action	34
Perinatal bereavement as joint action	35
Conclusion	36
CHAPTER THREE: METHODS.....	38
Paradigm Assumptions of the Action-Project Method.....	38
Ontological assumptions.....	38
Epistemological assumptions.....	39

Contextual action theory and social constructionism	39
Limitations of knowledge claims made through using QAPM	40
Appropriateness of research method for research question	41
Instrumental case study approach	42
Participants.....	43
Data Collection Procedures	46
Initial interview.....	47
Preliminary analysis.....	49
Member check interview	51
Analytical Process.....	52
Within-case analysis	52
Between-case analysis	53
Rigour and Quality Evaluation	53
CHAPTER 4: Findings.....	57
Summary of Analysis Procedures.....	57
Summary of Key Findings.....	59
Within-Case Analysis	60
Couple 1	60
Joint grieving project	60
Detailed description of the joint grieving project	62
Project summary	72
Assertions	75
Couple 2.....	75

Joint grieving project	75
Detailed description of the joint grieving project	78
Project summary	87
Assertions	90
Couple 3	91
Joint grieving project	91
Detailed description of the joint grieving project	93
Project summary	104
Assertions	107
Between-Case Analysis	107
Commonalities	107
Learning and re-learning each other's uniqueness	107
The role of faith careers in grieving	111
The safety of relationship in expressing grief	114
Oscillating personal and relational grieving projects	116
Grieving rituals as ongoing actions	121
Unique processes	124
Key Assertions	130
Assertion one	130
Assertion two	131
Assertion three	131
Assertion four	132
CHAPTER 5: DISCUSSION	134

Summary of the Research Problem	134
Summary of the Findings	135
Response to the Research Problem.....	136
Novel dimensions of perinatal bereavement	136
Relational learning through perinatal loss	137
Perinatal bereavement as an active, joint process	140
Oscillating perinatal bereavement	143
Illustrations of previous findings	145
Variations in the magnitude of loss	146
Different expressions of grief	148
Ambiguous grieving	151
Theoretical Implications	153
Constructivist models of perinatal bereavement	153
Re-learning the world model	155
Dual-process model	157
Counselling Implications	159
Grieving as a shared process	160
Dealing with differences	161
Meaning-making.....	163
Limitations of the Study	165
Small sample size	165
Cross-sectional design	166
Context of data collection	167

Future Research	167
Grieving in whole family contexts	168
Cultural and spiritual dimensions of perinatal bereavement	168
Continuing bonds in perinatal bereavement	169
Conclusion	170
References.....	173
Appendix A: Advertisement for Participants	184
Appendix B: Telephone Screening Protocol	185
Appendix C: Letter of Consent for Participants	187
Appendix D: Interview Guidelines	189
Appendix E: Master List of Codes	193

ACKNOWLEDGEMENTS

I have been so fortunate to receive the support, guidance, and encouragement of so many individuals. It is because of you that this project came to fruition, and, as such, I wish to extend my heartfelt gratitude to you here. First and foremost, I wish to thank my wonderful family. Andrea, you have stood by me through my highest and lowest points throughout this project. Thank you for always listening to me in the midst of frustration and passion, and knowing how to encourage me to believe in myself. Gavin, thank you for always reminding me that life is bigger than papers and work, and for your welcoming hugs at the end of many long days. Mom, Dad, Beth, Norbert, Carolyn, and Daniel, thank you for all of the continual support you have given me throughout this project and beyond. You have all modeled for me the meaning of hard work and determination, which have undoubtedly brought me to this place in my studies.

I also wish to thank notable faculty and members of my research committee who have offered such wise counsel and direction throughout the duration of this project – Derrick Klaassen, Landa Terblanche, and Marvin McDonald.

To my colleagues and friends Fred Chou and Jill Hart – thank you for joining with me in the long journey of research, and for always listening, encouraging, and allowing me to vent. I also wish to especially thank my research assistants Genevieve Kalnins and Nathan Bartz for volunteering their time and energy in data collection.

I also thank the Social Sciences and Humanities Research Council of Canada, which funded this research with a Joseph-Armand Bombardier Master's Award (#766-2011-0386).

Finally, I want to extend special thanks to the three couples who participated in this study. Thank you for sharing your stories with such openness, humility, and authenticity, which have taught us all so much about the meaning and experience of loss.

CHAPTER 1: INTRODUCTION

The death of a child has often been recognized as one of the most tragic and devastating forms of bereavement (e.g., Rando, 1986; Rees, 1997). Losing a child violates one of the most central, organizing scripts of human life, that parents should not have to bury their children (Davies, 2004). While the physical, emotional, and relational devastation of parental bereavement is well recognized and validated within the grief literature (e.g., Kreicbergs, Valdimarsdottir, Onelöv, Henter, & Steinbeck, 2004; Murphy, Tapper, Johnson, & Lohan, 2003), the loss of an unborn or newly born baby presents a unique challenge for bereavement researchers.

Perinatal loss is a tragic experience, encountered by approximately 20 percent of all expectant parents in Canada in each year (Kingston, 2012). Despite the ruinous emotional and relational impacts of perinatal loss on bereaved parents, the medical community has traditionally viewed pregnancy and early infant loss as illegitimate forms of loss (Wright, 2011). However, research programs in nursing and social work have begun to acknowledge the potentially devastating nature of perinatal loss on bereaved parents (e.g., Badenhorst, Riches, Turton, & Hughes, 2006; Serrano & Lima, 2006; Turton, Hughes, Evans, & Fainman, 2001; Vance, Boyle, Najman & Thearle, 2002). In addition, researchers within the field of psychology have also paid increasing attention to the grieving processes of parents who have experienced a perinatal loss (e.g., Gilbert & Smart, 1992; Jaffe & Diamond, 2011; Umphrey & Cacciatore, 2011).

Perinatal Bereavement

Perinatal child loss (i.e., miscarriage, stillbirth, or early infant death) often involves additional complexities that are not typically common to other forms of parental bereavement. Whereas the death of a child during early childhood, adolescence, or adulthood can be

accompanied by socially sanctioned grieving rituals (i.e., funerals) and the preservation of reminders of the child's life, perinatal death entails a much more ambiguous grieving process (Lang, Fleiszer, Duhamel, Sword, Gilbert, & Corsini-Munt, 2011). Perinatally-bereaved parents must face questions of whether they can consider themselves "parents," how to remember the deceased child, and how to discuss their feelings with others who may not recognize the impact of the loss (Umphrey & Cacciatore, 2011). Perhaps more importantly, bereaved partners often report different experiences of grief following perinatal loss, making the process of sharing their grief a challenging endeavour (Lang et al., 2011).

While the experience of perinatal loss is associated with negative physical and emotional outcomes for bereaved parents, the nature and scope of these outcomes can vary across genders. Bereaved mothers tend to report longer and more intense periods of grief following a perinatal loss than their male partners (Barr, 2004), which is often associated with the tendency for bereaved mothers to assume more guilt and shame for the loss of the child (Barr & Cacciatore, 2007). In addition, bereaved fathers are less likely to talk about the loss or display emotions, and are more likely to use cognitive, problem-solving strategies to cope with the loss (Rando, 1986). These differential patterns of coping can lead bereaved couples to experience heightened distress, communication problems, and decreased sexual satisfaction following their child's death (Lang et al., 2011; Oliver, 1999; Serrano & Lima, 2006; Vance et al., 2002). As a result, couples who experience a perinatal loss have a higher risk of relationship dissolution or divorce than couples who gave birth to live babies (Gold, Sen, & Hayward, 2010). Such troubling relational dynamics complicate joint grieving processes between bereaved parents, furthering the disastrous impact of perinatal loss.

At the same time, however, individuals who have experienced perinatal bereavement often report that their partner was their greatest source of support following their loss (Säflund, Sjögren, & Wredling, 2004). It is in the context of bereaved parents' intimate relationship that partners are able to construct meaning from their loss and develop the capacity to maintain ongoing attachments to their unborn or newly born baby (Wojnar, Swanson, & Adolfsson, 2011). Thus, it seems as though the process of perinatal bereavement is intimately connected to the unique relational contexts of couples whose reproductive stories have been permanently altered as a result of their loss (Jaffe & Diamond, 2011).

Limitations of the Extant Literature

Despite the growing recognition of perinatal loss as a legitimate form of parental bereavement, the vast majority of research in this area has conceptualized perinatal bereavement as a predominantly maternal, intrapsychic process (e.g., Barr & Cacciato, 2007; Uren & Wastell, 2002). Research on perinatal loss has frequently highlighted the importance of relational processes such as social support and communication between bereaved parents (Lang et al., 2011; Säflund, et al., 2004), but little work has been done to examine how grieving perinatal losses is actually enacted within a relational context. With a few notable exceptions (Gilbert, 1989; Gilbert & Smart, 1992; Smart, 1992), researchers have yet to address how perinatal bereavement is a shared process of grieving between parents. While efforts have been made to examine joint grieving in parents who have lost children at older ages (Klaassen, 2010; Toller & Braithwaite, 2009; Wijngaards-de Meijt et al., 2008), similar questions have yet to be addressed in the context of perinatal bereavement. As such, this thesis will examine how grieving emerges jointly and intentionally within the relational context of couples who have suffered a perinatal loss.

The Current Study

The joint grieving processes of couples who had experienced the perinatal loss of a baby were of central importance to this study. This thesis was investigated using the Qualitative Action-Project Method (QAPM; Young et al., 2005), focusing on the ongoing, intentional grieving actions that are jointly enacted within the context of bereaved couples' relationships. It is also important to note that these joint grieving processes were explored from the perspectives of bereaved couples themselves through a systematic process of hermeneutic and narrative inquiry. Thus, each partners' subjective construction of grieving for their deceased baby was examined as it emerged within the social context of their relationship. The guiding research question for this thesis was constructed as follows: *how do bereaved parents grieve jointly following perinatal loss?*

As the current study focused primarily on the process of joint grieving for perinatal loss, the physical, emotional, and relational outcomes of grief were not specifically examined. Although bereaved couples participating in this study did describe how their losses had impacted them both individually and relationally, the focus of the analyses were on the process, rather than the outcome of their joint grieving projects.

CHAPTER 2: LITERATURE REVIEW

This chapter will provide an overview of the theoretical and empirical literature surrounding perinatal bereavement, with specific attention paid to the relational context of perinatal loss. Attention will first be given to the definition of perinatal loss as a guiding construct throughout this thesis. Next, the evolution of theoretical models of bereavement will be outlined, which will be tied to the development of perinatal bereavement models. Following this, empirical literature on the experience of perinatal bereavement will be overviewed, highlighting research on the relational dynamics of bereaved parents following perinatal loss. The final section of the literature review will introduce contextual action theory as a guiding theoretical framework for joint grieving in this study.

Definitions of Key Terms

The empirical investigation of perinatal bereavement has been complicated by the often ambiguous definitions of “perinatal loss” (Wright, 2011). Authors demonstrate different levels of inclusiveness as to which pregnancy outcomes should fall within the conceptualization of perinatal death. It is imperative that research on perinatal bereavement clearly outlines what is meant by “perinatal loss,” which I will clarify in this section. Readers should be aware that these definitions do not reflect consensual guidelines within the field of perinatal bereavement research, but rather are intended to provide a guiding orientation for this study.

There also exists several constructs in the literature on death and dying intended to define the experience of losing a loved one. Various authors use various terms interchangeably to describe this experience, even though the meanings offered for these terms tend to reflect different theoretical frameworks. Definitions will be provided below for each of the following terms to provide a guiding framework for the current study: loss, grief, grieving, and

bereavement. Similar to the definitions provided for perinatal loss, the definitions provided for the purposes of this thesis are not meant to give the impression that there exist consensual definitions of these terms in the literature.

Perinatal loss. As noted above, there are several conceptualizations of which pregnancy outcomes fall within the category of “perinatal loss” (Wright, 2011). Researchers within the medical and psychological communities have differing temporal cut-offs between perinatal deaths and early infant deaths, with no consensual understanding in place. In this study, perinatal loss is defined as being inclusive of the pregnancy outcomes set forth by the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN, 2006):

Ectopic pregnancy. Implantation outside of uterus.

Miscarriage. Unintentional loss of pregnancy at or prior to 20 weeks gestation.

Stillbirth. Death after 20 weeks of gestation, where the baby is born with no signs of life.

Neonatal death. Death that occurs between birth and 4 weeks of postpartum life.

It is important to note that the aforementioned categories of perinatal loss are all *unintentional* pregnancy losses or infant deaths. Intentional pregnancy terminations (i.e., elective abortions) were not a focus of this thesis, as the intention of this project was to focus on the grieving processes of couples who had encountered a perinatal loss that was unexpected and beyond their control.

Loss. The term “loss” is intended to refer to the death, or cessation of physical life of a loved one. In the case of my thesis, loss refers to the death or cessation of physical life of a baby prior to or shortly after birth. Loss does not refer to the emotional, cognitive, physical, social, behavioural, or spiritual response of the deceased child’s surrounding loved ones, but instead represents the actual event of the death itself (Attig, 2004).

Grief. In comparison to loss, grief is a term that is intended to reflect the experiences of the loved ones of the deceased following his or her death. As noted by Attig (2004), the experience of grief can consist of several dimensions, including emotional, cognitive, physical, behavioural, social, and spiritual challenges that are incurred by the loved ones of deceased individuals as a result of their death.

Grieving. In line with Attig's (2004) understanding of the dimensions of the grief experience, the term "grieving" represents "an active response to emotional, psychological, behavioral, social, intellectual, and spiritual challenges entailed by loss" (Attig, 2004, p. 346). In this way, grieving is meant to refer to the active, intentional response of individuals to the various challenges posed to them by the experience of grief.

Joint grieving. The term "joint grieving" is of particular relevance here, as both the individual and joint grieving processes of bereaved parents will be of central importance to this study. As there currently does not exist a definition of joint grieving in the perinatal bereavement literature, usage of the term "joint grieving" is meant to reflect how parents jointly participate in the process of grieving outlined above by Attig (2004). The joint grieving construct was previously identified by Klaassen (2010) in his dissertation research on joint grieving in bereaved parents, reflecting a shared, intentional grieving response in which mourners share a common connection to a deceased individual (i.e., friends, coworkers, parents). In the case of this thesis, joint grieving is examined in the context of the relationship between the biological parents of a perinatally-deceased child.

Bereavement. As will be outlined in the next section of this chapter, there exist several theoretical models of bereavement, each reflecting diverging views on this construct to varying extents. The following definition posed by Christ, Bonanno, Malkinson, and Rubin (2003),

however, offers an inclusive conceptualization of bereavement that lends itself relatively well to most theorists: “Bereavement includes the internal adaptation of individual family members; their mourning processes, expressions, and experiences of grief; and changes in their external living arrangements, relationships, and circumstances” (p. 554). This definition is quite similar to the one presented for grieving above, but is meant to include both the experience of grief and the grieving response following loss.

Theoretical Models of Perinatal Bereavement

The psychological conceptualization of grief has undergone several transformations throughout the past century. Throughout each of these paradigmatic shifts, researchers and clinicians from a wide array of disciplines have cultivated new understandings of the nature of the grieving process, as well as diverging assumptions regarding the foci of “successful grieving” (Davies, 2004). In spite of this conflicted, often divergent evolution of grief theories, a proposition has emerged that appears germane to most contemporary models of bereavement. As posed by Janoff-Bulman (1992), grieving entails a potentially traumatic experience whereby one’s “assumptive world” is fundamentally shaken. In one form or another, most contemporary models of grief forward Janoff-Bulman’s (1992) position, arguing that grieving requires individuals to relearn or reconstruct their understanding of themselves, their relationship to the deceased, as well as the past, present, and future courses of their lives (e.g., Attig, 2001; Gillies & Neimeyer, 2006; Stroebe & Schut, 2001). Furthermore, many contemporary models of grief recognize the contextual nature of grief, as the process of reconstructing one’s assumptive world occurs within a relational and cultural context (Davies, 2004).

Such overarching shifts within the broader program of bereavement research have had numerous implications for the psychological conceptualization of perinatal bereavement. Most

notably, grieving perinatal losses has become understood as a process of retelling one's "reproductive story" (Jaffe & Diamond, 2011), emphasizing the reconstruction of one's identity as a parent. In this section, this theoretical construction of perinatal bereavement will be outlined and discussed in light of shifts within the broader spectrum of bereavement models, providing a conceptual basis for this study. While attention will be given to the general themes of key bereavement models, comprehensive examination of these frameworks is beyond the purview of this thesis. For a more detailed account of the progression of bereavement models, readers are referred to Klaassen (2010).

Psychoanalytic. The earliest psychoanalytic models of grieving date back to Sigmund Freud's (1917) seminal work on grieving, *Mourning and Melancholia*. Freud proposed the notion of 'grief work', in which he argued that successful grieving required the bereaved to sever emotional ties to the deceased through a process of decathexis. Through this process, the ego became freed of any attachment to the deceased, freeing up energy to be reinvested in new objects or activities. Other psychoanalytic authors, such as Lindemann (1944) similarly argued that normal coping entailed a process of "emancipation from the bondage to the deceased" (p. 190). From these perspectives, the inability to disengage from the deceased was viewed as an expression of pathology, which would become greatly criticized in later models of bereavement (e.g., Klass, Silverman, & Nickman, 1996).

The psychoanalytic conceptualization of grief postulated that the story of one's relationship to the deceased had to come to an end. While this notion seemed fitting to Freud and Lindemann's clients who had experienced traumatic losses, such a perspective did not necessarily fit well with the experiences of perinatally bereaved parents (Brownlee & Oikonen, 2004). Later psychoanalytic accounts of perinatal grief attempted to account for the unique

experience of perinatal bereavement, arguing that perinatal loss involved “a developmental interference, intensification of earlier conflicts, object loss with particular obstacles to mourning, and multiple narcissistic injuries” (Leon, 1992, p. 1465). Despite Leon’s recognition that perinatal loss could precipitate an extensive, painful grieving process, he theorized that the impact of perinatal losses resulted from primarily intrapsychic, unconscious processes. In this way, the psychoanalytic conceptualization of perinatal loss failed to take into account the active, conscious processes of grieving, including the continuing search for one’s lost baby and mourning the loss of a baby that would have been (Brownlee & Oikonen, 2004).

Attachment. The work of John Bowlby (1961) advanced the notion of grief work proposed by Freud and Lindemann to further account for the inner turmoil experienced by bereaved individuals. Referred to as the ‘grief process’ (Bowlby & Parkes, 1970), bereaved adults appeared to progress through the stages of protest and anger, despair and yearning, and emotional detachment following the death of a loved one, similar to how infants experienced separation from a caregiver. In his examination of bereaved parents, Bowlby (1980/1998) revised his stages of grieving to include: (1) numbing, (2) despair and attempts to reverse the outcome, (3) disorganization, and (4) reorganization (Bowlby, 1980/1998). According to this framework, Bowlby viewed grieving as a form of separation anxiety, in which the bereaved experiences a variety of psychological reactions to the realization that a loved one can no longer be physically present. Successful grieving, then, involved acceptance of the loss and emotional detachment from the deceased from the perspective of attachment theory.

Perinatal bereavement presents a unique challenge to attachment models of grief, as attachment bonds are typically presented as occurring between caregivers and live children (Bowlby, 1969). However, the experienced relationship between caregivers and an unborn baby

(e.g., Umphrey & Cacciatore, 2011) have brought a notable challenge to this framework, providing speculation as to when the attachment bond forms between parents and their children. Uren and Wastell (2002) found that perinatal loss was associated with each of Bowlby's (1980/1998) four phases of grieving, providing empirical evidence that perinatally-bereaved parents experience similar stages of mourning as parents who have lost children at older ages. This application of attachment theory to the conceptualization of perinatal bereavement shed light on the relational nature of such losses. More specifically, Uren and Wastell (2002) highlighted the notion that bereaved mothers experience a similar sense of connection to an unborn baby as mothers who have experienced the death of a child later in life. This framework echoed the beginning of a departure from the psychoanalytic conceptualization of perinatal bereavement, which did not explicitly address the relational dynamics between parents and unborn babies.

Continuing bonds. One of the main criticisms of traditional psychoanalytic (e.g., Freud 1917) as well as, to some extent, attachment models (e.g., Bowlby, 1980/1998) of grieving was the emphasis on emotional disengagement from the deceased. This central notion in the bereavement literature throughout much of the 20th century established the assumption that individuals who experienced ongoing internal attachments to the deceased demonstrated a form of pathology. However, this overarching model did not seem to reflect the experiences of many bereaved individuals, in particular, bereaved parents (e.g., Klass, 1999).

The work of Dennis Klass and his colleagues (e.g., Klass et al., 1996; Klass, 1999; Klass, 2006) established a crucial paradigmatic shift within the bereavement literature, arguing that the experience of continued bonds with the deceased could represent an adaptive, and potentially healthy form of grieving. Klass (1999) asserted that bereaved parents could transform their

physical bonds to their children into ongoing inner representations. Fundamental to Klass' work was the recognition that grieving occurs within the social, ethnic, and religious context of the bereaved. From this orientation, the inner representations of an ongoing bond between parents and their deceased children are construed as actual lived experiences from the perspective of the bereaved. Furthermore, the continuing bonds model illustrates how grieving involves both intrapsychic and interpersonal elements, as the grieving process of the individual extends into his or her broader social and transpersonal realms.

The paradigmatic shift initiated by Klass and his colleagues brought with it a growing acceptance of ongoing bonds between bereaved parents and unborn or newly born babies (e.g., Wojnar et al., 2011). While there are no theoretical models of perinatal bereavement that explicitly forward Klass and his colleagues' (1996) notion of continuing bonds, authors such as Wojnar and her colleagues (2011) highlight the importance of keeping mementoes and rituals to preserve the ongoing bond between parents and their unborn babies. In essence, models such as these uphold the position that experiencing an ongoing bond with a perinatally-deceased baby can be both adaptive and helpful for bereaved parents. As will be discussed later in this chapter, the continuing bonds framework provides an important theoretical backdrop to the meaning reconstruction models of perinatal grieving.

Cognitive stress and coping. Another notable paradigm shift within bereavement research has been the integration of stress and coping theory into models of grieving. The pioneering work of Lazarus and Folkman (1984) posited that individuals utilize thoughts and behaviours to manage internal or external demands that are believed to threaten their valued goals and outweigh their resources to cope with such stressors. In response to demands that are appraised to threaten the individual, problem- or emotion-focused coping strategies are employed

by the individual to reduce this imminent threat. Problem-focused coping encompasses instrumental strategies used to change the cause of the stressor. Emotion-focused coping, on the other hand, involves managing one's emotional response to a stressor, which becomes particularly relevant in instances where the source of the stressor cannot be altered. In this way, grieving can be seen as an adaptive emotion-focused coping strategy, as the source of the stressor, the death of a loved one, cannot be physically altered. Built into this theoretical framework is the recognition that coping responses to loss are dynamic processes, involving the person, his or her environment, and the relationship between them (Folkman & Moskowitz, 2004). This notion inspired the development of bereavement models that recognized the subjectivity of the grieving process, highlighting how individuals cope with loss differently on the basis of their unique attributions about the loss and the impact it has on their lives.

Of particular relevance to bereavement theory is Folkman's (2001) revision of her original coping model. According to this revised framework, when individuals face a devastating event, such as the death of a child, problem- and emotion-focused coping strategies are unlikely to down-regulate the overwhelming negative emotions associated with the loss. In this context, bereaved individuals are likely to engage in meaning-based coping in order to reestablish positive emotions needed to sustain the coping process. In the process of meaning-making coping, bereaved individuals engage in a continuous process of comparison between global and situational meaning in order to achieve congruence between these two meaning structures (Park & Folkman, 1997). Global meaning refers to "the most abstract and generalized level of meaning: people's basic goals and fundamental assumptions, beliefs, and expectations about the world" (Park & Folkman, 1997, p. 116). Situational meaning, on the other hand, refers to "the meaning that is formed in the interaction between a person's global meaning and the

circumstances of a particular person-environment transaction” (Park & Folkman, 1997, p.116). Upon facing an aversive event, individuals must appraise whether the initial appraisal of the meaning of the event (i.e., situational meaning) is congruent with their global meaning. If not, they must change either their situational or global meaning in order to reach a place of agreement between these two meaning structures. If congruence is achieved, individuals are said to have reached acceptance or resolution of the event.

Although none of the emerging models of perinatal bereavement utilize Lazarus and Folkman’s (1980, 1984) original stress and coping framework, constructs such as meaning-making proposed by Folkman’s revised coping model (2001) became relevant for perinatal bereavement models. Meaning-making models provided an important alternative to the predominant emphasis on emotional disengagement following perinatal loss (Brownlee & Oikonen, 2004). In addition, the appreciation of the subjective, contextual appraisal of loss and coping is a central component of contemporary models of perinatal bereavement (e.g., Jaffe & Diamond, 2011). These and other constructs will be examined further in the section below as extensions of the integrative models of bereavement.

Integrative Models of Bereavement

Current conceptualizations of grieving have drawn upon various theoretical models and clinical experiences to create integrative frameworks of bereavement. These contextualized and holistic grieving models recognize the dynamic, multidimensional nature of grieving. New perspectives have begun to emerge with regards to models of specific types of grieving, including perinatal bereavement (e.g., Gilbert & Smart, 1992; Jaffe & Diamond, 2011; Wojnar et al., 2011). In this section, I will overview the work of Stroebe and Schut’s dual-process model (Stroebe & Schut, 2001), Neimeyer’s meaning-reconstruction model (Gillies & Neimeyer, 2006),

and Attig's existential-phenomenological model (Attig, 2001, 2004). I will also pay specific attention to the parallels between Attig's (2004) model and Jaffe and Diamond's (2011) emerging model of perinatal bereavement, which served as an important theoretical lens for this thesis.

Dual-process model. Stroebe and Schut's (1999, 2001) dual-process model (DPM) of coping is currently recognized as one of the most prominent models of bereavement, integrating elements of both attachment and stress and coping theory. According to this model, "how a person feels and reacts on becoming bereaved is dependent on the meaning that is assigned to the loss" (Stroebe & Schut, 2001, p. 56). According to this model, bereaved individuals face two main sources of stress following the death of a loved one: loss and restoration orientations, which engender separate, but equally significant meanings that must be processed during grieving. Loss-oriented coping refers to grief work, in which the individual focuses on and works through the painful memories and feeling associated with loss. Restoration-oriented coping, on the other hand, refers to the development of new capacities and identities within the bereaved individual. In order for successful grieving to occur, bereaved individuals must oscillate between both coping orientations over time according to the specific context of their loss (see Stroebe & Schut, 2001 for a full overview of DPM). In addition, bereaved individuals must rotate between confronting and avoiding the stressors associated with both forms of coping, as well as positive and negative appraisals of the events surrounding their loss. As a result of this dynamic process, bereaved individuals gradually come to terms with both the primary (loss-oriented) and secondary (restoration-oriented) stressors associated with loss, allowing them to maintain a more dedicated focus towards their future apart from the deceased.

Meaning-reconstruction. Neimeyer's meaning-reconstruction model (Gillies & Neimeyer, 2006) coherently integrates elements of attachment, stress and coping, dual-process, and constructivist theory into a single, comprehensive model of grieving. The central proposition of this model is that the experience of loss precipitates an ongoing search for meaning, "constructing a new reality, in which survivors' assumptive worlds and their view of themselves are forever changed" (Gillies & Neimeyer, 2006, p. 36). Following the loss of a loved one, bereaved individuals appraise whether their loss either fits with or challenges their pre-loss meaning structures (i.e., faith/spirituality, view of the world, view of the future, self-perceptions). If these meaning structures are challenged, the bereaved will experience heightened distress, prompting a search for new meaning.

In the process of reconstructing meaning, bereaved individuals engage in three main tasks: sense-making, benefit finding, and identity change. Sense making occurs as individuals "question, find, and make sense of their bereavement" (Gillies & Neimeyer, 2006, p. 37). This process can be quite difficult, as the most tragic losses are often unfathomable, violating our most basic assumptions about the safety and predictability of life (Janoff-Bulman, 1992). Benefit finding, by contrast, refers to the positive reframing of a significant loss, with the intention of finding benefits in the experience. This principle draws largely upon Folkman's (2001) revised coping model, in which she postulates that successful coping requires the experience of positive affect through the process of cognitive reappraisal. Identity change involves a process of reconstructing one's sense of self, naturally cultivated through meaning reconstruction. This element is proposed as an extension of Tedeschi, Park and Calhoun's (1998) concept of posttraumatic growth, representing an increased sense of resilience, independence, and confidence as a result of loss. These three central activities are enacted upon

pre-loss meaning structures until new, helpful meaning structures are formed. If these post-loss reconstructions of meaning are indeed helpful, the bereaved will experience less distress, solidifying new meaning. However, if the newly established meanings are not helpful or do not reduce the cognitive dissonance to a desired level, the bereaved individual will re-enter a period of reconstructing meaning.

Of central importance to Neimeyer's model is the role of distress in bereavement.

Neimeyer and his colleagues note that:

Changes in distress are not perceived as an outcome per se, but rather are important because of their function in the process of meaning reconstruction. Distress is viewed as a trigger that can initiate the search for meaning or signal the provisional completion of successful reconstruction. (Gillies & Neimeyer, 2006, p. 56)

In line with Frankl's (1962) notion of tragic optimism, "the human capacity to creatively turn life's negative aspects into something positive or constructive" (p. 137), distress is not something to be avoided or ignored, but must rather be approached with openness and humility. This serves as a central principle throughout the process of bereavement, as individuals are continuously reconstructing themselves in a new world without the deceased.

Relearning the world model. Thomas Attig's (2001, 2004) existential-phenomenological model proposes that bereavement is an active, intentional process. He argues that:

Grieving as response is not yet another matter of what happens to us but rather a matter of what we do with what happens to us. We must choose our own path in transforming the course of our lives following bereavement. (Attig, 2004, pp. 343-344)

He discusses how grieving involves “relearning the world of our experience” (Attig, 2001, p. 33), in which individuals make and find meaning in response to loss. In making meaning, bereaved individuals must identify and construct new meanings in life, while finding meaning involves drawing upon ongoing or familiar meanings in their life narratives (Attig, 2001). In this way, grieving involves two main responses: restoring a sense of integrity or wholeness in one’s ongoing life story, and coming to terms with the pain brought on by the experience of loss in such a way that we can have our pain without being defined by our pain.

An important distinction between Attig’s (2001, 2004) model and other integrative models of bereavement is that Attig portrays grieving as a holistic process, “an active response to emotional, psychological, behavioral, social, intellectual, and spiritual challenges entailed by loss” (Attig, 2004, p. 346). Attig (2004) asserts that the suffering entailed throughout the grieving process stems from the fracturing of one’s life story, which spans all levels of one’s being. The rupture of one’s wholeness is of central importance to the experience of grief, as bereaved individuals come to realize how their deceased loved ones were interwoven within their immediate and larger webs of existence (Attig, 2001). As a result, the bereaved must relearn every aspect of their lives, ranging from their physical surroundings to their ongoing relationship with the deceased. Furthermore, bereaved individuals must relearn their character, as their very self-definitions shift with the physical absence of the deceased (Attig, 2001).

Through the process of relearning one’s experience, the bereaved must identify and rework their most fundamental assumptions about their lives (Attig, 2001). While Attig maintains that is important for bereaved individuals to retain ongoing familiarities and meanings in their lives, he also stresses that they must experiment with new ways of being. In this way,

Attig (2001) argues that grieving is to be a transformational experience, in which we open ourselves to a new reality without the deceased in our lives. He states this most poignantly as:

The heart of grieving is about rising above our suffering, reaching through the agonies of our loss and reaction to it to reaffirm meaning in life. Phenomenologically, hope is a matter of the will. It is about opening ourselves to and making ourselves ready to welcome unexpected possibilities and to pursue meaning down unanticipated pathways. The search for lasting love in separation is the best hope for our transcending suffering and reaffirming both the continuing meanings of the life now ended and of our own life.”
(Attig, 2004, p. 355)

This understanding of grief as a transformational experience highlights the active role of the individual in the bereavement process. Rather than being a passive participant in fixed stages of grieving, one must actively engage oneself in the process of reshaping the ongoing story of one’s life (Attig, 2004).

Attig’s (2001, 2004) model of grieving has tremendous relevance to the theoretical conceptualization of perinatal bereavement. In recent years, authors have criticized the application of traditional bereavement models to the context of perinatal loss, given the unique temporal (i.e., before/shortly after birth) and physical (i.e., taking down the baby’s crib) characteristics of this type of child loss (e.g., Brownlee & Oikonen, 2004; Gilbert & Smart, 1992). As a result, calls have emerged for the development of constructivist, narrative-based models of perinatal bereavement to reflect bereaved parents’ needs to process their loss through telling their own story (Brownlee & Oikonen, 2004). This proposal forwards Attig’s (2001, 2004) notion of grieving as an active reconstruction of the ongoing story of one’s life, which becomes especially relevant when parents lose a baby in the midst of the excitement of getting

pregnant and establishing a new family. Brownlee and Oikonen (2004) note that the death of an unborn or newly born baby forces the theme of a family's life to change, in such a way that allows them to maintain an ongoing connection to the deceased baby, while still looking forward to a life without the baby.

More recently, Jaffe and Diamond (2011) published a model of perinatal bereavement that echoed the proposal of Brownlee and Oikonen (2004), as well as the theoretical framework of Attig (2001, 2004). Jaffe and Diamond's (2011) book, *Reproductive Trauma: Psychotherapy With Infertility and Pregnancy Loss Clients*, was recently published as an amalgamation of empirical findings, clinical expertise, and therapy innovations pertaining to couples who have experienced perinatal loss. Intended to address a crucial gap within the psychotherapy literature, Jaffe and Diamond argue that grieving perinatal losses requires couples to grieve the loss of their reproductive story, "the at times conscious, but largely unconscious narrative they create about parenthood" (Jaffe & Diamond, 2011, p. 10). This narrative, constructivist model of perinatal bereavement posits that this form of grieving involves mourning the loss of an unborn or newly born baby, while reconstructing the reproductive story to provide an ongoing sense of meaning into the future.

Jaffe and Diamond (2011) point out that one's reproductive story represents the vast array of expectations, self-perceptions, social norms, and hopes for one's future as a parent. These beliefs and expectations are incurred throughout one's lifespan from a variety of sources, including but not limited to, familial experiences, culture, religion, and gender. As one moves through the developmental lifespan, the reproductive story becomes an increasingly central part of the self. As a result, an ideal self is gradually internalized, imbued with expectations regarding when, how, and in what fashion one should have children. These expectations are

deeply connected to one's social networks, religious beliefs, cultural norms, economic commitments, and even romantic partnerships. As such, perinatal loss can drastically impact the larger web of social networks of the bereaved, fracturing their sense of self. Confronting perinatal loss, then, requires bereaved parents to face the emotional, social, and spiritual ruin brought on by the loss of their child, while also mourning the loss of their idealized "parent" self. Experiencing perinatal loss can become an all-encompassing form of bereavement, leaving parents to question whether they are normal, healthy, and in control of their family's future as they had once believed (Jaffe & Diamond, 2011). As bereaved parents' reproductive stories go awry, they inevitably face a need to reconstruct these narratives in order to come to terms with their loss. In this process, bereaved parents must form a new sense of self that may be drastically different from their idealized "parent" self.

A key point of agreement between Jaffe and Diamond (2011) and Attig's (2001, 2004) models of bereavement is their similar view of grieving as an active, reconstructive process. While Attig goes further to describe the transformational elements of the grieving process, Jaffe and Diamond demonstrate how relearning one's world in the grieving process is relevant even when bereaved parents lose their baby during or shortly after pregnancy. The combination of both theoretical models served as a guiding framework for this thesis, which will be further explored later in this chapter.

Perinatal Bereavement

Jaffe and Diamond's (2011) theoretical model detailed above captures many of the experiences commonly reported by parents who have encountered perinatal loss. This unique form of parental bereavement involves many dynamics that often do not overlap with other forms of child loss. As such, this section of the literature review will begin with a focus on the

experience of perinatal bereavement, followed by an overview of the individual and relational outcomes of perinatal loss.

Advancements within perinatal health care and reproductive technology have fortunately reduced the risk of perinatal loss and infertility throughout the 20th century (Bennett, Litz, Lee, & Maguen, 2005). As such, expectant parents now demonstrate heightened expectations regarding the health and success of their pregnancy (Cecil, 1994). While the risk of experiencing miscarriage, stillbirth, and early infant death have reached their lowest levels in history, many parents still face this tragic event every year. Approximately 20% of all pregnancies result in miscarriage, while an additional 1% of pregnancies end in stillbirth and early infant death (Hoyert, Smith, & Arias, 2001). While such losses have been regarded as “nonevents” by the medical system throughout much of the past century, the extant literature on perinatal bereavement has painted a very different picture of the experiences of bereaved parents (Lang et al., 2011).

The experience of perinatal bereavement is one in which parents not only lose a baby, but also the expectations and hopes of becoming a parent (Bennett et al., 2005; Umphrey & Cacciatore, 2011). In the wake of such loss, parents come face to face with their lifelong hopes and dreams of becoming a parent, only to be deprived of these anticipations (Bennett et al., 2005). One of the most challenging questions confronted by perinatally bereaved parents is whether or not they can even consider themselves parents (Säflund et al., 2004; Umphrey & Cacciatore, 2011). These individuals continue to experience an ongoing intrapsychic connection to their unborn or newly born infant, yet have few or no memories or physical reminders of their short lives (Uren & Wastell, 2002). As a result, bereaved parents are left to wonder if they have

experienced a loss that is worth grieving, further reinforcing the ambiguous nature of perinatal loss (Lang et al., 2011).

Given the unique features of perinatal loss, the process of perinatal bereavement can be very ambiguous and, at times, isolating. The experience of disenfranchisement is common among perinatally bereaved parents, leaving many to struggle with the legitimacy of their grief (e.g., Hutti, 1992; Lang et al., 2011; Watkins, 2001). Bereaved parents often wonder if they should see and hold their deceased baby, hold a funeral or a public grieving ritual, share their feelings with friends and family, save mementoes of their baby's life, or take time off of work to mourn their loss (Säflund et al., 2004). Given that the social networks of bereaved parents have no connection to or recollection of the deceased baby, few can truly recognize the emotional pain brought on by such a loss (Samuelsson, Rådestad, Segesten, & 2001; Watkins, 2001). While feelings of disenfranchisement are often evoked by neutral or avoidant responses from family, friends, and the medical community, some couples even encounter negative, demeaning messages from others for experiencing overwhelming grief for their perinatal loss (Umphrey & Cacciatore, 2011). The inherent challenges in sharing perinatal losses with others can often make bereaved parents feel isolated in their grieving experience (Lang et al.), heightening the importance of sharing grief within their relationship.

Bereaved parents often report that their partner was the most important source of support following perinatal loss (e.g., Beutel, Willner, Deckard, & Von Rad, 1996; Samuelsson et al., 2001). Although these findings highlight the importance of sharing grief between bereaved partners, this process is not without its challenges. Researchers have consistently found that men and women tend to exhibit different coping patterns following perinatal loss (e.g., Barr, 2004; Beutel et al., 1996; Gilbert, 1996; Gilbert & Smart, 1992; Stinson, Lasker, Lohmann, & Toedter,

1992). In their landmark study of 56 perinatally bereaved couples, Toedter, Lasker, and Alhadeff (1988) found that women tend to experience grief more strongly and over a longer period of time than their male partners. Furthermore, women tended to express their grief through open expressions of sadness and despair, whereas men tended to experience anger following their loss and internalize other negative emotions, such as pain or sadness. Other researchers have confirmed these findings, noting that men tend to be less open about their emotional experience of perinatal loss than their female partners and are more likely to express their grief through taking care of practical, day-to-day tasks (e.g., Stinson et al., 1992; Theut, Pedersen, Zaslow, & Rabinovich, 1988; Theut, Zaslow, Rabinovich, & Bartko, 1990). These different coping strategies and expectations of the grieving process can make sharing one's grieving difficult even between bereaved parents, as partners tend to experience different levels of connection to an unborn or newly born baby (Gilbert & Smart, 1992). More will be said regarding gender differences and relational dynamics in coping with perinatal loss later in this chapter. However, it is important to note here that both men and women experience some degree of emotional turmoil following the perinatal loss of a baby, which extends into their individual and shared experience with their partner.

Individual and Relationship Outcomes of Perinatal Loss

The pain associated with perinatal loss is often experienced at many levels by bereaved parents. In this section, attention will be given to the individual and relationship outcomes associated with perinatal loss.

Maternal impacts. Although many women experience a steady improvement in their emotional wellbeing following a perinatal loss, approximately 15 to 25% of these women continue to experience psychological difficulties (Hughes, Turton, Hopper, & Evans, 2002).

Few bereaved mothers seek professional help following their loss, even though many continue to experience severe emotional pain for several years (Vance et al., 2002).

The perinatal loss of an infant puts mothers at elevated risk for various symptoms of psychopathology. Approximately 20 to 30% of perinatally bereaved women are at risk for post-traumatic stress disorder, while another 20% are at risk for prolonged depression (Turton et al., 2001; Hughes et al., 2002). In addition, Susan Theut and her colleagues (1988) found that mothers who had previously experienced perinatal death showed heightened anxiety specifically related to their loss. Furthermore, the risk for developing chronic symptoms of depression and anxiety continues to rise following recurrent miscarriages or stillbirths (Serrano & Lima, 2006).

Perinatally bereaved women at high risk for developing symptoms of psychopathology are often vulnerable to these outcomes as a result of problematic grieving patterns. These mothers tend to internalize blame for the loss of their baby, maintaining beliefs that their child's death was a result of their own actions (Keefe-Cooperman, 2004). Many women also endorse counterfactual thinking in response to perinatal loss, using upward counterfactual thoughts (e.g. "if only I hadn't worked so much, my baby would have lived") to somehow make sense of their loss (Callander, Brown, Tata, & Regan, 2007). Similarly, women may evince negative religious appraisals of their loss, believing that God is punishing them for their sin by taking their baby's life (Cowchock, Lasker, Toedter, Skumanich, & Koenig, 2010). Such patterns of counterfactual thinking and self-persecution are predictive of elevated grief, depression, and anxiety, complicating the bereavement process for many women (Callander et al., 2007; Cowchock et al., 2010).

The role of guilt and self-persecution in maternal responses to grief is not typically well understood or received by those who are close to bereaved mothers. Many individuals have

trouble understanding why bereaved mothers cling to the belief that the loss of their pregnancy or newly born baby was somehow their fault (e.g., Wright, 2011). In response to perinatal loss, however, bereaved mothers often confront their long-held assumptions that they could get pregnant and give birth to healthy babies whenever they pleased (Watkins, 2001). The shattering of this expectation through perinatal loss leads many mothers to search for answers regarding their baby's premature death (Uren & Wastell, 2002). In an attempt to regain a sense of coherence and controllability following such a devastating loss, bereaved mothers may attribute their baby's death to their own deficiencies or mistakes (Barr & Cacciatore, 2007; Watkins, 2001). Mothers often believe that their own stress, excessive exercise during pregnancy, or poor diet resulted in the death of their baby, striking a significant blow to their biological self-esteem (Keefe-Cooperman, 2004). As a result, bereaved mothers feel as though they are less feminine, failing a woman and as a mother (Barr & Cacciatore, 2007; Wojnar et al., 2011). These self-persecuting beliefs pose great risk for the emotional well-being of bereaved mothers, as they can cultivate an intrapersonal environment in which symptoms of depression and anxiety can emerge and thrive.

While the emotional, social, and spiritual impacts of perinatal loss on women can be very overwhelming, such outcomes are not unique to bereaved mothers alone. In the following segment, the impacts of perinatal loss on bereaved fathers will be explored.

Paternal impacts. Although considerable attention has been paid to the impact of perinatal loss on women, the experience of bereaved fathers has received increasing attention within the perinatal bereavement literature (e.g., Badenhorst et al., 2006). The perinatal grieving process is often much shorter and less intense for fathers than it is for mothers, leading many to presume that men are generally less affected by this loss than are women (Barr, 2004;

Ogrodniczuk, Piper, & Joyce, 2004; Theut et al., 1988). It is important to note, however, that men often internalize their emotional responses to perinatal loss, which must be taken into account when interpreting gender differences in perinatal bereavement (Theut et al., 1988).

Bereaved fathers are also at heightened risk for the development of adverse outcomes following the loss of an unborn or newly born child. A notable limitation of the perinatal bereavement literature is that bereaved fathers are often studied as support providers for bereaved women, rather than as participants of the grieving process (e.g., Turton et al., 2001). As a result, little is known regarding the prevalence of psychopathology symptoms in perinatally bereaved fathers. However, this sparse literature indicates that bereaved fathers experience heightened depression, anxiety, and complicated grief following perinatal loss, warranting attention into how men experience this grieving process (Badenhorst et al., 2006).

Bereaved fathers often describe the experience of perinatal loss as a time in which their role is quite ambiguous (Gilbert & Smart, 1992; Samuelsson et al., 2001). In her study of 11 perinatally-bereaved fathers, Margaret Samuelsson and her colleagues (2001) found that men tended to feel empty and helpless following the death of their baby. These bereaved fathers also noted that they felt shocked and paralyzed upon learning of their baby's death, evoking overwhelming feelings of despair and sadness. Although the experience of perinatal bereavement was quite painful for the bereaved fathers, they also experienced the need to ignore their pain in order to support their female partner. As such, they felt divided between their roles as a bereaved parent and a caregiver for their partner, making the grieving process quite challenging. This ambiguity of role expectations has been reported elsewhere by Gilbert and Smart (1992), as well as by Willick (2006), in which bereaved fathers felt the need to assume a protective and supportive role for their partners, in spite of their own emotional pain. This

duality of roles can place immense stress and pressure on bereaved fathers as they struggle to cope with the death of their unborn or newly born child (Samuelsson et al., 2001).

The internalization of grief and other painful emotions following perinatal loss can make bereaved fathers feel isolated and unsure of how to grieve. Bereaved fathers often report that they withhold their feelings in order to lessen the emotional burdens placed on their partners, leaving their own pain unacknowledged for long periods of time (Beutel et al., 1996; Gilbert & Smart, 1992). Furthermore, this pattern of internalization is often maintained by the lack of available support for men who have experienced perinatal loss (Gilbert & Smart, 1992; Samuelsson et al., 2001). There are often few men to talk to about this kind of experience, making bereaved fathers feel isolated and unable to voice their concerns (Samuelsson et al., 2001). Thus, the internalization of pain associated with their loss can lead bereaved fathers to experience ongoing periods of overwhelming grief, traumatic flashbacks of the loss, and continued worry over the future wellbeing of their families (Stinson et al., 1992; Theut et al., 1990; Willick, 2006).

While perinatal loss is often associated with aversive individual outcomes in bereaved parents, the pain associated with this kind of loss can also extend into parents' relationships. In this next segment, I will address the relational dynamics that often accompany perinatal loss.

Relationship impacts. Research on the impacts of perinatal loss on close relationships remains is relatively sparse within the perinatal bereavement literature. This limited pool of findings is quite mixed and poses many important questions regarding couples' shared experiences of perinatal bereavement, which will be explored further in this segment.

While parents most often report that their partners were an integral source of love, compassion, and support following perinatal loss, such positive relational dynamics are not

always observed (Beutel et al., 1996; Samuelsson et al., 2001). As indicated previously, parents tend to experience different levels of grief and utilize different coping strategies following perinatal loss, which can make parents feel as though their partners do not understand or appreciate their pain (Lang et al., 2011). As a result, couples who demonstrate heightened grief following perinatal loss also tend to experience higher marital distress (Vance et al., 2002). Parents overwhelmed with grief can become increasingly distant, communicating less about their feelings and turning away from each other in times of emotional distress (Swanson, Karmali, Powell, & Pulvermakher, 2003). Bereaved parents can also experience decreased sexual desire and satisfaction, as they might fear getting pregnant and losing another child (Swanson et al., 2003; Serrano & Lima, 2006). As a result of these troubling dynamics following perinatal loss, commitment to one's relationship can wane. The American Academy of Pediatrics recently released a report noting that couples who had experienced a stillbirth or miscarriage have a significantly higher risk of relationship dissolution or divorce than couples who have live births (Gold et al., 2010). These findings provide a very disheartening view of perinatal bereavement, giving little hope for the well-being of many couples who have lost an unborn or newly born infant.

While some evidence points to the destructive impact of perinatal loss on relational functioning, other authors have noted the crucial role of close relationships in healing from this kind of adversity. Several researchers have used narrative and other qualitative strategies to assess bereaved parents' experience of perinatal loss, often finding that one's spouse is an essential source of support throughout the grieving process (Beutel et al., 1996; Samuelsson et al., 2001; Watkins, 2001). Hearing one's partner share his or her own feelings of pain, disappointment, and guilt can help couples experience a shared grieving process, in which both

partners carry the weight of their loss together (Smart, 1992; Watkins, 2001).

In her groundbreaking study of 27 married couples who had lost a baby during pregnancy or within one year of birth, Kathleen Gilbert (1989) identified several common characteristics of couples who maintained healthy, stable relationships following perinatal loss. These characteristics included the ability to be open and vulnerable with one's partner, being flexible to differences in coping styles between partners, doing nice things for each other, and building optimistic, positive attributions for one's relationship in spite of the loss. Another characteristic identified by Gilbert (1989) was the tendency to share the process of grieving within the relationship, which represented a dimension of perinatal bereavement not commonly examined by other authors. More specifically, Gilbert (1989) found that stable couples tended to be physically available to one another following perinatal loss, helping each partner to have a more accurate understanding of each other's grieving behaviours. Furthermore, sharing grief involved becoming a more exclusive relational unit, taking time away together to avoid reminders of the loss. A certain degree of exclusivity also helped bereaved couples develop a shared focus within their marriage, involving rituals and joint grieving practices that validated their ongoing relationship to their baby.

Gilbert's (1989) investigation of the relational dynamics following perinatal loss represents an important departure within the perinatal bereavement literature. She began to investigate the more basic process of how couples support each other or engage in conflict following perinatal loss. Kathleen Gilbert and her colleague, Laura Smart, also used the findings from the aforementioned research (1989) to publish a book intended for professionals working with perinatally-bereaved parents, increasing the recognition of perinatal loss as a relational experience (Gilbert & Smart, 1992).

Smart (1992) elaborated further on this work by identifying specific patterns of supportive behaviours in married couples following perinatal loss. Her analysis revealed three primary husband-wife helping patterns: mutual husband-wife helping, husband primary helper, and the separates – very low helping. The mutual husband-wife pattern typically occurred in very expressive couples, in which both partners comfortably opened up about their thoughts and feelings to each other. In this context, wives typically became the primary emotional support provider, while husbands offered more instrumental support following perinatal loss. In relationships where the husband was the primary support provider, wives were typically viewed as suffering a greater emotional toll from perinatal loss, prompting husbands to act as protector for their wives. Lastly, couples demonstrating a “separates” helping pattern typically felt that they could not or should not share their grief with each other. As a result, these couples either hid their grief or sought support outside of their marital relationship to deal with the pain associated with perinatal loss.

The work of both Gilbert and Smart demonstrates how bereaved parents respond very differently to perinatal loss, which has important implications for how they extend and receive support within their relational context. Most importantly, both authors shed light on how men and women’s differential coping patterns in response to perinatal loss can still be effectively integrated within a relational context, reflecting a unique dimension of bereavement.

Despite the pioneering work of Gilbert (1989) and Smart (1992), an important question remains regarding the nature of joint grieving between parents who have experienced perinatal loss. Gilbert’s (1989) original research focused primarily on how marital dyads shift following perinatal loss, as well as which relational characteristics best exemplified couples who remained stable during bereavement. While Gilbert’s (1989) findings illustrated how couples address the

wide variety of stressors that are placed on their marriage following perinatal loss, less attention was given to how spouses jointly reconstruct their understandings of their family throughout the bereavement process. Furthermore, Gilbert (1989) and Smart's (1992) work centres more on how couples cope jointly with the outcomes of perinatal bereavement, rather than how they actually share the process of grief itself. Although Gilbert's (1989) analysis identified shared grieving as an important characteristic of stable perinatally-bereaved couples, little examination was given to the actions and rituals couples used to jointly engage in the grieving process. As such, the more foundational question of how couples jointly grieve for a perinatal loss has yet to be addressed.

Examining the joint grieving processes of parents who have experienced perinatal loss presents a unique challenge for bereavement researchers. While Attig (2004) and Jaffe and Diamond (2011) provide excellent constructivist frameworks for conceptualizing perinatal bereavement, these models still construe grieving from an individual perspective. These models speak to the active, reconstructive processes of grieving, but neither of them address how grieving is imbedded within relationships. Thus, Attig (2004) and Jaffe and Diamond's (2011) models must be further developed in order to conceptualize perinatal bereavement as a shared, relational process.

Contextual Action Theory

Contextual action theory offers a useful framework for addressing the joint grieving processes of parents who have experienced perinatal bereavement. Action theory is an integrative model of human behaviour, drawing upon elements of hermeneutics, social constructionism, and phenomenology to study human phenomena as they occur in everyday living (Valach, Young, & Lynam, 2002). According to this framework, action is viewed as goal-

directed human behaviour, which is the principal focus and unit of analysis for researchers (Valach et al., 2002). Action theory is particularly relevant to the study of social psychological phenomena such as grieving, because it emphasizes that action is imbedded within social contexts, is carried out across time, and can be examined from multiple perspectives. From this perspective, action is a holistic synthesis of human experience, capturing the future-oriented focus of behaviour as it emerges within relational contexts (Young, Valach, & Collin, 2002).

There are many aspects of action that are used in human behaviour and in thinking about human behaviour (Young, Valach, & Domene, 2005). These include the following features: the course of action, attention processes, goal setting, cognitive steering, subconscious self-regulation, energizing action through emotion and communication, values and attitudes, and action-relevant knowledge and competencies. Thus, contextual action theory uses a three-dimensional framework for the organization and analysis of action features: “the perspectives that one can take on action, the levels at which action is organized, and the systems of action” (Young et al., 2005, p. 216). Each of these dimensions will be examined further in the segment below, as well as how the notion of joint action applies to perinatal bereavement.

Perspectives on action. Contextual action theory posits that action can be viewed from several perspectives. Firstly, action can be viewed from its external expressions. Referred to as the manifest behaviour of action, this includes the verbal and nonverbal behaviours that can be seen from outside individuals. Secondly, action is viewed from the perspective of internal processes – “the cognitions and emotions that direct, guide, and accompany the actions” (Young et al., 2005, p. 216). While not directly observable to those beyond the actor, internal processes nonetheless play a crucial role in the initiation and maintenance of manifest behaviours. Thirdly, action can be considered from its social meaning. In this sense, actions are viewed as having

shared meanings within particular social contexts, providing everyday explanations for an actor's ongoing actions (Valach et al., 2002). The social meaning of action becomes particularly important in situations of joint action, where one must interpret and form attributions for the actions of one's partner. The conceptualization of action from the perspectives of manifest behaviour, internal processes, and social meaning provides researchers with an integrative, holistic framework for human behaviour (Young et al., 2005).

Levels of action. Actions can be broken down into a series of increasingly simple units: goals, action steps or functions, and action elements (Young et al., 2005). Action elements comprise the most basic level of action, exemplified through individual verbal and nonverbal behaviours. A string or collection of action elements forms an action step, providing the sequential structure of an action. Action steps also facilitate movement towards an intended purpose or end. This purpose is referred to as a goal, "the meaning of action processes" (Young et al., 2005, p. 217). This organizational structure reflects the richness and depth of even the most seemingly basic human behaviours, which can be viewed in terms of an ongoing, intentional sequence of events.

Systems of action. Actions can also be conceptualized in terms of how goals are enacted individually and jointly across time. Most fundamentally, individual and joint actions refer to short-term occurrences, enacted in isolation or in groups of two or more people (Young et al., 2005). Actions with a common goal that are sequenced together over a relatively longer period of time form the basis of a project. Careers, on the other hand, are understood as "an organization and construction of projects that exist over the long-term and/or have a highly significant place in one's life" (Young et al., 2002, p. 217). The notion of career extends beyond one's occupation, permeating other central, long-term commitments in one's life (Young et al.,

2005). These include, but are not limited to, transition from adolescence to adulthood (Young et al., 2008), adaptation to health problems (Zaidman-Zait & Young, 2008), and addiction recovery in close relationships (Graham, Young, Valach, & Wood, 2008). Thus, careers are not defined in terms of single, isolated actions, but rather as life-long journeys that are enacted either individually or within the context of relationships.

Perinatal bereavement as joint action. Perinatal bereavement entails a process of grieving that is inherently connected to one's relational, cultural, and spiritual contexts (Brownlee & Oikonen, 2004). While the grieving actions of individuals have meaning within their larger cultural context, grieving may also carry specific meanings within the relational system of a bereaved couple. Perinatal loss represents a shared loss for bereaved parents, and, as such, entails a joint process of grieving. Therefore, researchers must be sensitive to the ways in which grieving is woven into the fabric of bereaved parents' relationships in order to better understand how couples retell their reproductive story.

Contextual action theory posits that all human behaviour is intentional and goal-oriented, both at the individual level and in the context of relationships (Valach et al., 2002). From this perspective, grieving perinatal losses is not a passive, random occurrence, but, rather, an active process in which both parents jointly contribute to their shared grieving project. Parents who have lost an unborn or newly born baby frequently indicate that grieving their loss carries on through time, lasting up to several years in many cases (e.g., Stinson et al., 1992). In this sense, perinatal bereavement can be thought of as a mid-length project for many couples, as their healing process may involve altering their future plans as a family, changing their inner representations of their deceased baby, or engaging in shared rituals over time. At the same time, grieving perinatal loss can be considered a career, as retelling one's reproductive story

entails a shift an ongoing shift in one's fundamental assumptions about parenthood and family (Jaffe & Diamond, 2011).

Despite the often differential coping patterns of bereaved mothers and fathers, both partners play important roles in the grieving process (Gilbert, 1996). This meaningful interplay between the individual coping styles of bereaved parents highlights the uniqueness of each couple's joint grieving project. From the perspective of contextual action theory, each partner's actions in response to perinatal loss are motivated by different intentions or goals, which are meaningful within the context of their relationship. Research often illustrates the different grieving patterns of perinatally-bereaved mothers and fathers, but little mention is made regarding the intentions of these patterns. Although it is widely known that bereaved fathers typically resume their work lives and take on many household duties while women tend to express their emotions more openly following perinatal loss (e.g., Serrano & Lima, 2006), much less is known about the purpose of such behaviour within the shared grieving process between bereaved parents. Thus, the existing research on perinatal bereavement has identified several manifest behaviours of grieving action, but has done little to view these behaviours as intentional expressions within the context of bereaved parents' relationships. As such, contextual action theory (Valach et al., 2002) offers a useful framework that anchors perinatal bereavement within the relational contexts of bereaved parents. As couples retell their reproductive story (Jaffe & Diamond, 2011), effectively relearning their world of experience (Attig, 2004), they do so as a joint unit, rather than isolated individuals.

Conclusion

This chapter sought to embed the current action-theoretical investigation of joint grieving in perinatally-bereaved parents within the broader context of parental bereavement literature.

The chapter began with an overview of constructs relevant to the current study, such as grieving, joint grieving, and perinatal bereavement. Then, theoretical models of bereavement were overviewed and critiques, highlighting specific models that were relevant to the context of perinatal loss. Following this, the chapter highlighted key literature pertaining to parental grieving following perinatal loss, including individual and relational outcomes following perinatal loss, as well as unique features of perinatal bereavement not common to other forms of bereavement. Finally, the chapter overviewed contextual action theory as an appropriate theoretical framework for joint grieving in the area of perinatal bereavement. The next chapter will address in greater detail how contextual action theory formed the basis for the methodological design and analytical strategy of the current study.

CHAPTER THREE: METHODS

In this chapter, the methodical strategy used to study joint grieving in perinatally-bereaved parents will be described. The chapter will open with an overview of the paradigmatic assumptions underlying action-project research, as well as the limitations of knowledge claims that can be generated through this method. Next, the appropriateness of the action-project method as an analytical strategy for the current study will be addressed, followed by a description of the study's participants. Attention will then be given to how data were collected and analyzed using the framework of contextual action theory (Valach et al., 2002). The chapter will conclude with an evaluation of the rigor and quality of data collected from this study.

The Qualitative Action-Project Method

As noted in chapter two, the qualitative action-project method (QAPM) has its origins in the framework of contextual action theory (CAT; Valach et al., 2002). While CAT is sometimes referred to as a constructivist research paradigm, the epistemological and ontological assumptions of action theory do not fully match those of post-positivist, constructivist, or transformative paradigms (Young et al., 2005). In this way, CAT represents a unique “system of knowing in that it reflects the experience of people in their everyday lives and of researchers in the research process” (Young et al., 2005 p. 218).

Ontological assumptions. To philosophers and researchers, the question of the “true” nature of reality is a central issue that orients a paradigm (Guba & Lincoln, 2005). The central ontological assumption of CAT is that “ontology begins with our everyday experiences of ourselves, others, and our world and extends to our ongoing interpretation of these experiences as meaningful” (Young et al., 2005, p. 218). CAT assumes that all human behaviour is goal-oriented, pursuing particular goals that have shared meanings within social, historical, and

cultural contexts. Thus, in order to understand the nature of reality from an action-theoretical perspective, one must understand it as it emerged through the goal-directed actions of the actors themselves.

Epistemological assumptions. Epistemology refers to the nature of knowledge, or of the relationship between the knower and would-be known (Guba & Lincoln, 2005). As mentioned previously, CAT is thought of as an epistemology, rather than a conceptual model (Young et al., 2005). According to CAT, knowledge and meaning are constructed and expressed through action, embedding knowledge within the context of the actor. In this way, actions are given meaning through an ongoing human dialectic whereby the language, symbols, and other cultural artifacts of a social group shape the nature of one's knowledge base (Valach et al., 2002). Thus, an interactive link must be established between researchers and participants, as values influence the goals of action, which must be understood in order to conceptualize the nature of knowledge and meaning as it is embraced by others (Young et al., 2005.).

Contextual action theory and social constructionism. While CAT has its own approach to understanding human action in daily life, social constructionism is considered to provide a requisite paradigmatic base for CAT (e.g., Young & Valach, 2004). Broadly speaking, social constructionism posits that human beings do not understand and make meaning of their experience through an isolated, individualistic process of cognitive incorporation, but, rather, through a broader immersion in social interaction (Young & Collin, 2004; Young & Valach, 2004). CAT theorists propose that this model both adheres to and further develops social constructionist understandings of human behaviour through exploring how construction is achieved (Young & Valach, 2004). The CAT framework (Young & Valach, 2004) asserts "individuals construct their world, making it real, through the processes of their action" (p. 505).

Through illustrating how individual and joint actions become subsumed within mid-range projects and life-long careers, CAT details a framework in which individuals are both shaped by and work to construct their cultural, social, and psychological worlds (Young & Valach, 2004). As noted elsewhere (e.g., Valach et al., 2002), CAT assumes that all human action is goal-directed and is embedded within larger social processes a given individual is inextricably connected to. This represents a crucial relationship between CAT and social constructionism, as the intentionality of action from a CAT perspective is premised on the notion that individuals construct their worlds as they live and retrospectively and prospectively make meaning from their experiences (Young & Valach, 2004).

Limitations of knowledge claims made through using QAPM. The underlying paradigmatic assumptions of action theory make the QAPM an appropriate strategy to generate knowledge regarding how individuals experience and enact human phenomena in their everyday lives. Specifically, this method is well suited to address how projects are enacted over time, as well as how the meaning and goals that inspire action emerge within an individual's context. Furthermore, given the method's sensitivity to the contextual nature of knowledge and action, QAPM research is well-equipped to generate knowledge claims about how human phenomena are enacted within relationships.

While QAPM research has many advantages, there are limitations to the types of conclusions that can be drawn from this type of method. Given the emphasis on agency, intentionality, and the contextualization of knowledge in action theory, researchers cannot make universal claims about how individuals experience a particular phenomenon. In post-positivist research, efforts are made to produce results that are generalizable to a wider population of individuals, providing evidence of an objective reality. Using statistical inference, specific

hypotheses are tested in order to support or refute particular claims made about human phenomena. In QAPM research, on the other hand, claims must speak to the unique contexts of each participant, precluding attempts to make sweeping generalizations about how populations of individuals jointly engage in particular actions. At the same time, the amount of data gathered from each dyad within a QAPM study is substantial, enabling a rich description of their daily experiences that is not often attained in other research methods (Domene & Young, 2008). As such, it is important to be mindful of the reality that QAPM research is a strategy that can help investigators better understand how individuals jointly engage in activities that form the basis of their everyday lives. Data gathered through the QAPM may, however, include descriptions of people's individual experiences, even if the focus is on joint action.

Appropriateness of research method for research question. The QAPM (Young et al., 2005) was an appropriate research strategy for examining the joint grieving processes of parents who have experienced perinatal loss. This method was specifically developed to address how action is engaged jointly in the context of relationships, making it a viable method to studying grieving in a dyadic context. In the case of this study, the gathering of data from multiple sources, including joint conversations between parents and video self-confrontation provided a rich picture of how bereaved parents jointly grieved for their baby's loss. Furthermore, the conceptual backdrop of contextual action theory provided a comprehensive framework in which to interpret the data gathered in the current study. The QAPM had also been used previously in Derrick Klaassen's dissertation research, examining the relational and spiritual dimensions of joint grieving in bereaved parents over time (Klaassen, 2010). As such, his contribution to the wider program of parental bereavement research demonstrated how the QAPM could be used effectively to study grieving in dyadic contexts, which gave support the

analytical strategy of the current study which studied a similar research question with a different population of bereaved parents.

Instrumental case study approach. Given the unique nature of the participants for this thesis (i.e., both partners of a parental dyad who had experienced perinatal loss and were both willing to share their experiences), a theoretical or purposeful sampling strategy was employed in order to recruit participants. Purposeful sampling strategies are appropriate for research designs that have the goal of identifying information-rich cases that will permit in-depth examination of a particular phenomenon (Mertens, 2010). As such, these sampling strategies were particularly relevant for this study's design, which was intended to generate an in-depth, rich collection of data from multiple sources in a smaller sample of dyads. In particular, the instrumental case study approach proposed by Stake (2005) provided a useful framework for a sampling strategy that was used in this thesis. Stake outlines this process as follows:

The researcher examines various interests in the phenomenon, selecting a case of some typicality but leaning towards those cases that seem to offer opportunity to learn. My choice would be to choose the case from which we feel we can learn the most. (Stake, 2005, p. 451)

In the case of the current study, I recruited parents who offered opportunities to learn about the joint grieving projects entailed in perinatal bereavement. This type of sample provided a rich source of data regarding a relatively unknown dimension of parental bereavement. Therefore, recruitment of such a sample involved the intentional identification of bereaved parents that were be willing to openly share their joint grieving processes.

Participants

Three bereaved parent couples were recruited through email advertisements and posters throughout the lower mainland (see Appendix A). Support groups for perinatally-bereaved parents were contacted and asked to forward announcements at meetings about the study or distribute invitations to participate to their members. Additionally, an email was distributed through list-serves at Trinity Western University, as many students and faculty at the university were involved with organizations, helping professionals, friends, family members, and clients that were associated with the perinatal loss community. Furthermore, counselling agencies and hospices, which specialized in grief counselling, and professional contacts of the author in the Fraser Valley were contacted and forwarded information about the study. Facebook was also used to distribute information about the study and the author's contact information to the general public via social media.

Posters and emails directed interested participants to contact the primary investigator via email or phone call. Once a bereaved parent contacted the author about the study, a time for a screening conversation was set up, or was conducted immediately on the phone. The interested participants were given a brief synopsis of and a rationale for the study. Then, he or she was provided with the expected time commitment for participation in the study, as well as potential risks and benefits for participation. Finally, the caller was told that since this study focused on the relational dimension of perinatal bereavement, the couple would need to participate jointly in the research process.

Screening for inclusion in the study was done conversationally with each individual participant. Selection criteria (see Appendix B) for the participants included the following: Couples selected for this thesis satisfied all of the following criteria: (1) the couples had lost at

least one baby as a result of unintentional perinatal death, defined as the death of a child through miscarriage, stillbirth, or death before one week post-partum (Wright, 2011; for definitions of pregnancy outcomes see page 5), (2) the couples' losses had occurred between 1-3 years prior to the beginning of the study, (3) the couples were involved in romantic relationships at the time of the study (i.e., married, common-law union, cohabiting) and had been involved in the same romantic relationship at the time of the perinatal loss of their baby, (4) both members of each of the couples were the biological parents of their perinatally-deceased babies, and (5) both partners were willing to jointly participate in the research process. No inclusion criteria was set with respect to potential participants' cultural background, religious affiliations, education level, or socioeconomic status.

Potential participants were to be excluded from participating if they did not meet the above criteria, or if they met one of the following criteria: (1) current psychological instability, as indicated by self-reports of suicidality or self-injury; or (2) a non-stable psychiatric condition (e.g., Post-Traumatic Stress Disorder, Depression, Anxiety) requiring regular psychiatric or psychological intervention. These exclusion criteria were set to ensure that participation in the study would not pose a significant risk of psychiatric crisis to participants who may have had difficulty regulating distressing emotions and memories. The study specifically required participants to discuss the loss of their baby, as well as their initial and current grieving experiences, which were likely to evoke some level of sadness as well as other emotional sequelae. Thus, it was imperative that participants could discuss their loss while still being able to self-regulate any emotional distress that may be raised as a result of these discussions. Psychological stability and non-stable psychiatric conditions were assessed during the initial phone screening interview with each of the potential participants using a semi-structured list of

questions. During this phone screening, participants were asked if they had ever thought about or took actions to harm themselves or end their lives, or if they had ever received counselling or some other psychological intervention following their loss. If participants responded affirmatively to either of these questions, the principal investigator asked them to clarify if they felt they could talk about their loss in a way that was comfortable for them (i.e., Can you calm yourself down? Can you return to day-to-day activities after talking about your loss or do you have trouble moving past troubling memories or feelings?). Potential participants were asked to give a general description of their grieving experience immediately following their loss, and, if they became emotionally overwhelmed (i.e., became tearful, started breathing heavily, verbally indicated distress), the principal investigator asked them to indicate if their distress was too uncomfortable or difficult to manage. None of the participants indicated that talking about their loss was too overwhelming to discuss in a way that was manageable for them.

Some discretion was needed to determine if couple one could participate in the study, as they experienced their perinatal loss outside of the allotted 1-3 year time frame noted in criteria (3). Since both members of the couple were able to comment on how they were actively grieving for their loss *at the time of the study*, considering themselves to still be jointly engaging in grieving processes pertaining to their perinatal loss on a regular basis, they fulfilled all other inclusion criteria for the study, the research team determined they were eligible to participate. No other couples were screened and excluded from participating, however one additional couple contacted the research team for phone screening, but later decided not to participate because of the time commitment involved in the study.

Three heterosexual bereaved parent couples met the screening criteria outlined above and agreed to participate in the study. The mean age of the male participants was 43.3 years (SD =

7.09), and the mean age of the female participants 42.3 years ($SD = 7.51$). At the time of the study, all of the couples were married and living together. All three of the couples had remaining biological children ($M = 2.3$; $SD = 1.15$). One of the couples also had a grandchild. At the time of the study, four of the participants were employed in various occupations, while two of the female participants stayed at home to care for their children. All of the bereaved parents identified themselves as Christians. All three of the couples attended Evangelical churches.

Two of the couples had lost one male baby each, while the other couple lost twin girls. The two male babies were stillborn after 22 and 23 gestational weeks respectively, due to a placental abnormality and complications from Trisomy 13. The twin girls were born alive at 22 gestational weeks, but could not be put on life support because of their premature development. The mean age of the deceased babies at the time of death was 22.3 gestational weeks ($SD = 0.58$) and the average time elapsed since the time of death was 9.7 years ($SD = 13.32$).

Data Collection Procedures

Data gathering in this study followed the QAPM procedure outlined by Richard Young and his colleagues (Young et al., 2005). This involved multiple collection and analysis procedures in order to access the three perspectives on action: manifest behaviours, internal processes, and social meaning. Following the ethical approval of the Trinity Western University Research Ethics Board, the data collection began through several stages and strategies, which will be outlined in this section.

The principle investigator, the primary supervisor, and two research assistants collected the data for the current study. Given that the QAPM involves multiple interview formats, additional individuals needed to be recruited for the duration of the data collection. The author

served as the principal investigator, assuming primary responsibility for the coordination, management, collection, and analysis of any data collected in the study. Two research assistants were recruited for the data collection: one was a fellow graduate student in the Counselling Psychology program at Trinity Western University, while the other was an undergraduate student intending to gain research experience as part of preparing for graduate studies in psychology. The primary supervisor, Dr. Derrick Klaassen, also served as a research assistant for the purposes of data collection with one of the couples, and for member checking pertaining to the results from the entire study. The principle investigator led all interviews with the participants, with the primary supervisor and research assistants only participating in the interviews for one couple each.

The initial interviews for Couples 1 and 3 were conducted in research rooms on the campus of Trinity Western University. The initial interview for Couple 2 was conducted at an ancillary site for Trinity Western University's practicum counsellor training to accommodate the limited availability for this couple (see Appendix D for interview protocols). Couples received \$40 after the initial interview and member check interview to provide a small remuneration for their participation.

Initial interview. The initial interview with each couple began with a time for introductions and rapport building between the couple and the research team. During this time, the principal investigator went through the informed consent procedure with both partners jointly, and, once signed by both partners, proceeded by asking the couple to tell the research team about their perinatal loss (i.e., what kind of perinatal loss, did they name the baby, their memories of that time). These questions were intended to help gain the trust of the research participants, and to allow members of the research team to demonstrate a sense of empathy and

appreciation for each couple's experiences. Following this conversation, the principal investigator briefly described what was meant by "joint grieving," asking the couple to talk about ways in which they grieved together for the perinatal loss of their baby (i.e., grieving rituals, doing things together to remember the baby). In doing so, the research team and the couple set a topic of conversation, namely, to talk about how they felt they were grieving jointly for the perinatal loss of their baby. At this point, the research team left the room and allowed the couple to engage in this joint conversation for approximately 20 minutes. After 20 minutes, the principal investigator and research assistant rejoined the couple in the interview room, and took each partner into a separate room to individually review their joint conversation played back for them on videotape. During this segment, referred to as video self-confrontation, each partner was asked to comment on what he or she was thinking or feeling throughout the joint conversation. The principal investigator and the research assistant each conducted a video self-confrontation interview with one of the partners, stopping the video recording of the joint conversation approximately every minute to elicit each partner's commentary. After the video self-confrontation interviews were completed, the principal investigator and the research assistant brought both partners back into the main interview room together, where they were debriefed regarding the overall process of the initial interview. The principal investigator then informed the couple that they would be contacted in the coming months to schedule their member check interviews, where they would be brought back to the lab or met in a more convenient location to go through narrative summaries constructed by the primary investigator regarding the couple's joint grieving project, summarizing how the couple jointly engaged in grieving for their perinatal loss.

Preliminary analysis. Once the initial interview had been completed with each couple, the principal investigator transcribed verbatim the warm-up conversation, joint conversation, and video self-confrontations for each couple. Once the transcription was completed, the data were analyzed according to the framework proposed by Valach, Young and their colleagues (Valach et al., 2002; Young et al., 2005). This analysis was conducted by the principal investigator, in concert with the primary supervisor, which was then used to construct joint grieving narratives for the the couple collectively. The joint grieving narratives were then summarized in a single sentence as the joint grieving project, capturing the essential joint grieving actions of each couple. These narratives were then presented to each couple in their respective member check interviews described further below.

After completing the transcription, the principal investigator thoroughly immersed himself in the data, reviewing both the transcribed interviews and the audio and video recordings of each couple's initial interview. The transcriptions and recordings were then analyzed from the perspective of action theory, identifying the goals, function steps, and elements of each joint conversation. This process was supplemented by contextual information gathered during the self-confrontation and warm-up interviews, intended to facilitate an understanding of the overall intentional framework for the joint grieving project of each couple. This immersion in the data was ultimately intended to develop a thorough, detailed account of how each couple grieved jointly in their everyday lives for the perinatal loss of their baby.

Following this initial immersion in the data, the principle investigator conducted a more thorough analysis of each segment of the transcriptions. First, an understanding of the intentional framework for each participant was developed, defined as “the highest level goal that can be identified that encompasses all or most of the action under consideration” (Valach et al.,

2002, p. 74). In the case of this project, the principal investigator worked to understand what the overarching goals were for each partner in the couples' joint grieving projects. Following this, each minute of the transcribed joint conversations were coded in terms of its goals, function steps, and elements, intended to form an understanding of the intentionality of the grieving actions of the parents. At this point, the goals of each partner were identified throughout their joint conversation, which was complemented by commentary from the self-confrontation interviews. The goals were stated in the language used by participants as much as possible. Segments of the joint conversations contained several goals for each of the participants, but the purpose of the analysis at this stage was to identify only those goals that pertained to their joint grieving projects. Next, the action steps were identified, referring to the specific steps that were taken during the couples' joint conversations towards fulfilling the goals of their grieving actions (Valach et al., 2002). Categories of action steps appropriate for the social context of the participants were identified, reflecting the unique steps that were taken in the grieving process for each couple. The last step of the analysis involved identifying the elements of the joint grieving actions of the participants, including the verbal, nonverbal and paraverbal behaviours of each partner (Valach et al., 2002). In analyzing the transcripts and recordings, sentences, phrases, and expressions were identified that accompanied each couple's conversation about how they grieved jointly for their perinatal loss. This was meant to understand how each partner was self-regulating their grieving actions, which were supported by information from their self-confrontation interviews. Supporting information for the coding process was gathered from relevant sections of the self-confrontation interviews and warm-up conversations and was then included in the joint grieving narratives.

The principal investigator then compiled the analyzed data into narratives for each couple. These narratives described the individual and joint grieving actions of each parent and couple, which was written in the linguistic style of each participant and include key quotations from their initial interviews. The first paragraph of each narrative described the general life context of each couple. Subsequent paragraphs further described key grieving actions for each individual and for the couple collectively. The joint narratives then summarized the relevant grieving processes engaged in by both partners, as well as the couple's patterns of interaction when discussing the topic of grieving perinatal loss together. The last paragraph of the joint narratives provided a tentative summary of each couple's joint grieving project.

Member check interview. Approximately 5-6 months following the initial interview, the primary investigator met with each of the couples in their homes were brought back to go over each of their joint narratives. The purpose of this member check interview was to give each partner and couple opportunity to provide feedback on the primary investigator's summary of their individual and joint grieving projects, and of their overall experience in participating in the study. This meeting began with a brief introduction and orientation to the purpose and procedure of the member check interview, followed by an overview of their joint narratives. The principal investigator read aloud the couple's narrative, pausing at the end of each paragraph to allow the partners to respond. Partners were then invited to provide feedback regarding the accuracy of the primary investigator's conceptualization of their joint grieving project, which was then modified until both the parents and the primary investigator were satisfied that the joint narratives adequately reflected the couple's joint grieving project.

At the end of the member check interview, participants were thanked for their participation and asked to reflect on their overall experience of participating in the project.

Partners took turns commenting on what they learned throughout their participation, what they liked about the research process, and challenges they faced in talking about their losses.

Participants also took time to ask the primary investigator about how the findings would be used to influence future research and clinical practice. At the end of the interview, couples were given their \$40 remuneration for their participation, and were once again thanked for sharing their experiences with the research team.

Analytical Process

Analyzing data in action-project research is an integrative, ongoing process of immersion within the recorded material and transcripts compiled throughout the data collection process (Valach et al., 2002). After the initial and member check interviews had been completed, all of the data collected from these interviews were subjected to within-case and between-case analyses, which will be described further below.

Within-case analysis. A within-case analysis was used to describe the joint grieving projects of each couple involved in this study. This analysis followed the procedure outlined in the preliminary analysis section described above, which was primarily concerned with identifying the goals and overall intentional framework of joint grieving for each couple. In the within-case analysis, however, the preliminary analyses were supplemented by a more in-depth analysis of the initial and member check interviews of each couple.

Following the analytical process used by Klaassen (2010) in his dissertation research, an action-theoretical summary was created for each couple, tying together the analysis of each couple's joint conversations. The summary included the following information for each couple: (1) data sources; (2) demographic information; and (3) details regarding the interactional pattern, goals and functional steps for the initial joint conversation (supported with relevant quotations

from warm-up interviews, self-confrontation interviews, member check interview). These summaries were written as a narrative, with the intention of conveying how each case answered the research question for this study. At the end of each summary, several assertions were stated regarding the significant findings generated by each case. Assertions refer to summary statements that are often used in the instrumental case study approach to illuminate key findings elucidated from a particular case (Stake, 2005).

Between-case analysis. A between-case analysis was employed to identify unique processes in the joint grieving processes of couples who participated in the study. By comparing the different intentional frameworks, goals, function steps, and elements, similarities and differences between the couples' joint grieving projects were identified. Information was gathered from different segments of the data collection process (i.e., warm-up conversation, joint conversation, self-confrontation interviews, member check interviews) to help identify similarities and differences across the couples.

Rigour and Quality Evaluation

Standards for evaluating the quality of data gathered in counselling psychology research are difficult, if not impossible, to define in a universal fashion. Research methodologies differ with respect to their paradigm assumptions, data collection procedures, and scope of knowledge claims, making the quality of a given set of data dependent on the type of research strategy under investigation (Morrow, 2005). Evaluating the quality of data generated through the QAPM can be challenging, given the method's unique paradigm assumptions and data gathering strategy (Valach et al., 2002). Nonetheless, authors of the QAPM have outlined how the collection and analysis of data gathered in action-project research can be considered valid, rigorous, and trustworthy (Young et al., 2005).

Richard Young and his colleagues (2005) have argued that data gathered in the QAPM fulfil the criteria set forth by Lincoln and Guba (2000) regarding rigor and validity. With regards to the method's rigor, Young and his colleagues (2005) argue that the data gathering and analysis process in the QAPM is both comprehensive and systematic. Action is considered from multiple perspectives as data are collected from several sources throughout action-project research (Valach et al., 2002).

In the case of this project, joint grieving actions were considered from a variety of perspectives. This included video recordings of joint conversations, and self-confrontation interviews. In this way, triangulation was achieved through the convergence of different sources and perspectives on the data, as both the researchers and the participants were able to discuss, analyze, and reformulate findings to fit the experiences of the participants (Valach et al., 2002). Participants also had the opportunity to provide constructive feedback on the data and the research process itself, particularly through the member check interview and the self-confrontation interviews. As such, this study yielded data through a rigorous procedure, intended to reflect the experiences of the participants themselves while still adhering to the technical requirements of the QAPM method (Young et al., 2005).

In a related vein, Young and his colleagues (2005) argue that the QAPM fulfils Lincoln and Guba's (2000) criteria for validity. According to Lincoln and Guba (2000), validity represents the extent to which findings are reasonable and accurately reflect the ways in which participants construct their life experiences. In action-project research, emphasis is given to framing data in terms of the language, behaviours, thoughts, and meanings germane to the everyday lives of research participants. Data in this study was framed in precisely this fashion, as the goals, intentional frameworks, and summary statements used to conceptualize the couples'

joint grieving projects were worded using quotations from the participants themselves. Furthermore, the member check interviews and self-confrontation interviews allowed grieving actions to be interpreted through the participants' own reflections and statements, rather than through the principle investigator's individual interpretations. As such, data collected from multiple perspectives on the participants' grieving actions helped to anchor the conceptualization and procedures of this project in the everyday lives and experiences of the participants themselves. Grounding this study's process of data gathering in the QAPM and the empirically supported principles of action theory helped to support the validity of this study's findings, as they were collected through a method that resonates with the everyday lives of perinatally-bereaved parents (Young et al., 2005).

Another important factor impacting the quality of data collected through the QAPM is the nature and strength of the relationship between researchers and the participants themselves, identified by Klaassen, McDonald, and Graham (2004) as fidelity to participants. Throughout this project, participants were routinely engaged with in order to assess their agreement with the researcher team's ongoing construction of their joint projects, as well as their reflections on the research process itself. In addition, the depth, authenticity, and sincerity of material shared by each couple in the joint conversations, member-check interviews, and self-confrontation interviews appeared to be strongly linked to the relational atmosphere created by the research team. Throughout the study, the research team tried convey a sense of genuine empathy, curiosity, and openness during each stage of the research process, helping the participants to be more willing to offer their deepest thoughts, feelings, or motivations regarding a topics so deeply personal as perinatal loss. All of the couples in this study shared that the warm, attentive presence of the research team during the initial phone screening, warm-up, self-confrontation,

and member check interviews was helped them to openly express their thoughts and feelings regarding their loss. The participants felt that they were not being judged or scrutinized by the research team, and that their perspectives were taken seriously as the main feature of the data. As such, it was crucial that the research team built a sense of trust with the participants, which will helped to convey a sense of gratitude and respect for their participation in the research process. As a result, participants seemed to feel more comfortable disclosing how they engage in their grieving process, evoking many painful, vulnerable experiences that appeared to be indicative of their authentic joint grieving projects.

CHAPTER 4: FINDINGS

This thesis explored the following research question: how do bereaved parents grieve jointly following perinatal loss? The extant literature on perinatal bereavement has focused primarily on the intrapsychic processes involved in this unique form of grief (e.g., Wojnar et al., 2011), leaving many unanswered questions pertaining to the relational dimensions of perinatal bereavement. Literature on perinatal loss in the context of relationships has more commonly addressed the correlates of miscarriage, stillbirth, and infant death with relational outcomes such as couples' communication, sexual satisfaction, and relational dissolution (e.g., Badenhorst et al., 2006, Bennett et al., 2005; Gold et al. 2010). However, these investigations have yet to address the relational dimensions of perinatal bereavement. In light of these limitations, the present investigation focused on the ways in which bereaved parents grieved together within the context of their relationships following the perinatal death of their babies.

This chapter will begin with a brief summary of the analysis procedures and results for the present study. Following this, a more detailed description of the findings will be provided, beginning with the within-case analyses for each couple, followed by between-case analyses of the similarities and differences between the couples. The chapter is concluded by four key assertions, which represent a distillation of the central findings of this study.

Summary of Analysis Procedures

As detailed in chapter three, the analytical process of this thesis followed the framework of the QAPM (Valach et al., 2002; Young et al., 2005;). The current study also followed Stake's (2005) instrumental case study approach by focusing on each couple as a unique, valuable case that can inform both theory and clinical practice pertaining to joint grieving in perinatally-bereaved couples.

After the analytic procedures outlined in chapter three, this chapter begins with the within-case analyses for each couple. These include background information, a summary of the joint grieving project and then a detailed description of the joint grieving project. Following this, each analysis is concluded by a project summary in action-theoretical terms and by several assertions, which summarize the way in which the particular case of each couple answers the research question. Cross-case analyses are presented next, which highlight observed similarities and differences in the joint grieving projects of the couples and suggest tentative theoretical assertions pertaining to joint grieving of perinatally-bereaved couples.

An important distinction must be made between the analyses employed in ~~of~~ this thesis and those of other QAPM projects. Traditionally, QAPM research (Valach et al., 2002; Young et al., 2005) is intended to study action as it unfolds over time. Thus, data is typically collected over the course of several months in these projects, including at least three interviews with dyads, as well as a journaling and telephone check-in interviews during a monitoring period. This enables the researchers to study how joint projects can unfold longitudinally, and, thus, how projects can change over time. As described in chapter three, the present study utilized only two interviews with the dyads, and did not employ a monitoring period as part of the data collection to fit the resources and logistical constraints of the present study. As such, the findings described in this chapter must be interpreted in cross-sectional terms, as the joint grieving projects of the couples pertain to how they felt they grieved together at the time of their initial interview. However, the couples often spoke to how their joint grieving projects had changed in a retrospective sense between the time of their babies' deaths and their initial interviews, which gave a longitudinal context to their joint conversation. Nonetheless, the analyses for this study does not include descriptions regarding how the couples' joint grieving projects evolved or

changed over time, instead focusing on how the couples grieved together at the time of their initial interview and utilizing their retrospective descriptions as contextual information for their grieving and relationships.

Summary of Key Findings

This study examined the relational dimensions of grieving in perinatally-bereaved parents. An action-theoretical analysis of the initial telephone screening, warm-up, joint conversations, self-confrontations, and member check interviews revealed patterns of joint grieving for all couples in the study. Joint grieving was described in a variety of ways, including specific, planned rituals, and implicit processes that unfolded during the couples' interactions. Specific rituals included memorial services, annual activities to mark important dates pertaining to their deceased babies, collecting and sharing mementoes of the babies' lives, sharing their babies' life stories with others, and using symbolic representations of their babies' lives to mark their presence in various spheres of the couples' lives. Implicit processes included reflecting on the broader meanings of their babies' losses in their relational careers, sharing ongoing emotional experiences associated with loss, and listening and acknowledging each other's unique needs and grieving responses. Joint grieving actions were intended towards learning and re-learning each other's uniqueness, which often emerged through different thoughts, feelings, insights, and behaviours associated with loss between partners. Joint grieving was also associated with couples' faith careers, which offered a way in which partners could jointly recognize the sanctity and eternal significance of their babies' lives. Joint grieving projects emerged within the safety of the couples' relational context, which allowed them to openly share their ongoing thoughts, feelings, desires, and memories. Individual and joint grieving projects also seemed to oscillate

between moments of painful memories and moments of joy and hopeful re-engagement with life, which brought couples into the presence of the holistic experience of their grief.

Within-Case Analysis

Couple 1. Couple 1 consisted of a 51-year-old man, James (Ja), and a 51-year-old woman, Elizabeth (El). Elizabeth reported being born in Germany, of German ethnic background and her current first language as English. She described herself as a Christian, and worked at the time of the Initial Interview (II) as an art therapist. James reported being born in the United States, of mixed European ethnic background, with his primary language as English. He described himself as a Christian, and worked at the time of the II as a professor. Together, the couple noted that they have 3 living children. Their deceased baby (who is in heaven), Brady, died in utero after 22 gestational weeks as a result of a placental abnormality and was then stillborn shortly after in March of 1988.

Joint grieving project. Both partners often described their grieving as a joint process throughout their II, while still acknowledging their individual expressions of grief. Following their II, the primary investigator analyzed and described the couples' joint grieving project at the time of the II. This description was presented to the couple in the Member Check Interview (MCI) and after some discussion and minor alterations, the couple agreed with the following description.

Re-experiencing the events surrounding Brady's death, and, in the process, marveling at

God's presence and the endurance of grace, respect, and togetherness in their marriage.

Elizabeth's involvement in their joint grieving project was expressed in a variety of ways. She was active in working with James to reconstruct the story of Brady's life and death, as well as the events that unfolded after his death. Even though Brady's death had occurred almost 25

years before the II, Elizabeth could still recollect many of the details of Brady's story, as well as her earliest emotional experience of losing him. Throughout the II, Elizabeth expressed her gratefulness for reconstructing these memories and emotional experiences with James, who had somewhat different recollections and emotional experiences of Brady's death. She also expressed a deep appreciation for her connection to James as a person with whom she could share her deepest pains and joys and endure significant challenges. This included allowing herself to freely explore the personal meaning of loss in her own life, sharing the importance of retelling Brady's story with others around her, and working with James to maintain the memory of Brady's life and death. In this way, Elizabeth turned to her relationship with James as a place of safety and strength in her grief, as she could express her ongoing reflections and emotional experiences with him in the context of a trusting, intimate partnership.

James' participation in their joint grieving project involved somewhat distinct individual activities, in conjunction with shared activities with Elizabeth. For James, his grieving process had involved encountering moments of deep emotion and questioning the meaning of loss in the ongoing story of his life. This had included sharing Brady's story as a personal testimony of God's direct presence in his life, which had served as a key spiritual anchor for his grief. In this way, his past and present grieving activities occurred within the context of his spiritual career, and were enriched by his transpersonal connection to Brady. His grief experience also involved sharing his experience of losing Brady as a time of deep connection to God through significant adversity. Sharing these experiences also involved wrestling with deeper questions regarding the meaning of loss and sharing these reflections with Elizabeth. As a shared activity, James' grief had been a way of continually connecting with Elizabeth for whom he felt deep respect and value as a partner in his grief experience. Throughout the II and MCI, he expressed his gratefulness

for Elizabeth's strength and willingness to process these questions with him, as well as her appreciation for the deep spiritual impacts Brady's loss has had on his life.

For both partners, their joint grieving process involved a continuous spiritual connection to Brady as they looked forward to seeing him in heaven, while still feeling the pain of having to physically part with him many years ago. While Brady's death occurred long before the II, it was apparent from their joint conversation (JC) that it had not lost its importance as a key marker in the story of their marriage, and was looked upon as a story that reveals the deep love and appreciation that both partners feel for each other. In this way, their joint grieving project was embedded within the broader dynamics of trust, respect, and intimacy in their relationship, and was inextricably bound to the ways in which James and Elizabeth related to one another in their partnership.

Detailed description of the joint grieving project. The following section represents a detailed description of James and Elizabeth's joint grieving project as it was expressed during their JC. This involved specific grieving activities, times of deep reflection and contemplation, reconnection to their emotional experiences of losing Brady, and exploring new possibilities for joint grieving in the future. Their project was shaped by the broader spiritual and relational dynamics within their marriage, their unique individual grieving styles, and a shared appreciation for the different ways in which each of them contribute to their grieving project as a couple.

Overall, their JC was dynamic, warm, and constructive. There were moments of laughter, crying, discussion, and looking ahead as James and Elizabeth recounted how, even after twenty-five years, Brady's loss still has great meaning in the ongoing story of their marriage. Both partners were active in recollecting their earliest memories of losing Brady, while still checking in with one another to understand how their experiences overlapped and diverged.

They also elaborated on the personal and joint significance of grieving activities throughout their bereavement experience, as well as the continuing significance of certain activities in their present lives. James and Elizabeth were active in proposing new ideas and taking time to listen to each other's experiences, which appeared to be consistent with their respective grieving activities in their relationship.

Re-constructing Brady's story together. The JC began with James and Elizabeth working together to reconstruct their memory of events that surrounded Brady's death, which had occurred almost 25 years prior to the interview. During these first moments of their conversation, both partners asked each other to share the first emotional responses they recalled experiencing after hearing that Brady had passed away. Because Brady's prognosis was quickly deteriorating and beginning to jeopardize Elizabeth's health and safety, the couple was faced with the difficult task of deciding whether to terminate or allow the pregnancy to continue. Given the couple's cherished spiritual values, this decision was interwoven with concerns for the wellbeing of both Brady and Elizabeth. After deep contemplation and prayer, James felt that God spoke directly to him through an unanticipated encounter with a woman unbeknownst to him in the hospital parking lot who encouraged him to not terminate their pregnancy. James was overwhelmed by this encounter, because he had no prior contact with this woman who had approached him simply because she felt God had told her to share that specific message with him in that moment. After James returned to their hospital room, he and Elizabeth received news from their doctor that Brady had passed away, and that Elizabeth's health was no longer in jeopardy by not terminating the pregnancy. This realization had enormous emotional and spiritual significance for James, who commented that:

Ja.JC.3: ...I felt like this big decision I was trying to seek an answer from God on regarding were we going to wait even longer or were we just going to just say yes, we're

going to allow the pregnancy to end for your safety. Because I was all caught up in the emotion of being told, "God has told us to wait," and then coming in and finding out that Brady had passed away, and when I found that out, I mean, to be completely honest, I wasn't suddenly devastated...

James shared his simultaneous experience of relief and sadness with Elizabeth, as his initial grief of losing Brady was interwoven with his gratefulness for the safety of Elizabeth and for having a profound spiritual encounter during such a difficult time. For Elizabeth, she recalled the compassion and tenderness of hospital staff in the first moments after being informed that Brady had died. During her self-confrontation (SC) interview she noted:

El.SC.10: Well, I guess I'm back in that hospital room, so I'm remembering those feelings and they're coming into this present time, where I'm remembering, too, that was a tender time, people took care of me. I was in a bad, a sad place.

Recalling the factual and emotional details of the day of Brady's death was a significant joint grieving activity for both partners. Elizabeth felt drawn back into her earliest emotional experiences of losing Brady, which was connected to a variety of recollections and details that James was not aware of during the interview. During his SC, James commented on his experience of hearing Elizabeth share her memories of losing Brady:

Ja.SC.6: So, this is all new information to me. I don't remember talking with Elizabeth about the details of this process immediately, like these nurses coming in. So this, in a way, is like me, "oh." I guess when you walk through this you focus on certain things, and now revisiting it, I'm hearing "oh, I didn't really realize that happened," so it's interesting to me.

During this recollection, James was able to broaden his experience of that day while feeling more connected to Elizabeth as they jointly reconstructed their story of losing Brady. As such, recalling details of losing Brady appeared to be a joining activity for both partners, as they were able to work together to recall a comprehensive picture of their loss experience. Reflecting on these moments, Elizabeth also commented in her SC on the significance of recalling these early events with James:

EL.SC.15: ...I think I'm feeling that our connection, like, yeah, we have this same process, this is why our life together works, because we process similarly.

This feeling of similarity appeared to help Elizabeth and James feel connected to one another in this grieving activity. While both of them might have recalled different facts or sequences of events, both partners seemed to understand and relate to each other's lived experience of these details. This created a shared context in which they could feel connected in their grief as they walked through the story together during their JC, which led into further reflections on some of the more emotionally salient markers of Brady's loss story.

Recalling humor and hopeful moments. As James and Elizabeth went on to recount their feelings of sadness when they each held Brady for the first time, they were able to share a brief moment of humor when they recalled a funny event that occurred while they were in the hospital. While this was only a brief moment of their joint conversation, Elizabeth commented on the depth of this joint activity during her SC:

EL.SC.27: There was this one moment, and I talked to Scott about it, we were reading the comics, and we just, and I'm on my monitor and I'm losing blood, and here we are laughing hysterically over this comic, so I'm realizing that one of the ways that, again, we connect and that, I guess even our deepest, difficult times we have, we still have, we laugh together [chuckles]... And, watching it, I guess even experiencing us laughing together is dear to me that that happens.

For James, the experience of humor within their JC was also something he appreciated as he relived and remembered the details of Brady's loss story with Elizabeth. When Elizabeth recalled another humorous encounter with a friend when they were in the hospital, James reflected on this moment during his SC:

Ja.SC.20: Yeah, that's a funny event, and so talking about it there, it's funny. But, I don't remember this, I don't know that I've ever known that that funny thing happened. So, her retelling it now is cute.

The recognition of humor was something that was dear and cherished by both partners, even

after the passing of several years since Brady's death.

Recalling painful moments together. Following the brief exchange of humor, James and Elizabeth focused their JC on Brady's burial and memorial service. As the JC turned to this topic, both partners acknowledged their immediate reconnection to the pain of that experience, which they both identified as the most emotionally intense component of their grieving process:

Ja.JC.13: We should talk about the burial, because that was a huge, maybe one of the most emotional, probably the most emotional time of my life, no doubt about it.

ELJC.14: I can still feel it [Ja: Yeah, me too], you know, right here [rubbing chest].

After recalling the details and setting of Brady's memorial service, Elizabeth and James shared in a deeply emotional moment as they shared their pain in facing the reality that they had to bury their newborn son:

ELJC.16: Well, the worst was the walking away, it's like, everything [starts crying] in my body, just wanted to get him back.

Ja.JC.17: It seemed completely out of step with our lives that we would be, and I remember we talked about it, burying one of our children at that age being so young.

During this exchange, James embraced Elizabeth as they are both moved to tears by their memories. During this moment of deep sadness, James' embrace of Elizabeth represented a key intention in his grieving activities with Elizabeth, which he reflected on further during his SC:

Ja.SC.36: When she's like that, there's a sadness there, but there's this openness, this vulnerability... It's just right into the very core of who she is, right? Just this feeling and this incredible openness, and that's to be protected...

Ja.SC.37: Yeah, just to embrace, and also give a sense of comfort, too, and, I don't know, the arm around her is a way of saying, "yeah, I appreciate where you're at, I'm with you on it," and, yeah, it's a weird way, I don't know how to describe it. When a person is that way, and I know her well, and when she's like that, then it's just as true of who she is as possible, and I want to dive into that [chuckles].

SG.1.H.SC.38: Right, you know it's big when [Ja: Yeah] she gets to that place?

Ja.SC.38: Oh yeah, it's big, and it's not a time to be distant [chuckles] right? It's time to be close, intimate, right?... I could never brush that off, or say, "well, you're not feeling right here," or, "pull up your bootstraps" [Chuckles].

SG.1.H.SC.39: And even as you're embracing her, you're still having emotion coming up too...

Ja.SC.39: Oh, I'm feeling the same thing, totally, this wells up the same. I'm welling up in me, too. So again, it's not, "oh, you need me to hug you now," or, "oh, you're needy now," it's, "no, I'm feeling- it resonates with me too", and that's the reason I think there's that need to be together.

As Elizabeth experienced James' embrace and heard him share his own experience of Brady's funeral during their JC, she shared a similar feeling of togetherness and comfort as they jointly recollected the pain of that day, which she commented on further in her SC:

EL.SC.45: Yeah, but also feeling very together in this, too. Noticing that, "Wow, we have this shared thing again," and I'm sure we've talked about this, that that moment at the grave, for both of us, is probably the most emotional, saddest time of our lives and hearing him say it again brings it up that, "hmm, we're in this together." And yeah, that was really hard... I mean, we walked through together at the time, but, I mean, in those moments, it's not like we said, "are you feeling this? Are you feeling this?" It wasn't anything like that. But, it was just experiencing together, but now where we, these many years later, where we talk about it again, we're both finding that, that same thing together... Well, I mean, I noticed as this memory came up, and as I shared it, I think I felt he was impacted the same way, and he's maybe not as demonstrative as I am in this moment, but he was impacted in the same way.

Discussing ongoing grieving activities. After discussing Brady's funeral and comforting one another in the sadness that was provoked by the memories of burying him, Elizabeth and James went on to discuss the grieving activities that have remained with them since Brady's burial. Of particular importance to their ongoing joint grieving activities was the opportunity to share the story of Brady's life and death with those close to them. During their JC, James shared with Elizabeth how important it has been for him to share about Brady when he works at a children's camp every summer, which he further elaborated on during his SC:

Ja.SC.43: Well, I've always recognized that bigger things were going on in some ways. You know? That we're losing Brady, but it's such a marker for the process that happened

around it is such a marker for my faith... What happens is people invariably come around to, "well, has there ever been a time where God has been real in your life?" Like, it comes to that. Kids at camp will ask that question, or someone else will ask, "well, has God ever been real?" So, it's at that time that is always comes up, so I tell the story. And when I tell the story, a lot of time, what happens is there's not a big grieving about Brady, it's very emotional in telling it, and I often cry as I tell the story, but it's just because of everything that had happened.

Similarly, Elizabeth discussed with James how important it had been for her to share Brady's story with those in their family, faith community, and other people close to her in her life, which she elaborated on in her SC:

ELSC.35: This piece of my life, I was easily able to share with the people around me, and it was even important for me to do that, and I think there's even a little bit of, "I'm proud I did that." I'm glad I was able to bring people into that and let them share that with me and let them, I don't know, learn something from it maybe, or experience something from it.

Even though telling Brady's story was discussed as an important grieving activity for both partners, James and Elizabeth openly acknowledged that the meaning and significance of Brady's story was somewhat different for both of them. As outlined above, James shared how his connection to the events leading up to Brady's death had great spiritual significance for him, which he shared openly with others as a key marker of his faith journey. Elizabeth, on the other hand, told James that the significance of sharing Brady's story had a different meaning for her:

ELJC.27: ... For me, one of the stories is not sort of the story in the park, that's your story, for me the story is just the grace to manage these kinds of things... Well, and I even remember telling people, I would not wish this on us or anybody, but I feel like it's added richness to my life. And that sounds sort of weird, but losing a child, you know what you're made of more, you get to experience the depths of who you are a bit more...

While there was a difference in how Elizabeth and James accounted for the significance of Brady's story in their individual grieving experiences, both partners felt a strong sense of appreciation for one another's unique perspectives. During the initial phone contact, warm-up interview, JC, and SC, Elizabeth noted how she appreciated how the events leading up to

Brady's death had shaped James profoundly, even though she may not have connected to those experiences in exactly the same way. Furthermore, viewing photographs of Brady the night before their JC seemed to evoke a deep, emotional response in James, which Elizabeth did not simultaneously experience. Viewing Brady's photo for the first time in almost twenty years seemed to connect with James' sadness and questioning surrounding his brother's recent death. In her SC, Elizabeth described how she felt when witnessing James' emotional response to viewing Brady's photo, and the subsequent desire she felt to better understand James' experience:

EL.SC.64: ... I'm remembering the moment when we looked at the pictures last night, and I noticed that it impacted on James, and it didn't have kind of, it didn't have the same impact on me as it did on him... And realizing here as he said this that it made an impact on him and thinking, "mmm we should talk about that and clarify that."

This desire to better understand each other's experiences is also echoed by James in his SC, where he articulated his deep affection for Elizabeth and how this shaped his desire to understand her own experience:

Ja.SC.63: ... If you had to ask me, "what is the chemical or whatever is critical in your relationship?" It is respect. No doubt. I've known it since day one. I have this incredible respect for her... And that is critical because I always want to hear what she has to say, I just think what she has great value, that's when I think, respect means great value. Value independent of me, just like, "wow, I see huge value in you, I think you process life well, you see life well, she's honest, she's truthful, she wants to get to the right things, she's not selfish. Add all of those things together, whoah, "man, I respect" huge!

Thus, in the midst of their diverse experiences of processing Brady's loss, Elizabeth and James maintained a shared curiosity and respect for one another's unique perspectives and recollections.

Future grieving actions. As the JC drew to a close, James raised an important realization that he had encountered as a result of their discussion, which prompted dialogue between he and Elizabeth regarding a future grieving action they could do together:

Ja.JC.31: ...One thing, you know, we haven't gone to his graveside. We haven't gone to his graveside for, oh, twenty years.

El.JC.33: Does that feel important to you?

Ja.JC.34: Well, maybe, yeah, or to revisit in a significant way like that, I don't know, we'll see.

This exchange sparked a new conversation regarding how James and Elizabeth wished to engage in meaningful activities together to grieve Brady's loss following the II. James commented further on this opportunity in his SC:

Ja.SC.74: ... I know that if we did go there, it would bring up emotion and everything else. I know we would revisit all that, so what does that say? We haven't done it because we haven't needed to do it? It's not that we wouldn't- haven't done it because we would dread doing it, no, we wouldn't dread it, it would actually be very significant, but I guess, looking at our choices, not significant enough that we've actually gone there to do it. But, um, I think that, you know, at some point, we may do that again, we may do it soon because of what we've done through here, but, and it will bring us right back to the very moments, if we were to go there it would just take us right back to when we were there burying him it would take us right back to these things that we're talking about in terms of the immediate events, and reflecting on the future. It's something I think I want to do, actually.

Unfortunately, time ran out in the JC before Elizabeth and James could discuss this opportunity further, but this segment of the conversation represented an important ongoing conversation regarding their joint grieving process.

Desiring to be together in grief. An important theme that surfaced throughout the initial telephone, warm-up, JC, and SC was the couple's desire to be together in their grief. Both partners shared their deep love and affection for one another, and the crucial role that their intimate connection played in their joint grieving. Towards the end of her SC, Elizabeth was brought to tears when she shared:

El.SC.72: I'm feeling really thankful. I often - [starts crying]... I often feel really thankful for James [pause while crying]... Yeah.

DK.1.W.SC.73: Feeling deeply thankful [El: Yeah].

EL.SC.73: I know, I think something like this can go all kinds of directions, and knowing that who I am, and what kind of person I am, I think there's always been great potential for me, if I had a different partner, things could have not gone as well as they have.

In sharing this, Elizabeth touched on how being able to experience such a painful loss in the context of a loving, connected partnership with James had been an essential dimension of her grieving experience. When reflecting on how she felt blessed to have endured such a potentially damaging experience in losing a baby, Elizabeth recounted her strong feeling of connection to James:

EL.SC.77: I had no anticipation, really, that it could happen for us, that this could be something that would pull us apart, I think in the moments, in that delivery room where we were laughing over that comic somehow sealed the deal for me that I knew, if this is how we can come together in this terrible time, I feel like, yeah, we'll manage.

Even as James processed his thoughts and questions pertaining to Brady's loss and the meaning it had in his life, Elizabeth expressed:

EL.SC.63:... I'm realizing, "yeah I was thinking the same thought as you about heaven. I was thinking the same thought as you about feeling connected to him, wondering about his life," and all of that, just listening to him, feeling, "yeah, we're thinking the same about this". And feeling, um, well, sort of feeling the tenderness towards Brady, as a child, that connection to me, and feeling, um, connected to James too, as, again, just always noticing we're the same, we're doing this the same. And liking that.

During his SC, James discussed how his desire to be together with Elizabeth in their grief was indicative of the broader dynamic of closeness in their relationship:

Ja.SC.21: ... Both of us are kind of, um, I don't know what the right word is, independent? Um, feel stable, strong emotionally? So we didn't feel like, we don't ever often feel like we one of us is really needy, got to support you, or gotta support you. At the same time, we don't want to go, "well, I'll do my thing, you do your thing," we just move on. No, we want to be together, but it's not because of neediness, it's, you know what I mean, like "ugh, I feel obligated to be with her now, because she seems to be really sad". No, it wasn't that. And, we want to be together, it's just right to continue, in this time, to be close to one another.

Finding ways to be together appeared to be one of the most central intentions governing their

joint grieving project. Whether through embracing one another physically, processing deep questions of meaning or insightful reflections, or expressing gratitude for the unique presence of each partner, James and Elizabeth appeared to orient themselves around the desire to join together in grieving Brady's loss.

Project summary. Within the framework of action theory, James and Elizabeth's joint grieving project was ultimately embedded within the relational and spiritual careers that preceded and followed Brady's death. The goals and intentions of their joint grieving project varied throughout their JC, which emerged either explicitly between the partners during their JC or through introspective reflection and dialogue with the naive observations of the interviewers during SC interviews. Both partners discussed how their individual and joint grieving actions had changed over the 25 years since Brady died, while also focusing on how particular actions had persisted up until the present time as part of the ongoing careers of their individual and relational lives. In certain ways, joint grieving actions had diverging intentions and goals for both partners, but the couple experienced these differences as enriching, rather than diminishing their joint grieving project. Due to the tight connection between their bereavement experience and the ongoing story of James and Elizabeth's marriage, their joint grieving project was intimately connected to their overarching relational career, rather than a separate facet of their partnership.

The intentional framework for this couple could be described as being together to share the pain and joys of remembering Brady through joint grieving. Goals and intentions in the joint grieving project included maintaining an ongoing memory of Brady's life and the significance of his death, learning and benefitting from each other's unique perspectives and experiences, sharing Brady's story to encourage others experiencing adversity, and continually understanding

how grieving is relevant in their current season of life together. The couple noted that their joint grieving project was much more acute and intense during the first weeks and months following Brady's loss, but then became embedded in the ongoing ebb and flow of their relationship in the years since his death. For James, his ongoing connection to Brady and his joint grieving project with Elizabeth had largely occurred within his faith career. His sharing of Brady's story helped James to point to a specific time when God directly intervened in his life and gave James great comfort and peace in the midst of an incredibly challenging experience. He felt encouraged and affirmed by Elizabeth's acknowledgment of this facet of his grieving, which had become an enduring way in which Brady's loss remained salient in his life. Elizabeth had also looked to her faith as a source of hope in her grief, but more through her feeling of grace to be able to endure such a difficult loss with love, comfort, and trust in her marriage to James. Though the couple felt at the time of their II that they had reached a place of peace in their grief, they were both still deeply impacted by the sadness of remembering Brady's burial and having to physically part with him so many years ago. In this way, the couple revealed that although their lives had changed in many ways since Brady's death, his loss continued to have meaning in their marriage. Thus, even though one of their main goals in joint grieving had been to remember and reconstruct their loss experience, they still found it purposeful to share and comfort each other during their current experiences of sadness.

Grieving strategies for this couple included both overt and subtle actions. Overt actions included working together to remember the details of Brady's life and his burial, talking about revisiting Brady's grave as a renewed grieving activity, sharing with each other why Brady's story was important for each of them, and appreciating and learning from the ways in which each other shared their grief. James' grieving actions were expressed through recalling the details of

events that unfolded prior to Brady's death, which held great spiritual significance for his memory of Brady's story. He also expressed grieving actions through physically comforting and joining with Elizabeth as they re-experienced the sadness of Brady's burial, and opening up about his ongoing reflections on the meaning of grief and how his interpretation of recent events had both shaped and been influenced by his experience of grieving Brady's death. Elizabeth expressed her own grieving actions through sharing how Brady's story had revealed to her the underlying strength of their relationship, and how she shared their grief experience with others who are going through similar struggles. She also expressed grieving actions through voicing her ongoing longings to know and be connected to Brady as his mother, and to share these feelings jointly with James. While she did not engage in the process of questioning the meaning of grief as James did, Elizabeth nonetheless appreciated this strategy of grieving and took time to listen and participate with James as he wrestled with these deep ponderings.

Manifest behaviours for both partners included describing their personal perceptions or opinions, recalling past events, and expressing realizations as they pertained to their individual and joint grieving. The couple also expressed a wide variety of emotions throughout their JC, including sadness, humour, hope, love, and gratefulness. Each partner also displayed many signs of connection to the other, including acknowledgment, reflecting each other's thoughts and feelings, and expressing desires for connection. During moments of deep sadness, the couple held one another and took time to express their sadness through crying. There were also moments of silence as each partner collected their thoughts, listened to each other's reflections, and thought of salient memories to share together. James also proposed a new idea for grieving together, which Elizabeth agreed with and expressed a desire to pursue together.

Assertions. In spite of the long passage of time since their perinatal loss, James and Elizabeth were still deeply impacted by particular memories of Brady's death. Sharing Brady's story in appropriate contexts had allowed the couple to derive important insights and meaning from their bereavement experience. Taking time to intentionally sit down together and watch themselves talk about Brady helped to deepen James and Elizabeth's awareness of how they grieve together. The couple's joint grieving project was embedded within their broader relationship career, which the couple framed as a key marker in their marriage. Although they would not wish this experience on anyone, both partners noted that their grieving project has enriched their lives and has made them more acutely aware of the deep love and trust they have for one another.

Couple 2. Couple 2 consisted of a 42 year-old man, Warren (Wa), and a 38 year-old woman, Kelly (Ke). Kelly reported being born in Canada, of Dutch ethnic background and her first language is English. She described herself as a Christian, working as a teacher at the time of their II. Warren reported being born in Canada, of Northern European ethnic background, and his primary language as English. He described himself as a Christian, and worked at the time of their II as a pastor. Together, the couple noted that they have four children, three of whom were still living. Their deceased baby (who is in heaven), Nathan, died in utero after 23 gestational weeks as a result of trisomy 13 and was then stillborn shortly after in March of 2010.

Joint grieving project. Warren and Kelly described their grieving mostly in terms of individual grieving actions and the ways in which they respond to each other's unique experiences of loss during their II. Following the first set of interviews, the primary investigator analyzed and described the couple's joint grieving project. This description was presented to the

couple in their MCI and after some discussion and minor alterations, the couple concurred with the following description.

Finding each other in the midst of different perspectives and experiences of grieving to remember and celebrate the sanctity of Nathan's life in their past, present, and future family.

Kelly participated in their joint grieving in a variety of active ways. Her participation involved sharing her reflections on the past with Warren as way of keeping them in touch with Nathan's life. She was also active in organizing and maintaining important grieving activities that she felt personally connected to as ways of remembering Nathan. She took time to reflect on these activities and invited Warren to participate with her as a way of grieving together on important dates that marked Nathan's life. Although she was the more reflective and demonstrative partner in their grieving, Kelly felt this was more a reflection of their unique pre- and post-loss personality styles rather than a difference in their valuations of Nathan's life. Her involvement in their joint grieving project was tightly connected to important characteristics of her personality, including her strong desires to learn and reflect on the past and to share her insights with others. In sum, Kelly seemed to be more actively involved in overtly grieving Nathan's loss than Warren, facilitating an ongoing connection between them and Nathan in ways that were meaningful to them as a family.

Warren's participation in the couple's joint grieving project was quite distinct from Kelly's. In many ways, Warren participated in their grieving more as a supportive partner to Kelly, and struggled to find specific ways in which he still actively grieved Nathan's loss. Nonetheless, he expressed a continual acknowledgment of the differential impact of Nathan's loss on Kelly's life, which seemed to make him more cognizant of how he related to Kelly

following Nathan's loss. Grieving with Kelly involved him taking time away from the busy rhythms of everyday life to reconnect with Kelly and support their family as they continually healed and stepped back into life without Nathan's physical presence. His unique personality style also strongly influenced his grieving, as he appeared to be much more future-oriented in his thinking than Kelly. Warren seemed to focus more on the ongoing work, spiritual, and relational dimensions of their family life, which have played important roles in their healing from the pain of losing Nathan. Furthermore, even though his involvement in their joint grieving was somewhat distinct from Kelly's, Warren's grieving seemed to revolve around his strong desire to care for Kelly and to take time to remember Nathan with her as a significant chapter of their married life.

For both partners, grieving Nathan's loss together involved continuously working to understand and appreciate one another in the midst of their differences. As their individual grieving responses were strongly influenced by their different pre-loss personalities, Warren and Kelly needed to intentionally discuss their differences in order to acknowledge each other's different needs and goals in grieving. In some ways, both partners expressed desires for each other to think or act differently in their grief, but were nonetheless accepting of the different roles each of them played in their joint grieving project. For them, grieving together did not require Warren and Kelly to be identical with respect to their thoughts, emotions, and actions, but rather involved a joint effort to learn about one another and how to value each other's uniqueness. In this process, they seemed to be working towards allowing their different perspectives and experiences to enrich and complement each other as they found ways to holistically grieve Nathan's loss in the context of their marriage.

Detailed description of the joint grieving project. The following section represents a detailed description of the couple's joint grieving project as it was expressed during their II. During Warren and Kelly's JC, it was apparent that grieving Nathan's loss involved distinct processes for both partners. They described the sadness they both continually experienced in remembering Nathan's death, but each framed their sadness in terms of their different connections to the past and future. Warren and Kelly also discussed the unique ways in which each of them remembered Nathan and grieved his loss, taking time to ask each other about their individual grieving experiences. Despite their unique and somewhat distinct experiences of grief, Warren and Kelly's JC also revolved around how they grieved jointly for Nathan's death.

Differing grieving roles. It was evident from their JC that Warren participated more as a supportive partner for Kelly as they grieved together for Nathan's loss. For the majority of their conversation, Warren listened as Kelly shared about her ongoing wonderings about how she would like to express her grief differently, how she wished certain elements of her labour and delivery experience had been different, and the importance she attached to remembering Nathan in special ways. When asked by Kelly how he felt he was grieving, Warren noted in their JC that:

Wa.JC.23: For me, my grieving, not that I wasn't grieving Nathan, but your whole process, how you were processing it all, it was difficult too.

Warren expressed several times throughout their JC how he felt he had "moved on" in many respects since Nathan's death, but still recognized the impact of Nathan's loss on Kelly.

However, during other points in their JC and in Warren's SC, Warren described his experience of sadness when he sees photographs of Nathan or is reminded of Nathan when their children talk about him. Furthermore, during his SC, he reflected on how it was important to him that

they had the chance to sit down and talk about Nathan together, which he felt they didn't normally have the chance to do:

Wa.SC.6: Well, I was just feeling reminded that it was important to remember, if that makes sense. Where, I was just talking about how this is a significant chapter in our lives, and it's only been almost two years and life has gotten so busy and we've even had another child, and it's so much, even in a different place, I guess? But, it's actually good to take the time to remember.

However, the more prominent role assumed by Warren in their conversation was as a supportive listener to Kelly, who was more active in sharing her recollection of Nathan's death and the ways in which it continues to impact her life. This appeared to be an important dynamic in Warren and Kelly's marriage, which seemed to create a unique relational atmosphere in which they grieved as a couple.

Sharing individual experiences of grief. An important grieving process that unfolded during Warren and Kelly's JC was the way in which both of them shared their unique individual perceptions and experiences of grieving Nathan's death. Kelly was more connected to her past and current experience of grieving Nathan's loss, whereas Warren spoke more about how he felt he had moved on and no longer felt so actively connected to his grief. During his SC, Warren elaborated on his thoughts and feelings when listening to Kelly share her ongoing process of grieving Nathan's loss:

Wa.SC.9: I guess one thought is quickly realizing in this process that, Kelly, even though in many ways, I feel like I've moved on, looking back at this and having this conversation with Kelly, I can see that she hasn't moved on. Not that she's clinging to it, but she's still in the process of grieving, where I don't feel like I'm grieving so much now, whereas because she's still involved and giving counsel now to others who are going through a fresh loss, for example. In some ways, I don't know if she's reliving it, but she's still much closer to grieving than I would be at this point in time I guess.

As Kelly opened up about her grieving experience, she shared memories of the events that surrounded Nathan's death, exploring her wishes for how she could have done things differently

in the past, and planning ongoing grieving activities for herself and their family to remember Nathan. As such, Kelly was more active in describing the ways in which she grieved, and activities that she felt personally connected to as a way of maintaining her connection to Nathan. As part of her grief, she also participated in an online support group for perinatally-bereaved parents and also teaches nurses about how to provide appropriate care for parents who have experienced perinatal loss, which have been significant for her for several reasons. During her SC interview, Kelly further reflected on the importance of these personal actions:

Ke.SC.6: I just haven't come to the place where I'm fully ready to let it go I guess? Because I have had good input to be able to say that I'm kind of on the other side, and there's hope for you and you will get through this, so I guess it's part of paying it forward for people who supported me in my time, and I want to be a support to others.

Ke.SC.31: I hope that what I have gone through can be used to help others, and that's why I took that opportunity, I was very honoured to be offered it. I like our experience to be used to help others, you know? However I can, I want something good to come out of it, right? I don't want Nathan's loss to be, I dunno, in vain isn't the right way to describe it, but yeah, that all the good that can come out of it come from it, you know?

Kelly's reflective nature seemed to help her find a useful way of processing her grief through helping others. This had required her to spend much time thinking about what it meant for them to lose Nathan, how she wished her delivery process could have been different, and how systemic influences could be altered to better care for bereaved families. Likewise, Kelly also took time during both the JC and her SC to reflect on the importance of visiting Nathan's grave:

Ke.JC.17: If I could do it over again, though, I would bury him closer to home. Because I didn't think I would need to visit his grave as much as I do. Like, I would still visit his grave now if I could. It's just so hard to get to, and I don't have a car and have three kids. Whereas if it was close by, I would probably stop by even if it was for like ten minutes, and visit his grave a lot more frequently, so I wish I could do that...

Ke.SC.23: I would visit his grave far more, largely because it is one of my only memories. Like, what am I going to do, go to the hospital? Sit in the ultrasound room? It's just an act of something I can physically do to grieve... I like to go there and bring flowers to put on his grave. Yeah, I know he's not there. Does he care? No. Like, it's more for me. Just something to do, somewhere to go.

It is in these detailed recollections of events and personal reflections that Kelly revealed her ongoing connection to her experience of losing Nathan. Warren, on the other hand, openly discussed how he felt less connected to Nathan through visiting his grave during their joint conversation:

Wa.JC.27: Well, in some regards, it's good to remember, for sure, but at the same time, we know that Nathan is not there. You know, his memory, in some regards, is a significant part for remembering him, is there, but, Nathan's not there, I guess that's how I wrestle with the graveyard thing...

In this segment, Warren revealed his own perspective on this particular grieving ritual, which stood in sharp contrast to Kelly's experience. Part of Warren's perspective on Nathan's grave appears to be connected to an important dimension of his personal outlook on the grieving process. For Warren, he appeared to be more connected to the future, as opposed to the past when thinking about Nathan. At the beginning of their JC, Warren described this further:

Wa.JC.1: With the busy-ness of life, it isn't so much on the forefront of my mind anymore, now, when you look at these things or I see Nathan's picture of his footprints in the hallway, or if the kids say something, I'm definitely, you know, right away reminded of it, but it's not something that I really spend much thought on.

In this way, Warren shared how the ongoing responsibilities of a growing family, work, and new pursuits have made it challenging to stop and reflect on Nathan's loss. Kelly even notes this difference between the two of them in her SC:

Ke.SC.52: He's more a visionary kind of guy and I tend to be reflective and "what can I learn from this?"

Ke.SC.30: That's Warren... He gets wrapped up in work, um, he's in a different world sometimes than the world I live in. I'm not really surprised, and it's also how he tends to deal with things, he tends to be much more the kind of person who will just let things slide off and, "oh well, along we go."

Similarly, Warren expressed that he was unaware that Kelly still kept photos of Nathan by their bed, which took Kelly by surprise. During her SC, Kelly revealed some of her internal thoughts and feelings related to this part of their conversation:

Ke.SC.27: I'm shocked he doesn't know that. Like, it's beside my bed, he sleeps in the same bed. He has no idea that that's on my dresser and it's been there for like, the last three years, or two years, you know? However long I've had that photo album. But I find that kind of surprising that he has no idea that that's beside my bed.

SG.2.W.SC.28: So kind of surprised in this minute? Like learning something new about each other?

Ke.SC.28: Oh, I'm not fully surprised that he said that, cause Warren says things from time to time, that he's like, "oh, I didn't know that," I'm like, "what?" [chuckles] "What house do you live in?" I'm like, "have you been paying attention? Is that my house?" I'm not fully surprised, because he does things like that from time to time, but in a sense, I also am kind of surprised that he had no idea [chuckles], so, I dunno, my kids would tell you where it is, they know, they pick it up and look at it too, so, they know where that photo album is. Kind of makes me laugh [chuckles].

Warren, too, reflected on this moment of their conversation in his SC:

Wa.SC.15: Okay, so here I'm just a little surprised that, um, she, I didn't- didn't realize that she kept, um, this particular photo album beside her bed, I've never noticed it there before. I just thought it was tucked away in a box. So that just reminds me once again of how, um, how much closer to the surface this is for Kelly than it is for me now. So, yeah, regarding Nathan's loss.

Their conversation presented many instances in which Warren and Kelly shared different interpretations, experiences, thoughts, and feelings about events related to Nathan. Many of these differences actually came as a shock or surprise to both partners, and highlighted the ongoing nature of how they deal with differences in their individual grieving processes.

Accepting differences in grieving. While differences were common between Warren and Kelly during their joint conversation, both partners also voiced a sense of acceptance for these differences. During his SC, Warren expressed his gladness that Kelly and their family still

mention Nathan as part of their family, and clearly acknowledged that he had not forgotten Nathan or the importance of his life:

Wa.SC.26: I guess it shows the significance of even the unborn, right? That people, think of it, remember it, and have a value attached to it, so therefore, there is eternal value and significance in all of God's plan. That's what I'm thinking about here, it's just like, "wow, that is significant." To me, this just has me reflecting on the significance of life and the value of life, and the sanctity of life.

In this segment, Warren revealed how, even though he did not connect to Nathan's presence at his graveside as Kelly did, he did still experience an appreciation for his life through the lens of the couple's faith. In this way, Warren shared his appreciation for some of the ways in which Kelly maintained Nathan's memory in their family. Warren then went on to share how his grieving experience had been something that was prompted by reminders of Nathan or Kelly's invitations to grieve together, rather than an intentional activity that he self-initiates:

Wa.JC.34: But I think for me, it's probably just been over time, I've just kind of, you know, you kind of, not that you necessarily forget, but you move on, right? So, for me, I feel like I've, yeah, again, not forgetting, but not dwelling either...

As he alluded to earlier in their JC, Warren felt an appreciation for Kelly's invitations to talk and reflect on Nathan's life in the midst of their busy lives. Thus, even though his orientation towards the future created an important difference in their grieving experiences, Warren did still express an appreciation for Kelly's unique experience. During Kelly's self-confrontation interview, she identified how Warren's different perspective on grieving Nathan's loss was not something that had divided them in their marriage:

Ke.SC.56: Yeah, I guess it's a difference that I've kind of come to accept. In some things, because I just know he's not going to be me, and I'm not going to him, right?

In this way, Warren and Kelly appeared to compliment one another's grieving responses, which prompted many opportunities for them to learn from each other's unique grieving experiences.

Learning about individual impacts of loss. For both Warren and Kelly, learning how Nathan's loss impacted each of them differently appeared to be a significant shared activity. Kelly's introspective outlook on the past seemed to broaden Warren's memory of Nathan's death and their earliest grieving activities together, which he had difficulty remembering by himself. As alluded to above, Warren also expressed how he was unaware of certain grieving experiences that were significant for Kelly during their JC, such as how she kept the memory box of Nathan's photographs by her bed, or her ongoing fears of becoming pregnant again after losing Nathan. As Kelly felt surprised that Warren was not aware of these aspects of her grieving, their conversation opened an opportunity for this salient difference to be shared. In these moments, Warren had the opportunity to become more aware of Kelly's meaningful grieving processes that he did not connect with in the same way as she did. Kelly also checked with Warren on multiple occasions throughout their JC to see how Warren felt throughout his bereavement experience, which Warren had trouble recalling, but now had the opportunity to reflect upon with Kelly's invitation. Given Warren's ongoing involvements in work and family pursuits, Kelly's strong reconnection to the past seemed to help Warren become re-acquainted with important markers in their bereavement journey. It seemed as though these reminders helped to balance Warren's focus on the future with at least an intermittent reconnection to the past. Furthermore, Warren's experience of caring for Kelly during their bereavement experience prompted Warren to reflect on how to best care for her:

Wa.SC.14: I need to talk to Kelly more about where she's at with the process, because she's also thinking that she's missing not going to the graveside, where I don't really think about it, so I want to be more supportive to her, realizing that it's still a very significant, even though it's significant in my life, I'm not reflecting on it very much, where she still is, so, even though it's still a significant part of her life in a different way than it is for me.

This reflection from Warren seemed to suggest his continual desire to better understand and care for Kelly's unique emotional experience of losing Nathan, even though he may not have shared the same feelings or experiences. In addition, talking about the significance of visiting Nathan's grave seemed to help Kelly understand and accept the personal relevance of this grieving action:

Ke.SC.40: Oh, I don't think Warren has quite the need to go to visit Nathan's grave like I do. He's kind of like, "oh, I remember him," you know, "on we go." Whereas, I think that's more significant for me, on the anniversary we usually make, or have made, an effort to go down there as a family, and that's good... Something to go and see.

SG.2.W.SC.41: So when you ask him about going on the anniversary and he affirms, "yeah we should do that," emotionally, is there anything that comes up for you there or?

Ke.SC.41: No, it's kind of our routine, is doing that... I think watching that segment just makes me think that that is more key for me maybe than it is for him? He goes to support me, but what he says in that segment just makes me think that that's probably a bigger deal for me maybe?

Furthermore, Warren's attention to the ongoing flow of life prompted Kelly to consider moving on from certain grieving activities that may not have been particularly helpful in her grieving experience at the time of the II. This seemed to be helpful as Kelly wrestled with staying or leaving a support group that has many positive, helpful features, but also left her feeling emotionally drained after hearing the stories of newly bereaved parents on a regular basis. Thus, Warren and Kelly's unique bereavement perceptions and practices seemed to reciprocally influence each other's current experiences of grieving Nathan's death. As such, Warren and Kelly appeared to grieve together through an interchange of perceptions and activities that were unique to each partner, but nonetheless created a complimentary picture of grief in the context of their relationship.

Shared areas of grief. Despite the differences that existed between Kelly and Warren's individual grieving responses to Nathan's death, there were areas of grief that they shared together during their conversation. Both partners engaged with one another as they remembered

Nathan's memorial service and the significance of honouring his life in that way. During his SC, Warren reflected on his experience of looking at photographs of Nathan's service with Kelly:

Wa.SC.13: Maybe a more significant or deeper memory of that time... She's just reflecting on that, so, therefore, I'm reflecting on that as well. Deeper emotion of sadness.

The sadness that Warren felt upon remembering Nathan's memorial service seemed to be a primary avenue through which he could still connect to his grief with Kelly. As they looked through the photographs of the service, it seemed that they were able to sit together in the presence of the memories and emotions of that day. In their joint conversation, Warren expresses the importance of Nathan's memorial service to him when he says to Kelly:

Wa.JC.16: That's good, I'm glad we did that. That was a significant day in our life.

Kelly also shared about the importance of Nathan's memorial, as it gave her a place to lay him to rest, and now served as a constant place she could go to visit and be present with him. Although visiting Nathan's grave seemed to be more important for Kelly as a regular grieving activity, she still expressed her value of visiting the graveside with Warren as a joint activity. During their JC, she invited Warren to join her in visiting Nathan's grave on the upcoming anniversary of his death, to which Warren gladly agreed and seemed personally connected to. As such, visiting Nathan's grave appeared to be a significant activity that, in some circumstances, could be shared by both Warren and Kelly as something they could engage in together to remember Nathan.

Jointly recognizing the sanctity of life. Another important way in which Kelly and Warren connected in their grief was in recognizing the sanctity of Nathan's life. When recounting the events that unfolded prior to Nathan's death during their warm-up interview, both Warren and Kelly expressed their deep appreciation for the value of his life by choosing to not terminate Kelly's pregnancy. This was a strong value that was shared and reflected on by both partners during their conversation, and appeared to be a very meaningful way in which they both

recognized Nathan's existence. In addition, continually sharing that they have four children, inclusive of Nathan, was particularly important for both Warren and Kelly. During their JC and SC interviews, both partners shared about how saying they have four children helped them to convey to others that Nathan's life was inherently valuable, regardless of how short it may have been. This seemed to be an important anchor point upon which Warren and Kelly saw the value and significance of remembering Nathan, rooted heavily in the couple's shared spiritual values. These values seemed to create a shared context in which they could express their love for Nathan and join together in grieving his physical absence, while recognizing Nathan's eternal presence in heaven and the comfort of knowing that they could still experience an ongoing spiritual connection to him.

Overall, the joint conversation was engaging, touching on a variety of topics that had deep relevance to how Warren and Kelly felt they had been jointly grieving Nathan's death. Warren took on more of a supportive role as Kelly shared her ongoing reflections and feelings surrounding the ways in which they continue to remember Nathan and proposed new ideas for grieving together in the future. Throughout the conversation, both partners took turns asking questions about each other's grief experience, which provided numerous opportunities for them to learn new things about each other's ongoing connections to Nathan. Although they expressed their grief in different ways, Warren and Kelly discussed these differences openly, were accepting of one another's unique perspectives and experiences, and actively tried to understand each other's similarities and differences in grieving.

Project summary. From an action-theoretical perspective, Warren and Kelly's joint grieving project surfaced within the ongoing relationship career for both partners at the time of their II. Many of the goals and intentions of their joint grieving project were different for each

partner, which emerged explicitly within their JC and each of their SC interviews. Both partners, especially Kelly, felt that the differences in their grieving were related to their pre-loss personalities, which both partners had come to accept as a normal aspect of their relationship. However, the couple's shared faith career gave them a shared context in which they could jointly appreciate the sanctity of Nathan's life, which seemed to help connect them in their different grieving experiences.

The intentional framework for this couple could be described as understanding one another's unique grieving experiences, and finding meaningful similarities in their grief for Nathan's loss. Goals and intentions differed for each partner throughout their joint conversation, but, at times, overlapped for particular areas of their grieving. For Warren, salient goals and intentions for his grieving included re-encountering significant moments and memories of Nathan's life and death, listening and supporting Kelly, trying to understand his own current grieving experience, and understanding the importance of Kelly's personal grieving actions. For Kelly, important goals and intentions for her grieving included connecting with meaningful grieving actions and letting go of less meaningful actions, expressing regrets and desires for a different story with Nathan, exploring new ways to grieve meaningfully, explaining the importance of personal grieving actions to Warren, and understanding Warren's unique experience of grief. As a couple, shared goals and intentions included remembering the significance and sanctity of Nathan's life, reconciling and accepting each other's different experiences of grief, and sharing Nathan's life with their living children. Warren's focus on the ongoing responsibilities of their family life seemed to help the couple step back into life as they healed from the pain of losing Nathan, which, at times, was not shared by Kelly as she continued to sort through lingering feelings of pain associated with Nathan. However, in these moments,

Kelly found ways to meaningfully remember and maintain her memories of Nathan's life, which was often an intention for her individual grieving project. Although these grieving rituals were largely enacted within her individual life, Kelly continued to share these rituals with Warren, who occasionally participated in such activities with her and thus found ways to reconnect with Nathan through his relationship with Kelly. As such, both partners' unique personalities and intentions seemed to, at times, enrich and complement each other's contributions to their joint grieving project. However, reconciling these differences also involved intentional efforts for both partners to understand and appreciate each other's unique intentions, rather than criticizing, demeaning, or judging each other's personal grieving style.

Grieving strategies for this couple included both individual and shared actions. Kelly's individual actions included updating and maintaining a memory box full of mementoes to mark Nathan's life, painting roses blue and placing them throughout their home in remembrance of his funeral, and trying to find time to go and visit Nathan's grave when possible. Warren found it difficult to identify specific ways in which he grieved Nathan's loss, but shared about how looking at Nathan's photos and talking about Nathan with Kelly and their living children was an important way in which he could reconnect with the sadness of losing Nathan. These individual actions signalled how grieving as a couple did not require Warren and Kelly to jointly participate in the same activities all the time. Rather, the couple shared that having ways for each of them to grieve individually or find support outside of their marriage was quite helpful at times, particularly through Kelly's involvement with support groups. However, the couple still found ways to share their grief together, particularly through going to Nathan's grave on the anniversary of his funeral, or in taking time to talk to their living children about Nathan's presence in heaven as a parental dyad.

Manifest behaviours for both partners included describing personal perspectives, recalling past events, expressing emotions, planning future activities, and asking questions to clarify and understand each other's perspectives. Warren and Kelly took time to describe their perspectives on particular grieving actions, how to share Nathan's life with others, and the meanings attached to particular mementoes and grieving rituals. The couple also recalled events that transpired around Nathan's birth and funeral that were important for each of their grieving processes, and how their grieving activities had shifted up to the time of the II. Each partner expressed moments of sadness and disappointment when reflecting on Nathan's death, but also shared feelings of joy, humour, and happiness when they talked about their ongoing family life and how their living children still lovingly talk about Nathan as their sibling. Kelly also proposed new ideas for grieving, including visiting Nathan's grave more often to have a place to visit where she can be alone with Nathan and feel connected to him. Throughout the JC, both partners also expressed interest in learning about each other's past and current experiences and describing their own unique experiences of grieving. At times, the couple sat in silence when thinking about what to say or after realizing important differences in grieving styles. However, both partners were also active in voicing their acceptance for each other's unique experiences and perspectives, continuing to dialogue about the differences and similarities in their grieving.

Assertions. Differences in Warren and Kelly's grieving actions were related to differences in their pre-loss personalities. Although differences existed in important areas of grieving, acknowledging and accepting these differences helped both partners openly share unique ways of grieving Nathan's loss. The couple's faith career created a joint context in which they could recognize and appreciate the sanctity of Nathan's life. Grieving together did not

require both partners to experience or share grief in identical ways, but rather involved intentional efforts to listen, acknowledge, and accept each other's uniqueness.

Couple 3. Couple three consisted of a 37 year-old man, Tom (T), and a 38 year-old woman, Lesley (L). Lesley reported being born in Germany, of German ethnic background and her first language as German. She described herself as a Christian, currently on maternity leave at the time of their II. Tom reported being born in Germany, of German ethnic background, and his primary language as German as well. He described himself as a Christian, working as a designer at the time of their II. Together, the couple noted that they have three children, one of whom was still living. Their deceased twin babies (who are in heaven), Kylie and Abigail, died shortly after their sudden birth at 22 gestational weeks as a result of premature development in February of 2012.

Joint grieving project. Both partners expressed that grieving the loss of their girls was something they engaged in together. As a joint project, both partners felt their grieving involved supporting each other back into the rhythm of normal life. Following their II, the primary investigator analyzed and described the couples' joint grieving project at the time of the II. This description was presented to the couple during their MCI and after some discussion and minor alterations, the couple agreed with the following description.

Coming back into life together to find joy and new responsibilities in the midst of sadness, and taking steps to honour and remember the twins as a family.

Tom's involvement in their joint grieving project had often rotated between expressing deep feelings of sadness and finding ways to bring he and Lesley back into life. Since Tom held the twins as they passed away in his arms, remembering their lives continued to raise feelings of helplessness, sadness, and pain. Although he did not express his experience through outward

signs of sadness, Tom took time to share his painful feelings during moments of reflection or when participating in grieving activities with Lesley. Tom also engaged with Lesley as they jointly expressed feelings of frustration and anger over the sudden and tragic nature of the twins' death, which could have been prevented through alternative medical interventions. During Lesley's moments of sadness, Tom was a silent, present comforter, taking time to listen and acknowledge her ongoing struggles with their loss. Tom was active in finding ways for both of them to re-engage with a "normal" living routine in the aftermath of the twins' tragic loss, particularly through work and household responsibilities. In doing so, Tom felt that their oscillation between re-experiencing pain and re-discovering familiar rhythms of life helped them to maintain a buffer between themselves and the overwhelming state of grief they experienced immediately after the twins' passing.

For Lesley, grieving together had involved openly expressing her fluctuating experiences of guilt and hope with Tom as they moved into a new life without the twins. Although she felt encouraged and uplifted by new responsibilities that brought her and Tom back into life, Lesley also experienced guilt over having to physically part with their girls. As such, she intentionally worked with Tom to remind others and themselves that they were a family of five, not three, as a way of remembering and honouring the lives of the twins. She described her shared grieving experience with Tom as a process of allowing herself to be comforted by him, and to likewise give him comfort when he experienced these same feelings. Her participation in their joint grieving project also involved raising a new family with Tom, as she re-experienced the joy of being a parent once again while also finding meaningful ways to keep the twins as members of their family.

For both partners, grieving together involved intentionally planning and carrying out specific activities that had great meaning to them, such as annually releasing balloons together on the twins' due date to let go of some of their sadness, and decorating their home with small mementoes of Kylie and Abigail to ensure that their memories would live on in their family. Although Kylie and Abigail's death occurred less than one year before their II, Tom and Lesley began to find ways to share both their pain and their joy as they carried the twins' memory with them into the future. While this brought much sadness, their experience of hope and happiness began to take root again in their marriage as they walked together into a new life.

Detailed description of the joint grieving project. The following section represents a detailed description of the couple's joint grieving project as it was expressed during their JC. Their project included a variety of emerging grieving rituals that had become meaningful ways in which both partners can remember and honour the twins' lives. Tom and Lesley's joint grieving project was also shaped by the context of their relationship, wherein they could openly express and work through emotional scars that have remained in both of their lives since the twins' passing. Their project also involved sharing and remembering the twins' lives both within their family, as well as in their interactions with others. Most centrally, Tom and Lesley's grieving had involved bringing each other back into normal life as a couple as they continually healed from the pain of losing the girls.

Processing ongoing emotional scars. Throughout their conversation, Tom and Lesley jointly shared in the processing of ongoing emotional scars from the twins' death. Most notably, feelings of anger for both partners persisted as they talked about the insensitive remarks of others after the twins' deaths:

L.JC.30: Yeah, and people where in their job, like who work in public relations can't even say sorry, or like, "my sympathy," and that was painful. I mean they don't have to talk and don't have to do a fuss, or whatever, but just a word, like, "sorry for your loss."

T.JC.13: Yeah that makes me angry, stuff like that... If you have colleagues, they have twins, and they're complaining about it, and uh, how noisy they are and stuff like that and it makes you sad again.

In addition, both partners expressed sadness as they recounted the last moments of Kylie and Abigail's lives:

T.JC.57: And I think the worst part was to see that they are actually trying to breathe, and like having the motion to breathe and, but they couldn't...

L.JC.57: Yeah, and you can't do anything... They were moving, they were...

T.JC.59: They were moving and trying to breathe and stuff, and it's like you're helpless, totally helpless.

L.JC.59: Yeah...

T.JC.60: That's the worst thing I have ever experienced, like, to be helpless...

As the couple discussed their feelings of helplessness, they began to tap into one of the most painful, lingering domains of their grief. Tom and Lesley both described this most poignantly in their SC interviews:

T.SC.60: It's really sad, thinking of the time when I held the little ones in my arms, and they still had the motion of breathing, and you were helpless, and that's the worst feeling ever, like, you can't do anything. You have to actually hold them and they die in your arms. They try to breathe, and try to keep going, and for how long they did it, I don't know if it's just a reflex... Like, they were fighting, and that was the sad thing, because you saw them breathing, and moving their arms, like a little bit when I came, they were still just a little bit moving, she had them before and she said they were really moving their fingers, and their arms and their legs, and I couldn't see that when I came, because it, like, I saw that the arms are a little bit moving, and stuff, but not really that much anymore, but I saw them breathing, or trying still to breathe. And it was, hopeless, or, not hopeless, like helpless? Totally helpless, like, you sit there and they die in your arms and they can do nothing...

L.SC.158: Yeah, that you saw those babies are trying to fight for their life and they gasp for air and they tried everything to stay with us and it wasn't their time. On one hand, you wish they would have tried, but we were happy that they didn't take the babies away and

put them on life support and IV's and all that, because we could hold them and we could spend those precious minutes. But on one hand, seeing someone struggling for air, even if it's just, such a tiny thing and they say there's no chance, and those are just reflexes, you think, "maybe," right?

The emotional scars of anger, helplessness, and longing to have the girls back appeared to be salient for both partners, and, thus, could be shared together as a joint grieving activity. In these moments, Tom and Lesley were able to express and acknowledge the deeply painful memories and feelings each of them continued to experience. This process seemed to facilitate a safe relational space in which they could be open with each other to express their ongoing emotional experiences. This safe space appeared to be significant, as both partners felt they could not fully disclose to others outside of their marriage. In addition, both partners could gently support one another as they shared strong emotional reactions to the insensitivities of others. After Tom shared his anger about one of his coworker's insensitive remarks, Lesley gently suggested that these remarks were not intended to hurt him, which Tom later agreed with. However, in her SC, Lesley expressed her understanding and acknowledgment of the reasons underpinning Tom's anger:

L.SC.44: I know it's just the twins, that's why he reacts like this, because otherwise, people could tell him whatever and he won't care. Or like, it won't hurt him.

Likewise, when Lesley shared the pain she still experiences when she sees newborn faces, Tom listened to her as she shared her unique experience, which he reflected on further in his SC:

T.SC.46: Yes, I have a sad feeling, but not, that I cannot look at them. It's like the bonding thing, like I'm not that bonded to it than women are, like when they go through the nine months of pregnancy and have all the feelings and emotion and movements.

As Lesley shared her pain and Tom reflected on his thoughts noted above, he physically embraced Lesley and invited her to share, even though he may not have had the same emotional experience as her. Lesley acknowledged the importance of his support in a discussion with one

of the interviewers during her SC, as she noted that she does not often allow herself to share her needs or to be comforted by others:

L.SC.108: I always want to be, trying to be strong on the outside, but whatever is on the inside doesn't matter...Um, I'm the big sister, and normally, I'm also the stronger person in our relationship, at least at home. And not right now...

GK.3.W.SC.110: So, I'm hearing two things. Because, you said very concretely, "you know, I'm the stronger person," but then you just said you're not.

L.SC.110: No, right now, I'm not. But, before, he normally relies on me, right now, it's not...I know right now, I'm relying on him, not vice versa, right? Which is, not normally our thing.

GK.3.W.SC.112: So is it, right here, when you talk about this that you would say that, "yeah, that's what was happening, but it's the underlying dynamic that's occurring in your relationship at this time?"

L.SC.112: Maybe a bit, yeah. Because it's hard for me to ask for help, or, stuff like that, right? Because, you kind of have your role and, you're yourself, and then you know you're not.

Shifting relational dynamics. Supporting each other during moments of sharing pain and sadness appeared to shift the normal dynamics of their relationship. Roles appeared to shift as each partner shared different struggles or emotional needs, which Lesley commented on further during her SC:

L.SC.123: Mmm, that we're sometimes giving turns, that it's not the same day, right? You can see one is having a good day and then you say like, "why?" And then the other one is having a bad day and kind of there's no timing of it, it's kind of, yeah, personal still?...Yeah, on the one hand you want to share, but then you're not having the same days where you feel like this, and you just talk, and then the next day you sometimes make the other one think or whatever, he tells me, "oh yeah," it's kind of- it's always there.

Furthermore, Lesley acknowledged and talked about how their differences created unique needs for support as they grieved together for the twins' loss:

L.SC.97: I wish I could be on his part. Take life easier. Yep, but I think, he will have other issues, like when his colleague talks about his twins, so everyone deals with it differently, right? So it's kind of, you find this harder and someone else finds another thing harder...

Although Tom and Lesley acknowledged that they expressed grief differently at times, they nonetheless had a desire to respond to each other in the most sensitive way that they could.

Related to this, Tom expressed a desire for Lesley to know how sad he feels when he thinks about losing the twins, even though he may not outwardly express his sadness in the same way as she:

T.SC.41: You don't want to disappoint your partner. You know? You always try to make your partner happy, and if your partner is happy, then you're happy, so, and then you think, "do I make her happy," or, "do I make her sad?" Because I don't show the same feelings like her? Or, like she does? It's like, maybe I'm over thinking it, but it's like, it's something that comes up in me and I think it should be said that I'm actually sad... Men don't try to cry kind of thing, most of the time, I think if someone cries, it's more in the private space, something like that, you don't show it outside that much...I mean, I am sad inside, but I might not show it that much...I don't want to disappoint her in not showing as much, or if she thinks I'm not that sad, yes I am, but I'm not showing it that way. It's more inside of me. I'm dealing with it, but it's not going out there and saying it...

Although Tom did not outwardly express his feelings in the same way as Lesley during their II, Lesley nonetheless recognized his sadness and could see the impact of the twins' loss on his life, which she reflected on in her SC:

L.SC.15: I know he's not talking as much. Normally I bring it up, and, then he comes out with his feelings, but I know that he wants to talk or like, yeah. That he feels also, but for him it's not so easy to bring it over, so...

GK.3.W.SC.16: So you could recognize how hard it was for him?

L.SC.16: Oh yeah. Definitely. On one hand, I think he have a bit more the harder part, because when the babies are born, were born, I went quickly after to the ER, because, um, the placenta didn't come out and I was bleeding heavily, so he was with both babies alone when they really died, they stopped breathing, so he had them both during that time and, he always says that was the hardest part, because there was no one really who could come for him or could share it with him...

Even though both partners did not express their grief identically during their JC, they experienced an implicit bond in which they could sense each other's thoughts and feelings.

Lesley commented on this broader dynamic within their relationship during her SC:

L.SC.67: Connection to each other...Just, that you kind of finish one another's sentence. Just, he was saying something, and you know exactly what he will say, because, yeah, I don't know, it's - it's strange to sit there and have that kind of conversation, because on the one hand, you exactly know what he will say because, you talked about it, you know, his feelings...

In summary, the joint activity of sharing deeply painful emotions and memories with one another was an important way in which the couple grieved together. Establishing a safe relational space to share anger, sadness, helplessness, and longing for the twins was important for both partners, and was a crucial building block for the enactment of specific grieving rituals that they could participate in jointly.

Joint rituals to honour and remember the twins. Another important dimension of Tom and Lesley's shared grieving process was the way in which they jointly participated in rituals and activities to remember the twins. During their conversation, Tom and Lesley discussed how these activities were a helpful way of processing many of the deeply painful emotions they experienced in the aftermath of the girls' deaths. Early in their JC, the couple talked about one of the first rituals the couple participated in together:

L.JC.5: We went on their, supposed to be due date, to the graveyard, and we had balloons with the names and the memories of being with them...

T.JC.6: And let them go, and watch the balloons fly away and kind of take a lot of the sadness with it.

During their SC interviews, Tom and Lesley commented further on the significance of this shared grieving activity for each of them:

L.SC.13: To honour their due date and, that we really miss them and we're longing to have them. Also to have them close, right? That you honour that day, even if it never happened...

T.SC.6: Sadness. Because we were talking about the balloon. We let the balloons fly there at the graveyard. That's really sad to go back to that moment when the balloons were flying away so, to let go. For us, it was a big relief kind of thing, we had to do it, for

ourselves, like we said we want to do that. But it's a symbolic thing to let them free, like, let them go. They'll always be with us, but you let go, so it's kind of sad.

In performing this activity together, the couple noted that they were able to release some of the sadness they continually felt when reminded of the twins, allowing their memory to be marked with some semblance of joy. Later in their conversation, Tom and Lesley discussed how they would like to release balloons annually on the twins' due date to remember and continually honour them as members of their family. This appeared to be a significant activity through which both partners could connect together in their grief, and a key way in which they work together on an annual basis to grieve the loss of their girls.

Another important shared grieving ritual for the couple was their joint participation in planning the twins' memorial service. Lesley reflected more on the importance of this activity as a shared grieving process in her SC:

L.SC.60: It was important to us, it helped a lot, just sitting down and reading two poems, and going through the hymnbook. And, I know, really thinking about every kind of word, right? Often, we liked a song, and we said, "that's a perfect song," and then you really realize what it's saying, or what it meant for us. And you said like, "no, that's not what you want to hear or what you want to do there," and I think you listen to things, to words differently, with different yeah, experiences and emotions and what you would do without those things... And you sit there together, and he did this for that reason and he's like, "why?" And then he explains, and you're like, "oh you're right." And it's kind of - the communication about the little things, like, one sentence in a song, or in a poem, and, yeah. To find a way, or, not like find a way, kind of find the right thing which actually speaks to you and him at the same time.

Similarly, Tom shared many of the same reflections in his own SC:

T.SC.23: It was kind of a we had to go through to grieve, actually. And it was good to go through that, like finding the right songs, and what we wanted, like, we wanted this song, Lesley wanted the other song, and this and that, so, we were looking for a song, which actually fits and this and that, and a little, Psalm...

Planning the funeral together and taking part in ongoing grieving rituals appeared to have great importance for both Lesley and Tom. The importance of these activities seemed to revolve

around giving the couple a place and activity through which they could begin to grieve and meaningfully remember the twins. Through these activities, both partners could learn how they were each impacted by different memories, songs, or other reminders of the girls, which seemed to help as they worked to support one another in their grief. Tom and Lesley also identified these rituals as intentional activities where they could use their desires and preferences to shape how the girls could be remembered. Rituals and activities helped Tom and Lesley remember the lives of the girls, while also allowing them to connect and learn more about each others' grieving experiences. These outward expressions of joint grieving were also framed as important markers to signify the twins' presence both within their family and in their interactions with those outside of their family.

Sharing the twins' lives with others. Sharing the lives of the twins was an important facet of Tom and Lesley's joint grieving, which was discussed at length throughout their JC. Both partners reflected on how they are a family of five and not three on several occasions during their SC interviews:

T.SC.8: We don't want to hold back, so the twins are born, they live for a couple of minutes, or like 40 minutes, 50 minutes, so they will be with us, and, like we said, we want to have little butterflies in her [referring to Elise] room, with the names on it. Yeah, we don't want to hold back on it, why should we? Yeah, normally you don't hear something like that, I mean, we don't want to run around with a flag on it, saying, "we lost twins," or something, but we will definitely not hold back in our home that we had twins...

L.SC.53: We're at the point that if they are insisting, then they get the truth. Why should I hurt myself over you, right? You've kind of changed your way of holding back? Right? Because often you think, "no, why should you face a person with it?" But you know, on the other hand, you hurt yourself because I feel, and does it too, we're lying, right? So, it's important for us to say, "yeah, we lost the babies."

In addition to discussing ways in which they would like to honour the lives and memories of the twins in their home, Tom and Lesley also took time to share these thoughts with their new baby

daughter, Elise, who was present during the II. During their joint conversation, Lesley spoke to Elise directly:

L.JC.6: You've got two big sisters, who are watching over you, right? Two guardian angels you got? Who will always be there for you. Hmm? And over her crib there will be butterflies... Which are, in the spirit of your sisters, right? That you always have a good night sleep. You are taken care, right?

In this way, the couple found great solace in having physical mementoes and reminders of the presence of the twins in their family. The process of honouring the twins' memory appeared to be a meaningful way in which Tom and Lesley could maintain the identity of their whole family as a connected unit. In her SC, Lesley discusses further how this a significant joint activity in their grief:

L.SC.80: That was also both of us, it's not just one who feels stronger about it... Because I think it would be pretty painful if one is really strong about the feeling that they count in our lives still and will, and the other one says like, "okay, we have to get over it and continue life," yeah we have to continue in life, but we also find those two babies a part of our lives and family, right?

For Tom and Lesley, the process of maintaining the twins' memory seemed to help them remain connected to the pain of their loss as they moved into their future as a family, which became a central feature of their grief.

Finding a normal rhythm of life. Moving back into the normal rhythm of life while still acknowledging the pain associated with losing the twins was a central way in which Tom and Lesley grieved together. During their conversation, the couple talked about how "getting back into life" has been both a key challenge and a healing process during their bereavement. Tom and Lesley talked about how getting back into life since their loss has involved several specific actions, some of which were as simple as taking their dog out for a walk. Tom reflected on the importance of this action during his SC:

T.SC.34: She was kind of forcing you out, because she had to, like she needs to go to the washroom, yes you have to take her out. I mean, you don't have to do the huge long walks, and stuff like that, but it brings you out into nature, into fresh air, you get different thoughts, like, you have to interact with other people... You cannot hide at home, which would make it even more difficult I think, like you getting into a deeper, digging yourself in, kind of thing?... So, into normal life situations to actually, yeah, get over it, kind of thing, so you have to, yeah, you don't go there and say, like I said before, with the waving flag and say, "we lost twins," so you go there, and they didn't know, so why should I tell them? So you have to act normally kind of thing, so it brings you into a normal situation, you have to act normal again...

For Lesley, going back to work seemed to serve a similar purpose in her grief, as she felt it helped her to feel responsible for something again and to not feel compressed by deep feelings of sadness and pain throughout the day. In a similar way, having their baby, Elise, also became a very healing way in which they were brought back into a "normal" life:

L.SC.4: I think it was important for us that we getting another chance, and I don't know, it took a lot of grief off to know that we're expecting. But, yeah, on the other hand, it brought also the fear again, right about the pregnancy and how will this one go. So, it was a lot of mixed emotion, but, changing to positive, somewhat.

The anticipation of new life helped both partners to know joy again, and served as a key marker for their journey back into life as a couple. However, the process of restoring their life as a couple was not without its challenges, which was elucidated further in Lesley's SC:

L.SC.11: It was the hardest day when the actual due date came, the days before coming up, and on the anniversary. February was even worse. On one hand, you feel guilty to have the new baby, like you won't bond to the other babies. So it's a lot of mixed emotions. Hard to explain I would say. You always feel guilty if you love this baby, I sometimes think, though, it should go to the other babies.

Coming back into normal life had been an ongoing journey for both Tom and Lesley. Towards the end of their JC, both partners shared how the time between deep feelings of pain and sadness had become less and less as time went on, but that there continued to be times where they needed to support one another in their grief:

L.SC.123: We're sometimes giving turns, that it's not the same day, right? You can see one is having a good day and then you say like, "why?" And then the other one is having a bad day and kind of there's no timing of it, it's kind of personal still?

T.SC.47: Uh, still the grieving kind of, process, still going on, like that's why said, like it's not done yet. And I think it will not be at all, but it is getting easier... More time is going on, so, with the years, it's going to get easier, for sure, yeah. So, wounds will heal, but you will have a scar somewhere, so... You have to keep on going with your life, like, you can't just, like, grieve the whole time, like, it could break you down... Yeah, and then there's a point where you say, "yeah, it's, it's no sense to live anymore," kind of thing, right? But, you don't want that, like, you say, it's kind of a, I don't know, self-saving process kind of thing? Like you don't want that to happen, so that's why you try to go back to work, do this, do that, and yes, you're still thinking of it, but there are times you don't think of it, and then later on you think again of it...

In their self-reflections, Tom and Lesley highlighted how the ongoing shifts between sadness and hope continued in their relationship as they worked to grieve the loss of the twins, while still finding new sources of joy, responsibility, and opportunity in their family. This oscillation seemed to have been much more rapid and difficult immediately following the twins' passing, but had become much more protracted at the time of the II. In this way, the couple did not feel that they had been grieving in linear stages, but, rather through an ongoing shift between pain and hope:

L.SC.31: Yeah, just... Yeah some days are just, yeah, one wrong word and you could just, yeah, go back and it's like day one all over yeah... Yeah, and without a reason. You often don't see the reason often why it is, I don't know, just a bad day, and it's so fresh again. And days where you would expect it should be really bad are not as bad, so, I don't know. Probably how you prepare yourself.

L.SC.125: Yeah, on the one hand you want to share, but then you're not having the same days where you feel like this, and you just talk, and then the next day you sometimes make the other one think or whatever, he tells me, "oh yeah," it's kind of- it's always there.

This appeared to be a central dynamic in their grieving, in that they did not feel that grief had "ended" in any finite sense, but that the emotional weight of their grief was becoming lighter as time went on. Within the context of their relationship, this oscillation appeared to be consistent,

as both partners reported times where one of them felt reconnected to the pain of their loss, while the other often felt more hopeful or connected to the new joys of life. This pattern also manifested in the individual grieving experiences of Tom and Lesley, as each reported times where they rotated between feeling at peace with their loss, and feeling drawn back into the pain of grief.

Overall, Tom and Lesley's conversation was warm, mutually engaging, and insightful. Both partners were able to articulate their thoughts, feelings, and reflections in an open, authentic manner, which seemed to help both partners feel connected to each other throughout the conversation. The couple discussed many of the specific grieving rituals that were important for them to participate in together, and reflected on why some of them are so important in their family. Tom and Lesley also shared in moments of deep sadness, embracing one another as they re-visited many of the most painful memories of losing their girls. Even though their grief experiences were not identical, both partners acknowledged and validated each other's unique experiences, which created a safe place in which they could grieve together.

Project summary. From an action-theoretical perspective, Tom and Lesley's joint grieving project was embedded within their broader relational career, which had undergone significant transformations during their transition to parenthood at the time of their II. The goals and intentions of their joint grieving project were similar for both partners, but at times diverged in the context of their unique personalities. The specific grieving actions demonstrated by the couple varied from shared, meaningful rituals to processing deeply painful memories and emotions in the context of their private lives. Both partners also viewed their joint grieving project as being enacted within the ongoing formation of their post-loss family, which included their interactions with their new baby daughter.

The intentional framework for this couple could be described as finding ways to honour the twins as a couple, and supporting each other through their transition back into familiar rhythms of life. Goals and intentions in their joint grieving included processing difficult feelings in the safety of their relationship, maintaining a joint connection to the twins, and restoring joy and responsibility in their ongoing lives. During the first days and months after the twins' passing, Tom and Lesley's grieving project was a more central focus of their daily lives. In particular, sharing painful feelings together and building mementoes to establish a connection with Kylie and Abigail seemed to be the primary goals for both partners in the first days of their bereavement. At the time of their II, however, Tom and Lesley had become more immersed in their ongoing relational career, which now revolved around parenting a new baby girl, Elise. As such, their joint grieving project became infused with the everyday workings of their relationship, rather than a separate, isolated practice in their lives. For Tom, his involvement in their grieving project has focused on joining with Lesley for moments of remembrance and sadness, while also finding his way back into the normal rhythms of life. His emotional presence with Lesley and returning to work and parenting responsibilities had appeared to serve this purpose. For Lesley, she also found it helpful to regain the responsibilities of caring for a new baby as a way of coping with the loss of the twins, but also felt guilty when confronted with thoughts and feelings that she was abandoning the twins by having a new life without them. In these moments, she found her relationship with Tom as a safe place in which she could express such feelings and feel supported in her gradual transition into the new joys and responsibilities of life.

Grieving strategies for this couple included explicit, concrete actions, as well as implicit processes within their relationship that joined them together in grieving the twins' loss. Explicit,

concrete actions included releasing balloons on the twins' due date, creating memory books with important mementoes from the twins' short lives, decorating their home with reminders of the twins, and sharing the twins' memories with their family, friends, and coworkers. Participating in these actions together gave both partners a shared investment in maintaining the ongoing connection between themselves and the twins, as well as a concrete expression of the ongoing sadness and longing they both felt as time passed since their deaths. During their joint conversation, both partners were attuned to each other's unique grief experiences and perspectives, even though these messages were not explicitly stated. This created a safe atmosphere in which Tom and Lesley could express their thoughts, feelings, and memories, while still supporting and understanding each other's unique needs. During their conversation, the couple also spoke about the twins to Elise, revealing an important way in which they jointly honour the twins' lives within their family.

Manifest behaviours for Tom and Lesley included descriptions of their past and current grieving experiences, as well as their memories of the twins' deaths. They each took time to express a variety of painful emotions, including anger, sadness, and disappointment, particularly when discussing how the twins' deaths could have been prevented. They also expressed a variety of positive emotions, including joy, hope, and humor as they talked about their cherished memories of the twins and how they will be remembered within their ongoing family. Tom and Lesley also expressed sadness through moments of sadness when reminded of the last moments of the twins' lives, during which time they remained physically close to comfort one another. At times, the couple disagreed with one another's perspectives, but allowed one another to state their beliefs before gently offering alternative interpretations or suggestions.

Assertions. Grieving together was not an isolated event, but was immersed in the rhythms of daily life. Getting back into the familiar rhythms of life brought both hope and pain, particularly when parenting a new child. Rituals allowed the couple to understand one another's individual grieving experiences and needs. Maintaining the memory of the twins' lives through mementoes and interactions with others allowed the parents to honour the twins. Sharing the life of the twins with a subsequent child gave a sense of family unity. The safety of their relationship provided a relational space in which difficult thoughts, feelings, and memories could be processed together.

Between-Case Analysis

In accordance with the procedures of both action theoretical research (e.g., Valach et al., 2002; Young et al., 2005) and instrumental case designs (Stake, 2005), the second step of analysis in the current project involved a comparison of the cases with each other, examining both commonalities and unique processes between them. In spite of the diversity of the participants (e.g., ages of participants ranged from thirty-seven to fifty-one years, time since death ranged between one and twenty-five years, two babies were stillborn, while the other two were neonatal deaths), analyses revealed five areas of overlap between various participants. Analyses also revealed three unique aspects of joint grieving careers, detailed further below.

Commonalities. Commonalities between the joint grieving projects included learning and re-learning each other's uniqueness, the role of faith careers in grieving, the safety of the relationship in expressing grief, oscillating personal and relational grieving projects, and grieving rituals as ongoing actions.

Learning and re-learning each other's uniqueness. One common feature of the joint grieving projects of all three of the couples who participated in the study was that each partner

felt they were learning and re-learning about each other through their bereavement. Throughout their warm up, JC, and SC interviews, partners expressed ways in which their personalities, individual grieving responses, and personal philosophies and perspectives differed within their relationships and shaped how they grieved together. In recognizing and discussing these differences, all of the partners felt that, to varying extents, they were learning and relearning about their partners' unique experiences and expressions of grief. The quotes below are examples of the ways in which each of the couples learned and relearned about each other's uniqueness in grieving the loss of their babies together.

For example, James and Elizabeth's JC brought to light many unique recollections of Brady's loss, perspectives on bereavement, and central meanings and insights from both partners. During his SC, James shared how recounting the experience of losing Brady with Elizabeth was a significant learning experience for him:

Ja.SC.8: When you walk through it, you're experiencing grief, you talk about grief, but now, I'm sort of almost, "well, when was the grief starting for you?" Or just how moments that I had never thought before, and "oh, how are you feeling," in those moments that I never really knew existed. Right?

Likewise, the process of re-examining Brady's death, looking at his photographs again, and discussing their current grieving experience brought many new realizations and questions for Elizabeth as she witnessed James being emotionally touched in these moments:

El.SC.64: I think I'm collecting my thoughts, because I'm remembering the moment when we looked at the pictures last night, and I noticed that it impacted James, and it didn't have the same impact on me as it did on him...And realizing here as he said this that it made an impact on him and thinking, "we should talk about that and clarify that..."

Furthermore, during James and Elizabeth's JC, they take time to discuss how both of them have unique connections to Brady's death, which they have come to appreciate about each other:

El.JC.27: I think, for me, one of the stories is not sort of the story in the park, that's your story, for me the story is just the grace to manage these kinds of things.

The differences between James and Elizabeth's unique grieving responses were not sources of conflict in their relationship, but, rather, seemed to facilitate dialogue about how they had grieved Brady loss in unique ways.

For Warren and Kelly, grieving together following Nathan's death had involved acknowledging and accepting each other as they learn about how his death has impacted each of them in unique ways. For example, Kelly's active involvement in regular grieving rituals and maintaining mementoes of Nathan's life was a significant divergence from Warren's grieving response, who felt that he had largely moved on since Nathan's death. However, Warren was deeply appreciative of Kelly's unique grieving response, and expressed a desire to support her as best he could when she described her wish to visit Nathan's graveside more regularly. Likewise, as Kelly wrestled with how to share her unique feelings and desires pertaining to Nathan's grave with Warren, she acknowledged that this was a difficult, but acceptable difference between them. Therefore, acknowledging and accepting differences in grieving was a significant aspect of Warren and Kelly's joint grieving project. Similar to James and Elizabeth, Warren and Kelly found numerous areas where they did not grieve in exactly the same ways, and had to take time to learn about why their unique grieving expressions were important to each of them. Although Warren and Kelly appeared to experience more differences in their individual grieving responses than James and Elizabeth, Warren and Kelly still demonstrated a strong sense of acceptance for each other's uniqueness and a willingness to learn about each other's unique needs.

In the case of Tom and Lesley's joint grieving project, both partners seemed to be learning about how each of them experienced similar experiences and needs, albeit in distinct ways. Perhaps most poignantly, Tom shared his uncertainty as to whether Lesley saw and understood his pain associated with losing their twins during his SC:

T.SC.40: On the one hand, it's sad for me, because I think it feels cold hearted, like you feel cold hearted or you think, "do other people think you're cold hearted if you don't have or show feelings?" It's a mixed feeling, like I know she went through a lot more than I did, because I don't have that bond, or not that strong of a bond... It is strange for me, and I don't know how she feels about it, like if she thinks, "oh, he's not showing any emotions at all," or if she's like, "yeah, I see that he's sad, but I expect a little bit more sadness." Maybe I'm just thinking weird... You don't want to disappoint your partner. You always try to make your partner happy, and if your partner is happy, then you're happy, so I think, "do I make her happy?" Or, "do I make her sad?" I don't show the same feelings like her, like she does. Maybe I'm over thinking it, but it's something that comes up in me and I think it should be said, that I'm actually sad... It's more inside of me, I'm dealing with it, but it's not coming out there...

This appeared to be a central concern for Tom, as he desperately wanted Lesley to understand how deeply sad he felt when he thought about the twins. Although he did not outwardly demonstrate his sadness in the same way as Lesley, who would cry or express her sadness more openly, Tom's inner experience of sadness was still quite apparent. As such, Tom wrestled with how to express his sadness authentically, so that Lesley would know that he could understand and join with her when recalling the painful memories of the twins. Lesley, on the other hand, appeared to be learning how to validate and support Tom as he expressed his sadness through getting angry at his colleagues who unintentionally made insensitive remarks to him regarding having twins:

L.SC.43: It hurts him, so I understand. I'm sorry that he takes it so personally, but I think it's not the right way either, because one day the colleague won't respond to him if he talks like, "be happy you've got twins," right? I know it's just the twins, that's why he reacts like this, because otherwise people could tell him whatever and he won't care.

In this way, Lesley expressed a growing understanding of Tom's inner experience, which, at times, became enveloped in outward expressions of anger. Thus, Lesley seemed to be learning more about the emotional intentions underlying his expressions of anger, helping her to support and gently reframe his concerns in a way that would not compromise his relationships with others who did not wish to hurt him.

The role of faith careers in grieving. To varying extents, the faith careers of each of the couples played important roles in each of their respective joint grieving projects. The couples' spiritual beliefs and practices seemed to help them maintain transpersonal connections to their deceased babies, and, in some circumstances, became a way in which partners could join together in their grief. The faith careers of the couples also seemed to help partners jointly recognize the sanctity and importance of their babies' lives both within the couples' relationships and in their interactions with others. The quotes below are examples of the ways in which faith careers played important roles in the joint grieving projects of the participants.

James and Elizabeth's joint grieving project appeared to overlap significantly with their ongoing faith career. During their JC, they spoke about Brady's death and their subsequent grieving experience as a very spiritual process, as the couple believed that God was actively involved in their joint grieving project. James felt that God directly intervened through speaking to him through a random person on the day of Brady's death, which affirmed God's loving presence for him during such a difficult situation. As such, Brady's death became a significant chapter in James' faith career:

Ja.JC.21: I think of him in almost this mystical way of his passing and his sacrifice have become this big story in my life about God's presence in my life. So, it's not to put it in a box, but that his death has brought great significance to my life in terms of my relationship with God, so that's how it comes up.

In addition, James' faith career seemed to offer a framework in which he could experience an ongoing connection to Brady's life, which he reflected upon in his SC:

Ja.SC.54: Yeah. And, as a matter of fact, there's this odd way of thinking about him, I don't think I've ever thought about him being not alive. Honestly, I just don't know why, it's odd to say that, but he's died, and I don't want to get too mystical, but he's died, but he has a soul. So, he's still there, he's just not with us, so his death is about him not being with us, it's not about him not being... To me, he's not dead, it's just his soul is not with us it's like we're disconnected a little bit and that's the sadness.

Elizabeth, on the other hand, felt that their faith helped her to derive meaning from the experience of losing Brady and walking through grief with James. In the couple's JC, she discusses this meaning more with James:

EL.JC.27: Well, I was thinking about it, and I'm thinking that you and I are fortunate, or given grace or something. We're really strong individuals and can manage things individually, and because of that, we don't have to pull too much on each other to help us. But it also, because we don't have to pull too much and we have these inner resources, we have a lot of capacity to care for each other too. I just think we have tremendous grace in our lives..

EL.JC.28: Well, and I even remember telling people, I would not wish this on us or anybody, but I feel like it's added richness to my life. And that sounds sort of weird, but I remember talking recently with our neighbor, Kyle, and saying, and it's probably too early to really grasp this, but losing a child, you know what you're made of more, you get to experience the depths of your are a bit more...

Elizabeth seemed to believe that their experience of grieving together as a close, loving partnership was a gift from God. In this way, James and Elizabeth believed that the grace and love of God was as a central ingredient that tied them together in their bereavement, and could not be isolated as a discrete or tangential aspect of their joint grieving project.

Warren and Kelly seemed to identify their faith career as a dimension of their relationship where they jointly recognized the sanctity and eternal significance of Nathan's life. During Warren's SC, he identified how including Nathan as a member of their family in conversations with others outside of their family revealed his spiritual connection to Nathan:

Wa.SC.26: Kelly's mom still communicates with others that she has six grandchildren, including Nathan in the count, and I didn't realize that. I hadn't heard that from her, so it's just like, "wow, that's great that she does that." I guess it shows the significance of even the unborn, right? That people think of it, remember it, and have a value attached to it, so therefore, there is eternal value, and significance in all of God's plan...

For Kelly, the couple's faith career was an important way in which she maintained her connection to Nathan, even in the days leading up to his death and stillbirth, which she commented on during their warm-up conversation:

Ke.WU.13: I wanted to give Nathan what I could while he was with us. And so, for me, that meant to bring him into the presence of God, to bring him to church to worship, although going to church was actually incredibly difficult.

In addition, the couple's faith career seemed to be an important way in which they discussed Nathan's death with their living children, as they talked about their sibling who is not physically present:

Wa.WU.9: Now, as time goes by, Nathan is not such a forefront of their mind. But when they talk about our family and how many kids we have, we have the habit of saying "we have three kids," but they're quick to remind us, "no, we have four". But then they know exactly where Nathan is, "in heaven with Jesus".

For Tom and Lesley, faith, too, was an important way in which they talked about the twins' lives with their living daughter, Elise. During their JC, Lesley told Elise about the twins and their spiritual existence within their family:

L.JC.6: You've got two big sisters [speaking to Elise], who are watching over you, right? Two guardian angels you got? Who will always be there for you. Hmm? And over her crib there will be butterflies... Which are, in the spirit of your sisters, right? That you always have a good night sleep. You are taken care, right?

Tom and Lesley also felt that their faith provided many meaningful ways in which they could celebrate the lives of the twins during their memorial service, including reading psalms, singing worship music, and sharing scripture with others to mark their grief. The couple also talked about the importance of their new faith community in grieving the twins' loss:

L.JC.29: I think often it was surprising, the support of strangers...

T.JC.30: And people you actually, yeah you're right, people they- you just met two or three weeks before that happened, and they were there for you...

As such, Tom and Lesley's faith career seemed to offer a source of solace, support, and meaning in grieving the loss of the twins within their relationship, and in sharing the lives of the twins with others.

The safety of relationship in expressing grief. In various ways, the couples in the study all talked about the safety of their relationships as an important dimension of their joint grieving projects. The participants shared about some of the challenges they experienced in sharing the losses of their babies with their medical providers, friends, family members, coworkers, and faith communities, who, at times, could be quite insensitive, invalidating, and even critical in their remarks. As such, the participants talked about how the safety of their relationships with their partners was an important way in which they could express thoughts, feelings, memories, and grieving practices that individuals outside of their marital relationships often could not understand. The quotes below are examples of how the safety of their relationships was an important feature of the couples' joint grieving projects.

During James and Elizabeth's warm-up, JC, and SC interviews, the theme of "being together" consistently emerged as an important hallmark of their grief. James shared more about his desire to be alone with Elizabeth immediately following Brady's death during their JC, and later on in his SC:

Ja.SC.21: It just seemed right, and felt right in my spirit to be with her, so there was no sense of "ugh, I need space, I gotta process this." Zero, zero, none. Just, no, I totally need to be with you, and it wasn't, as Elizabeth will share, both of us are kind of, um, I don't know what the right word is, independent? Um, feel stable, strong emotionally? So we didn't feel like, we often- we don't ever often feel like we one of us is really needy, got to support you, or gotta support you. At the same time, we don't want to go, "well, I'll do my thing, you do your thing," we just move on. No, we want to be together, but it's not because of neediness, it's, you know what I mean, like "ugh, I feel obligated to be with her now, because she seems to be really sad". No, it wasn't that. And, it was more, we want to be together, it's just right to continue, in this time, to be close to one another.

Elizabeth also looked fondly on the moments her and James spent alone together following Brady's death, and felt very grateful for the ways in which they could be together to grieve in their own way:

EL.SC.77: I had no anticipation, really, that it could happen for us, that this could be something that would pull us apart, I think in the moments, in that delivery room where we were laughing over that comic somehow sealed the deal for me that I knew, if this is how we can come together in this terrible time, I feel like, yeah, we'll manage.

As such, James and Elizabeth seemed very grateful for the safety and comfort of their relationship as they grieved Brady's death. However, for them, this was not necessarily because they felt the need to protect themselves from the insensitivities of others, but more as an expression of their genuine appreciation and fondness for one another and their deep desire to experience their grief together.

For Warren and Kelly, the safety of their relationship was a significant place in which they could discuss and process a variety of insensitive remarks from medical personnel that were involved in their perinatal care, as well as members of their church. This appeared to be particularly significant for Kelly, who felt hurt by some of the opinions and remarks from those around them around the time of Nathan's death. Most poignantly, Kelly shared how certain remarks from medical personnel were very painful to hear:

Ke.WU.11: For the first week, we were scared silly. And then, um, because we had opted for the amnio, uh, I think it was two days later, we went for the amnio, and um, yeah, I remember I was terrified, um, I mean that's a scary thing, that's a big needle. And, I, uh, I remember crying and tears rolling down my face, and the doctor looked at me and said, "you know, uh," he goes, "don't worry, I won't hit the baby," or, then I was like, "thanks, that's real comforting..." And then he said, "well I know to you, this is a child." And I was just like, what? To me?

These hurtful, insensitive remarks were very painful for Kelly to hear, especially in the days and months following Nathan's death when she felt particularly emotionally vulnerable. In these moments, she was able to share her pain with Warren, who was there to listen and comfort her.

Similar to Warren and Kelly, Tom and Lesley experienced a variety of insensitive remarks from coworkers and friends following the deaths of the twins, which they only felt

comfortable discussing within the confines of their marital relationship. The couple discussed some of these insensitive remarks in their JC:

L.JC.12: Yeah, and people can be very hurtful. Just telling you, "you lost a baby, and, oh, make a new one. That's the most fun part."

T.JC.14: Yeah, or if you have colleagues, they have twins, and they're complaining about it, and uh, how noisy they are and stuff like that and it makes you sad again. And-yeah, but you think about it, like...

Similarly, Lesley shared in her SC how planning the twins' memorial service alone with Tom was a safe place in which they could open themselves to each other and share feelings that they did not feel comfortable sharing with other people:

L.SC.61: Yeah, we were sitting down and crying, and it was kind of releasing too, right? You sit there together, and he did this for that reason and he's like, "why?" And then he explains, and you're like, "oh you're right." And so it's communication about the little things, like, one sentence in a song, or in a poem. To find the right thing which actually speaks to you and him at the same time.

In this way, the safety of their marital relationship seemed to give both partners the freedom to express their thoughts, feelings, and actions in a way that those around them might not have understood. This appeared to be an important element of their joint grieving project, as grieving the twins' loss involved confronting and working through a variety of difficult thoughts and emotions that were sometimes associated with important individuals in their lives.

Oscillating personal and relational grieving projects. Another theme that emerged consistently from all three of the couples' joint grieving projects was the rotational nature of grief. In varying ways, the participants noted that their individual and joint grieving did not proceed in a linear, stage-like process, but rather involved an ongoing shifting between feelings of pain, sadness, and helplessness and feelings of hope, joy, and renewed existence. Although the couples differed with respect to the amount of time since their perinatal losses had occurred,

they all identified that their individual and relational grieving oscillated over time. The quotes below are examples of how this pattern emerged in each of the couples' joint grieving projects.

Even though Brady's death occurred almost 25 years before their II, James and Elizabeth could reconnect with both the pain and hope of their bereavement that had carried with them up to the time of the study. The couple clearly acknowledged during the initial phone screening, warm-up, JC, and SC interviews that Brady's death was not something they focused on or were greatly distressed by on a daily basis:

Ja.JC.30: Yeah, so, what an interesting process. Grief that was in a very short period of time, followed by many years of just reflection, but not feeling deep grief, and then recently, last night, looking at those photos and having grief again, although I don't think that it's something again that we'll carry along.

This experience of grief appeared to be consistent throughout the couple's JC and SC interviews, as they could openly discuss Brady's death in a calm, peaceful way, not feeling emotionally overwhelmed or deeply saddened by recalling these memories. However, there were key moments throughout their JC and SC interviews when particular aspects of Brady's story touched both James and Elizabeth at deeply emotional levels. In particular, remembering Brady's funeral and having to re-connect with memories and feelings of that day evoked this response for both partners, which Elizabeth reflected on during her SC:

El.SC.43: Yeah I can feel it, yeah, but we could both feel it... I could feel, like that tightness, that grief kind of thing, right? You know, that spot [DK: In your chest there] I don't know where, you're throat kind of thing, and then feeling it again here, yeah... Yeah, and I haven't felt that in relation to Brady for many, many years...

Similarly, when James thought about Brady's funeral and having to bury him so many years ago, he can still reconnect with the pain of that memory and is moved to tears with Elizabeth as they share in a deeply touching moment together. As James reflected about this in his SC, he noted:

Ja.SC.74: So, the way I think about that is I can imagine, in some ways, over the years, going to his graveside has not been a top priority at all, right?... I know that if we did go

there, it would bring up emotion and everything else. I know we would revisit all that...I think that, you know, at some point, we may do that again, we may do it soon because of what we've done through here, but, and it will bring us right back to the very moments, if we were to go there it would just take us right back to when we were there burying him it would take us right back to these things that we're talking about in terms of the immediate events, and reflecting on the future.

Even during their JC, James and Elizabeth moved between moments of reflection on the ways in which Brady's death had enriched their marital story and moments of sadness as they recollected difficult moments of their bereavement. Furthermore, the couple talked about how looking at Brady's photographs while preparing for their II brought back some moments of deep sadness, even though many years had passed since his death. In this way, there continued to be aspects of their grief that raised painful thoughts and feelings when James and Elizabeth took time to reflect on such moments together. At the same time, there were many aspects of their bereavement that no longer brought them deep sadness and, in some ways, strengthened and enriched their relationship. As such, the story of James and Elizabeth's joint grieving project appeared to be an ongoing shifting between hope and sadness, which had become increasingly focused on feelings of hope since the time of Brady's death.

Warren and Kelly's joint grieving project also seemed to revolve around an oscillating pattern between focusing on the hope of the future and remembering the pain of the past. However, their JC and SC interviews seemed to suggest that this oscillation occurred more at a relational rather than an individual level, as Warren appeared to be more connected to the future, whereas Kelly seemed more connected to the past. During her SC, Kelly commented on this dynamic:

Ke.SC.30: That's Warren... It's also how he tends to deal with things, he tends to be much more the kind of person who will just let things slide off and, "oh well, along we go"... I think I'm far more introspective. I'm way more analytical. Of the two of us, I'm the analyst [chuckles], so he'll often be like, "how do you come up with this stuff?" Well, I analyzed it! [chuckles]... Yeah, he's more a visionary kind of guy and I tend to be

reflective and then "what can I learn from this? How can I learn from this? What would I have done differently?" Those aren't questions that he tends to ask as much.

It appeared as though both partners' respective orientations towards the past and future appeared to provide a more holistic grieving experience in their relationship. As noted in their within case analysis, Warren's connection to the future seemed to help the couple re-engage with new opportunities and pathways in life as a family, while Kelly's reflections on the past helped them stay connected to Nathan and the significance of his life in their family. At an individual level, Kelly described instances where she felt connected to the future, especially through parenting a new baby after the death of Nathan and leading workshops for nurses to improve perinatal care. However, she characterized her primary grieving orientation as reflecting on her past experience of losing Nathan, considering ways in which she would have done things differently, and ensuring that she maintains regular rituals to remember Nathan. Warren, too, described how he would take time in the midst of his current work and family responsibilities to remember Nathan and reconnect to the sadness of losing him. However, these moments of reconnection to the pain of the past seemed to be exceptions to his more common grieving orientation, which was more focused on moving forward as a family. In this way, there appeared to be some oscillation between remembering the pain of the past and connecting to the hope of the future for Warren and Kelly in their individual grieving experiences, but this oscillation pattern appeared to be much more prevalent at a relational level between them.

Tom and Lesley also discussed ways in which their grief has regularly shifted between moments of pain and joy. During her SC, Lesley described this dynamic in her individual grieving:

L.SC.31: Yeah, just... Yeah some days are just, yeah, one wrong word and you could just, yeah, go back and it's like day one all over yeah.

GK.3.W.SC.32: Yeah, grief can definitely feel like a rollercoaster, or a wave of some days are harder than others.

L.SC.32: Yeah, and without a reason. You often don't see the reason often why it is, I don't know, just a bad day, and it's so fresh again. Mhmm. And days where you would expect it should be really bad are not as bad, so, I don't know. Probably how you prepare yourself. I don't know.

For Lesley, the experience of having another baby also involved shifting between feelings of joy for the new life in their family and guilt of feeling as though caring for a new baby ignored or abandoned the twins, which she described further in her SC:

L.SC.11: On one hand, you feel guilty to have the new baby, like you won't bond to the other babies. So it's a lot of mixed emotions. Hard to explain I would say. You always feel guilty if you- if you love this baby, I sometimes think, though, it should go to the other babies...

L.SC.101: I don't know, thankful we have Elise. Thinking how it would be with two, but, as I say, some times I feel guilty, which is not right either... Yep, you think you're not fair to the other one, which is stupid, but, it's not fair for her to think that too.

Tom discussed his own experience of oscillating grief during their JC:

T.JC.41: Yeah, sometimes you hear a song, and you think about the time with the twins, and you could just cry, like-

During his SC, Tom elaborates on his experience of shifting between reflecting on the sadness associated with the twins and re-immersing himself in his ongoing life

T.SC.38: It was important to go back to work, like Lesley said, it helped her to go back to work to get other thoughts, because otherwise you just spin around one kind of subject. Like, "we lost the twins, we lost the twins," you have that in your mind all the time, and to actually force you back into work, you get different thoughts, and the distances in between where you actually think about the twins is getting more. So, time heals wounds kind of thing, but the time we actually think about them is getting less, because you do something else, you have to do it at work, you can't just sit there and think about stuff, so you have to be there, you're there to actually work, so you do your things, and while you do those things you don't really think about the twins then, right? So you do your job, and then later on when the job is done, you think like, "oh yeah," and then you go back to it, and you think about the twins again... The distances in between where you work and where you think about them is getting bigger, you know they are there, but you don't think about the sadness, like the sadness is going away. I still think about the twins, like,

sometimes I'll sit there and think about them, but it's not... It's not that sad feeling anymore. Like, it's still sad, but it's getting less.

Furthermore, Tom commented on how taking their dog out for walks after the twins died became an unexpected way in which they could balance their overwhelming sadness with renewed moments of “normalcy” and new responsibility:

T.SC.34: She actually gets you out, it was a lot of help, because we actually had to take her out, so was kind of forcing you out, because she needs to go to the washroom. I mean, you don't have to do the huge long walks and stuff like that, but it brings you out into nature, into fresh air, you get different thoughts... You had to interact with other people, you cannot hide at home, which would make it even more difficult I think, like you getting into a more deeper, um, kind of yeah, digging yourself in, kind of thing? Um, instead of, like, with the dog, you had to go out, you had to interact with other people, and yes they don't know, but it brings you back into a normal life...

At a relational level, the couple noted that one of them often experienced difficult days while the other partner felt more positive and uplifted, and vice versa. Lesley commented on this relational oscillation further in her SC:

L.SC.123: We're sometimes taking turns, not the same day, right? You can see one is having a good day and then you say like, "why?" And then the other one is having a bad day and kind of there's no timing of it, it's kind of personal still?... Yeah, on the one hand you want to share, but then you're not having the same days where you feel like this, and you just talk, and then the next day you sometimes make the other one think...

Shifting between pain and joy was a common feature of Tom and Lesley's individual and joint grieving projects at the time of their II. While the gaps between moments of sadness and renewed life were widening as time passed on, the couple acknowledged that connecting with both of these emotional experiences was an important way of staying in touch with the twins while stepping back into life as a couple.

Grieving rituals as ongoing actions. Another characteristic that was common to all of the participants was the ongoing nature of grieving rituals as actions to support their joint grieving projects. The couples in the study manifested their grieving in a variety of individual

and joint actions that took the form of rituals. Although certain rituals concluded at various points in their grieving journeys, each of the couples continued to enact meaningful practices that helped them in their longer-term joint projects to remember and honour their babies. The ongoing nature of these rituals seemed to highlight how the couples' grieving actions did not completely "end," but rather continued up until the time of the current study in some way. The quotes below are examples of how grieving rituals were actions that were performed on an ongoing basis to support the couples' joint grieving projects.

Even though Brady's death had occurred almost 25 years before their II, James and Elizabeth still found that sharing his story was meaningful for them as individuals and as a couple. As noted in their within case analysis, both partners had shared Brady's story almost annually since his death in a variety of meaningful circumstances. For James, sharing Brady's story when he worked at a summer camp was an important ongoing grieving ritual that helped him to share the way in which Brady's death impacted him spiritually, which was a longer individual grieving project for James. Elizabeth felt that recalling and reflecting on Brady's story when other people around her lost children of their own were meaningful actions through which she supported her individual and joint grieving project of reconnecting with her grief through continuing Brady's memory. During these moments, Elizabeth shared how losing Brady was a painful, while at the same time, enriching aspect of her life story, which she shared with the hopes of encouraging other bereaved parents as they began their grieving process. As a couple, James and Elizabeth discussed the possibility of visiting Brady's grave again during their JC as a meaningful way of reconnecting with his memory after so many years had passed since his death. This segment of their JC seemed to represent a new opportunity for James and Elizabeth to participate together once again in a meaningful grieving action to enact their joint

project of remembering Brady and marking the significance of his passing in the broader story of their marriage.

For Warren and Kelly, grieving rituals were more regularly enacted as individual actions by Kelly, but also occurred through joint action in one particular way. During their JC, the couple shared about how they visit Nathan's grave as a family to remember and honour his life. As described in their within case analysis, visiting Nathan's grave appeared to be more significant as a regular grieving action for Kelly. However, Warren seemed to feel more connected to this grieving ritual as an annual event, to help him reconnect with Nathan's memory in the midst of their busy, ongoing life. During their JC, he acknowledged the importance of going with her and taking time to remember Nathan on that important day, as well as to support Kelly in her grief and recognize the importance of this ritual in her grieving. Thus, even though much of their joint grieving actions were initiated and maintained by Kelly, Warren still seemed to acknowledge and participate in rituals with Kelly as a way of supporting his individual project of caring for her and taking time to meaningfully remember Nathan in the years since his death.

For Tom and Lesley, ongoing rituals have been an important way in which they have joined together to grieve the twins' deaths as a connected, mutually supportive unit. During their JC and Tom's SC, Tom highlighted how the need for grieving together will continue in their relationship, creating relevance for these actions. As noted in their within case analysis, Tom and Lesley felt strongly that the memories of the twins should live on in their home through symbolic memorials, including placing butterflies above their daughter, Elise's, bed. During their warm-up conversation, they talked about how grateful they were that they kept the twins' ashes with them in their home. Although they had originally planned to release their ashes, Tom and Lesley felt at the time of their II, it was more meaningful to keep the twins' ashes with them.

This became Tom and Lesley's way of keeping the girls at home with the rest of their family. Similarly, releasing balloons annually on the twins' due date was a way that Tom and Lesley felt they could support their joint project of remembering and honouring the twins' lives, even though their "actual" due date never came to fruition. These rituals seemed to have become part of Tom and Lesley's normal rhythm of life in the aftermath of the twins' deaths, which involved regular, joint effort to maintain. At the time of the couple's II, Tom and Lesley seemed committed to participating in these joint rituals in the future, and talked about these joint actions as being central ways in which they wished to grieve together in the coming seasons of their lives.

Unique processes. Although the joint grieving projects of the couples that participated in the current study overlapped in many ways, there were also processes that were unique to each couple. Given the diversity of the couples in terms of the length of their bereavement, age, faith background, and unique dynamics in their relationships, differences were apparent in how grieving was expressed as a joint endeavor.

The first unique grieving process was the way in which Warren and Kelly attended to the differences in their joint grieving project. All of the participants discussed in their JC's and SC interviews how they and their partners' grieving responses differed to some extent. These differences were often attributed by the participants to different levels of comfort with respect to expressing emotion, different connections to important events surrounding their babies' deaths, unique ways of responding to adversity, and idiosyncratic ways of expressing grief through actions or rituals. In the midst of these differences, most of the participants in the current study expressed acknowledgment and appreciation for their partners' unique actions during their

bereavement. In addition, these differences were often discussed openly during the couples' JC's, and did not emerge as significant threats to the shared dimensions of their grieving.

In Warren and Kelly's case, however, differences in their individual responses to Nathan's death seemed to present a greater challenge in their joint grieving project. As noted in their within case analysis, Warren and Kelly seemed to sharply differ in their orientations to the past and future. Kelly remained strongly connected to her past experience of losing Nathan, and took time on a regular basis to share her recollections, reflections, and insights that she had gleaned from her experience with those around her. While Kelly felt this expressed her reflective, introspective nature, she also believed that Warren saw her as "dwelling on the past," which she described further in her SC:

Ke.SC.50: That's so Warren, "don't dwell on it, don't Kelly, you dwell on things," [chuckles lightly]. Yeah, I dunno maybe that's what girls do... It just makes me laugh, because like, "oh, yeah, I'm the woman who dwells on things..."

Throughout their JC, Kelly also asked Warren to share how he felt at different points after Nathan had died, which Warren either responded to by saying he wasn't sure or that he had not considered those questions before. When asked by Kelly during their JC how he felt after having to step down from a valued work project around the time that Nathan had died, Warren noted that it did not impact him very deeply, which Kelly saw differently:

Ke.SC.36: Okay, I have to say, that makes me laugh, because, again, that's just so Warren [chuckles], he, I think he grieved the loss of that project more than he admits. Um, and I'm not sure if he's even fully aware of how hard that was on him, and I know that, you know, he knows that his family is more important, and you know, it was the right thing to do to step down, but it was really hard for him to hand the reigns over this thing which he had been planning for and working on for like months, and months, and at the last minute to hand that off was tough on him, there's no way around that. As much as he downplays it, it was hard on him I know it was

In this segment, Kelly, again, showcases her more reflective nature, interpreting Warren's experience very differently than he describes. Warren, on the other hand, shared several times

throughout his SC how he felt that Kelly was still actively grieving Nathan's loss, whereas he was not. Furthermore, both he and Kelly expressed feelings of surprise when Warren was unaware of some of Kelly's ongoing grieving actions, including keeping Nathan's photo album next to their bed and feeling worried throughout her subsequent pregnancy after Nathan had died. This seemed commensurate with Warren's tendency to focus more on his current and future life responsibilities, making it difficult for him to notice and appreciate the ways in which Kelly remained connected to their past. Likewise, Kelly's tendency to reflect and learn from the past seemed to make it difficult for her to understand how Warren could feel less overwhelmed by elements of his grief that were once painful for him. As such, both partners appeared to be surprised by their differences during their JC, which seemed to impact the degree to which each of them could accept these differences in grief.

While both partners expressed some acceptance for their differences as they reflected on their JC in the SC interviews, these differences were not openly discussed at all during their JC. As such, it seemed as though sharing their grief was complicated by the stark contrasts in their individual grieving actions following Nathan's death. Like the other couples in the study, Warren and Kelly seemed to be learning many things about each other through their different grieving responses. However, both partners still seemed to struggle with understanding one another's unique needs and actions in grieving, as well as how to respond to these differences in a supportive manner during their II. Although both partners struggled with how to share their different grieving responses with one another, the topics of their JC seemed to suggest that support systems outside of their marriage helped both partners, particularly Kelly, find appropriate supports from their individual grieving goals. In particular, both partners expressed gratefulness for the perinatal loss support group that Kelly was a part of, as both felt that this was

a caring, supportive atmosphere in which she could openly talk about her reflections and learning with other bereaved parents who grieved in similar ways. In this way, Warren and Kelly seemed to be continually learning how to support one another in their marriage, while also finding ways to reach out to other sources of support when needed.

A second unique process in the joint grieving projects of the participants was the way in which Tom and Lesley received unexpected support from those around them following the twins' deaths. For most of the participants in the study, friends, family members, and coworkers were very kind and compassionate in the days, weeks, and months following their babies' deaths. However, when Kylie and Abigail passed away, Tom and Lesley had only recently immigrated to Canada, and had little connection with family and friends back home in Germany. As such, the lack of connection to important supports concerned Tom and Lesley immediately following the twins' passing, as they felt they may have no one to turn to for comfort. Fortunately, the couple had recently begun attending a new church and had met some new individuals living in their community. Unexpectedly, these same individuals who Tom and Lesley had just met became their first lines of support in the wake of their bereavement through visiting them at home, cooking them meals, and offering them comfort and support in their sadness. At the same time, Tom and Lesley expressed their surprise at the relative lack of support from certain friends, family members, and coworkers, whom they expected to be more sympathetic and helpful after they lost the twins. Likewise, Tom felt surprised at the level of support they received from relative strangers in their church, which seemed to help them focus on being together and working through some of the heavy sadness they felt immediately following the twins' death.

As noted in their within case analysis, Tom and Lesley's dog was also an unexpected source of support, who forced them out of the house to walk her and care for her daily needs. In

short, their dog became a small, yet profound way in which Tom and Lesley could cope with the heavy sadness of their early bereavement through having to care for another small life.

Similarly, the support of their doctor who delivered the twins was also quite unexpectedly helpful, particularly in light of the mistakes and oversights of their previous medical provider. Tom discussed in his SC interview how their doctor played an important role in helping them to feel hopeful about the future of their family:

T.SC.54: He gave us a lot of hope later on, like he came after his shift and said, "you know what, don't give up, like, we're going to get you pregnant again..." So then, it was kind of hope, like you were still numb, but it was kind of hope... To keep on going, like don't hang in that stage, look forward, keep going.

As such, the unexpected support of new friends, caregivers, and medical providers appeared to have a profound impact on Tom and Lesley's joint grieving project, as they did not have to incur the stresses of paying for funeral expenses, preparing meals, and worrying about the viability of future pregnancies. This seemed to give them the freedom to grieve the loss of their twins together with as little outside pressure as possible.

A final unique process pertained to the way in which James and Elizabeth framed Brady's loss within the broader narrative of their marriage. During their JC, the couple dedicated a large portion of their conversation to recounting how Brady's death had impacted the last 25 years of their marriage. In part, this action was done to remember Brady's life and death, but also seemed to be instrumental in helping the couple to derive meaning from their bereavement within the broader context of their relational career. During their initial phone screening interview, both partners alluded to the reality that Brady's death was not something that caused them great pain and anguish on a regular basis. Rather, they described their grief beyond the acute sadness they experienced immediately after Brady died, highlighting the ways

in which their experience had enriched their relationship in ways neither of them anticipated.

During his SC, James reflected on the broader implications of Brady's death in their marriage:

Ja.SC.17: I don't know, the significance of it, huge, I mean, this is one of the most- this, as Elizabeth will say, I think, on the tape, is one of the most significant moments in our lives. As a couple, it's uh, probably up there, you know, in the top two or three events of our relationship. And so, I don't know if I realized that at that time, but looking back on it now, huge marker in our relationship, huge. I don't know if we talked about this before, but just that, huge because we're experiencing it together, and then huge in retrospect, because, it went well. Right? It went well in the sense that it didn't pull us down, or, you know, with some of these stories you hear about people having difficulties connecting afterwards or whatever. Didn't experience that...

Later in his SC, James commented further on how Brady's death has been a significant marker in their relational career, as well as his faith career:

Ja.SC.65: I mean, clearly, events like this, um, test it? They, but they then, and this maybe is what, where Elizabeth is saying, they reveal it's quality, right? And in revealing its quality, you then are thankful for it...And then, when Elizabeth's saying it shows what you're made of, I'm thinking, "yeah, is that okay though?" You know, like, you kind of think, "oh, but it supposed to be...something like this is supposed to be sad, and it is, but you don't want to draw positives from it in the sense of saying, "oh it was great," you know, and, "everybody's got to experience this." You, you don't want to, obviously you don't want to see it that way, but, like I, it's weird, like, she's right, and I agree with her, and you almost kind of wonder, well, if someone else said, "oh, that's a terrible thing to say," but, oh well, it's the way it is...I just kick back to what a great sacrifice Brady, in other words, it's almost like I want to say, "thank you, Brady." "All the difficulties you went through have not been for us, things that have turned out very positive in the long haul". Positive not in a happy sense, but positive in an affirming of our relationship sense, and in an ability to share a story about how God intervened and all those things, so it's not a sad story, ultimately.

This segment highlights an essential insight that James and Elizabeth gleaned from their experience of losing Brady: that his death did not strengthen or weaken their relationship, but, rather, revealed to them the underlying foundation of trust, respect, and love in their marriage.

Furthermore, Elizabeth recollected during her SC how Brady's death had given her a much deeper understanding of life:

EL.SC.84: It broadens your perspective, and it deepens your humanity? You're, yeah, in touch with bigger things than just the day to day... And I'm experiencing the goodness of that that I'm interpreting as a good thing.

The insightful and reflective nature of James and Elizabeth's joint grieving project seemed to bring the couple together to revere the ways in which their grief had touched their lives. This reverence did not appear to be a celebration for losing Brady, but, rather, as an appreciation for how his loss revealed essential qualities of their marriage that were deeply significant for both partners.

Key Assertions

The within-case and between-case analyses represent a detailed analysis of the joint grieving projects for all three couples. The following key assertions represent the author's best attempt to summarize both sets of results. The key assertions were constructed after an intensive review of the within-case and between-case analysis and thus represent the key findings of this study from an action-theoretical perspective.

Assertion one. The passage of time throughout each couple's joint grieving project did not completely alleviate the pain of loss. All of the couples in the study discussed how their grieving was most intense immediately following their losses, which brought each of their lives to a halt for varying lengths of time. Gradually, each of the participants became reconnected with the ongoing rhythms of their lives as individuals and as couples. However, reconnecting to life after loss involved ongoing reminders of their deceased babies, revisiting painful memories and longings, and periods of lingering sadness, anger, and guilt. This oscillating pattern between remembering the pain of loss and reconnecting with the hope of the future differed within the contexts of each couple's relationship, as well as between couples more broadly. Some partners and couples felt more connected to the past as part of their individual and joint grieving, while

others felt more connected to the future in their grieving projects. Regardless of their unique dynamics, the birth of new children, moving to new homes, finding new work ventures, and connecting with new communities did not completely remove the pain of loss for any of the participants.

Assertion two. Grieving together involved intentional, joint effort. The couples in the study had to intentionally plan and implement grieving rituals together to remember and honour their babies' lives, as well as to have space and time to grieve together. While much of the participants' individual and joint grieving projects emerged spontaneously through the rhythms of day-to-day life, planned rituals also gave the couples a specific, structured atmosphere in which to grieve as the parents of their deceased babies. Rituals included memorial services, annual activities to honour their deceased babies' due date, visiting gravesides, and finding unique ways to decorate their homes with mementoes of the babies' lives. The couples also mentioned the challenges they experienced in maintaining these rituals in the midst of their busy lives, which included going back to work and raising new children. As such, they expressed how grieving together involved joint effort and intentional planning on the part of one or both partners. In some cases, both partners felt equally invested in and connected to these grieving rituals, while, in other cases, particular grieving rituals had special importance to one partner, with the other partner participating more in a supportive role.

Assertion three. Grieving together involved a significant process of learning about each other's uniqueness. To varying extents, the participants in the study grieved the loss of their babies in unique ways. Although there were grieving actions and projects that partners felt they could engage in jointly, there were several ways in which the goals and intentions of individual grieving differed within the couples' relationships. These differences pertained to: (a) the degree

to which individuals remained connected to the past; (b) outward emotional manifestations of grief; (c) unique meanings and insights derives from the loss experience; and (d) personal connections to meaningful rituals. In most cases, the participants did not feel that differences impeded their joint grieving projects, but, rather, pushed them to learn more about what was important to their partners' grief and how to best care for their unique needs and desires. In some cases, the uniqueness of individual grieving projects seemed to enrich the couples' joint grieving projects. This seemed to occur in how partners shared their unique perspectives, emotional experiences, and behavioural manifestations of grief with each other, which, at times, encouraged each other to think, feel, and act in new ways. Individual differences only appeared to impede joint grieving to the extent that these differences were not acknowledged or accepted within the couples' relationships. If not acknowledged or accepted, individual differences in grieving could become sources of tension within the couples' relationships, which seemed to block partners from understanding and appreciating each other's uniqueness.

Assertion four. An important challenge faced in joint grieving was finding ways to maintain memories of and connections to the deceased babies. Since each of the couples had only a few moments to physically hold and experience their babies, there were only a handful of tangible mementoes and memories to mark their short lives. Nonetheless, the couples felt that the short duration of their babies' lives did not negate or downgrade the significance of their identities as human beings. As such, the couples strived to find ways to mark and honour their babies as members of their families through keeping memory books, photographs, and symbolic representations of their lives. Spirituality was also an important way in which couples framed the sanctity and transpersonal significance of their babies' lives. In varying ways, the couples

shared how their faith helped them to feel ongoing connections to their deceased babies, as they believed that their babies resided in heaven and, thus, had not fully perished.

Sharing the identities of their babies with others presented many challenges, as couples felt unsure as to whether they should count their deceased babies when telling others how many children they had. Since their friends, family members, and co-workers had little or no connection to their babies, the couples in the study felt that those around them did not feel connected to their babies in the same ways that they did. In this way, some of the couples felt that their babies' lives had no meaning in the eyes of those around them, which left partners feeling somewhat disenfranchised and discouraged in their grief. At the same time, the couples felt that in talking about their babies, sharing mementoes of their lives with others, and intentionally doing things to include them as members of their families, their babies' lives could have meaning and significance in the world. In this way, the couples in the study seemed to demonstrate how grieving together helped them to feel a shared connection to the lives of their babies, regardless of how short their lives may have been.

CHAPTER 5: DISCUSSION

This thesis examined the ways in which bereaved parents grieved jointly following the perinatal death of their babies. Based upon the findings detailed in chapter four, this discussion will focus on contextualizing these findings within the extant theoretical and clinical literature on perinatal bereavement. This chapter will begin with an overview of the rationale for this study, noting the limitations in the current literature on perinatal bereavement. Then, I will formulate a response to the research question on the basis of the findings gathered in the current study. Following this, I will discuss the implications of these findings for theory and clinical practice within counselling psychology. The chapter will then conclude with a description of the limitations of this study and directions for future research on perinatal bereavement.

Summary of the Research Problem

This study emerged in response to limitations within the broader program of research on perinatal bereavement. This topic has gained wider recognition and acceptance within the broader study of parental bereavement in recent decades, highlighting the potentially devastating impacts of this kind of loss on individual mental health and (e.g., Bennett et al., 2005), several dimensions of this specific form of grieving have yet to be studied. In particular, the extant literature on perinatal bereavement has yet to address how parents grieve together in their relationships following such losses as ectopic pregnancy, miscarriage, stillbirth, or neonatal death. To date, the vast majority of research in this area has conceptualized perinatal bereavement as a predominantly maternal, intrapsychic process (e.g., Barr & Cacciatore, 2007; Uren & Wastell, 2002). Studies on perinatal bereavement in relationships (e.g., Vance et al., 2002) have focused primarily on the relational outcomes of this form of child loss, rather than the specific ways in which grieving is expressed within the context of relationships. There have

been a few notable studies that have examined couples' grieving reactions to perinatal loss (Beutel et al., 1996; Gilbert, 1989; Smart, 1992). However, these investigations focused more on differentiating couples on the basis of conflict and supportive dynamics following perinatal loss, as well as trends in the level of grief and emotional distress between bereaved mothers and fathers following the death of a baby. Furthermore, these studies did not address the intentions and unique meanings of grieving responses within the context of couples' relationships, instead trying to highlight common trends of relational dynamics in bereaved parents following perinatal loss. As such, questions remain as to how bereaved parents participate jointly in grieving the death of their unborn or newly born babies, as well as the intention and meaning of their joint grieving processes within the context of their relationships. There have been calls to examine how families grieve the loss of unborn or newly born babies as a relational unit, as well as how rituals and unique grieving practices operate within the context of bereaved parents' relationships (e.g., Bennett et al., 2005). This study addressed these domains of perinatal bereavement by examining how bereaved parents grieve jointly for their perinatally-deceased babies.

Summary of the Findings

This study examined the relational dimensions of grieving in perinatally-bereaved parents. An action-theoretical analysis of the initial telephone screening, warm-up, joint conversations (JC), self-confrontations (SC), and member check interviews (MCI) revealed patterns of joint grieving for all couples in the study. Joint grieving was described in a variety of ways, including specific, planned rituals, and implicit processes that unfolded during the couples' interactions. Specific rituals included memorial services, annual activities to mark important dates pertaining to their deceased babies, collecting and sharing mementoes of the babies' lives, sharing their babies' life stories with others, and using symbolic representations of

their babies' lives to mark their presence in various spheres of the couples' lives. Implicit processes included reflecting on the broader meanings of their babies' losses in their relational careers, sharing ongoing emotional experiences associated with loss, and listening and acknowledging each other's unique needs and grieving responses. Joint grieving actions were intended towards learning and re-learning each other's uniqueness, which often emerged through different thoughts, feelings, insights, and behaviours associated with loss between partners. Joint grieving was also embedded within couples' faith careers, which offered a way in which partners could jointly recognize the sanctity and eternal significance of their babies' lives. Joint grieving projects emerged within the safety of the couples' relational context, which allowed them to openly share their ongoing thoughts, feelings, desires, and memories. Individual and joint grieving projects also seemed to oscillate between moments of painful memories and moments of joy and hopeful re-engagement with life, which brought couples into the presence of the holistic experience of their grief.

Response to the Research Problem

The findings of this study contribute to the perinatal bereavement literature in a number of ways. Some of the results noted above shed light on novel dimensions of perinatal bereavement that, to the author's knowledge, have yet to be addressed or fully developed in the extant literature, while other findings help to illustrate consistent themes from past research in this area. Therefore, the findings of this research meaningfully contribute to the literature on perinatal bereavement, as well as parental grieving more broadly.

Novel dimensions of perinatal bereavement. In addition to the findings outlined above that supported prior research, this study also identified dimensions of perinatal grieving that, to this author's knowledge, have yet to be put forth or further developed in the perinatal

bereavement literature. These included: (1) Couples learning about each other and their relationships through perinatal loss. (2) The intentionality of joint grieving actions following perinatal loss. (3) The oscillation of perinatal bereavement at individual and relational levels.

Relational learning through perinatal loss. One of the central findings of this study was how grieving together following perinatal loss requires bereaved parents to re-learn important aspects of themselves, their partners, and their relationships. This study identified how grieving perinatal loss is not a singular, isolated process, but rather involved a dyadic interchange of personal styles, emotional experiences, practices and actions, and meaning. In this way, the findings of this study revealed how perinatally-bereaved parents engage in a process of learning and re-learning through their grief.

Prior research on perinatal bereavement has highlighted how parents grieve differently following the loss of an unborn or newly born baby, and often have to find ways to work through these differences with their partners (e.g., Bennett et al., 2005). Notable researchers such as Kathleen Gilbert (1989, 1996) and her colleagues (e.g., Smart, 1992) have studied how partners express and respond to differences in their personal grieving styles, finding that the most supportive relational dynamics following pregnancy loss involve acknowledgement and acceptance of differences. While these findings provided an important first step into the development of a relationally-based model of perinatal bereavement, questions still remained as to how sharing differences in grieving was a joint dimension of the grieving process itself.

The results of this study offered an extension of Gilbert (1989) and Smart's (1992) work on the interactive nature of perinatal bereavement from an action-theoretical perspective (Valach et al., 2002). Through the individual and joint grieving projects of the couples in this study, it was apparent that different intentions underlying each partner's grieving actions facilitated

learning within the context of their relationships. For each couple, grieving together involved learning more about the goals and intentions of each other's grieving responses, including planned individual and joint rituals, sharing their loss experience with others outside of their family, ongoing emotional expressions and experiences, and reconnections with new pursuits or responsibilities following loss. In many cases, partners expressed surprise and intrigue when they encountered different grieving actions within their relationships. During both JC and SC interviews, partners took time to express why different rituals, emotional expressions, or other grieving actions were important to them. This became a significant way in which partners learned about themselves and their relationships. Expressing differences seemed to facilitate dialogue about each other's unique needs and desires, which helped partners to better understand the meaning and relevance of their own particular grieving actions, as well as joint grieving actions enacted relationally. At times, these explorations helped partners learn how to better respond to each other's unique needs, and, also, to connect with each other's uniqueness.

Connecting with each other's unique grieving actions and their underlying intentions also seemed to facilitate a more holistic, complementary grieving project for the couples in the study. Participants often shared how the different grieving responses within their relationships added richness or depth to their shared bereavement experience. In some cases, partners connected to their grief more through an intellectual or cognitive lens, whereas other partners manifested their grief through emotional expression. Some partners could readily remember the past and reconnect to the thoughts, feelings, and actions that they experienced immediately following their loss, whereas other partners could more clearly articulate how they were grieving at the time of the II. Remaining in the presence of difficult memories, thoughts, and feelings seemed to be more commonplace for certain individuals in the study, whereas some of their partners

seemed less comfortable with these grieving experiences shared more hopeful reflections for the future. In this way, the perinatal bereavement journey had seemed to highlight many important dynamics within the individual and relational lives of the participants in this study.

The differences noted above were not a novel finding with respect to the extent literature on perinatal bereavement in relationships (e.g., Beutel et al., 1996). However, the contextual depth of how the couples shared their individual and joint reflections on their shared grieving process in this study highlighted that acceptance and acknowledgment of differences was not a static event or outcome. Rather, accepting and acknowledging the unique ways that each other grieved involved an ongoing process of learning about why these differences existed, and how unique grieving actions and intentions were no less meaningful within the context of their relationships. Past researchers (e.g., Lang et al., 2011) have found that different individual grieving processes within couples' relationships following perinatal loss can make certain partners feel that their individual grief is less valid or permissible. This experience can make partners feel less comfortable about sharing their grief within their relationships, highlighting the challenges that many couples face when trying to share their bereavement as dyads. In the case of one couple in this study, there were significant differences in the way that both partners experienced and expressed their grief, which, at times, inhibited their joint grieving. Both partners shared how challenging it was to accept important differences in their grieving, which left them wondering about the intentions and goals underlying each of their individual grieving actions. As such, the case of this couple highlighted how accepting and acknowledging differences in perinatal bereavement does not always occur easily or without an ongoing learning process. Furthermore, the other couples in the study who were relatively more similar with respect to their grieving intentions and goals still expressed how grieving together had involved

many conversations about each other's thoughts, feelings, and insights following their loss. This dyadic process of learning had helped them to understand the importance and meaning of each others' unique grieving responses as they discussed their joint grieving in this study. This finding also helped to illustrate another novel dimension of perinatal bereavement: perinatal bereavement entails a much more active, joint process than is suggested in previous research.

Perinatal bereavement as an active, joint process. Previous research on perinatal bereavement has framed this form of grieving as an intra-psychic, and predominantly maternal phenomenon (Brownlee & Oikonen, 2004; Uren & Wastell, 2002; Wojnar et al., 2011). This perspective emphasizes an inward process of healing from shattered hopes and expectations of becoming a parent, reconstructing one's envisioned self as a parent, and identifying and honouring the ongoing attachment bond to the deceased baby. This paradigm often places bereaved mothers at the center of this experience as the primary grieving parent, with male partners functioning either as supportive caregivers or passive observers of the grieving process. This perspective is usually supported by consistent findings that women grieve more intensely and over longer periods of time for perinatal losses than men, and experience more of a physiological and emotional connection to their deceased babies (e.g., Theut et al., 1990). From this intra-psychic, maternal perspective, the parental relationship is framed more as something that is either impacted by or supportive to the grieving process, rather than a context in which grieving occurs. This intra-psychic focus has been identified elsewhere in the broader program of parental grieving research (Klaassen, 2010), and appears to be relevant within the area of perinatal bereavement as well, perhaps to an even greater extent because of its maternal focus.

The construct of joint grieving was first identified in Klaassen's (2010) dissertation research, which found that parents who had lost an adolescent or adult child grieved as a dyadic

unit within the unique contexts of their relationships. This finding was significant within the broader program of parental bereavement research, which, similar to perinatal bereavement literature, had focused solely on grieving as an individual, intra-psychic phenomenon. The joint grieving construct illustrated by Klaassen (2010) was a significant inspiration for the current study, as the relational dimensions of parental bereavement had yet to be studied in other contexts of child loss, including perinatal loss.

The couples in this study illustrated how perinatal bereavement is not contained within an individual, intra-psychic dimension of grieving. Rather, the findings from this study supported the existence of a joint, relational dimension of perinatal bereavement. The distinct ways that individual partners grieved the loss of their babies, coupled with the unique relational contexts of each of the dyads in the study, created idiosyncratic cases of joint grieving following perinatal loss. Previous literature (Gilbert, 1989; Mekosh-Rosenbaum & Lasker, 1995; Samuelsson et al., 2001; Swanson et al., 2003; Umphrey & Cacciatore, 2011) found that bereaved parents often greatly appreciate their partner's support following perinatal loss, but did not describe the ways in which parents come together to grieve as a joint, relational unit. The couples in this study described how specific rituals and unplanned daily actions were ways that they grieved together, which appeared to be distinct from other areas of their grieving where one partner would support the other as they individually grieved their loss. Grieving rituals, including memorial services, annual ceremonies, maintaining mementoes, and sharing the identity of their deceased babies, appeared to have many joint intentions and meanings within the context of the couples' relationships. These intentions included being together, honouring the lives of their babies as a collective family, expressing and processing painful thoughts and emotions in the safety of their relationship, and finding a shared, ongoing connection to their deceased babies. While there

were times when partners expressed these intentions through different individual grieving actions, there were many grieving actions where these intentions could not be isolated to only one partner. These joint grieving actions involved intentional effort and planning in some circumstances, as partners had to navigate the ambiguous process of determining how to grieve in ways that were meaningful for both of them. When partners' individual grieving actions or behaviours differed, they had to intentionally discuss and work to understand these differences so that different expressions of grief would not be misinterpreted as different intentions of grief.

The participants in this study also noted that the ongoing flow of life made it difficult to reconnect to their grief as a couple. All of the couples in the study went on to have subsequent children after their perinatal losses, which entailed caring for the ongoing needs of a new family, and, at times, losing connection with their deceased babies. Furthermore, the lack of connection between the deceased babies and other important friends, family members, coworkers, and acquaintances prevented those outside of the couples' relationship from encouraging them to continually participate in grieving rituals. As such, grieving the loss of their deceased babies fell squarely on the shoulders of the couples themselves, who had to intentionally carry on the memory and existence of their babies through talking about them, going to places to be with them, and creating mementoes to mark their lives.

The intentionality of the joint grieving projects of the couples in this study highlighted another important dimension of perinatal bereavement. Identified by Klaassen (2010) as *relational representation*, bereaved parents not only maintain an intra-psychic representation or continuing bond (Klass, 1999) with a deceased child, but also maintain this bond in the parental relationship itself. In this way, Klaassen (2010) identified that through talking about their deceased child and engaging in specific grieving actions together, bereaved couples create space

for the ongoing presence of their deceased children in their relationships. In the current study, a similar assertion could be made with respect to the ways in which perinatally-bereaved parents maintain an ongoing bond with their deceased babies. In this study, couples often struggled with how to share the life of their deceased babies with those around them who had little or no connection with their relatively short lives. The couples often felt that their babies' lives had no meaning to those around them, and, by extension, to the broader world. As couples talked about their deceased babies, marked their lives through ceremonies, mementoes, and other rituals, and shared the story of their lives to others, the couples felt that their babies' existence now had meaning and value in the world. The ongoing ways in which couples maintained the memory and identity of their deceased babies within their family lives seemed to illustrate the relational representation construct in the context of perinatal bereavement, as bereaved couples intentionally made space for their presence within their ongoing lives as parents.

Oscillating perinatal bereavement. Another novel dimension of perinatal bereavement supported by the findings of the current study is the way in which couples' joint grieving processes oscillated between moments of pain and hopeful reengagement with life. While the significance of this finding will be described further in this study's preceding theoretical discussion, some attention is warranted here regarding the relevance of this finding in light of previous literature on perinatal bereavement.

As noted above, the retrospective accounts of couples in this study supported previous findings (e.g., Stinson et al., 1992) that grief intensity gradually declines over time following perinatal loss. However, this study added to the extant literature by identifying oscillations in grief intensity within couples' individual and joint grieving projects. From the retrospective accounts of the participants, grieving was said to fluctuate between moments of pain, sorrow,

and longing, and moments of hope, joy, and renewed life. Parents in this study shared about how places, people, songs, dates, and other reminders of their loss could bring the intensity of their sadness and longing back to the level they felt during their immediate bereavement experience. At the same time, parents talked about how even small activities such as walking the dog or reading a comic strip together could bring them back into the joys and hopeful rhythms of life in ways they did not expect.

At a relational level, this oscillation occurred between partners, as one partner would have moments of feeling reconnected to the overwhelming sadness of past loss, while the other partner would feel hopeful and connected to the joys of new life and responsibility. Couples in this study identified how oscillations between sadness and joy occurred fairly rapidly in the days and weeks immediately following the death of their babies, with more of their experience revolving around sadness rather than joy. However, the couples recalled that, as time progressed since their loss, there would be longer periods of joy, interspersed with moments of sadness as they encountered reminders of their babies. This oscillation pattern was described retrospectively by couple one and couple three in this study as occurring at both individual and relational levels, whereas only the female partner in couple two described this pattern in her individual grieving project. This oscillating pattern was also demonstrated throughout the couples' initial interviews (II), as their conversations would rotate between moments of painful reconnection to loss and hopeful re-engagement with their current and future lives. While these conversations were only a momentary glimpse into the grieving projects of the couples in the study, they provided rich illustrations of how their grief could rotate between pain and hope.

The oscillating pattern of grieving demonstrated by couples in this study adds to the extant literature on perinatal bereavement in two important ways. Firstly, this finding broadens

the conclusions drawn from past studies (Badenhorst et al., 2006; Barr, 2004; Stinson et al., 1992; Theut et al., 1990) that grief following perinatal loss gradually lessens in its intensity over time. The grieving projects of couples in this study suggested that, while their experience of pain in grief gradually became less intense over time, pain and sadness continued to spike following moments of hopeful re-engagement with life, rather than disappear in a stable, linear progression. As such, findings from this study suggest that grief following perinatal loss may not progress in a linear, stage-like fashion, but through an ongoing rotation between pain and joy. Secondly, the couples' accounts of perinatal bereavement in this study highlighted that grieving perinatal loss did not completely "end" in a finite sense. While none of the couples shared that their grief continued to impact them intensely on a daily basis since the death of their babies, all of the participants indicated that they could still reconnect to the pain of their loss to some extent during their lives. Whether it be through memories, looming dates, remarks from coworkers, or hearing the experiences of other bereaved parents, participants in this study described how reminders of their loss could still be found in their lives. In this way, the couples felt that their grief would always be a part of their lives, even if the intensity, focus, and scope of their grief shifted with the ongoing rhythms of their daily experiences.

Illustrations of previous findings. Many of the findings of this study were consistent with and helped to illustrate key findings from past research on perinatal bereavement. These included: (1) Bereaved parents experienced different magnitudes of pain in their grief. Although all of the parents in the study identified an intense period of grief in the immediate time surrounding their babies' deaths, the level of pain and sadness that remained following their babies' deaths varied between parents and couples. (2) Partners experienced and expressed their grief in unique ways, including their comfort with expressing grief to others, individual rituals

and grieving practices, and individual perceptions and insights gleaned from the loss experience. (3) Couples had to navigate an ambiguous process to find rituals and other meaningful ways to publically grieve their babies' deaths.

Variation in the magnitude of loss. One of the most consistent findings in the perinatal bereavement literature is the gradual decline of grief acuity over time following the death of an unborn or newly born baby (e.g., Barr, 2004; Bennett et al., 2005; Theut et al., 1990). However, many of these same authors have also identified how many bereaved parents continue to experience grief up to several years following their perinatal loss, albeit in a much less intense manner (e.g., Theut et al., 1990). This is an important facet of perinatal bereavement, as opposed to the loss of older children, which is commonly found to be a more prolonged grief in its intensity and cataclysmic nature (e.g., Christ et al., 2003). The accounts and grieving actions of the participants in this study helped to support and illustrate this finding in several ways.

All of the parents in this study indicated that the intensity of their grief had slowly abated over time since their loss. Virtually all of the parents stated that the emotional weight of grief was heaviest in the days and weeks after their babies' deaths, especially surrounding their memorials or funeral services. Reflecting on these times during their interviews brought many parents to tears as they recalled the deep sadness, anger, and longing they felt when having to physically part with their deceased babies. For most of the parents in the study, the immediate intensity of their grief soon began to decrease as they went back to work, re-engaged with their social circles, and went on to have subsequent children. However, the majority of partners in the study identified experiencing moments where one or both of them were emotionally triggered by memories of their deceased babies, which occurred with varying frequency. Some parents reported going months without thinking about or feeling emotionally connected to their loss,

while other parents identified daily or weekly experiences of sadness in the years since their loss. In addition, some parents could talk openly and peacefully about memories of their bereavement experiences, while others were moved to tears and expressed much emotional intensity as they recollected several details of their babies' lives and deaths. In short, there was no single trajectory for the emotional intensity of perinatal bereavement for parents in this study, as all participants expressed unique journeys in their grief. The only characteristic that was common to all of the parents was that grief did not "end" in a finite sense, but, rather, changed in its intensity and pervasiveness between the time of their loss and their participation in the study.

The idiosyncratic pathways of grief intensity for parents in this study echoed the positions of several perinatal bereavement theorists. In line with Brownlee and Oikonen's (2004) model, the experiences of perinatally-bereaved parents are typically at odds with traditional understandings of grief that emphasize detachment or decathexis (e.g., Freud, 1917). Parents in the study discussed how perinatal loss entailed a process of not only experiencing the pain of a loved one's death, but also grieving their envisioned future as parents for their babies. As such, longings or feelings of anger and frustration at not being able to experience their baby as a living child, teenager, and adult often continued throughout the normal rhythms of the participants' lives after their losses. This also supported Uren and Wastell's (2002) finding that bereaved parents can continue to experience features of an attachment bond with perinatally-deceased infants. In this way, the gradual decline in grief acuity for parents in the study was not synonymous with a gradual relinquishing of the bond they experienced with their deceased babies. This facet of perinatal bereavement also disputes stage models of death and dying (e.g., Kübler-Ross, 1969), which, although not common in the perinatal bereavement literature, have

made some theoretical assertions that grieving the loss of unborn baby unfolds in a uniform, linear manner (e.g., Wojnar et al., 2011).

Although the participants in the study did not frame the deaths of their babies as all-encompassing, cataclysmic events that completely altered the courses of their lives, they still considered their grieving as a multidimensional experience. Parents in the study discussed how the loss of their babies impacted several areas of their lives, including: (1) their spirituality; (2) their marital, friendship, familial, and collegial relationships; and (3) their subsequent lives as parents. This multi-dimensionality of the perinatal bereavement experience has been noted in other studies (e.g., Umphrey & Cacciato, 2011), highlighting the importance of seeing this form of grieving through a holistic lens. This holistic understanding of bereavement has also emerged in the broader parental bereavement literature (e.g., Klass, 1999), and appears to be similarly relevant in the context of grieving perinatal loss. Again, while the magnitude of this impact on the domains of bereaved parents' lives may be relatively less than for losses of older children, the multi-dimensional nature of grieving still appears to be relevant for perinatally-bereaved parents.

Different expressions of grief. Another finding consistent with the extant literature on perinatal bereavement is the way in which bereaved parents express their grief differently. In particular, researchers have identified several differences in grief expression following perinatal loss on the basis of gender. It is commonly found that bereaved fathers grieve less intensely and over a shorter period of time than mothers, which is often attributed to the heightened physiological connection between mothers and unborn or newly born infants (Beutel et al., 1996; Stinson et al., 1992; Theut et al., 1990). Bereaved fathers also commonly report expressing less emotion than their female partners in their grief, adopting more task-oriented coping strategies

such as caring for daily family needs, going back to work, or resuming activities to cope with their loss (e.g., Badenhorst et al., 2006; Samuelsson et al., 2001). However, it is important to note that both bereaved mothers and fathers demonstrate heightened emotional distress in the immediate aftermath of perinatal loss when compared with non-bereaved parents (e.g., Bennett et al., 2005; Beutel et al., 1996). While both bereaved mothers and fathers report experiencing grief and heightened emotional distress following the death of their unborn or newly born babies, the experience and expression of grief tends to differ between partners over time.

In most cases, partners in this study expressed their grief in ways that were consistent with previous research on perinatal loss. The fathers in this study were less emotionally expressive when talking about their grief than their female partners, which most of the female partners confirmed in their SC interviews as a consistent trend in their relationships. In Tom and Lesley's joint grieving project, it was apparent that expressing grief through crying and outward displays of emotion was more of a key intention for Lesley than for Tom. Tom, on the other hand, regularly expressed his sadness as an internal experience that he seldom demonstrated through crying. In Warren and Kelly's joint grieving project, Kelly frequently alluded to how she was more active in expressing her emotions and reflecting on her loss experience with others, which appeared to be an intentional way in which she grieved the loss of their son. For Warren, he did not report feeling intense sadness at the time of their II, and shared his intention to care for Kelly and their children as the most central facet of his grieving. For both of these couples, differences in expressing emotion related to their grief appeared to be a common feature of their joint grieving projects, and highlighted the different ways in which they processed sadness in their bereavement. James and Elizabeth, on the other hand, demonstrated a different dynamic when expressing sadness in their JC. Neither partner appeared to be more emotionally

expressive during sad moments of their conversation, and both shed tears when remembering having to bury their stillborn son. During their SC interviews, both partners talked about how they felt a joint connection during deeply emotional moments in their grief, which they felt they often shared together rather than only having one partner express emotion. This dynamic was consistent with other notable findings from the literature, as differences in grief intensity and emotional expression between bereaved mothers and fathers tend to abate over time following perinatal loss (e.g., Stinson et al., 1992). Given the longer passage of time since their loss, it seemed inconspicuous that James and Elizabeth would feel less of a discrepancy in their experience and expression of emotion than the two other couples in the study who were relatively closer to their losses. However, this difference between James and Elizabeth and the other couples could have been accounted for by a variety of factors other than the passage of time, and, thus, should not be interpreted as causal in nature.

With regards to the enactment of grieving rituals as an expression of grief, some couples in this study confirmed prior research findings, while others did not. For Kelly and Warren, Kelly's more active involvement in planning, initiating, and maintaining grieving rituals in their relationship seemed to confirm the consistent finding that bereaved mothers are more often the mediators of public grieving rituals (e.g., Watkins, 2001). On the other hand, Tom and Lesley, as well as James and Elizabeth, did not appear to confirm this finding. Both of these couples expressed that they jointly participated in and suggested to each other grieving rituals for them to remember and honour the lives of their deceased babies. Although James and Elizabeth did not appear to participate in specific rituals with the same frequency as Tom and Lesley, when enacted, rituals appeared to be more of a joint activity for both of these couples. The cases of both of these couples helped to illustrate that bereaved parents may not always differ in their

participation in rituals to grieve the loss of a deceased baby. In contrast, these couples demonstrated how rituals can be a way for bereaved couples to intentionally remember and honour the lives of their deceased babies in a shared way. However, the case of Warren and Kelly also illustrates how partners may differ in their intentions to remember and reconnect with a lost unborn or newly born baby, which can create a divergence in the utilization of rituals to grieve.

Ambiguous grieving. Many bereaved parents expressed that grieving a perinatal loss can be an ambiguous process for a variety of reasons (e.g., Lang et al., 2011). Since the death of an unborn or newly born baby leaves parents with little or no physical markers of their children's lives, expressing their loss and sharing the short lives of their babies with others can be perplexing. In addition, important individuals surrounding bereaved couples who have had little or no connection with the deceased baby may struggle to know what to say, to understand and validate couples' pain, and intentionally come alongside couples to plan and participate in grieving rituals that are commonly enacted when a loved one dies (e.g., Umphrey & Cacciatore, 2011). In this way, couples who have experienced perinatal loss may struggle to feel if their grief is acceptable or appropriate to share with the outside world.

The couples in this study shared several experiences that supported the ambiguous nature of perinatal bereavement reported in previous literature. All of the couples expressed that it was a challenge to determine if having a traditional funeral or memorial service was an appropriate way of grieving their losses. After much work and preparation, all of the couples held private services with close friends and family to publically grieve the loss of their deceased babies. The participants expressed that preparing for these services was somewhat ambiguous, as they felt unsure of what songs to sing, poems to write, and memories to share, as they had only

experienced a few brief moments with their babies. Both Tom and Lesley and Warren and Kelly discussed how preparing short messages and psalms to share at their babies' funeral services were deeply personal ways of expressing their grief to those around them. For James and Elizabeth, standing at their son's graveside was a profound and surreal experience, as it marked the painful separation from one of their children, even though they had only spent a few short moments with him. During these moments, James and Elizabeth experienced their innate desires to care for and parent their new baby, while at the same time having to physically part with him in the midst of their desires. Although these couples found ways to enact socially sanctioned grieving rituals for their deceased babies, much of their grieving rituals occurred within the context of the couples' relationships. Rituals, such as visiting their babies' gravesides, talking about their deceased babies, and carrying out annual ceremonies to mark their babies' lives were often done by the couples on their own. In this way, couples in the study had to find meaningful ways to remember and honour the lives of their babies in the context of their family life, as their wider social, cultural, and faith contexts did not always provide overarching structures or guiding practices to facilitate public grieving.

All of the couples also found it challenging to share their losses with other people, as they would regularly be asked about their pregnancies and how their babies were doing by individuals who were not aware of their losses. As such, they each experienced regular occasions where they had to re-enter their feelings of lost connection through sharing the reality of their loss with others. In addition, each parent in the study expressed challenges in knowing how to respond when asked by others, "how many children do you have?" This common experience voiced by other perinatally-bereaved parents (e.g., Lang et al., 2011) was also perplexing for parents in this study, as they felt that sharing their deceased babies as members of their family was often met

with awkwardness or even criticism from particular individuals. In these contexts, parents in this study expressed that it was often easier to not disclose their loss, but then struggled with varying levels of guilt for not acknowledging their babies' existence. As such, they felt that the ongoing identity of their deceased baby was only something that could be shared in appropriate circumstances with particular individuals, which might not have been the case if they had lost an older child.

Theoretical Implications

The findings of this study add to the ongoing construction of perinatal bereavement theories and support the application of broader grieving models to the context of perinatal loss. The intentional frameworks of couples' joint grieving projects lend support to Jaffe and Diamond's narrative model of perinatal bereavement (2011), as well as Attig's (2001, 2004) broader existential-phenomenological model of grieving. Furthermore, the oscillating pattern of the participants' individual and joint grieving projects lend support to the application of Stroebe and Schut's (1999, 2001) dual-process model (DPM) of coping to the context of perinatal bereavement.

Constructivist models of perinatal bereavement. One of the most substantive limitations of the extant literature on perinatal bereavement is the lack of comprehensive theoretical models geared specifically to perinatal loss. Wright (2011) identified this limitation as a critical barrier to the advancement of clinical and academic understanding in the area of pregnancy loss and perinatal bereavement. Other authors (e.g., Brownlee & Oikonen, 2004) have issued calls for the development of models specific to the context of perinatal bereavement, and have proposed narrative, meaning-based models as an appropriate framework for theoretical development. In response to these calls, Jaffe and Diamond (2011) published a narrative,

constructivist model of grief pertaining to infertility and pregnancy loss (i.e., miscarriage), proposing that grieving these forms of losses involves a process of *retelling one's reproductive story*. While this model was more comprehensively described in chapter one, it may be of benefit to the reader to revisit a few noteworthy features of this model here. According to this model, bereaved parents must actively reconstruct lifelong assumptions regarding how, when, and how often they will have children after experiencing the loss of a pregnancy or the death of an unborn baby. This process of reconstruction involves confronting and reworking lifelong narratives that have shaped one's internalized "ideal parent," which cannot come to full fruition in the wake of perinatal bereavement.

The parents' joint grieving projects in this study both supported and refuted Jaffe and Diamond's (2011) model. In support of this model, the findings of this study supported the position that grieving perinatal loss involved reworking individual and shared assumptions regarding parenthood and family relationships. All of the couples talked about the shock of learning about their babies' imminent deaths, characterizing this experience as a fracturing of their long-standing, largely unchallenged assumptions that they would give birth to live, healthy children. Furthermore, the parents in this study identified redefining the size of their family as a key feature of their grief, as they had to intentionally remind themselves and others that their deceased babies were still members of their ongoing families. While these grieving processes lend support to Jaffe and Diamond's model, some of this study's findings also challenged this framework. Most notably, parents in this study talked about their grief more in terms of remembering and honouring their deceased babies themselves, rather than mourning the loss of a future envisioned family. Jaffe and Diamond's model is somewhat intra-psychic in this sense, as their theory does not speak so much to the ways in which bereaved parents grieve through their

ongoing connections to a deceased baby. Rather, Jaffe and Diamond's model seems to be more appropriate to earlier perinatal losses than those experienced by the parents in the study who actually held and saw their stillborn or newly born babies. In the case of early perinatal loss (i.e. ectopic pregnancy, miscarriage), there can be even less of a physical memory or identity to attach to a deceased baby, perhaps making the focus of grief more on one's general, internalized assumptions about a future child and family, rather than a specific individual to whom parents feel connected.

Relearning the world model. The intentional frameworks of couples' joint grieving projects in this study also highlighted the active nature of perinatal bereavement. As noted above, perinatal bereavement has traditionally been viewed as a largely intra-psychic, passive process, as bereaved parents experience internal feelings of anger, sadness, and longings until these sequelae gradually abate with time (e.g., Theut et al., 1990). However, this viewpoint does not recognize the ways in which parents who have lost an unborn or newly born baby actively respond to life in their grief (Cowchock et al., 2010; Uren & Wastell, 2002; Willick, 2006). This response to life is a central feature of Thomas Attig's (2001, 2004) existential-phenomenological model of grieving, which posits that bereaved individuals must *relearn the world of their experience* after the death of a loved one. From this paradigm, grieving entails a process of relearning one's physical, social, vocational, spiritual, and environmental existence, as bereaved individuals can no longer orient themselves around these life domains in the same way as when the deceased were physically present. In this way, Attig (2001, 2004) asserts that grieving is a holistic, transformational process in which bereaved individuals maintain connections to areas of their life that have meaning beyond their loss, while working to cultivate new sources of meaning in a world that no longer features the deceased.

The findings of this study support certain features of Attig's (2001, 2004) model. The parents in this study illustrated how their grief did not occur in a passive fashion, as their grieving actions were guided by a variety of individual and joint intentions. Whether it was being together with their partners, honouring the lives of their babies, or maintaining an ongoing spiritual connection to them, the intentional frameworks of outward parents' grieving in this study appeared to give life to the behavioural manifestations of their grief. In addition, many of the participants' grieving actions involved re-learning aspects of their partners, their relationships, and themselves. Through talking about their deceased babies, sharing insights gleaned from their bereavement experience, and reflecting on the broader implications of their losses in their individual and relational lives, parents in this study seemed to understand their partners and themselves differently. In some cases, this involved partners learning new ways to care for each other's unique needs, reveling in the strength of their relationship through adverse events, and finding new ways to mark the lives of their babies that were meaningful in their relationship. In other cases, re-learning involved realizing differences in grieving that were somewhat isolating and, at times, difficult to accept. This was challenging for certain partners, as they had to re-learn how to share their own needs, perspectives, and feelings in ways that did not create conflict or animosity in their relationships.

Other elements of Attig's (2001, 2004) model were not supported by findings from this study. Most importantly, Attig's proposition that grieving is holistic, spanning all areas of bereaved individual's lives, was not reflective of the parents' grieving projects in this study. While many of the participants described how the loss of their baby impacted different areas of their lives beyond their relationships, they did not describe these impacts as being all-encompassing and comprehensive in nature. Parents in this study shared how grieving involved

changes in relationships with friends, family members and coworkers who were either unsupportive or even dismissing of their grief, increased involvement with parents who had experienced similar losses, and wrestling with deep theological questions pertaining to God's providence in suffering. As such, grieving perinatal loss involved re-learning specific areas of their relational, social, and spiritual lives for the parents in this study, but perhaps not to the extent that Attig suggests in his model.

This discrepancy between Attig's model and the grieving projects of parents in this study could be due to the scope of Attig's work, which focuses more on the grieving experiences of individuals who have lost loved ones with whom the bereaved have shared longstanding relationships (Attig, 2004). In the case of perinatal loss, parents do not often have such longstanding relationships with their babies, and may not experience the same level of connection between their various life spheres and the existence of their babies. There are certainly cases where perinatally-bereaved parents are emotionally triggered by several people, places, and things that remind them of their deceased infants (e.g., Umphrey & Cacciatore, 2011), but the parents in this study did not consistently report this experience. The extent to which re-learning occurs seems to be impacted by a variety of factors that predict grieving intensity, including the gestational length of the babies' life, one's anticipation of and preparations for parenthood, spiritual and cultural values, and emotional sequelae following loss (e.g., Bennett et al., 2005; Theut et al., 1990).

Dual process model. The findings from this study also support the potential application of Stroebe and Schut's (1999, 2001) dual-process model (DPM) of grieving to the context of perinatal bereavement. To this author's knowledge, there have yet to be theoretical interpretations or investigations of perinatal bereavement through the lens of the DPM. As such,

the oscillating pattern of grieving described by parents in the current study warrants speculation regarding the potential utility of this model for perinatal bereavement, which will be described further here.

Oscillating patterns in grieving is not a novel finding within the broader program of bereavement research. Theorists such as Stroebe and Schut (1999, 2001) and even Freud (cf. 1917) have offered comprehensive frameworks to account for the ways in which bereaved individuals experience shifts between the overwhelming pain of loss and renewed feelings of joy and happiness. Most recently, Stroebe and Schut's model has emerged as one of the most widely recognized integrative models of bereavement, incorporating elements of stress and coping theory (cf. Folkman, 2001) with meaning-reconstruction (cf. Gillies & Neimeyer, 2006) models of grieving. According to Stroebe and Schut, grieving involves a gradual rotation between loss and restoration orientations to coping with the death of a loved one. Over time, bereaved individuals experience connections to both orientations as they encounter people, places, situations, or other triggers that either remind them of the painful longing they feel for the deceased, or encourage them to develop new pursuits and identities in their lives. This perspective takes issue with stage-based models of bereavement (i.e., Kübler-Ross, 1969), which frame grief as a linear process towards acceptance of loss. Instead, Stroebe and Schut propose that "healthy" or "successful" grieving need not be a straight, linear journey, but, rather, can involve a dynamic interchange between hopeful and painful experiences.

As noted previously in this chapter, one of the novel dimensions of perinatal bereavement found in this study was the way in which individual and joint grieving projects appeared to oscillate between moments of painful reconnection to loss and hopeful re-engagement with life. Although this study did not collect longitudinal data to observe this oscillating pattern, the

retrospective accounts and JC grieving processes shared by the participants provided evidence that supported this grieving dynamic. Parents described experiencing shifts between painfully remembering and thinking about their loss, and feeling positive, optimistic and re-engaged with a normal rhythm of life throughout their bereavement. This pattern was identified to varying extents, with some of the participants sharing this as a frequent, daily trend, while others framed it more as an annual dynamic that revolved around important dates or reminders associated with their babies. In addition, the retrospective accounts of couples in this study indicated that rotations between painful and hopeful moments became less frequent and less intense over time leading up to the II, which is also consistent with Stroebe and Schut's (1999, 2001) model. Regardless of the specific ways this dynamic emerged in each of the couples' grieving projects, oscillation appeared to be a common dimension of their grief. This finding represents a potential avenue for further development of perinatal bereavement theory, as Stroebe and Schut's work could possibly be relevant in this specific context of grief.

Counselling Implications

This study also offers several implications for counselling parents who have lost an unborn or newly born child. It should be noted that interventions and programs specific to the context of perinatal loss are nearly absent within the field of counselling psychology, with only preliminary evidence supporting manual-based treatments for grief associated with perinatal loss (e.g., Bennett, Ehrenreich-May, Litz, Boisseau, & Barlow, 2012). Thus, further empirical work is needed to inform counselling practices with this population of bereaved parents. The counselling implications of this study's findings include: (1) recognizing perinatal bereavement as a shared, relational process, (2) building acceptance for different expressions of grief between partners following perinatal loss, and (3) attending to the ways perinatally-bereaved parents

construct meaning from their loss. It is important to clarify that this study's findings were gathered through an instrumental case study approach, and, as such, do not necessarily reflect the experiences and practices of perinatally-bereaved couples other than the three couples who participated. Clinicians must view these findings as a tentative contextual guide for the joint grieving practices of three bereaved couples, and should not replace their clinical judgment when working with bereaved parents.

Grieving as a shared process. Perhaps the biggest clinical implication of this study is the identification of relational dimensions of perinatal bereavement. Given the highly maternal, intra-psychic focus of past literature on perinatal loss, counselling approaches designed to address this form of grieving typically emphasize individual interventions to support bereaved mothers (e.g., Bennett et al., 2012; Brownlee & Oikonen, 2004). However, these interventions neglect how the ways in which parents grieve together can be a primary focus for clinical work. In this way, the joint, intentional nature of grieving shared by parents in this study may shed light on how mental health professionals can expand their treatment strategy to be more inclusive of bereaved mothers and fathers as joint “identified grievers.”

Some of the mothers in this study identified how they wished their husbands were given the opportunity express their grief and receive support from counsellors, friends, or other support networks after their babies had died. In this study, fathers were typically not contacted by hospital social workers for follow-up regarding their emotional wellbeing after their loss. One of the mothers in the study expressed great disappointment that her husband's needs were not identified or validated by support providers in the weeks following their loss, even though he experienced overwhelming sadness and despair after holding their babies as they died in his arms. Similarly, another mother in the study described that their friends and family members

rarely asked her husband how he was feeling during their early bereavement, focusing squarely on her grieving process. These responses seem to support the ongoing existence of an unfortunate assumption made by my medical and mental health personnel: that perinatal loss does not impact fathers or relationships, but, rather, weighs solely on the wellbeing of bereaved mothers. The findings of this study suggest that this may not be the case, as grief was enacted not only within the individual lives of bereaved fathers, but also within the relational contexts of couples. As researchers and clinicians continue to study perinatal bereavement and develop specific counselling strategies to support bereaved parents, it is hoped that these stakeholders acknowledge the ways in which grief is shared by parents. In doing so, clinical interventions for perinatal bereavement can become more sensitive to the challenges couples face in the wake of their loss, as well as the resources within their relational contexts to strengthen their resilience in the midst of grief.

Dealing with differences. As noted elsewhere in this thesis, grieving differences between bereaved mothers and fathers are common and potentially destructive in relationships following perinatal loss (e.g., Gilbert, 1989; Gold et al., 2010). The ways in which partners respond to each others' different grieving actions seems to play an important role in influencing the extent to which they feel supported or neglected in their bereavement experience (e.g., Smart, 1992).

The joint grieving projects of parents in this study highlighted these past findings, and illustrated how grieving together involved encountering differences in grief. More specifically, the extent to which participants in this study acknowledged and accepted the unique ways their partners grieved as individuals or contributed to shared grieving actions seemed to be associated with how "joined" they felt in grieving their babies' deaths. Two of the couples in this study felt

that their grieving differences were not stumbling blocks in their joint grieving, but, rather, offered opportunities to bring their unique insights, emotions, and behaviours together to grieve as a holistic, complementary partnership. One couple in this study was still working to understand and accept important grieving differences that were not always openly shared and acknowledged by both partners. In this way, the couples in this study highlighted that accepting grieving differences was an ongoing, intentional process that required empathy, understanding, and appreciation for each other's unique grieving responses.

There are a number of approaches to couples therapy that specifically target acceptance as a primary focus of treatment, and may offer appropriate frameworks to help perinatally-bereaved parents build acceptance for grieving differences in their relationships. Integrative Behavioural Couple Therapy (IBCT; Jacobson & Christensen, 1998) is a behavioural intervention designed to strengthen romantic partners' acceptance of each other's behaviours that normally cause tension or conflict in their relationship. Therapists using this approach typically identify "unsolvable" problems within couples' relationships, whereby partners are either unwilling or unable to change their behaviour (i.e., personality differences, expressions of affection, personal values). Once identified, therapists use techniques such as empathic joining or tolerance strategies to help partners accept these different behaviours, rather than continuously struggle with each other to change immutable differences. Other approaches, such as Emotionally Focused Couple Therapy (EFT; Johnson, 2004), similarly focus on creating connection between romantic partners in the midst of conflict over differences. In the case of EFT, therapists work to help partners voice their underlying attachment needs and primary emotions, facilitating a deeper emotional understanding of partners' differences. Regardless of the specific interventions used, both IBCT and EFT paradoxically try to resolve partners'

differences by building acceptance for each other's uniqueness, rather than focusing on changing one another's thoughts, feelings, or actions.

Therapeutic interventions could potentially best serve perinatally-bereaved couples through focusing on accepting, rather than changing, partners' grieving differences. The experiences of parents in this study as well as those described in past research (e.g., Gilbert, 1989; Smart, 1992) highlight that differences can be meaningful ways in which partners learn about each other through their bereavement. Thus, encouraging partners to change their own personal grieving styles to satisfy each others' frustrations or expectations may not be an effective couples' counselling strategy. Rather, finding ways in which differences can enrich and reciprocally balance each other's grieving styles could be a helpful strategy to support couples in the wake of perinatal loss.

Meaning-making. Discovering and constructing meaning following the loss of a loved one is one of the most central features of contemporary bereavement research (cf. Gillies & Neimeyer, 2006). The loss of an unborn or newly born baby often prompts bereaved parents to question the meaning of their loss, which may fracture deeply held assumptions regarding the safety, predictability, and inevitability of pregnancy and parenthood (e.g., Umphrey & Cacciatore, 2011). In addition, the meaning frameworks of faith or spirituality can become questioned following perinatal loss, as parents may wrestle with theological questions pertaining to the providence of God or a higher power in the midst of suffering (e.g., Cowchock et al., 2010). As such, emerging clinical research on perinatal bereavement has focused on how meaning reconstruction can become a relevant focus for treatment (Alves, Mendes, Gonçalves, & Neimeyer, 2012). The couples in this study were all faced with difficult questions and fractured assumptions following their losses, which prompted various processes of meaning

reconstruction during their bereavement. Most centrally, meaning reconstruction revolved around the spiritual dimensions of the parents' grief, as well as the ongoing representations of their babies as members of their families.

All of the couples in the study shared how their spiritual beliefs allowed them to experience their babies' lives as having eternal or transpersonal meaning. Whether through being reunited with their babies in heaven, sharing them as guardian angels in their family, or feeling them as gifts from God that deepened their experience of grace, the spiritual lives of parents in this study were significant meaning structures into which they could assimilate their loss experiences. In addition, some of the parents in this study identified how their loss experience challenged some of their spiritual beliefs, particularly surrounding God's direction over human suffering. The spiritual dimensions of parental grieving has been emphasized in prior research (e.g., Klaassen, 2010; Klass, 1999), and emerged in this study as an important facet of grieving the perinatal loss of a baby. Future clinical work with perinatally-bereaved parents may benefit from attending to the ways in which spirituality influences their grieving, as this can be a domain in which parents find meaning in their loss experience and experience ongoing connections to their deceased babies. Spirituality may also be an area in which parents struggle to find meaning in their bereavement, as they may need to reconstruct their spiritual beliefs that contradict their experiences of loss.

Another salient process through which parents in this study reconstructed meaning in their bereavement was through maintaining the identity of their babies in their family lives. In line with Jaffe and Diamond's (2011) constructivist model of therapy with perinatally-bereaved parents, parents in this study felt that the loss of their babies forced them to re-conceptualize the ongoing identity of their families. Even though their deceased babies had spent little or no time

in their homes or family lives, parents in this study felt uneasy and untruthful in saying that their babies were no longer members of their families. Instead, each of the couples shared how, in appropriate circumstances, they would still share their family as including their babies through discussion, photographs, and other mementoes. Rituals were also a significant way in which parents in this study honoured the significance of their babies lives and could have specific places or activities in which to express their grief. These mementoes, rituals, and discussions all appeared to help the couples share the lives of their babies in meaningful ways. Furthermore, finding ways to remember and honour their deceased babies seemed to help partners find concrete ways to grieve together in the midst of somewhat ambiguous or divergent grieving experiences. Past research (e.g., Wojnar et al., 2011) has emphasized the importance of grieving rituals and mementoes to offer validation and meaningful remembrance of perinatally-deceased children, which was supported by the findings of the current study. Thus, creating meaningful mementoes and markers of deceased babies lives may be a therapeutic process for bereaved parents who are struggling to find specific ways to connect with and honour their babies. These activities can be enacted individually, as a couple, or as a whole family, and can help to facilitate grieving as a shared activity, rather than an isolated, intra-psychic process.

Limitations of the Study

Although the current study identified several novel dimensions of perinatal bereavement that can inform both theory and clinical practice, as with any project, there were limitations of these findings. These limitations pertained to the study's small sample size, cross-sectional design, and the context of data collection.

Small sample size. One key limitation of this study was its small sample size, relative to other studies of perinatally-bereaved parents (e.g., Gilbert et al., 1989). While the instrumental

case approach has the advantage of collecting a much more detailed, rich description of participants' experiences, these descriptions are limited to a few cases. Only three bereaved couples participated in the current study, which certainly limited the extent to which the findings could speak to other bereaved parents' joint grieving projects. The participants in the study were relatively homogenous with respect to their spiritual and ethnic backgrounds, as all of the participants self-identified as Christians, and all but one couple had lived in Canada for the majority of their lives. Having additional participants from different ethnic and religious backgrounds could have illustrated the unique ways in which bereaved parents grieve together within other socio-cultural contexts. In addition, having participants who had experienced other forms of perinatal loss (i.e., ectopic pregnancy, miscarriage) could have permitted additional thematic comparisons to examine the extent to which joint grieving projects differed or overlapped on the basis of type of loss.

Cross-sectional design. A second limitation of this study was the cross-sectional nature of its design. Traditionally, QAPM research (Valach et al., 2002; Young et al., 2005) examines joint action as it unfolds over time, collecting data on several occasions through participant journaling, phone updates, and a final interview that examines how the joint action had evolved over time since the II. Due to limited financial resources, time constraints for the study, and sampling challenges, only three dyads could participate in one II and MCI each to make the project feasible within the above noted constraints. Therefore, the joint grieving projects identified in this study were only reflective of how the participants were grieving together at the time of their II, with retrospective accounts serving as contextual information for their relationship and grieving history. No longitudinal statements could be made with respect to how the participants' joint grieving projects changed over time, or if the identified joint grieving

projects reflected consistent grieving trends in their relationships following the study. Collecting data at multiple time points would have enabled further analysis of the longitudinal course and evolution of joint grieving following perinatal loss.

Context of data collection. A final limitation of this study lies in the way in which data were collected from the participants. All of the participants reported in their MCI's that having to sit and intentionally talk together about their grieving was very helpful in allowing them to openly share their thoughts and feeling about their losses, which they struggled to do in their everyday home lives. At the same time, however, the foreign nature of the research room, which was located on the Trinity Western University campus, made their conversations about grief somewhat artificial, as the physical space and occasion of their discussions did not completely map onto the ways in which they normally talked about their loss in their everyday lives. The participants still felt that they could be open about their grief in the study, and expressed gratitude for being able to watch themselves talk together on camera during SC interviews, which seemed to facilitate much self and relational learning during the II. However, the current study could have benefitted from more naturalistic observations of the couples' grieving projects, either through doing the II in the participants' homes, or in observing their grieving rituals as they occurred in their natural environments. This could have enhanced the external validity of the findings, as more naturalistic observation could have more accurately reflected the ways in which joint grieving was enacted in the everyday lives of the participants.

Future Research

Research within the field of perinatal bereavement has continued to evolve within the domains of nursing, social work, and counselling psychology literature (Bennett et al., 2005; Brownlee & Oikonen, 2004). As this program of research develops, future work must continue

to address the multidimensional nature of perinatal bereavement as a shared, relational process that is embedded with the unique contexts of bereaved parents.

Grieving in whole family contexts. In addition to studying perinatal bereavement in dyadic parental relationships, future research should attend to the ways grieving is shared within entire family units. Some emerging work has begun to address the ways in which bereaved parents provide support for their families and talk about their perinatal loss with subsequent children (Avelin, Erlandsson, Hildingsson, & Rådestad, 2011; O'Leary & Warland, 2012). However, this research has yet to identify specific ways in which parents participate jointly with their children or other extended family members in grieving the loss of an unborn or newly born baby. Examining this collective dimension of family bereavement would help to shed light on how the differing experiences, understandings, and behavioural manifestations of perinatal bereavement can be exchanged within family systems. Furthermore, this type of research could investigate how past reports of disenfranchised (e.g., Lang et al., 2011) grieving are manifested in family interactions surrounding perinatal loss. This would be an ambitious, yet fruitful research endeavor, as the construct of joint perinatal bereavement could be expanded into other important relational dimensions of bereaved families.

Cultural and spiritual dimensions of perinatal bereavement. In response to calls from notable bereavement theorists (cf. Gillies & Neimeyer, 2006), contemporary grieving research has sought to understand the ways in which grief is embedded within social and cultural contexts. Cross-cultural studies of perinatal loss (e.g., Whitaker, Kavanaugh, & Klima, 2010) are exceptionally sparse, and have yet to compare the grieving practices of culturally diverse participants contemporaneously. Similarly, spiritual dimensions of perinatal bereavement have been generally overlooked within the grieving literature, with only a few notable exceptions

(Cowchock et al., 2010; Cowchock, Ellestad, Meador, Koenig, Hooten, & Swamy, 2011). Thus, important questions remain as to how contextual variables such as culture and spirituality influence perinatal bereavement. Future research should examine how grieving is embedded within these central spheres of perinatally-bereaved parents' lives in order to better understand the multidimensional nature of perinatal loss, which has become an important focus within the broader program of parental grieving research (cf. Klaassen, 2010).

Continuing bonds in perinatal bereavement. A final direction I wish to propose for future research pertains to the ways in which bereaved parents maintain ongoing connections to an unborn or newly born baby. The work of Dennis Klass and his colleagues (1996) has shifted many longstanding assumptions regarding the normality of experiencing and maintaining relationships with the deceased, which spurred the development of the *continuing bonds* construct. This construct has illuminated the ways in which many bereaved individuals maintain internalized connections to their deceased loved ones, particularly following the loss of a child (Klass, 1999). While the continuing bonds construct has gained further support in other areas of bereavement research (e.g., Klass, 2006), applications of this construct to perinatal loss have yet to emerge. Some researchers (e.g., Uren & Wastell, 2002) have studied how bereaved mothers continue to experience the features of an attachment bond to a stillborn baby following their loss experience. These past findings, coupled with the experiences of parents in this study, spark questions as to how perinatally-bereaved parents experience and maintain continuing bonds to their deceased babies both intra-psychically, as well as in the contexts of relationships through relational representations (cf. Klaassen, 2010). These future research pursuits could inform both scholars and clinicians regarding the ways in which continuing bonds can be both healthy and potentially maladaptive in the context of perinatal bereavement.

Conclusion

The loss of an unborn or newly born baby is a devastating reality faced by up to one-fifth of all expectant parents each year in Canada (Kingston, 2012). Despite recent advances in reproductive technology and perinatal health care, the experiences of many bereaved couples continue to contradict the normally held assumption that babies are born healthy and without cause for concern (e.g., Umphrey & Cacciatore, 2011). Even though perinatally-bereaved parents experience little or no physical contact with their deceased babies, the emotional and relational impacts of their loss can still be seen (e.g., Beutel et al., 1996). In spite of these documented impacts, bereavement researchers and clinicians have struggled to validate and focus attention on perinatal loss as a legitimate source of grief, leading to many untested assumptions and unanswered questions regarding perinatal bereavement (Wright, 2011).

For much of the 20th century, grieving perinatal loss was believed to occur primarily in the individual, intra-psychic experiences of bereaved mothers (e.g., Theut et al., 1988). Furthermore, many scholars and professionals asserted that perinatal bereavement could be “gotten over” by having subsequent children and emotionally detaching from memories or thoughts of a deceased infant (cf. Brownlee & Oikonen, 2004). These assumptions have been consistently refuted by evidence suggesting that perinatal bereavement impacts both mothers and fathers, and is not completely alleviated or forgotten through having subsequent children (e.g., Bennett et al., 2005). This proliferation of new research into the unique dynamics of perinatal bereavement has opened many new questions as to how parents grieve the loss of an unborn or newly born baby.

The current study sought to examine the joint grieving actions of parents who had experienced perinatal loss. The data for this study was collected and analyzed using the QAPM

(Valach et al., 2002; Young et al., 2005) in order to understand how grieving occurred relationally, and was driven by intentional action. Through an instrumental case study approach (Stake, 2005), three bereaved couples who had lost a baby shortly before or after birth shared how grieving their loss was both an individual and joint project. Their losses were experienced as important markers of their marital journeys, and continued to impact their individual and relational lives to varying extents. Joint grieving involved specific rituals and actions that were embedded within the contexts of each couple's relationship. These joint grieving actions were intended to be together in the pain and joy of their grief, to remember and honour the lives of their deceased babies, to mark the ongoing presence of their babies in their families, to recognize the sanctity and eternal significance of life, and to learn about each other's unique perspectives, desires, and approaches in grieving.

Bereaved parents grieved jointly through a variety of rituals and practices in their relationships. Some of these rituals were planned by one or both partners and were enacted regularly, whereas other rituals were performed on an annual basis to mark important dates such as their deceased babies' due dates. Throughout their joint grieving projects, partners experienced different emotional reactions, insightful reflections, and behavioural manifestations of grief, which required them to take time to talk about these differences and develop appreciation for one another's uniqueness. Couples felt that their grieving oscillated between painful reminders of their loss and hopeful re-engagement with new life and responsibility in the years following their babies deaths, and had not completely "ended" in any finite sense. Finding ways to continually honour and remember their babies' lives was often challenging, as the couples were faced with the responsibilities of subsequent children, work, and the ongoing rhythms of daily life. However, all of the couples felt that grieving together was an important

dimension of their relational lives, and was something they needed to intentionally maintain as a couple in order to stay connected to their deceased babies.

This study adds to the developing literature on perinatal bereavement in relationships (e.g., Jaffe & Diamond, 2011) by exploring the ways in which parents grieve jointly and intentionally following perinatal loss. Although this study highlights the relational dimensions of perinatal bereavement, much remains to be explored regarding this unique form of grieving. It is hoped that future researchers and clinicians will continue to explore how perinatal bereavement unfolds within the contextual lives of bereaved parents, and will be sensitive to the unique ways in which couples grieve the loss of those with whom they had to part far too soon.

References

- Alves, D., Mendes, I., Gonçalves, M. M., & Neimeyer, R. A. (2012). Innovative moments in grief therapy: Reconstructing meaning following perinatal death. *Death Studies, 36*, 795-818. doi:10.1080/07481187.2011.608291
- Association of Women's Health, Obstetrics, and Neonatal Nurses. (2006). *Perinatal loss: A continuum of loss, Module IX*. Retrieved from <http://www.awhonn.org>
- Attig, T. (2001). Relearning the world: Making and finding meanings. In R. A. Neimeyer (Ed.), *Meaning reconstruction & the experience of loss* (pp. 33-53). Washington, DC US: American Psychological Association. doi:10.1037/10397-002
- Attig, T. (2004). Meanings of death seen through the lens of grieving. *Death Studies, 28*, 341-360. doi:10.1080/07481180490432333
- Avelin, P., Erlandsson, K., Hildingsson, I., & Rådestad, I. (2011). Swedish parents' experiences of parenthood and the need for support to siblings when a baby is stillborn. *Birth: Issues in Perinatal Care, 38*, 150-158. doi:10.1111/j.1523-536X.2010.00457.x
- Badenhorst, W., Riches, S., Turton, P., & Hughes, P. (2006). The psychological effects of stillbirth and neonatal death on fathers: Systematic review. *Journal of Psychosomatic Obstetrics & Gynecology, 27*, 245-256. doi: 10.1080/01674820600870327
- Barr, P. (2004). Guilt- and shame-proneness and the grief of perinatal bereavement. *Psychology and Psychotherapy: Theory, Research and Practice, 77*, 493-510. doi:10.1348/1476083042555442
- Barr, P., & Cacciatore, J. (2007). Problematic emotions and maternal grief. *Omega: Journal of Death and Dying, 56*, 331-348. doi:10.2190/OM.56.4.b

- Bennett, S. M., Ehrenreich-May, J., Litz, B. T., Boisseau, C. L., & Barlow, D. H. (2012). Development and preliminary evaluation of a cognitive-behavioral intervention for perinatal grief. *Cognitive and Behavioral Practice, 19*, 161-173. doi:10.1016/j.cbpra.2011.01.002
- Bennett, S. M., Litz, B. T., Lee, B., & Maguen, S. (2005). The scope and impact of perinatal loss: Current status and future directions. *Professional Psychology: Research and Practice, 36*, 180-187. doi:10.1037/0735-7028.36.2.180
- Beutel, M., Willner, H., Deckard, R., & Von Rad, M. (1996). Similarities and differences in couples' grief reactions following a miscarriage: Results from a longitudinal study. *Journal of Psychosomatic Research, 40*, 245-253. doi:10.1016/0022-3999(95)00520-X
- Bowlby, J. (1961). Processes of mourning. *International Journal of Psycho-Analysis, 42*, 317-340. Retrieved from <http://ca.wiley.com/WileyCDA/WileyTitle/productCd-IJP.html>
- Bowlby, J. (1969) *Attachment and loss: Attachment* (Vol. I). New York, NY: Basic Books.
- Bowlby, J. (1980/1998). *Attachment and loss: Sadness and depression* (Vol. 3). London, UK: Pimlico.
- Bowlby, J., & Parkes, C. M. (1970) *Separation and loss within the family*. In E. J. Anthony (Ed.), *The child in his family* (pp. 197-216). New York, NY: Wiley.
- Brownlee, K., & Oikonen, J. (2004). Toward a theoretical framework for perinatal bereavement. *British Journal of Social Work, 34*, 517-529. doi:10.1093/bjsw/bch063
- Callander, G., Brown, G. P., Tata, P., & Regan, L. (2007). Counterfactual thinking and psychological distress following recurrent miscarriage. *Journal of Reproductive and Infant Psychology, 25*, 51-65. doi:10.1080/02646830601117241

- Cecil, R. (1994). 'I wouldn't have minded a wee one running about': Miscarriage and the family. *Social Science & Medicine*, 38, 1415-1422. doi:10.1016/0277-9536(94)90279-8
- Christ, G. H., Bonanno, G., Malkinson, R., & Rubin, S. (2003). Bereavement experiences after the death of a child. In M. Field, & R. Behrman. (Eds.). *When children die: Improving palliative and end-of-life care for children and their families*. Washington, DC: The National Academies Press.
- Cowchock, F. S., Ellestad, S. E., Meador, K. G., Koenig, H. G., Hooten, E. G., & Swamy, G. K. (2011). Religiosity is an important part of coping with grief in pregnancy after a traumatic second trimester loss. *Journal of Religion and Health*, 50, 901-910. doi:10.1007/s10943-011-9528-y
- Cowchock, F. S., Lasker, J. N., Toedter, L. J., Skumanich, S. A., & Koenig, H. G. (2010). Religious beliefs affect grieving after pregnancy loss. *Journal of Religion and Health*, 49, 485-497. doi:10.1007/s10943-009-9277-3
- Davies, R. (2004). New understandings of parental grief: literature review. *Journal of Advanced Nursing*, 46, 506-513. doi:10.1111/j.1365-2648.2004.03024.x
- Domene, J. F., & Young, R. A. (2008). Expanding the action project method to encompass comparative analyses. *International Journal of Qualitative Methods*, 7, 54-80. Retrieved from <https://ejournals.library.ualberta.ca/index.php/IJQM>
- Folkman, S. (2001). Revised coping theory and the process of bereavement. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care*. Washington, DC: American Psychological Association.
- Folkman, S., & Moskowitz, J. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology*, 55, 745-774. doi:10.1146/annurev.psych.55.090902.141456

- Frankl, V. E. (1962). *Man's search for meaning*. New York: Touchstone Books.
- Freud, S. (1917). *Mourning and melancholia*. London, UK: Penguin Books.
- Gilbert, K. R. (1989). Interactive grief and coping in the marital dyad. *Death Studies, 13*, 605-626. doi:10.1080/07481188908252336
- Gilbert, K. R. (1996). 'We've had the same loss, why don't we have the same grief?' Loss and differential grief in families. *Death Studies, 20*, 269-283. doi:10.1080/07481189608252781
- Gilbert, K. R., & Smart, L. S. (1992). *Coping with infant or fetal loss: The couple's healing process*. New York, NY: Brunner/Mazel Publications.
- Gillies, J., & Neimeyer, R. A. (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology, 19*, 31-65. doi:10.1080/10720530500311182
- Gold, K. J., Sen, A., & Hayward, R. A. (2010). Marriage and cohabitation outcomes after pregnancy loss. *Pediatrics, 125*, e1202-e1207. doi:10.1542/peds.2009-3081
- Graham, M. G., Young, R. A., Valach, L., & Wood, R. A. (2008). Addiction as a complex social process: An action theoretical perspective. *Addiction Research and Theory, 16*, 121-133. doi:10.1080/16066350701794543
- Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp. 191-216). Thousand Oaks, CA: Sage.
- Hoyert, D. L., Smith, B. L., & Arias, E. (2001). Deaths: Final data for 1999. *National vital statistics report, 49*(8). Hyattsville, MD: National Center for Health Statistics.

- Hughes, P. M., Turton, P., Hopper, E., & Evans, C. D. H. (2002). Assessment of guidelines for good practice in psychosocial care of mothers after stillbirth: A cohort study. *Lancet*, *360*, 114–118. Retrieved from <http://www.thelancet.com/journals/lancet/issue/current>
- Jacobson, N. S., & Christensen, A. (1998). *Acceptance and change in couple therapy: A therapist's guide to transforming relationships*. New York: Norton.
- Jaffe, J., & Diamond, M. (2011). *Reproductive trauma*. Washington, DC: American Psychological Association.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York, NY: The Free Press.
- Johnson, S. M. (2004). *The practice of Emotionally Focused Couple Therapy* (2nd ed.). New York, NY: Brunner-Routledge.
- Keefe-Cooperman, K. (2004). A comparison of grief as related to miscarriage and termination for fetal abnormality. *Omega: Journal of Death and Dying*, *50*, 281-300.
doi:10.2190/QFDW-LGEY-CYLM-N4LW
- Kingston, A. (2012, February 29). Are we over-sharing lost pregnancies? *Macleans*. Retrieved from <http://www.macleans.ca>
- Klaassen, D. W. (2010). *Spiritual and relational dimensions of parental grieving* (Unpublished doctoral dissertation). The University of British Columbia, Vancouver, BC.
- Klaassen, D. W., McDonald, M. J., & Graham, M. D. (2004). Constructivist stances for promoting justice in spirituality research. In J. D. Raskin & S. K. Bridges (Eds.). *Studies in meaning 2: Exploring constructivist psychology* (pp. 239-263). New York: Pace University Press.

- Klass, D. (1999). *The spiritual lives of bereaved parents*. Philadelphia, PA: Brunner/Mazel.
- Klass, D. (2006). Continuing conversation about continuing bonds. *Death Studies*, 30, 843-858. doi:10.1080/07481180600886959
- Klass, D., Silverman, P. R., & Nickman, S. L. (1996). *Continuing bonds: New understandings of grief*. Washington, DC: Taylor & Francis.
- Kreicbergs, U., Valdimarsdottir, U., Onelöv, E., Henter, J-H., & Steinbeck, G. (2004). Anxiety and depression in parents 4-9 years after the loss of a child owing to malignancy: A population-based follow-up. *Psychological Medicine*, 34, 1431-1441. doi:10.1017/S0033291704002740
- Kübler-Ross, E. (1969). *On death and dying*. New York: Simon & Schuster.
- Lang, A., Fleischer, A. R., Duhamel, F., Sword, W., Gilbert, K. R., & Corsini-Munt, S. (2011). Perinatal loss and parental grief: The challenge of ambiguity and disenfranchised grief. *Omega: Journal of Death and Dying*, 63, 183-196. doi:10.2190/OM.63.2.e
- Lazarus, R. S., & Folkman, S. (1984). *Stress appraisal and coping*. New York, NY: Springer.
- Leon, I. G. (1992). The psychoanalytic conceptualization of perinatal loss: A multidimensional model. *The American Journal of Psychiatry*, 149, 1464-1472. Retrieved from <http://ajp.psychiatryonline.org.ezproxy.library.ubc.ca/journal.aspx?journalid=13>
- Lincoln, Y. S., & Guba, E. G. (2000). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 163–188). Thousand Oaks, CA: Sage.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *The American Journal of Psychiatry*, 151(6, Suppl), 155-160. Retrieved from <http://ajp.psychiatryonline.org/journal.aspx?journalid=13>

- Mertens, D. M. (2010). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*, 250-260. doi:10.1037/0022-0167.52.2.250
- Murphy, S. A., Tapper, V. J., Johnson, L. C., & Lohan, J. (2003). Suicide ideation among parents bereaved by the violent deaths of their children. *Issues in Mental Health Nursing, 24*, 5-25. doi:10.1080/01612840390160603
- Ogrodniczuk, J. S., Piper, W. E., & Joyce, A. S. (2004). Differences in men's and women's responses to short-term group psychotherapy. *Psychotherapy Research, 14*, 231-243. doi:10.1093/ptr/kph019
- O'Leary, J., & Warland, J. (2012). Intentional parenting of children born after a perinatal loss. *Journal of Loss and Trauma, 17*, 137-157. doi:10.1080/15325024.2011.595297
- Oliver, L. E. (1999). Effects of a child's death on the marital relationship: A review. *Omega: Journal of Death and Dying, 39*, 197-227. doi:10.2190/1L3J-42VC-BE4H-LFVU
- Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology, 1*, 115-144. doi:10.1037/1089-2680.1.2.115
- Rando, T. A. (1986). *Parental loss of a child*. Champaign, IL: Research Press Co.
- Rees, W. D. (1997) *Death and bereavement: The psychological, religious and cultural interfaces*. London, UK: Whurr Publishers Ltd.

- Säflund, K., Sjögren, B., & Wredling, R. (2004). The role of caregivers after a stillbirth: Views and experiences of parents. *Birth: Issues in Perinatal Care*, *31*, 132-137. doi:10.1111/j.0730-7659.2004.00291.x
- Samuelsson, M., Rådestad, I., & Segesten, K. (2001). A waste of life: Fathers' experience of losing a child before birth. *Birth: Issues in Perinatal Care*, *28*, 124-130. doi:10.1046/j.1523-536X.2001.00124.x
- Serrano, F., & Lima, M. (2006). Recurrent miscarriage: Psychological and relational consequences for couples. *Psychology and Psychotherapy: Theory, Research and Practice*, *79*, 585-594. doi:10.1348/147608306X96992
- Smart, L. S. (1992). The marital helping relationship following pregnancy loss and infant death. *Journal of Family Issues*, *13*(1), 81-98. doi:10.1177/019251392013001006
- Stake, R. E. (2005). Qualitative case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp. 443-466). Thousand Oaks, CA: Sage.
- Stinson, K. M., Lasker, J. N., Lohmann, J., & Toedter, L. J. (1992). Parents' grief following pregnancy loss: A comparison of mothers and fathers. *Family Relations*, *41*, 218-223. doi:10.2307/584836
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, *23*, 197-224. doi:10.1080/074811899201046
- Stroebe, M. S., & Schut, H. (2001). Meaning making in the dual process model of coping with bereavement. In R. A. Neimeyer (Ed.), *Meaning reconstruction & the experience of loss* (pp. 55-73). Washington, DC: American Psychological Association. doi:10.1037/10397-003

- Swanson, K. M., Karmali, Z. A., Powell, S. H., & Pulvermakher, F. (2003). Miscarriage effects on couples' interpersonal and sexual relationships during the first year after loss: Women's perceptions. *Psychosomatic Medicine*, *65*, 902-910. doi:10.1097/01.PSY.0000079381.58810.84
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Mahway, NJ: Lawrence Erlbaum.
- Theut, S. K., Pedersen, F. A., Zaslow, M. J., & Rabinovich, B. A. (1988). Pregnancy subsequent to perinatal loss: Parental anxiety and depression. *Journal of the American Academy of Child & Adolescent Psychiatry*, *27*, 289-292. doi:10.1097/00004583-198805000-00004
- Theut, S. K., Zaslow, M. J., Rabinovich, B. A., & Bartko, J. J. (1990). Resolution of parental bereavement after a perinatal loss. *Journal of the American Academy of Child & Adolescent Psychiatry*, *29*, 521-525. doi:10.1097/00004583-199007000-00003
- Toedter, L. J., Lasker, J. N., & Alhadeff, J. M. (1988). The Perinatal Grief Scale: Development and initial validation. *American Journal of Orthopsychiatry*, *58*, 435-449. doi:10.1111/j.1939-0025.1988.tb01604.x
- Toller, P. W., & Braithwaite, D. O. (2009). Grieving together and apart: Bereaved parents' contradictions of marital satisfaction. *Journal of Applied Communication Research*, *37*, 257-277. doi:10.1080/00909880903025887
- Turton P., Hughes, P., Evans, C. D. H., & Fainman, D. (2001). Incidence, correlates and predictors of post-traumatic stress disorder in the pregnancy after stillbirth. *British Journal of Psychiatry*, *178*, 556-560. doi:10.1192/bjp.178.6.556

- Umphrey, L. R., & Cacciatore, J. (2011). Coping with the ultimate deprivation: Narrative themes in a parental bereavement support group. *Omega: Journal of Death and Dying, 63*, 141-160. doi:10.2190/OM.63.2.c
- Uren, T. H., & Wastell, C. A. (2002). Attachment and meaning-making in perinatal bereavement. *Death Studies, 26*, 279-308. doi:10.1080/074811802753594682
- Valach, L., Young, R. A. & Lynam, M. J. (2002). *Action theory: A primer for applied research in the social sciences*. Westport, CT: Praeger Publishers.
- Vance, J. C., Boyle, F. M., Najman, J. M., & Thearle, M. J. (2002). Couple distress after sudden infant or perinatal death: A 30-month follow up. *Journal of Pediatrics and Child Health, 38*, 368-382. doi:10.1046/j.1440-1754.2002.00008.x
- Watkins, K. (2001). *The meaning of perinatal loss for women in Newfoundland: A phenomenological study* (Unpublished master's thesis). Memorial University of Newfoundland: St. John's, Newfoundland.
- Whitaker, C., Kavanaugh, K., & Klima, C. (2010). Perinatal grief in Latino parents. *MCN: The American Journal of Maternal/Child Nursing, 35*, 341-345. doi:10.1097/NMC.0b013e3181f2a111
- Wijngaards-de Meij, L., Stroebe, M., Schut, H., Stroebe, W., van den Bout, J., van der Heijden, P. G. M., & Dijkstra, I. (2008). Parents grieving the loss of their child: Interdependence in coping. *British Journal of Clinical Psychology, 47*, 31-42. doi:10.1348/014466507X216152
- Willick, M. L. (2006). *"The grief never goes away: A study of meaning reconstruction and long-term grief in parents' narratives of perinatal loss"* (Unpublished doctoral dissertation). The University of Saskatchewan, Saskatoon, Saskatchewan.

- Wojnar, D. M., Swanson, K. M., & Adolfsson, A. (2011). Confronting the inevitable: A conceptual model of miscarriage for use in clinical practice and research. *Death Studies, 35*, 536-558. doi:10.1080/07481187.2010.536886
- Wright, P. (2011). Barriers to a comprehensive understanding of pregnancy loss. *Journal of Loss and Trauma, 16*, 1-12. doi:10.1080/15325024.2010.519298
- Young, R. A., & Collin, A. (2004). Introduction: Constructivism and social constructionism in the career field. *Journal of Vocational Behavior, 64*, 373-388. doi:10.1016/j.jvb.2003.12.005
- Young, R. A., Marshall, S. K., Domene, J. F., Graham, M., Logan, C., Zaidman-Zait, A., & ... Lee, C. M. (2008). Transition to adulthood as a parent-youth project: Governance transfer, career promotion, and relational processes. *Journal of Counseling Psychology, 55*, 297-307. doi:10.1037/0022-0167.55.3.297
- Young, R. A., & Valach, L. (2004). The construction of career through goal-directed action. *Journal of Vocational Behavior, 64*, 499-514. doi:10.1016/j.jvb.2003.12.012
- Young, R. A., Valach, L., & Collin, A. (2002). A contextual explanation of career. In D. Brown & Associates, *Career choice and development* (4th ed., pp. 206-250). San Francisco: Jossey-Bass.
- Young, R. A., Valach, L., & Domene, J. F. (2005). The action-project method in counseling psychology. *Journal of Counseling Psychology, 52*, 215-223. doi:10.1037/0022-0167.52.2.215
- Zaidman-Zait, A., & Young, R. A. (2008). Parental involvement in the habilitation process following children's cochlear implantation: An action theory perspective. *Journal of Deaf Studies and Deaf Education, 13*, 193-214. doi:10.1093/deafed/enm051

Appendix A: Advertisement for Participants

Have You and Your Partner Lost a Baby as a Result of the Following?

Miscarriage (infant loss before 28 weeks of gestation)

Stillbirth (infant loss after 28 weeks of gestation)

Perinatal Death (infant loss within the first week of post-partum life)

And You Are:

Nineteen years of age or older

Willing to participate jointly in the study with your partner (including dating or common-law spouses)

Then we need *YOUR HELP* to find out how parents cope with the loss of their newly born or unborn baby. Your experience is extremely valuable and will help us understand how parents – individually and together – cope with the loss of a baby. Involvement includes 2 video-taped interviews. The total time commitment over 6 months is approximately 5 hours. Couples will receive \$40 cash for their participation.

For further information and to participate, please contact Scott Gallagher at 778-908-1413 leaving your name, phone number, and a message telling us that you are interested in participating.

Appendix B: Telephone Screening

1. Template for Screening both Parents:

Date of screening call:

Name/contact info:

Introduce myself & explain that I am returning his or her call regarding participating in the perinatal bereavement study.

Thank-you for your interest in this study. Please tell me how you found out about this study? The purpose of this call is to explain the study to you and to determine whether your experience fits with the purpose of the project. There is potential for this phone call to take up to 30 minutes. Is it alright to proceed or would another time be more suitable?

For you to be included in this study I first need to ask you a series of questions about your experience of losing a baby. If you don't meet the criteria for inclusion in the study, the information you have provided will be destroyed? Is it alright to proceed?

Semi-structured questions:

1. I need to have some basic information about you and your baby. At what point in your pregnancy/after pregnancy did your baby pass away? Did you name your baby? If yes, what is his/her name?
2. Considering your recent bereavement, when did _____ die (how many years ago)?

(In order for the parents to be included in the study, the baby has to have passed away either during pregnancy or within four weeks after birth. The perinatal loss must have occurred within the last 1-3 years. Should the potential participants not meet these criteria, they will be informed of this fact at this point, thanked kindly for their interest in the study, and the phone call ended).

3. Can you tell me about how you first learned about your baby's death? What happened after that?
4. Can you tell me about your bereavement experience? How did you cope initially with the death of your baby? How has this changed over the years? What is it like now?
5. How did the death of _____ affect your relationship with your spouse? Have you been able to support each other in your grieving process?
6. Has there ever been a time when you accessed medical or counselling assistance to help you cope with your grief? What were the reasons for seeking such assistance?
7. Have you experienced a psychiatric crisis (e.g., called a crisis line, seriously contemplated suicide) since the loss of your baby? If so, when did this take place? How are you doing now?

(If the potential participant indicates that s/he is actively suicidal, the screening portion of the call will be terminated immediately. The potential participant will be directed to call a suicide hotline (e.g., 1-800-SUICIDE 784-2433) or 911, or sent to their local hospital).

8. Is your partner interested in participating in this study? If so, could I speak with him/her (or have his/her phone number) to go explain the study to him/her? If the person is present and there is sufficient time, speak to the partner at this point. Otherwise schedule a second phone call. Proceed with question #3-6.

To conclude this intake interview I would like to explain to you what is involved in this study, your rights as a participant, how we compensate participants and the limits of confidentiality to which I must abide. Proceed to summarize the two meetings, compensation, rights to withdraw at any time, indicate that upon confirmation of the second person in the dyad the information will be mailed out to both persons, and the limits of confidentiality.

Are there any final questions you would like to ask?

Appendix C: Letter of Consent for Participants

Perinatal Grieving Study

Principal Researcher: Scott Gallagher, BA (Honours), Counselling Psychology, Trinity Western University

Supervisor: Dr. Derrick Klaassen, Counselling Psychology, Trinity Western University

Contact info: If you have any questions about the research project itself, you may contact Scott Gallagher (phone 778-908-1413 or email scott.gallagher@mytwu.ca).

If you have any concerns about your treatment or rights as a research participant, you may contact Ms. Sue Funk in the Office of Research, Trinity Western University at 604-513-2142 or sue.funk@twu.ca.

Dear Participants,

Thank-you for your interest in this study, which is designed to explore how you and your partner cope individually and jointly with the death of your unborn or newly born baby.

Overview of the Study

If you both agree to participate, you will be asked to take part in two interviews over five months. The interviews will be audio- and video-recorded. The purpose for these recordings is to enable the research team to transcribe and analyze what you have said. These interviews involve several stages. Initially, we want to get to know you and your baby a little. If you wish, we will invite you to bring any reminders or mementoes of your baby to the interviews in order to get to know him or her. Interviews will include observed conversations between the parents, individual interviews with researchers, and joint interviews with both parents and researchers. After the first interview, we will write up a brief narrative summary of the interview and pass it along for your feedback at the second interview.

Time Commitment

The total time commitment involved in this study is 5 hours. This includes 3 hours for the first set of interviews, and 2 hours for the second interview. If you are interested in the results of the study, you will be given the opportunity to leave your contact information so that we can send you a summary, once we have finished the interviews.

Potential Risks and Benefits

The potential risks of participating in this study are minimal. The focus of this study is on the ways in which you and your partner grieve together for the loss of your unborn or newly born baby. Some people may find it embarrassing to be video-taped, or uncomfortable talking about their grieving. If you ever feel uncomfortable, you can take a break from the interview, or even

decide that you no longer want to continue at all. It is important to remember that some level of disagreement about grieving is normal. However, if problems in the relationship or in the grieving process do develop over the next three months, we will be available to help participants find an appropriate grief or relationship counsellor, depending on your needs.

Your participation in this study will help us explore and understand joint and individual parental grieving. Most of the previous research on parental grieving to date has ignored how grieving takes places in relationships, as well as how grieving takes place for perinatal loss. Some parents may also discover that participating in this study will be helpful to them in their grieving as they become clearer about how they grieve individually and jointly for their loss.

Your Rights

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Specifically, we will store all information and recordings in locked filing cabinets and password protected computer hard-drives; only the investigators will have access to the information.

Your signatures below indicates that you have received a copy of this consent form for your own records, and that you consent to participate in this study and that your responses may be put in anonymous form and kept for further use after the completion of this study.

Signature

Date

Name (please print)

Signature

Date

Name (please print)

Appendix D: Interview Guidelines

Perinatal Bereavement

Interview #1

PRELIMINARY

- Give brief overview of interview schedule (joint conversation & individual self-confrontation interviews)
- Lead interviewer explains consent & gets signatures from both people first

WARM UP

As we mentioned in the consent forms, we will be video- and audio-taping all of our interviews and conversations, to make sure we have accurate records of what is going on. I'll just turn on the equipment now.

*** remember to turn on BOTH video-cameras, and the audiorecorder ***

Rapport-building:

Ease into the process with questions / comments related to weather, how they came to find out about the study, finding the interview space, etc.

Priming for topic (conversational style)

So our study is about the experience of perinatal bereavement. Particularly, we are interested in coming to understand your individual grief processes and what you do together in your grieving (e.g., going to support meetings, joint spiritual activities, prayer, meditation, doing joint activities, etc.).

But before we go onto these things, we would like to take some time to get to know you and your baby. Tell us a bit about him/her? Did you bring any mementoes? How was your pregnancy?

How did you come to find out about how your baby died?

[ask this individually of each person] Can you tell us about your grieving? How was it for you? What kinds of things did you do? What were these activities about?

[ask jointly] What kind of things did you do, and do you do now, individually and together than help you cope with your loss? What have you done and what do you continue to do to help you make sense of his/her death? How has the death of your baby changed your individual lives and your relationship?

When the couple appears ready to engage with each other, or if they spontaneously start react to each other's comments:

So, I wonder if the two of you could have a conversation together about the things that you engage in which help you cope with and make sense of your baby's death? (e.g., going to a support group, praying, going to place of worship, meditation, meeting other parents who have lost a child, etc.)

OK, well we will leave the room now, so that you can do that. Take the next 20 or so minutes or so to have your conversation, and we will join you again after that time.

JOINT CONVERSATION

Do any preliminary preparations for self-confrontation interview. Make sure that equipment is working.

SELF-CONFRONTATION (each participant separately)

So now we are going to review the conversation that you just had, to help us get a better understanding of your perspective- what you were thinking and what you were feeling in each segment of the conversation. Whenever something significant to you comes up, I want you to feel free to stop the recording and tell me about it. I'll do the same if I notice something that seems important, or if it looks like there is a shift in the focus of what you are talking about.

Do you understand what we will be doing? Are you ready to begin?

[section by section, playing tape]

- What were you thinking and feeling in that section?
- What was your goal (trying to do) in that part of the conversation?
- What do you think [partner's name] was trying to do in that part of the conversation?

Make sure you get their EMOTIONAL reaction, not just their cognitions

At end of tape:

- So overall, what do you think you were trying to accomplish in this conversation?
- And if we take a step back, what are you trying to accomplish by volunteering for this study?
- Is there anything else that I should know, about that conversation?

Let's see if ___ and ___ are done.

Interview #2

INTRO

- Hellos.
- Remind them of taping.
- Today's interview will be much shorter than last time, and mainly to confirm our understanding of what was going on in the first interview. There will be some individual time, and some time with everybody together.

* Set up recording equipment in 2 rooms *

FEEDBACK (separately)

So, in the last few weeks, had a look at the conversation and the individual interviews that you did last time, and wrote up a summary of it. What we want to do today is to check with you to make sure we were on the right track... does what we say make sense from your own perspective.

I'm going to read out the narrative that we came up with to you, and I want you to stop me at any time if you have questions, or we got something wrong, I want you to tell me what it should say instead.

[read narrative, slowly, pausing at each paragraph and asking some variation of "does that fit with you?"]

Is there anything important that we missed? Is there anything you want to add, elaborate on, or explain further?

In the next part, we are going to share this with [name]. Knowing that, is there anything that you would like me to change or omit, before we do that? Are you comfortable with sharing this with him/her?

IDENTIFYING PROJECTS

[have each participant share their narrative with their partner, to read.]

[elicit reactions to the other person's narrative: are there any surprises or things you didn't know?]

the grieving process that we came up with from our last interview with you include: [read summary of process]

Are any of these off the mark?

So among these different projects, what are the priorities for the two of you in the next 3 months; what would you like to focus on in the next stage of the study?

DEBRIEF

OK, so that's it. Do you guys have any questions for us about our study, or the things that we asked you to do?

[If necessary, give summary of purpose of study]

We hope to have everybody interviewed, and all the information analyzed by the end of the summer. Would you be interested in getting a summary of our overall conclusions?

[If yes, ask for contact info for that time.] Plus you can always e-mail me at ____ if you don't hear from us soon enough.

Thanks again for being willing to share this part of your life with us.

Appendix E: Master List of Codes for Analysis

Acknowledges	Disagrees	Expresses surprise
Advises	Disapprove	Expresses uncertainty
Agrees	Dismissive or diminishing statement	Expresses understanding
Ambiguous response	Elaborates	Female Partner
Answers question	Encourages	Incomplete statement
Apologizes	Evaluative or judging statement	Interrupts
Approves	Expresses anger	Invites or elicits a response
Asks for clarification	Expresses belief or disbelief	Laughs
Asks for confirmation	Expresses desire	Paraphrasing
Asks for information	Expresses disgust	Partial agreement
Asks for justification or reasons	Expresses dissatisfaction	Pause
Asks for opinion or belief	Expresses doubt	Praises
Asks for speculation or hypothetical scenario	Expresses fear	Provides information
Clarifies	Expresses gratitude	Reflects affect
Complains	Expresses humor	Reflects cognition
Confirms	Expresses joy	Requests
Continues others statement	Expresses love	States a plan
Demands	Expresses opinion or perception	Suggests
Describes future	Expresses realization	Unintelligible response
Describes other	Expresses sadness	
Describes past		
Describes possibility or hypothetical situation		
Describes self		
Describes situation or event		