

WHEN THE BABY IS GONE...: A QUALITATIVE EXPLORATION OF  
WOMEN'S EXPERIENCE OF BABY LOSS

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SEZİN AYDOĞ

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WOMEN'S EXPERIENCE OF BABY LOSS**

submitted by **SEZİN AYDOĞ** in partial fulfillment of the requirements for the degree of **Doctor of Philosophy in Psychology, the Graduate School of Social Sciences of Middle East Technical University** by,

Prof. Dr. Sadettin KIRAZCI  
Dean  
Graduate School of Social Sciences

\_\_\_\_\_

Prof. Dr. Mine MISIRLISOY  
Head of Department  
Department of Psychology

\_\_\_\_\_

Prof. Dr. Tülin GENÇÖZ  
Supervisor  
Department of Psychology

\_\_\_\_\_

Assist. Prof. Dr. Derya ÖZBEK ŞİMŞEK  
Co-Supervisor  
Nevşehir Hacı Bektaş Veli Üniversitesi  
Department of Psychology

\_\_\_\_\_

**Examining Committee Members:**

Assoc. Prof. Dr. Bahar ÖZ (Head of the Examining Committee)  
Middle East Technical University  
Department of Psychology

\_\_\_\_\_

Prof. Dr. Tülin GENÇÖZ (Supervisor)  
Middle East Technical University  
Department of Psychology

\_\_\_\_\_

Assist. Prof. Dr. Gaye Zeynep ÇENESİZ  
Van Yüzüncü Yıl Üniversitesi  
Department of Psychology

\_\_\_\_\_

Assist. Prof. Dr. Yağmur AR KARCI  
TED Üniversitesi  
Department of Psychology

\_\_\_\_\_

Assist. Prof. Dr. Elif ÜNAL  
Samsun Ondokuz Mayıs Üniversitesi  
Department of Psychology

\_\_\_\_\_



**I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.**

**Name, Last Name:** Sezin AYDOĞ

**Signature:**

## ABSTRACT

### WHEN THE BABY IS GONE...: A QUALITATIVE EXPLORATION OF WOMEN'S EXPERIENCE OF BABY LOSS

AYDOĞ, Sezin

Ph.D., The Department of Psychology

Supervisor: Prof. Dr. Tülin GENÇÖZ

Co-supervisor: Assist. Prof. Dr. Derya ÖZBEK ŞİMŞEK

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The death of a loved one is considered as the most stressful of life events, and the loss of a child is portrayed as the most distressing and long-lasting of all griefs. The present study intends to examine women's experience of baby loss from a psychoanalytic perspective regarding the issues of femininity, motherhood, and subsequent pregnancy and motherhood experiences. Semi-structured interviews were conducted with five women, who had lost their first-born babies due to natural causes within the first year following the baby's birth. Reflexive thematic analysis approach was utilized, and five main themes were generated from the data. The themes were *"motherly grief": a unique loss that will never fade away, reactions to the baby loss, bereavement in relation to others, coming to terms with the loss: coping strategies, and the effects of the loss on the subsequent pregnancy and motherhood experience*. The results of the study were discussed in the light of the literature and clinical implications, and suggestions for future studies were provided.

**Keywords:** Baby Loss, Mourning, Motherhood, Psychoanalysis, Thematic Analysis

## ÖZ

### BEBEK KAYBININ ARDINDAN...: KADINLARIN BEBEK KAYBI DENEYİMİNE DAİR NİTEL BİR ARAŞTIRMA

AYDOĞ, Sezin

Doktora, Psikoloji Bölümü

Tez Yöneticisi: Prof. Dr. Tülin GENÇÖZ

Ortak Tez Yöneticisi: Dr. Öğr. Üyesi Derya ÖZBEK ŞİMŞEK

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Sevilen bir kişinin ölümü, en zorlu yaşam olaylarından biri olarak kabul edilmektedir. Çocuk kaybı ise kayıp deneyimleri arasında en acı verici ve uzun süreli olan kayıp olarak tasvir edilmektedir. Güncel çalışmada, kadınların bebek kaybı deneyimlerinin psikanalitik bir bakış açısıyla kadınlık, annelik ve sonraki gebelik ve annelik deneyimleri bağlamında araştırılması amaçlanmıştır. İlk bebeklerini, bebeğin doğumunu takiben ilk bir yıl içerisinde kaybeden beş kadınla yarı yapılandırılmış görüşmeler gerçekleştirilmiştir. Yapılan görüşmeler çalışmada kullanılan tematik analiz yaklaşımına uygun olarak analiz edilmiş ve beş farklı tema oluşturulmuştur. Temalar, “*evlat acısı*”: *asla unutulmayacak benzersiz bir kayıp, bebek kaybına verilen tepkiler, diğerleriyle ilişkiler bağlamında yas, kayıpla uzlaş: başa çıkma stratejileri* ve son olarak *bebek kaybının sonraki hamilelik ve annelik deneyimi üzerindeki etkileridir*. Bu bulgular ilgili alanyazın ışığında ve klinik uygulamalar bağlamında tartışılmış, gelecekte yapılabilecek çalışmalara dair öneriler sunulmuştur.

**Anahtar Kelimeler:** Bebek Kaybı, Yas, Annelik, Psikanaliz, Tematik Analiz

*To my beloved parents who did not have a chance to meet their first-born, Selmi...  
And to all subsequent children...*



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## TABLE OF CONTENTS

PLAGIARISM .....	iii
ABSTRACT .....	iv
ÖZ .....	v
DEDICATION .....	vi
ACKNOWLEDGMENTS .....	viii
TABLE OF CONTENTS .....	ix
LIST OF TABLES .....	xii
CHAPTERS	
1. INTRODUCTION .....	1
1.1. Femininity: Lacan's Theory of Sexuation .....	1
1.2. Motherhood.....	3
1.3. The Lack and the Desire .....	4
1.4. The Object Cause of Desire: " <i>Objet petit a</i> " .....	6
1.5. Child as the Symbolic Phallus, <i>objet petit a</i> .....	7
1.6. The Loss: Grief, Bereavement, and Mourning .....	8
1.7. Psychoanalytic Literature on Mourning .....	11
1.7.1. Freud's " <i>Mourning and Melancholia</i> ": A Cornerstone for the Classical Model of Mourning .....	11
1.7.2. Additions to the Classical Model of Mourning.....	12
1.7.3. Critiques of the Classical Model of Mourning .....	15
1.7.4. Lacanian Psychoanalytic Perspective on Mourning .....	17
1.8. The Loss of a Child.....	20
1.8.1. Psychoanalytic Understanding of Child Loss and the Present Study	23
1.8.2. Problem Statement and Research Questions .....	24
2. METHOD .....	26

2.1.	Design of the Study .....	26
2.2.	Different Schools in Thematic Analysis and Reflexive Thematic Analysis.....	27
2.3.	Data Analysis .....	28
2.4.	Participants and Data Collection.....	29
2.5.	Procedure .....	31
2.6.	Trustworthiness of the Study .....	32
3.	RESULTS .....	34
3.1.	"Motherly Grief": A unique loss that will never fade away .....	35
3.1.1.	The loss of dreams and desires along with motherhood .....	36
3.1.2.	An unfinished story: "You can never turn the page." .....	38
3.1.3.	God's test .....	39
3.2.	Reactions to the baby loss .....	40
3.2.1.	Inability to accept the reality .....	40
3.2.2.	"Life stopped there." .....	41
3.2.3.	The lack and void: "Going back home empty-handed" .....	44
3.2.4.	Disappointment and anger .....	46
3.2.5.	Guilt and self-blame: "Did I kill my baby?" .....	47
3.3.	Bereavement in relation to others .....	49
3.3.1.	In relation to spouse: Sharing each other's sorrow or scapegoating for the loss .....	49
3.3.2.	Others' reactions: Supportive or aggravative .....	51
3.3.3.	Avoidance of death: Baby loss as a taboo .....	52
3.3.4.	Imposed image of mourning mother .....	53
3.4.	Coming to terms with the loss: Coping strategies .....	54
3.4.1.	"Even if s/he lived": Justification of the death of the baby .....	54
3.4.2.	Getting the remainders used by others: The continuity of the baby through the remainders.....	56
3.4.3.	Striving to sustain the bond with the deceased baby .....	58
3.4.4.	The subsequent child: "Miracle, consolation, healer, and replacement .....	61

3.4.5.	Hope of reunion in the afterlife .....	64
3.4.6.	Assigning a function to the loss .....	65
3.5.	Effects of the loss on the subsequent pregnancy and motherhood experience .....	69
3.5.1.	"Am I crazy?": Longing for a baby despite the fear of loss.....	70
3.5.2.	Fear of reliving the same thing: Issues regarding control and attachment .....	70
3.5.3.	Endeavor to be the perfect mother and getting overwhelmed .....	71
3.5.4.	"Quid pro quo": Gratefulness and relief through the subsequent child(ren).....	73
4.	DISCUSSION.....	75
4.1.	"Motherly grief": A unique loss that will never fade away .....	75
4.2.	Reactions to the baby loss.....	78
4.3.	Bereavement in relation to others .....	84
4.4.	Coming to terms with the loss: Coping strategies .....	87
4.5.	Effects of the loss on the subsequent pregnancy and motherhood experience .....	91
4.6.	Conclusions and Clinical Implications .....	94
4.7.	Strengths and Limitations of the Present Study and Suggestions for Future Studies .....	97
	REFERENCES .....	99
APPENDICES		
A.	APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE	114
B.	INFORMED CONSENT FORM .....	115
C.	SEMI-STRUCTURED INTERVIEW QUESTIONS .....	116
D.	TURKISH VERSION OF THE INTERVIEW QUESTIONS .....	117
E.	CURRICULUM VITAE .....	118
F.	TURKISH SUMMARY / TÜRKÇE ÖZET .....	121
G.	THESIS PERMISSION FORM / TEZ İZİN FORMU .....	146

## LIST OF TABLES

Table 1 Three types of lack of object.....	4
Table 2 Phases of thematic analysis.....	29
Table 3 Descriptive information about the participants.....	31
Table 4 Themes and subthemes .....	34

## CHAPTER 1

### INTRODUCTION

This study aims to investigate women's experience of baby loss from a psychoanalytic point of view. The introduction part, firstly, explains the theory of sexualization, more specifically, femininity, which is followed by the discussion of motherhood and the status of a child for a mother. Afterwards, psychoanalytic literature on loss is presented, and additional information from the psychology literature is given. Lastly, the psychoanalytic understanding of child loss is presented along with the aims and the research questions of the present study.

#### 1.1. Femininity: Lacan's Theory of Sexualization

According to psychoanalytic theory, sexual difference is beyond anatomy. Freud stated that the difference between man and woman emerges in the phallic phase with the development of sexual drives (Freud, 2000). Before the phallic phase, the child is not aware of the sexual difference (Soler, 2000). According to Freud, the sexual position of the subject is determined by the sexuality of the parent, with whom the child identifies in the Oedipus complex. Identifying with the father results in assuming the masculine position, whereas identifying with the mother means assuming the feminine position (Freud, 1924). That is, according to Freud, sexuality is constructed through identification. On the other hand, according to Lacan (1999), the Oedipus complex always includes identifying with the Name-of-the-Father<sup>1</sup>; for that reason, sexual difference cannot be explained merely by identification.

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<sup>1</sup> Lacan stated that the Name-of-the-Father is the fundamental signifier that signifies the Oedipal prohibition (the "no" of the incest taboo) and registers the subject in the symbolic order (Lacan, 1997). It also includes the *paternal metaphor*, in Oedipus complex, it substitutes the desire of the mother (Lacan, 2006).

Lacan explained sexuality in relation to *jouissance*<sup>2</sup> and language rather than developmental stages. In his seminar XX, which he named as “Encore”, Lacan presented the sexuation formula, which he derived from symbolic logic. Accordingly, the subject is a sexuated subject. That is, the signifiers of “woman” and “man” represent the subject’s symbolic position rather than the biological sex (Lacan, 1999). Lacan’s sexuation theory brought along a decrease in the importance attributed to anatomy. Although anatomy is crucial, the whole story about the process of sexuation is not hidden there (Morel, 2011).

Lacan pointed out that the position of the subject in relation to the phallus, which is the signifier of the Other’s desire and *jouissance*, determines the sexual position of the subject (Lacan, 1999). Unlike Freud, who associated castration with the presence or absence of the penis, Lacan (2006) defined castration as a symbolic process involving one’s renunciation of a part of his *jouissance* from his adherent relationship with his first Other (usually, the mother). Therefore, feminine and masculine positions in Lacan’s sexuation formula indicate that there are two different positions in relation to the phallus and thus in relation to *jouissance* (Morel, 2000). The masculine position is fully involved in castration; from this position, the subject can only reach the phallic *jouissance* within the boundaries of the language. On the other hand, the feminine position is subjected to castration but not as a whole (“not-all”). As it can exceed the language boundary, the feminine position provides the subject with an access to both phallic *jouissance* and a *jouissance* beyond language: feminine *jouissance* or Other *jouissance* (Soler, 2000).

According to Lacan, the subject is built on a lack; thus, complete satisfaction is never possible. For the requirement of the lack and continuity of desire, the subject always experiences dissatisfaction. Phallic *jouissance* is characterized by a frustration resulting from this dissatisfaction. It involves transforming the Other into an object (*objet petit a*) and creates the illusion that the object will satisfy the desire (Homer, 2013). In the sexuation diagram of Lacan, phallic *jouissance* is indicated by an arrow

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<sup>2</sup> In Lacanian theory, *jouissance* refers to a paradoxical satisfaction or enjoyment that the subject gets from his own symptom; in other words, it is an enjoyment beyond the pleasure principle (Lacan, 1992).



from “\$” to “a”, which also forms the fundamental fantasy formula he had previously formulated:  $\$ \diamond a$  (Monribot, 2013).

On the other hand, feminine jouissance is beyond language; in this sense, it cannot be directly described through language. It can only be experienced from the feminine position. It is described as “our jouissance as the Other”, “jouissance that the Other took from us”, and “jouissance taken from the Other” (Fink, 2002). Since it is beyond language, it is also beyond the unconscious (Soler, 2002). Becoming a subject of language is possible through repression (Lacan, 1999); femininity and Other jouissance are about pre-repression, real, and body (Lesourd, 2018).

## **1.2. Motherhood**

In his writings, Freud (1920; 1924) often indicated that the notions of “woman” and “mother” engender and interpose each other in terms of individual and social spheres. He stated that the desire to have a baby originates in penis envy rooted in the Oedipus complex, and motherhood is “a phallic way out for the feminine Oedipus” (Freud, 1920). Freud stated that the child is a symbolic substitute for the penis. Lacan also asserted that for the mother, the child represents a substitute for the symbolic phallus that she lacks. Nevertheless, this substitution does not ensure satisfaction; the desire for the phallus remains even after having a child (Lacan, 1999). The love of a mother is structured by a fantasy that reduces the partner to an object. This is the object that the subject seeks due to being divided (Soler, 2006), and it is displayed by the fantasy formula in the sexuation diagram as mentioned above.

According to Lacan (2006), who elaborated the theory of sexuation with the notions of phallus and jouissance, feminine jouissance is beyond phallic and comprises the notion of “maternal jouissance” as it is a specific kind of encounter between the feminine and the maternal. The phallic jouissance, which is limited and located outside the body (Soler, 2006), is the one that limits feminine jouissance through paternal metaphor when the mother and baby are in a fusion. What is more, the baby offers itself as *the object a* (objet petit a) to the mother, creating the illusion of wholeness, which is related to the imaginary register and ideal ego, whereas the phallic jouissance refers to symbolic identification and the ego ideal (Alves & Poli, 2016).

Moreover, it is stated that being a woman and being a mother are in opposition (Soler, 2006). Through the child, the mother takes the object back that she lacks; on the other hand, she is a woman as her libido is directed towards a “man”, in other words, towards something beyond the child. In the mother position, what is missing is the dimension of another desire beyond her child. If the child is signified to fulfill the mother’s desire, it will be a trap for him, in which he will purely be an object for the mother, an object that is in her possession. According to Lacan, in terms of separation, too much love is more destructive for the child than lack of it. The desire of a woman is a limit to maternal passion, i.e., maternal jouissance; the paternal metaphor implies this limit (Soler, 2006). Accordingly, it is asserted that female perversion has its normal place in motherhood. “If there is less perversion in women than in men, it is just because they generally satisfy their perverse relationship with their children” (Lacan, 2019).

**1.3. The Lack and the Desire**

It is crucial to discuss how Lacan conceptualizes the notions of lack, desire, and object to clarify the status of child as *the object a*. In Lacan’s work, lack is always related to desire. It is fundamental for the desire to emerge and arise (Lacan, 2015). He differentiates the lack of being from the lack of having, relating the former to the desire whereas the latter to the demand (Lacan, 2006). In 1956, Lacan argued that lack designates the lack of an object. He specified three types of lack considering the nature of the object that is lacking: castration, frustration, and privation (Lacan, 2020) (See Figure 2). They belong to a different order, each brought about by a different kind of agent and including a different type of object (see Table 1).

Table 1: Three types of lack of object

AGENT	LACK	OBJECT
Real father	Symbolic castration	Imaginary phallus
Symbolic mother	Imaginary frustration	Real breast
Imaginary father	Real privation	Symbolic phallus

Lacan (2020) asserted that the phallus is the third component of the relationship between the subject and the object. It has an essential role in both the Oedipus complex and the theory of sexual difference. In the preoedipal phase, the phallus is one of the three elements; as an imaginary object, it circulates between the mother and the child. The child perceives the imaginary phallus as the object of mother's desire in this phase, and it is what the mother desires beyond the child. Therefore, the child identifies with this object. The Oedipus complex and castration include renunciation of the attempt to be the imaginary phallus of the mother. However, the phallus is also a symbolic object and a signifier; the imaginary dialectic between the mother and the child paves the way for the symbolic through this signifier (Lacan, 2020).

Whereas Oedipus complex and castration are about the imaginary phallus, sexual difference, as identified by Lacan, is about symbolic phallus. In Lacan's teaching, with the formulas of sexuation, the phallus acquires a phallic, and thus a separative function, the function of lack. The *object a* is distinguished depending on whether it is phallicized, or separated, which determines the entire distance between desire and jouissance (Vanier, 2011).

Both the male and the female subject assume their sex through the symbolic phallus as it is "a matter of dissymmetry in the signifier" (Lacan, 1997). As a symbol, the phallus has neither a correspondent nor an equivalent; indeed, in the symbolic order, it is an absence involving a positive entity just like a presence. Therefore, the woman, who lacks the symbolic phallus can be said to have it since not having is a form of having on the symbolic register. On the other hand, the man's assumption of the symbolic phallus is only possible through the prior assumption of the castration (Lacan, 2020). Furthermore, the symbolic phallus appears in the place of the lack of the signifier in the Other; it is the signifier that does not have a signified, and it represents the real presence of the desire (Lacan, 2015).

As it can be seen in Figure 2, the symbolic phallus is related to privation. Privation is a lack in the real of the symbolic object, or symbolic phallus. The agent of this lack is the imaginary father. With the notion of privation, Lacan attempted to explain Freud's theory of female castration and penis envy. Freud had stated it has traumatic effects for children to realize that women do not have a penis. Boys develop the fear of being

castrated whereas girls envy boys for possession of the penis. Girls, blaming mothers for depriving them of the penis, direct their affection towards the father, in pursuit of a symbolic substitute for their lack of penis (Freud, 1924). That is, privation is about a lack in the real; however, as Lacan (2020) said, “the real is full”, it is never lacking in itself. He stated that “the notion of privation implies the symbolization of the object in the real.” In other words, the penis is perceived by the child as absent just because there is an idea that something should exist there. This is what introduces the symbolic in the real: what is lacking is a symbolic object but not the real organ. By means of this, in the girl’s unconscious, the lack can be substituted by a child which confirms the lack’s symbolic nature (Lacan, 2020).

According to Freud, penis envy remains in adulthood, and it manifests itself in the desire to enjoy the penis in sexual intercourse and to turn to other men to have a child since the father had failed to give her one (Freud, 1924). On the other hand, Lacan argued that having a child does not mean the end of the sense of privation. The desire for the phallus persists, remaining unsatisfied (Lacan, 2020).

#### **1.4. The Object Cause of Desire: “*Objet petit a*”**

The concept of desire has a central place in the work of Lacan, who argued that it is “the essence of man” (Lacan, 1964), the heart of our existence, and the central issue in psychoanalysis. He carefully differentiated it from the concepts of *need* and *demand*, which he thought the psychoanalysts of his day tended to confuse (Lacan, 2019). Need is merely a biological instinct which can be subsided according to the requirements of the organism, even if only temporarily. The human being is born in a condition of helplessness, unable to satisfy its own needs and totally dependent on the Other. To be cared by the Other, the baby must articulate what he needs in demand. However, the presence of the Other acquires another value that goes beyond the satisfaction of needs; it symbolizes love. Consequently, demand obtains a double function: the articulation of need and the demand for love. However, even though needs can be satisfied, demand for love cannot in a way the subject wishes. Because the Other also lacks and desires something else beyond the child. Therefore, crave for love remains unsatisfied and the remainder constitutes desire (Lacan, 2019). “Desire

is neither the appetite for satisfaction, nor the demand for love, but the difference that results from the subtraction of the first from the second” (Lacan, 2006).

In his matheme of fantasy ( $\$ \diamond a$ ), Lacan introduces *a* as the object of desire (Lacan, 2020). As the cause of desire, the *object a*, in his original words “*objet petit a*”, can never be attained; it is the object that stimulates desire. The drives circle around the *object a* rather than seeking to attain it. It is the cause of desire but not the object towards which desire tends. Desire is in relation to a lack, but not to an object (Lacan, 1964). In fact,

The formula ( $\$ \diamond a$ ) signifies the following: a specific object becomes an object of desire insofar as the subject is deprived of something of himself that has taken on the value of the signifier of his alienation – and this something is the phallus – deprived of something that is related to his very life because it has taken the value of what links him to the signifier (Lacan, 2019).

### **1.5. Child as the Symbolic Phallus, *objet petit a***

The question of the child’s status was expanded on thoroughly in Lacan’s work. Referring to Freud’s work, Lacan (2018) draws the following equivalence: “child=phallus=excrement” (Vanier, 2011). This formula manifests what Lacan would unfold in his revisits of the problem of the status of the child. According to Lacan (2018), the place of the child in the mother’s fantasy is linked to her desire. The child represents a substitute for the symbolic phallus for the mother. In other words, a child always has the status the *object a* for a woman (Vanier, 2011).

The newborn is not a subject but an object for/to the mother; it is a real object that can be possessed by her, an object that she can get *jouissance* and give *jouissance* (Hook, 2006). In this dual relationship, the child gives the mother the very object of his existence, which appears in the real, and this is what the masculine subject lacks and thus cannot give her (Lacan, 2018). As Freud emphasized, there is also an erotic ambiguity in “maternal care from which the subject will have to emerge as the effect of language”, by the intervention of Name-of-the-Father (Soler, 2006). The baby develops Oedipus complex utterly in relation to the mother (Hook, 2006). Because the paternal metaphor, through which the child will be the subject of language, is in relation to how the father, in other words, the law, is symbolized in mother’s words (Mannoni, 1987). In the proto conversations, i.e. *lalangue*, between the mother and the

baby, the mother produces the questions and the answers as the child remains the subject of this speech in the future despite or beyond his very being as an object. That is, it is the mother who supposes the child as the subject in the first place. Therefore, she represents him to herself as separate even before he can speak (Vanier, 2011). “The mother is not simply the one who gives the breast, she is also the one who gives the blood of meaningful articulation.” (Lacan, 2020), she gives it to him in form the law that is symbolized by the Name-of-the-Father (Vanier, 2011).

Psychoanalytic understanding of femininity, motherhood, and the statuses of a child for the mother is presented above in the light of Freud and Lacan’s works. What if a woman loses her baby, what kind of an experience would that be?

### **1.6. The Loss: Grief, Bereavement, and Mourning**

The terms “grief, bereavement, and mourning” are concepts central to the literature related to loss. Although they are sometimes interchangeably used, they have different meanings. Therefore, before focusing onto the literature on mourning, it is crucial to describe these terms.

*Grief* is defined as “the normal process of reaction to a loss” such as physical loss, death, or social loss involving a relationship or job. *Bereavement* is “the period after a loss during which grief and mourning occurs,” the extension of which would vary depending on the level of closeness to the person who died and the conditions of the loss. Lastly, *mourning* is “the process by which people adapt to a loss,” which is highly influenced by rituals, practices, and cultural beliefs (Casarett, Kutner, & Abraham, 2001). The term mourning is commonly used in the psychoanalytic literature, which will be examined in detail in the following part.

The three typical grief reactions identified in the psychology literature are emotional, physical, and mental. They may include feelings of numbness, sadness, despair, guilt, anxiety, and anger. It is also possible that the individual experiences loss of interest in pleasurable activities, difficulty in concentrating, eating and sleep problems, physical problems, and even certain illnesses. Some researchers also assert that grief may suppress the immune system leading to susceptibility to different types of illnesses (Parkes & Prigerson, 2010). Typical grief reactions usually diminish within 6-10

weeks; however, the intensity and duration of them may change depending on the severity of the symptoms (Youdin, 2016). On the other hand, atypical grief reactions to loss of a loved one may be complicated, involving preoccupation with the deceased and distressful memories, feelings of disbelief, inability to move on with one's own life, and yearning for the dead one (Youdin, 2016).

Furthermore, the literature suggests two terms in relation to grief: disenfranchised grief and anticipatory grief. The former is not socially recognized (Doka, 1989). Examples to disenfranchised grief are abortions, perinatal deaths, the suicide of a loved one, the death of a pet, death due to AIDS, and psychological losses. In such cases, usually formal mourning practices are not conducted and the recognition of others that would be comforting for the individual does not take place resulting in the lack of social support (Parkes & Prigerson, 2010). Anticipatory grief is, on the other hand, "occurs when a death is expected, and survivors have time to prepare to some extent before the loss". The expectation of the death tends to make it easier to adjust after the loss (Kübler-Ross & Kessler, 2005). In these cases, death after a long and painful period of illness may bring a sense of relief to family members since the suffering of the loved one and the exhausting caring process is over (Lally & Valentine-French, 2019).

Several theoretical models of grief were proposed by different theorists in the psychology literature although none of them is all encompassing (Youdin, 2016). A popular model was presented by Kübler-Ross and Kessler (2005), according to whom individuals who lost a loved one go through five stages of grief: denial, anger, bargaining, depression, and acceptance. These stages are not necessarily gone through in this sequence, nor are they experienced in the same intensity; also, a person may not go through all of them (Kübler-Ross & Kessler, 2005). In the stage of denial, one does not simply deny the fact that the loved one is dead; it is an experience of being paralyzed with shock and numbness, and the difficulty of grasping the idea he or she will never see the loved one again. As the reality of death is accepted, the feelings once denied begin to come to surface. The stage of anger may present itself in different ways: towards the deceased, towards oneself, or towards other people or objects. Anger is considered as a necessary stage for healing. The third stage, the stage of bargaining, is characterized by sentences that start with such expressions as "what if..." and "if only...". They express the wish to go back in time and prevent the death. The

fourth response to the death of a loved one is depression, which is considered a “normal and appropriate” response and an essential step to recovery. Lastly comes the stage of acceptance. It is not complacency with the death but accepting the fact that the loved one is physically and permanently gone. Acceptance is about learning to live with this reality (Kübler-Ross & Kessler, 2005). Some researchers, along with Kübler-Ross herself, have been skeptical of the validity of the five stages of grief (Friedman & James, 2008). She noted in her work: “How do you do research on dying ... when you cannot verify your data and cannot set up experiments?” (Kübler-Ross, 1969).

In their book on bereavement, Parkes and Prigerson (2010) identified the major features of grief as follows: numbness followed by pining, which leaves its place to a period of disorganization and despair, and in the long run, an increase in acceptance. They also stated that the “phases of grief” are not considered very useful anymore (Parkes & Prigerson, 2010). Although according to recent research, symptoms showed a tendency to peak in an order that distinguishes the phases (Maciejewski et al., 2007); they do not necessarily end for the next one to begin; on the contrary, they considerably overlap. Furthermore, a wide range of studies on loss found out that many bereaved people could accept the death of the loved one from the beginning and yearning was the most common feature during the first two years of bereavement. Nevertheless, the assertion of the phases is considered valuable to show that it is a process which the bereaved go through, usually from a state of disorientation and distress towards one of acceptance and understanding of the loss (Prigerson & Maciejewski, 2008).

Lastly, post-modernist perspectives on grief suggest that grief is socially constructed. They emphasize that grief is a “state of being” rather than a process of “resolution,” which are defined by notions of normality (Valentine, 2006). From this perspective, meaning-making is the essential part of grief helping one move forward through life (Gillies & Neimeyer, 2006). It is asserted that grief does not come to an end with an arbitrary point of conclusion; the loss does not vanish but is integrated, gaining a new meaning through various narrations (Klass, Silverman, & Nickman, 1996; Neimeyer, 2000; Goldsworthy, 2005).



## **1.7. Psychoanalytic Literature on Mourning**

### **1.7.1. Freud's "Mourning and Melancholia": A Cornerstone for the Classical Model of Mourning**

A model for mourning was first depicted by Freud in his paper *Mourning and Melancholia* dated 1917. Indeed, he had discussed the topic in his previous papers (Freud & Breuer, 2001; Freud, 1909, 1915), yet these discussions approached the subject of mourning from the perspective of psychopathology. For instance, in the case study of Ratman, he presented the role of rivalry in pathological mourning (Freud, 1909). On the other hand, in *Mourning and Melancholia*, he made novel major contributions to the psychoanalytic literature regarding mourning. Nevertheless, Furman (1974) claimed that Freud wrote that paper while his focus was on narcissism. According to him, Freud was trying to clarify the processes of melancholia and develop a model for mourning although his attempt was not the delineation of mourning in its full theoretical application and clinical complexity. Therefore, considering *Mourning and Melancholia* all by itself can be misleading (Furman, 1974).

In *Mourning and Melancholia*, Freud (1917) examined the reactions to the loss of an object and discussed how mourning and melancholia are different from each other. *Mourning* is defined as the reaction to the loss of a loved one or abstraction. "A painful frame of mind, the loss of interest in the outside world, the loss of capacity to adopt a new object of love, and turning away from any activity" are common features of mourning and melancholia. Unlike in mourning, in the case of melancholia, self-regarding feelings are diminished to the point of self-reviling and self-reproaches and ultimately to decreased self-worth. Mourning and melancholia basically differ as to the ambivalent feelings toward the lost object (Freud, 1917). Freud asserted that the same incidents may result in melancholia instead of mourning for some people, and possible pathological dispositions are expected when there are marks of melancholia. Although mourning consists of certain abnegations from the natural flow of life, it rarely requires treatment; according to him, after a certain amount of time, the individuals in mourning are most likely to naturally heal (Freud, 1917).

At first, to Freud, why such an intense amount of pain is a part of the mourning process was obscure. Afterwards, in his work, *Inhibitions, Symptoms, and Anxiety*, he claimed that separation is painful because of “the high and unsatisfiable cathexis of longing which is concentrated on the object by the bereaved person during the reproduction of the situations in which he must undo the ties that bind him to it” (Freud, 1936). According to him, the phenomenon of mourning consists of testing of reality, in which the loved object does not exist anymore, resulting in withdrawal of the attachment of libido to this object. However, a struggle arises since “man never willingly abandons a libido-position”. According to Freud, thus, mourning can be performed gradually and at a significant cost in terms of cathectic energy and time, during which the presence of the lost object remains in the mind. All hopes and memories that attached the libido to the lost object are released and “hyper-cathected”. Freud asserted that, when the detachment of libido from the lost object is accomplished, the mourning process is completed, and the ego becomes uninhibited and freed, with an enhanced capacity to love and increased vitality (Freud, 1917).

### **1.7.2. Additions to the Classical Model of Mourning**

Later, psychoanalysts that focused on object loss have pointed out other features of mourning, and some of them were accepted as additions to Freud’s original psychoanalytic model of mourning. Abraham (1994) and Fenichel (1945) included the concept of identification with the lost object into the original mourning model. Abraham noted that, to retain one’s relation to the lost object, the bereaved acquires a temporary introjection regarding the lost loved person. He also stated that introjection of the lost object is not specific to the cases of melancholia but can be observed in normal mourning as well. Fenichel agreed with Abraham in 1945. Although Freud himself did not mention identification in his original model of mourning, in his other writings about and references to object loss, he also mentioned identification with the lost object. For instance, in *The Ego and the Id*, he stated, “It may be that this identification is the sole condition under which the id can give up its objects” (Freud, 1923). In this work, he further described the representation of the lost object in the ongoing life and development of the ego.

Furthermore, Helene Deutsch (1937) asserted that the absence of grief in the mourning process is a psychopathological indication. According to her, the mourning process must be completed and early aggressive and libidinal attachments to the lost loved one must be resolved; otherwise, the painful effect caused by the loss of a loved object is bound to remain (Deutsch, 1937). Her views were also included in the original model. Parallel with this view of Deutsch, Freud mentioned, in *Mourning and Melancholia*, that the main distinction between the two concepts is that whereas the libidinal cathexis is predominant in normal mourning, aggression is common in the latter (1917). This feature of mourning is designated as ambivalence. However, Abraham (1994) declared that ambivalence is not specific to the cases of pathological mourning and can also be seen in normal mourning.

Klein (1940) accounted for the pain experienced in mourning differently from Freud. According to her, the sense of well-being is profoundly affected by the loss of a loved one in external reality because the “internal object world” is put into disarray. The pain is regarded to be in relation to the collapse and reconstruction of the inner world and the restitution of the internal good object which is the basis of good feelings about the world and oneself. Klein (1940) claimed that losing an object of love in adult life results in the reactivation of the painful effects and fantasies in the mourner, which are characteristics of the “depressive position” of early life. To develop the capacity to grieve, the essential prerequisite is resolving the depressive position; in this way, one can create and maintain a “post-ambivalent” relationship with oneself and with the world (Klein, 1940). She stated that, although with different manifestations and in different conditions, a child’s early normal development process is repeated in the case of mourning.

Klein (1940) illustrated this with a hypothetical example of a woman who loses her child. In such a case, she stated, apart from the sorrow and pain, “her early dread of being robbed by a ‘bad’ retaliating mother is reactivated and confirmed”. This would raise the fear of being punished because of early aggressive phantasies about stealing her own mother’s babies which, in turn, would strengthen ambivalence and lead to distrust and hatred towards others. That is, in the state of mourning, the feeling of persecution is reinforced, and it becomes increasingly painful since growing distrust and ambivalence impede friendly relations with people, which otherwise would be

very helpful in such times. Just like a child's struggle of going through the depressive position, the mourner passes through the pain of re-integrating and re-establishing it while trying to integrate and establish his/her inner world in his/her unconscious mind; Klein (1940) basically stated that each step in the mourning process deepens the mourner's relation to the inner objects, which would prove good after all and result in happiness because of regaining what was felt to be lost.

According to Klein (1940), the process of idealization is an essential step in psychic development, and it is disturbed the most painfully after the loss of a loved one. Early in life, the idealized mother is a guardian against a retaliating mother and other bad objects; therefore, it represents life and security. Therefore, it is a great relief for the mourner to recall the lost one's positive qualities and kindness because keeping the loved object as an idealized one gives reassurance. Additionally, Klein (1940) asserted that reaching a stage where it is bearable for the mourner to realize that the loved object was not perfect while still maintaining trust and love for it, but not fearing his revenge at the same time, means that important mourning steps have been taken. This is achieved through regaining trust in external objects and other values, in which way the mourner's confidence in the lost loved object is strengthened once again. In contrast with Freud, according to Klein (1940), this is also the case for the "normal" mourner.

In 1961, Pollock defended Freud's mourning theory and argued that the original theory of mourning should be accepted as a universal and adaptive process. He asserted that the mourning process is biologically grounded and developed evolutionarily, and its aim is to ensure survival against the experience of loss and separation. The loss of a loved one, which can be conceptualized as a psychological lesion, results in the disruption of the equilibrium state, which the subject needs for optimal functioning. Therefore, the mourning reaction is an ego-adaptive process. It includes the reaction to the loss of the object along with the readjustment to the reality, or to the external environment, where the lost object does not exist anymore. The reactions to the loss are to re-establish a homeostatic steady state intra-psychically. Furthermore, in the light of a clinical description of one of Freud's cases, Pollock also draws attention to what he calls "anniversary reactions". He argued that mourning may be perpetuated in various ways that occur on a timetable set by unconscious mechanisms. Pollock (1961) identifies the acute stages of mourning as the shock, grief, pain, separation reaction,

and the beginning of the decathexis of the internal object along with recognizing the loss. The separation reaction provokes anxiety as well as anger. As the acute stage proceeds, the chronic stage, in Freud's words "the mourning work," gradually takes over and includes a variety of adaptive mechanisms enabling the mourner to see that life can go on (Pollock, 1961).

Other theorists (Engel, 1961; Schuster, 1969; Bowlby, 1961; Parkes, 1972) also focused on identifying the phases of mourning, and they somewhat described similar phases. In general terms, the first and relatively brief phase includes numbness along with anger and distress. The second phase consists of searching and yearning for the lost object. The third is identified with disorganization and despair, and the fourth one is characterized with reorganization (Volkan and Josephthal, 1980).

After all, Freud's model of mourning has been accepted as the standard model in the psychoanalytic perspective. As a matter of fact, in *Psychoanalytic Terms and Concepts'* 1990 edition, Moore and Fine restated the original formulation of Freud as an introduction to mourning and defined it as "the mental process by which one's psychic equilibrium is restored following the loss of a meaningful love object" (p. 122). The process of mourning and the natural healing defined by the writers is in congruence with Freud's original explanations of the matter. Three interrelated steps of the work of mourning are as follows: 1) the bereaved understands, accepts, and copes with the loss and the circumstances related to it, 2) experiences renunciation of identification with and attachment to the lost object (decathexis), and 3) resumes an emotional life involving establishment of new relationships (recathexis). The success of each phase is affected by whether the previous one is accomplished or not (Moore & Fine, 1990).

### **1.7.3. Critiques of the Classical Model of Mourning**

The original model of mourning was criticized by some of the later theorists. The following explanations presented by Neimeyer (2016) summarize the basic components of the model while pointing out its shortcomings regarding their point of view. He stated that the original model of mourning comprises some fundamental components. Briefly, it consists of a normal and identifiable psychological mourning process. Rather than being transformative, the mourning process functions in a

restorative and conservative manner. It acts as an intrapsychic and a private process rather than a relational and social one. The bereaved experiences a painful mood and extreme sadness spontaneously, and the suppression or/and denial of grief results in pathology. Instead of being personal and unique, the process of mourning has standard characteristics. It is considered as sad and painful. Detachment, in Freudian terms, decathexis, is the main task of mourning; continuity regarding the relationship with the lost one is not a part of a successful mourning process. The basis of the original model is the alterations in the psychic energy; there is no emphasis on the meaning concerning loss and recovery. Lastly, normal mourning is considered a process that reaches an equilibrium and a resolution point rather than a process that involves evolving, transforming, and open-endedness (Neimeyer, 2016).

Brenner (1974) added that, during his clinical practice, he had not observed any single patient who experienced and exhibited mourning in a way Freud described it. Although Freud argued against any therapeutic intervention in the normal cases of mourning, Brenner (1974) asserted that classifying the mourning process as normal and pathological can be misleading and that a symptomatologically based classification is unreliable since the unconscious is protean in nature. Even though Abraham (1927) described his two patients' mourning process as normal mourning, it is claimed that these cases do not support the classical model, either (Hagman, 1995). Because in one of the cases, the patient introjects the internal image of his dead wife and preserves the attachment rather than decathexis; and in the other, the patient experiences bliss and elation rather than excessive grief (Hagman, 1995), which is a non-pathological or an ordinary reaction to the loss of a loved one (Wortman, Silver, and Kesler, 1994).

Finally, the original mourning model is regarded as a stage model, in which mourning goes through certain stages to be completed. According to this model, the bereaved completes the task of mourning, the painful mood ends, and the bereaved gets capable of adopting a new object of love. The original model is, in a sense, about forgetting the lost one (Grigg, 2016). This feature of the original model is also criticized by some psychoanalysts (Grigg, 2016; Hagman, 1995). Although implicitly, even Freud himself abandoned the idea of relinquishment of the bonds with the lost object while referring to the death of his daughter Sophie. In his letter to Ludwig Binswanger, who was experiencing a similar loss, he wrote:

We know that the acute sorrow we feel after such a loss will run its course, but also that we will remain inconsolable, and will never find a substitute. No matter what may come to take its place, even should it fill that place completely, it remains something else. And that is how it should be. It is the only way of perpetuating a love that we do not want to abandon (Freud, 1992).

As Grigg (2016) stated, the “ethical requirement” after a loss is, in fact, not to forget.

#### **1.7.4. Lacanian Psychoanalytic Perspective on Mourning**

Lacan (1977) elaborated on the concept of mourning in his seminar on Hamlet, titled as *Desire and Its Interpretation*, and he indicated his dissatisfaction with Freud’s formulation on mourning. He claimed that Freud had not posed the question properly in *Mourning and Melancholia*. Lacan considered death as opening a “hole in the real”. The death leads to a breakage that appeals to symbolic reparation. In this regard, according to him, mourning is the structural reverse of psychotic foreclosure. For the psychotic, what is rejected from the symbolic reemerges in the real, whereas in mourning, the hole in the real stemming from the loss puts the signifier in action. According to Lacan (1977), an efficient work of mourning is a kind of a restitching operation by symbolic means. Furthermore, in his seminar X, titled as *Anxiety*, Lacan discussed the concept of mourning by focusing on its relation to the constitution of the object of desire. He also emphasized the reintegration of *object a* as the object cause of desire. The problem of the subject going through mourning is the root cause of desire resulting in a failure of desire to be set in motion (Lacan, 2014).

Lacan also challenged the ideas of Freud about identification with the lost object in mourning. Particularly, he asserted that Freud did not describe the concept of mourning sufficiently since we only mourn for someone for whom we can say “I was his lack.” That is, the bereaved subject is deeply attached to the lack in the other prior to their death (Lacan, 2014). This is also related to Lacan’s ideas on love: “What we give in love is essentially what we do not have” (Lacan, 2015). What is crucial in love is the lack supposed in the locus of the other. The loss of a loved one results in the collapse of the *object a*, which had been located in the beloved other. This is why losing a loved one leads to destabilization in the economy of desire (Boothby, 2013).

As anxiety is related to the Other’s desire found upon lack and is triggered by a specific kind of lack of lack, mourning subsumes a particular experience of lacking the lack



(Boothby, 2013). The common notion of mourning, including Freud's views, is established upon the supposition that the subject in bereavement struggles with an absence, where there was once a presence. However, Lacan proposes that, in mourning, the subject misses the lack in the other; s/he misses what was not there rather than what was. What death takes from the subject is the lack in the other (Boothby, 2013). As Harari (2001) states, "mourning occurs because the person for whom one is the lack is lost". The lack here is what the subject constituted for the one who died. Regarding the relation between the lack and the desire, this means that the mourning is in relation to the dialectic of desire.

In addition, according to Freud (1917), the process of mourning is related to separating the ego from the object by breaking the links between them; nevertheless, Lacan (1964) emphasized that to restore the link with the *object a*, these links must be reconstructed. More recently, a similar opinion was presented by Grigg (2016). He challenged Freud's ideas regarding the endpoint of mourning, where the lost object is erased (as stated before, Freud also reconsidered his opinions after the death of his daughter). In the light of Lacan's work, Grigg (2016) put forward the notion of "memorialization" of the object, the disappearance of which leaves a record in the symbolic. According to him, the work of mourning is catalyzed by the "reconstruction of the phallic function," through which the protection of the neurotic subject from the *object a* is restored. What is more, he interprets melancholia not as endless mourning but rather an inescapable encounter with the real because of the fall of the semblants<sup>3</sup> that conceals the *real* of the object (Grigg, 2016).

Grigg (2016) argued that "commemoration" is what happens at the end of grieving; the lost one is commemorated but not forgotten. Grigg objects to Freud's idea of the libido getting "free and uninhibited again" through decathexis, asserting that the mourning process always leaves behind marks, often in the shape of painful memories of a lost loved one. Although the pain diminishes over time, it may come to the surface at particular moments, like anniversaries, or at most unforeseeable moments when one encounters something in a movie, a place, or the beginning of new love. To put another

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<sup>3</sup> *Object a* is described by Lacan as a semblant, it fills the void that was left by the loss of the primary object; "it is an object that is both seductive and deceptive". "Semblants come to a place where something should be but isn't, and where its lack produces affects focusing on anxiety." (Grigg, 2007).



way, when one loves and loses, the loved object is never left without a trace (Grigg, 2016) Although Freud claimed that it is only in the pathological cases of melancholia that “the shadow of the object fell upon the ego” (Freud, 1917), Grigg (2016) argued that this is also the case in normal mourning. Even when one can live and love again after a painful mourning process and is free of the hold of the object, the traces of the lost object on the ego are never completely lost (Grigg, 2016).

After the tragic death of his fifth child Sophie from Spanish influenza at the age of twenty-six, Freud also acknowledged the reason why the attachment to the lost object continues: it is the “very love for the object itself.” Those attachments, in a way, keep the lost object alive and memorialize it (Grigg, 2016). In his letter to Ferenczi, Freud (1993) described the loss of a child as an “insurmountable narcissistic insult”. Grigg (2016) interprets commemoration as a way of showing respect to the lost person and one’s attachment to the deceased. Commemoration, as a fundamental aspect of mourning, carries the memory of the lost ones; in this way, “the object itself somehow outlives the psychological work of mourning”. No matter how agonizing it was to lose a loved one, the person undoubtedly does not want to forget about his loss (Grigg, 2016).

Grigg (2016) argued that commemoration consists of both public rituals and internal psychological practices. He argues that, even though the mourner may become fixated on the loss and become self-obsessed, such acts are judged by others morally. According to him, mourning is also about searching for the “right” way to commemorate, and the rituals are essential in terms of finding this right way of remembering. The rituals are established either by social customs or religious laws. Rather than being a sign of a person’s grief, these practices are performed as a sign of respect for the deceased.

As stated before, the loss of a loved one results in a hole opening in the *real*, so the inverse of the mechanism of psychosis occurs (Lacan, 1977). Whereas in psychosis, the signifiers collapse due to the absence of the Name-of-the-Father, in mourning, phallic signifiers that bind the subject to the love object are unconsciously activated by the loss. Grigg (2016) states that this specifically renders the recollections of the lost object vivid in mourning; every experience reminds the mourning subject about the lost one, or the dreams are filled with it. Therefore, while Freud considered

mourning as gradual and painful detachment from the features of the lost object, Lacan regarded mourning as conservation of the object through a memorial of it and a reconstruction in the symbolic. Mourning is painful due to the fall of the semblants, with which we are attached because of desire and love. During the process of mourning, these semblants are transformed into signifiers endorsed by and registered in the Other. From this perspective, during mourning, imaginary features of the object,  $i(a)$ <sup>4</sup> are codified into signifiers that are lodged in the Other (Grigg, 2016).

Finally, a part of mourning is related to the register of *real*. This is about the subject's relationship with the *object a*. As a result of the fall of semblants, the underlying object cause of desire, the real of the *object a* or a particular aspect of it, is exposed. It is the object that supports castration and limits jouissance. The object's ideal -imaginary- features normally hide what is exposed in case of mourning. This is what is manifested in melancholia but hidden in mourning. The melancholic subject is defenseless against the object, for the *real* of the object is exposed. Unlike in mourning, in melancholia, commemoration cannot occur but rather remains in the *real*, and the semblants over the *object a* entirely fall. At this point, Grigg (2016) argues against Freud asserting that his comparison of mourning and melancholia is misleading. The melancholic subject is not the one who suffers from endless mourning but one who does so from an inextricable closeness to the object in the *real*.

### **1.8. The Loss of a Child**

The death of a family member is considered as “the most stressful of life events that individuals must face” (Lieberman, 1979). Losing a child, on the other hand, is considered particularly more difficult to tolerate than other losses (Parkes & Prigerson, 2010). Gorer (1965) portrayed the loss of a child of any age as “the most distressing and long-lasting of all griefs”. Parents' despair and grief consists of lost dreams regarding a future with their child (Kempson et al., 2008).

Quantitative research within psychology literature about child loss revealed congruent findings with this observation. Compared to other types of bereavement, bereaved parents were reported to score higher on inventories of grief (Lally & Valentine-

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<sup>4</sup> Lacan symbolizes specular image as  $i(a)$ . It is the image of oneself in the mirror that captures simultaneously both oneself and the other and it belongs to the imaginary plane (Evans, 2006).

French, 2019; Neidig & Dalgas, 1991). Furthermore, it was found that bereaved parents are more prone to mental and physical health problems and have an increased mortality rate (Rees & Lutkins, 1967; Li, et al., 2003). Clayton (1980) also stated that a remarkably high proportion of people who developed a depressive illness had experienced the loss of a child within the preceding six months. In addition, Mann (1987) put forward that eight per cent of women who suffered the death of a child attempted or committed suicide.

Archer (1999) found a correlation between the age of the lost child and intensity of grief. According to the researcher, the intensity of grief tends to increase when the child's age is greater than 17; for ages up to 17, it is relatively lower. Archer (1999) ascribed this result to the idea that younger women have a greater chance of having another child than older women with decreased fertility. It is also stated that, the older the child is, the stronger the bond that exists between the child and the mother (Archer, 1999). Another aspect of grief examined by researchers was the reason for the death of the child. It was found that parents whose adult children died in traffic accidents experienced more intense grief reactions, more health problems, and more guilt than those who lost their adult child due to cancer (Shanfield & Swain, 1984); that may be explained with the death being sudden and unexpected in case of an accident (Weinberg, 1994). Furthermore, the death of children who were still residing at the same house with the parents and those who had relationship and alcohol problems was specifically hard to cope with for parents (Parkes & Prigerson, 2010).

In today's societies, the child deaths are not statistically frequent, so parents are relatively unprepared to the loss of a child and suffer greater levels of grief (Lally & Valentine-French, 2019). Losing a child has become a rarer event in the present century contrary to the earlier agricultural periods, when most parents would anticipate losing a child in infancy or early childhood and accept it as a fact of life, thus face their losses more readily than today's bereaved parent (Parkes & Prigerson, 2010; Kempson et al., 2008). Thus, people, who live in the parts of the world with higher mortality rates are told to show less grief reactions to loss of their children (Scheper-Hughes, 1992). However, it is worth to note here that, as Hagman (1995) states, the relationship between unconscious processes and overt behaviors is complex, varied, and obscure. Therefore, it cannot be assumed that, in cultures where grief is brief, the unconscious

processes are brief as well because the behavioral form of mourning might not in fact reflect what takes place in the unconscious (Hagman, 1995).

Parkes and Prigerson (2010) discussed whether the greater shock associated with child loss and being unprepared for it in today's societies is about the increased strength of ties due to having fewer number of children or about the decline in the expectation of death. Moreover, in the *Love and Loss Study*, Parkes (2006) discovered that, among the bereaved mothers, the ones who had high rates of separation or rejection by their own mothers are more likely to seek psychiatric help after the loss of their child. They concluded that, for these mothers, a child may be the strongest experience of a love relationship and the loss leads to a greater level of deprivation and they may seek help more often.

Furthermore, in the literature, the effects of the phenomenon of child loss on the subsequent pregnancy and parenthood experience have been studied. It was acknowledged that bereaved parents might be more anxious when pregnant again (Robertson & Kavanaugh, 1998; Armstrong & Hutti, 1998; Warland, 2000) and during the postpartum period (O'Leary et al., 2006; Warland, 2000). It was also reported that parents may delay emotional attachment to their coming baby in pregnancy due to fear of another loss (Lewis, 1979; Cote-Arsenault & Marshall, 2000; Armstrong & Hutti, 1998; O'Leary, 2004; Lamb, 2002). This may also extend into parenting subsequent children (Lamb, 2002; Theut et al., 1992). Although it is expected for all parents to protect their children from danger, bereaved parents were described as more inclined to be extra alert displaying rapid responses in case of a sign of danger or trouble (Rosenblatt, 2000). These parents are defined as more prone to be overprotective towards their children, which is identified as displaying "behaviors beyond what most parents would do in similar circumstances" (Thomasgard & Metz, 1993). In connection with this, especially if parents get overprotective of their children (Parker, 1983), the fear of loss may have wide-ranging outcomes for both the parent and the subsequent child (Cote & Marshall, 2000).

The subsequent child, who is given birth after the loss of a child, is also discussed in the literature in terms of being a "replacement" (Anisfeld & Richards, 2000; Cain & Cain, 1964), "penumbra" (Kempson et al., 2008; Reid, 2003), and "vulnerable"

(Sabbadini, 1988; Green & Solnit, 1964; Grout & Romanoff, 2000). It is suggested that when parents have not fully grieved their deceased child, a newborn baby comes to a family that has a phantom of an idealized dead child. In such cases, the subsequent child may be imbued with the (sometimes imagined) characteristics and qualities of the dead sibling. The parents' representation of him/her as "replacing" the lost one may prevent the subsequent child from developing her/his own identity (Cain & Cain, 1964; Sabbadini, 1988); that may also result in (pathological) outcomes for the child (Grout & Romanoff, 2010). On the other hand, some studies report that having a subsequent child has a salutary effect on families, helps the family grow through loss, and facilitates parental recovery from grief (Dyregrov & Matthiesen, 1987; Theut et al., 1992; Videka-Sherman, 1982). Apparently, whereas case studies reported the cases of pathology for the replacement child, methods that focus on parents' experiences suggested that having another child after the loss of one might be helpful for the bereaved parents (Grout & Romanoff, 2000). Although the death of a child is considered the most severe loss an adult might ever encounter, it does not necessarily require one to anticipate parenting problems in the future. This depends on how the bereaved parents construe their experience of loss and their lives; it is a complex and individual matter (Grout & Romanoff, 2000). In other words, it does not allow for generalizations.

### **1.8.1. Psychoanalytic Understanding of Child Loss and the Present Study**

Lacan's explanations of mourning may account for why the death of a child can trigger such an intense amount of pain and grief. Since the parent's identity is contingent upon the child's unrealized future, the relationship between mourning and lack is certain in the case of the death of a child (Boothby, 2013). The child comes to the world with an expected future. Losing a child means a catastrophic loss for the parents since the lack in the child is related to their desire and to the imagined future that they dreamt for themselves. After the death of a child, that horizon is eternally closed. Since the loss of a child takes over the parent's lack as "desire is the desire of the Other" (Lacan, 1964), it leads the parent to get into direct confrontation with her/his unconscious (Boothby, 2013).

Leon (1996), who discussed the psychoanalytic understanding of perinatal loss, stated that, although the experience of pregnancy has been widely investigated in the psychoanalytic literature, the literature on the bereavement of a mother after losing a baby has remained limited. Deutsch (1945) claimed that, since the unborn child “is not yet the child as the object of maternal love” but a fantasy product in the mother’s psychic world, mourning after neonatal death may not be necessary. However, both psychoanalytic theory and practice show that, during the last months of the pregnancy, the baby becomes a separate being with whom both parents establish bonds (Leon, 1996). In addition, according to Lacan, the baby’s place is constructed in the parent’s psychic world even before the birth of a baby (Evans, 2006).

As presented in the previous parts, there are many researches conducted on the subject of child loss. Also, in Turkey, there are several researches that have focused on the reasons, statistics, and rates of infant deaths (Korkmaz et al., 2013; Özkan, et al., 2009). In a master’s thesis in the field of psychology (Yıldırım, 2003), the relationship between demographic factors and grief level was examined in couples who lost their baby. They found that being a mother and losing a son were the risk factors in terms of greater grief level and losing a child at older age and not having another child were the risk factors in terms of post-traumatic growth. They observed that parents with some specified characteristics experienced greater levels of grief and lower levels of post-traumatic growth compared to other bereaved parents. Düzen (2016) and Köksal (2018) also conducted studies on prenatal losses, and they collected data from mothers. Köksal’s (2018) thesis included both the mothers and their subsequent adult children in the sample. In this study, the perceptions of mothers and subsequent children about the loss were evaluated. However, to the best of our knowledge, in Turkey, no study has been conducted with women who lost their babies within the first year following the birth to explore their experiences about losing a baby in terms of femininity, motherhood, and the effects of loss on subsequent pregnancy and motherhood experience from a psychoanalytic perspective.

### **1.8.2. Problem Statement and Research Questions**

The aim of the current study is to investigate the experience of mothers who lost their babies in the first year of their lives and gain insight into the effects of this loss on their

lives. In this respect, it pursues answers to the following research questions: (1) How do women experience a baby loss? (2) How is baby loss experienced in relation to femininity and motherhood? (3) How does losing a baby affect a woman's motherhood experience in the future?

## **CHAPTER 2**

### **METHOD**

#### **2.1. Design of the Study**

The study employed qualitative methodology and thematic analysis. In qualitative research methodology, the researcher assumes a relativist stance and lines up with the idea that there is not one objective reality (Scotland, 2012). This standpoint defends that the reality is progressively constructed by individuals by means of language. In accordance with the social constructionist perspective, a qualitative study nestles as many standpoints and realities as the number of participants. Thus, it aims to understand the inner worlds of each participant in-depth. Also, in qualitative research, the researcher takes an active role in the study by constructing these realities through interaction with the participants and the data (Willig, 2013). The current study utilized qualitative research methodology since it aims to thoroughly investigate individuals' experience of baby loss in terms of femininity, motherhood, and mourning.

To investigate the experience of baby loss, reflexive thematic analysis (TA), which is well-known qualitative approach to analysis, is utilized. Thus, before focusing on the main features of reflexive TA, the following sections first discuss how thematic analysis should be conceptualized as a qualitative research method and then explain how reflexive thematic analysis differs from other approaches in thematic analysis to further clarify why it is utilized in this research.

Understanding thematic analysis as a single qualitative analytic approach is a common misconceptualization (Braun et al., 2019). Indeed, it is an umbrella term that may draw on a variety of approaches to identifying themes in qualitative datasets. In other words, the term “thematic analysis” does not indicate one single approach to qualitative research. What is more, TA is sometimes misread as atheoretical instead of



theoretically flexible. Theoretical flexibility allows the researcher to select from various theoretical frameworks. Not being a merely descriptive method, it enables the researcher to conduct a rich analysis, by exceeding description into interpretation of data and telling the story about it. Using TA only for descriptive purposes would not be wrong if it is appropriate with the research aim. However, TA is used in critical qualitative approaches underpinned by discursive, social constructionist, and poststructuralist theory, which achieve considerably more than descriptive purposes. Usage of TA within different frameworks results from its theoretical flexibility. However, misconceptualization of TA as atheoretical rather than theoretically flexible results in under-appreciation of TA (Clarke & Braun, 2018).

In short, thematic analysis is a method, but not a methodology, which is flexible regarding theoretical application (Clarke & Braun, 2018). Different approaches of TA are based on quite different philosophical backgrounds, implement different key elements of method, and adopt different approaches to data analysis (Braun et al., 2019). Therefore, it is critical for a researcher to specify which approach of TA is implemented in a particular study. In the following section, the differences between the schools of TA are discussed, and the particular approach utilized in this research, namely reflexive thematic analysis, is introduced.

## **2.2. Different Schools in Thematic Analysis and Reflexive Thematic Analysis**

The three main schools of TA are as follows: coding reliability, codebook, and reflexive TA. Each TA type, also referred to as “school”, emphasizes unique elements (Braun & Clarke, 2020).

Firstly, approaches in “coding reliability” are guided by a positivist philosophy. They involve structured approaches to coding, which emphasize the importance of reliability and accuracy. This school is classified as a “small q” qualitative research, in which the qualitative methods are only used as tools and techniques rather than an underlying philosophy for research (Kidder & Fine, 1987).

On the other hand, the reflexive school of TA supports an exploratory and open analytic process. It gives priority to subjectivity and reflexivity of the researcher (Gough & Madill, 2012). Reflexive TA approaches are characterized as fully

qualitative approaches with their data gathering and analyzing methods underlined with a qualitative philosophy. They are described as “Big Q” approaches (Kidder & Fine, 1987). A Big Q orientation supports the idea that meaning is contextual, realities are multiple, and researcher subjectivity is valid and resource based (Braun & Clarke, 2013). Since the researcher has an active role in data collection and data analysis, thus enriching the knowledge produced, this approach to TA is identified as *reflexive* (Braun et al., 2019).

Lastly, codebook approaches combine the more structured coding procedures of “small q” TA with qualitative philosophy of “Big Q” TA. Therefore, they may be referred to as “medium Q” TA (Clarke & Braun, 2018).

In the current research, a well-known version of TA, *Reflexive Thematic Analysis* (Braun & Clarke, 2006), which belongs to reflexive school, is utilized to examine the experience of baby loss.

### **2.3. Data Analysis**

In reflexive TA, themes are generated as the output of coding process. They are identified as meaning based patterns, which have evidence in semantic (explicit) and/or latent (conceptual) types of coding output. Generating codes requires the researcher to carry out a considerable amount of analytic work and to establish a meaningful pattern across the set of data. Coding is conducted by the researcher as an iterative and organic process. Codes may evolve during the coding process, through which the researcher can better conceptualize the dataset (Braun et al., 2019). The researcher begins with the surface-level data as the obvious content and moves on to identify implicit or latent patterns in it. Themes are generated from these smaller units of meaning, or codes. They may capture explicit meaning, as well as implicit suggestions and abstract entities that are “beneath the surface” (DeSantis & Ugarizza, 2000).

The aim of analysis in reflexive TA is neither to summarize the data nor to diminish researcher subjectivity. Eliminating researcher subjectivity is not possible, nor is it desirable. In fact, data analysis aims to establish a “coherent and compelling interpretation” of the data (Braun et al., 2019). The researcher in reflexive TA is

somewhat considered as a “storyteller”, who actively interprets the data from the viewpoint of cultural membership, social positioning, theoretical standpoint, and academic knowledge (Braun et al., 2019). Furthermore, TA’s position, which is not a methodology but an analytic method in reflexive TA, offers the researcher great flexibility. However, greater level of flexibility should not be considered as the lack of a scope to locate and design the method; as a matter of fact, for reflexive TA it is essential to do so (Braun et al., 2019). Braun and Clarke (2006) presented a guide to analysis, the phases of which are shown in Table 2.

Table 2 – *Phases of thematic analysis proposed by Braun and Clarke*

Phase	Description of the process
1. Familiarizing with data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

This guideline is not a rigid but a flexible road map for the researcher that will be applied to the research as it fits research question and dataset. The analytic process is not linear but rather a recursive process wherein the researcher moves back and forth when needed (Braun & Clarke, 2006).

#### **2.4. Participants and Data Collection**

One of the most common data collection methods in TA is interviews (Braun et al., 2019). In this study, the data is collected through semi-structures interviews. The interview questions can be found in Appendix C. Since the purpose is to investigate

the baby loss experience of women who lost their first born within the first year following the delivery, the sample of the study consisted of women who have gone through this experience. The inclusion criteria for the sampling includes a) being older than 18 years of age, b) having lost the first born within the first year following the delivery, c) having given birth to the deceased baby (i.e. mothers whose baby died as a result of miscarriage were not included in the study group), d) having lost the baby due to natural causes (e.g., a medical condition or a disease) or due to external causes (e.g., trauma, accident).

Researchers that work with TA approaches have a debate on the matter of sample size. One of the most commonly used criteria is “saturation”. However, it is pointed out that data saturation may be problematic for TA research. First, identification of meaning patterns in TA is generally performed following data collection, so claiming saturation is bound to be impression based and superficial during data collection. In fact, pursuing saturation is regarded more appropriate in coding-reliability approaches to TA, where saturation is operationally defined. Second, the rationale for saturation is considered incompatible with the philosophy of qualitative research, where meaning is multiple and contextual and the knowledge is created through the active role of researcher. On the other hand, a researcher who uses saturation needs to do it through taking on a “theoretical knowingness” (Braun et al., 2019), which is also incompatible with a “Big Q” qualitative research. Although there is no proven formula to determine sample size, it is generally accepted that, when the data is rich, collected from a relatively homogenous sample group, and suited to the research question, at least a sample size of five or six would be appropriate as a rule of thumb (Braun & Clarke, 2013). Accordingly, the current research collected data from five participants.

Five women, who had lost their babies within the first year following the delivery, participated in the study. Another participant wanted to take part in the study, yet during the interview, it was found out that she had lost her baby before the delivery due to stillborn. Not meeting the inclusion criteria, that participant was left out.

The age range of the participants was 25-38. Three of the deceased babies were boys, and two of them were girls. Two died due to a congenital heart disease; one passed away because of a preeclampsia with a premature birth; one had congenital kidney

disease, and one had liver hemangioma. Period of eight months to five years passed after the loss. Three of the participants have had another baby after the loss; two of them have not. Descriptive information about the participants is provided in Table 3. The data was edited for anonymity, and all participants were given pseudonyms to ensure confidentiality.

Table 3 – *Descriptive Information about the Participants*

Name	Present Age/Age at the Time of Loss	The Cause of Death of the Baby	Age of the Baby at the Time of Loss	Number of children after the loss
Gamze	32/27	Premature birth and preeclampsia	14 days old	1
Ayşe	25/22	Congenital heart disease	9 days old	1
Zeynep	38/38	Congenital heart disease	11 months old	none
Funda	27/26	Congenital kidney disease	1 day old	none
Meltem	32/27	Liver hemangioma	2.5 months old	2

## 2.5. Procedure

Ethical approval for this study was taken from Middle East Technical University Human Research Ethics Committee. Data was collected through semi-structured interviews (Appendices C and D). At the beginning of each interview, participants were informed about the rationale of the research, informed consent, and audio recording procedures. Both written and oral consents were obtained from the participants. It was emphasized that participation in the study is completely on voluntary basis and that they could withdraw from participating anytime they want. Due to Covid-19 pandemic, interviews were conducted on an online platform in line with the pandemic regulations and restrictions of the government. The usage of an online platform allowed the researcher to reach the participants across Turkey. The participants were recruited with an online announcement made on social media. Four

of the participants were recruited through these announcements, and one was referred by a former participant. The length of the interviews ranged from 62 to 137 minutes. The interviews were audiotaped and transcribed verbatim by the researcher.

## **2.6. Trustworthiness of the Study**

The standards for the trustworthiness of qualitative research consist of subjectivity, reflexivity, adequacy of data, and adequacy of interpretation. Contrary to quantitative methodology, the qualitative methodology does not try to cancel out subjectivity. Rather, it embraces the subjective nature of the data gathering and analyzing processes (Morrow, 2005). The researcher does not try to control his/her subjectivity but use it as an enriching source for the quality of the research. For that matter, reflexivity is essential for the researcher to understand his/her effect on the research. It invites the researcher to reflect upon the possible effects of his/her reactions to the research process and the data, rendering further understanding of the subject (Willig, 2013).

Different bracketing methods can help the researcher to achieve reflexivity. Thus, in the present study, the existential bracketing method was utilized. In existential bracketing, the researcher examines the participant's experiences by holding tentative propositions, or preconceived interpretations and theories of the research without disconnecting from the world or environment (Gearing, 2004). Another method of achieving credibility of research is working with a research team that consists of peer researchers (Gearing, 2004; Elliott, et. al, 1999). During the research process, the research questions were formulated, and data analysis was discussed with a research team consisting of doctoral students who are clinicians and academicians with extensive experience in conducting qualitative studies. Additionally, the researcher of the present study kept a reflexive diary since the beginning of the research process to detect own experiences, feelings, and thoughts that arise during conferences with supervisors. Notes taken after each interview also helped develop the interview questions as new concepts emerge in each interview.

In a qualitative study, the researcher uses reflexivity to inform the audience about the researcher's perspective and manage his/her subjectivity. Reflexivity also provides the researcher with the opportunity to understand the effect of his/her own experiences and understandings about the world on the research process (Morrow, 2005). In the

following part, the researcher will elaborate on the personal and professional interests and experiences on the subject of the study as a praxis of bracketing.

I (Aydoğ) am a clinical psychologist and a doctoral student at Middle East Technical University. For the last six years, I have been studying Lacanian psychoanalysis and going through my own psychoanalysis. In addition, I have been working as a psychotherapist with psychoanalytic approach for the last five years. My motivation to investigate the baby loss lies mainly in my family history. My parents lost their first born due to congenital anomalies, which I learned by chance when I was little and got truly astonished. I grew up wondering what it was like to lose a baby. I wanted to discover all the details, but whenever I made an attempt, I felt that it was difficult for my parents to talk about their loss. On the other hand, I was not aware of the importance of this loss on my own psychic structure until a series of discoveries during my own psychoanalysis. The fact that the death of this baby was kind of a taboo at home was probably the main motivation behind this research, as well as my experiences as a first, but indeed second, child of the family. I had been considering this topic for my doctoral dissertation for a while although I had anticipated that interviewing those women would be challenging and saddening. However, I realized that this anticipation comes from my past endeavours to talk to my mother about their first baby and his death; I had always encountered her intense sadness. In this regard, throughout the research process, it was crucial, helpful, and sometimes inspirational for me to discuss my experiences, feelings, and thoughts in various settings with my advisor and co-advisor, the research team, and during my own psychoanalysis sessions. All in all, I had had many experiences about the “mother” who suffers from the baby loss, and I believe this experience has enriched the data I obtained in the research.

## CHAPTER 3

### RESULTS

The reflexive thematic analysis generated five themes from the data: (1) *“Motherly grief”: A unique loss that will never fade away*, (2) *Reactions to the baby loss*, (3) *Bereavement in relation to others*, (4) *Coming to terms with the loss: Coping strategies*, (5) *Effects of the loss on the subsequent pregnancy and motherhood experience*. The themes and subthemes are presented in Table 4.

Table 4. *Themes and Subthemes*

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<b>1. “Motherly grief”: A unique loss that will never fade away</b>
1.1. The loss of dreams and desired future along with motherhood
1.2. An unfinished story: “You can never turn the page.”
1.3. God’s test
<b>2. Reactions to the baby loss</b>
2.1. Inability to accept the reality
2.2. “Life stopped there.”
○ Shock and depersonalization
○ Agony of the soul and body
2.3. The lack and void: “Going back home empty-handed”
2.4. Disappointment and anger
2.5. Guilt and self-blame: “Did I kill my baby?”
<b>3. Bereavement in relation to others</b>
3.1. In relation to spouse: Sharing each other’s sorrow or scapegoating for the loss
3.2. Others’ reactions: Supportive or aggravative
3.3. Avoidance of death: Baby loss as a taboo
3.4. Imposed image of mourning mother
<b>4. Coming to terms with the loss: Coping strategies</b>
4.1. “Even if s/he lived”: Justification of the death of the baby
4.2. Getting the remainders used by others: The continuity of the baby through remainders
4.3. Striving to sustain the bond with the deceased baby
4.4. The subsequent child: “Miracle, consolation, healer, and replacement”

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4.5. Hope of reunion in the afterlife

4.6. Assigning a function to the loss

- A transforming experience: “I am not the same person anymore.”
- Accepting one’s own lack: “I can’t control everything.”
- Facing the greatest fear of all: Changes in the perception of death

### **5. Effects of the loss on the subsequent pregnancy and motherhood experience**

5.1. “Am I crazy?”: Longing for a baby despite the fear of loss

5.2. Fear of reliving the same thing: Issues regarding control and attachment

5.3. Endeavor to be the perfect mother and getting overwhelmed

5.4. “Quid pro quo”: Gratefulness and relief through the subsequent child

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### **3.1. “Motherly grief”: A unique loss that will never fade away**

The first theme indicates that the loss of a baby is experienced and identified as a unique shock. Participants stated that losing a baby differs from other losses because it is much more painful and insurmountable. As a unique source of distress, losing a baby constitutes a common ground for mourning mothers. Individuals also have unique ways of making sense out of this. This theme involves both the shared and individual meanings of baby loss. For this reason, this theme was named as “motherly grief” to specifically indicate the extremity of pain associated with loss, which also has a specific translation in Turkish: [evlat acısı]. It also emphasizes the distinctive feature of being a parent, and specifically being a mother, from a cultural point of view, where motherhood is highly valued.

The experience of baby loss as a common ground for mourning mothers is described by Funda as follows:

F: ... the pain that we experience is normally different for everyone, you know you are upset about something, which may not upset me. Someone else may be upset over an entirely different thing – but they say the sole commonly felt pain is simply the loss of a child, the pain felt without exception, that’s why ... Let’s say it is what renders a common point among all women, all women have it in common, it may be the one and only common agony of people.

*Original*

*F: ... normalde bir acı yaşasak hepimizin farklı olur ya mesela siz bir şeye üzülürsünüz ben başka bir şeye üzülürüm o başka bir şey- ama tek ortak acı gerçekten evlat acısı diyorlar hepimizin yaşadığı yani bu o yüzden ... kadınsal olarak herkesi ortak kılan diyelim herkesi ortak kılan nokta bence bu hani herkesin u tek ortak acısı bu olabilir yani*

### 3.1.1. The loss of dreams and desired future along with motherhood

While talking about the loss of the baby, most participants talked about what they had dreamt of doing with their baby but now they could not. In other words, losing a baby also meant the loss of the dreams and the desired future that would come true with the baby.

Gamze said that she had written a letter to her deceased baby to say goodbye to him following her psychotherapist's advice. An excerpt from the letter manifests feelings about losing the dreams and a desired future after the loss of the baby:

G: ... I remember writing these in the letter... things like I love him too much ıı we were expecting with great... well hopes, great dreams... you know we tried very hard but it did not work out... I think u I remember I wrote things like this ıı I remember writing such stuff our dreams...I remember we would do th- we would do this and that together ... you know we were planning these well we would love you forever... things like this.

*Original*

*G: ... mektupta şunları yazdığımı hatırlıyorum hani onu çok sevdiğimi çok u istekle çok büyük bi şeyle hayallerle beklediğimizi ama olmadığını yani çok uğraştığımızı olmadığını falan yazdığımı düşünüyorum u yazdığımı hatırlıyorum öyle şeyler yazdığımı hatırlıyorum kurduğum hayalleri onunla şun- seninle şunları şunları yapıcaktık şöyle yapıcaktık işte şunları planlıyoduk işte seni hep sevicektik gibi şeyler yazdığımı hatırlıyorum*

Funda talks about the loss of dreams and plans in relation to the deceased baby saying that the baby's clothes remind her of the vanished dreams:

F: ... even with the unworn clothes, now I occasionally take them out, you know for airing, and place them back. Even this turns me over because I say aa I could dress him, take him to this and that place, because he will be a summer baby, I will take this one with me to the picnic, I can dress him in it and visit his aunt, things like that. Things like that. Now none of these ee is left, I e mean all the dreams that I had about the clothes vanished

*Original*

*F: ... giyilmemiş kıyafette bile şu an mesela çıkartıyorum havalandırıyorum falan tekrar yerine koyuyorum o bile yani bitiriyor çünkü diyordum ki aa bunu giydiririm şuraya götürürüm çocuğumu yaz çocuğu olacak diye diyodum ay şunu götürürüm pikniğe götürürüm şunu giydiririm halasına gideriz falan e şimdi onların hiçbiri yok yani o kıyafetlerle kurduğun hayaller bi anda yok olup gidiyor işte*

It was reported that losing a baby also means losing motherhood especially if the deceased baby is the first born. However, this was not a salient aspect for the participants who have had a child after the loss. On the other hand, two of the participants did not have a child at the time of the interview; hence, they were uncertain whether they would have another child and ever be a mother.

In the quotation below, Funda describes the loss of a precious object along with the uncertainty of having another one and becoming a mother again:

F: ... Like losing something that belongs to you forever... just think about it, it is something that y – of course you and your spouse will shape... you know teach him something – can you believe it? He will grow before your very eyes, you will see everything, everything step by step, his personality would form. How on earth- and he completely slipped off our hands, I mean we don't know any more if we can one day have a baby like this, it was a chance, we were imagining how he would grow and shape, you say now it is no more possible, he will not grow, because he doesn't exist

*Original*

*F: ... sana ait olan bir şeyi tamamen kaybetmek gibi düşünsene sadece s- yani tabii ki de eşinle senin ve senin şekil vericeğin bir şey sen hani bir şeyler göster- ya senin önünde büyüyecek yani adım adım göreceksin kişiliği oturacaktı hani nasıl olu- ve onu tamamen ellerimizden kaybettik yani öyle bi çocuğumuz olacak mı artık bilmiyorsun onu o fırsat hani düşünüyorduk mesela ki hani çocuğum nasıl büyüyecek nasıl şekillenecek artık öyle bir şey yok diyorsun büyüyemeyecek çünkü artık o yok*

Participants also mentioned their curiosity about how the deceased baby would be like. The following statement shows the questions that pop up on Gamze's mind when she sees a child who would be the same age as her deceased son. Needless to say, these questions are impossible to answer; the answers can only be imaginary:

G: now if he were living, he would be around four and a half, well there are boys at around the same age or those who were born in around the same weeks ... I have strange thoughts like, I mean I wonder if mine would be in this condition (disabled) or how he would be if he had lived, if he would be disabled or not. They are different sex though. That was a boy, now I have a girl. I think he would probably be more hyper

*Original*

*G: şimdi işte yaşasaydı dört buçuk yaşlarında olcaktı hani o yaşlarda oğlan çocuğu ve mesela aynı haftalarda doğmuş çocuklar var ... böyle çok u garip duygular hissediyorum yani u acaba benimki de yaşasaydı bu halde mi (engelli) olurdu nasıl olurdu hani bi engeli olur muydu olmaz mıydı o cinsiyet*

*de farklı oğlan çocuğu o erkekti şimdi kızım var daha hareketli olurdu herhalde diye düşünüyorum*

The following quotation conveys Meltem's curiosity about her deceased baby and how she would be like:

R: You mentioned that it comes to your mind when ... well how do feel when you see a girl for example?

M: well it's curiosity, mere curiosity, I'm curious about how she would be you know now. There is Begüm hoca, she has seen all three of them, she yea knows very closely. You know we took A. to her first. As a newborn, D. was so tiny, afterwards my little had numerous internal bleedings, she even had brain hemorrhage ı at one time, she looked like fish because of swelling from cortisone, later it was reduced, at another time, her head was larger than her body, well I literally didn't know what my baby originally looked like. Begüm hoca this one time said ıı A. strongly resembled his elder sister. Now I sometimes stare at A., you know Ç. looks way different, he resembles his father more, they liken A. to me u at that age so on and so forth, now I look at A. and ask, 'would she be like him?'

*Original*

*R: şeyde de aklıma geliyor dediniz ya bir kız çocuğu görünce o zaman ne düşünüyorsunuz mesela*

*M: ya merak merak merak ediyorum nasıl olurdu acaba mesela işte şimdi Begüm hoca var o benim üç çocuğumu da gördü böyle çok yakından tanıyor sonuçta biz A.'u ilk götürdük D.'nin işte ilk doğduğunda çok zayıftı sonrasında da yavrum böyle zaten bir sürü işte iç kanama geçirdi beyin kanaması geçirdi falan ı kullandığı kortizonlardan böyle balık gibi şişmişti bi dönem sonra bi dönem indi sonra bi dönem kafası daha büyük oldu vücudu daha küçük oldu yani normal hali neydi yavrumun bilemiyorum Begüm hoca şey demişti u A. ablasının aynısı demişti böyle bakıyorum A.'a işte Ç. bambaşka Ç. daha böyle babasına benziyor A.'u şimdi benim küçüklüğüme benzetiyorlar falan böyle A.'a bakınca acaba böyle miydi böyle mi olcaktı*

In terms of the position of the subsequent children, which will be discussed in detail in the last theme, it is noteworthy to point out that, looking at her little son, Meltem tries to find out an answer to her questions about the deceased baby.

### **3.1.2. An unfinished story: "You can never turn the page."**

The loss of a baby is also likened to a story without an ending. Although there is a mourning process and the experiences change through time, it is indicated that one can never turn the page. With any random incident that reminds of the baby, the page is turned back:

M: (...) it remains to be an issue unsettled, you know it's like there is something right here you can't swallow, and it's always there. It's never decreased, whenever I see a girl, these thoughts come to my mind, the clothes I bought, they are still in the bed base, so it will always be an unsettled issue, (...) it's unfinished, yes unfinished

R: unfinished

M: unfinished utterly unfinished, yes it's an unfinished process about her

*Original*

*M: (...) o defter kapanmıyor hani böyle şurada böyle tam yutamadığın bir şey var yani hep var daha hala böyle işte bi kız çocuğu görsem geliyor aklıma aldığım elbiseler hala bazanın içinde duruyor yani bu defter kapanmayacak (...) yarım yarım yani*

*R: yarım*

*M: yarım tek kelime yarım yani onunla ilgili bu süreç yarım*

She even told how she wished that their second born would also be a girl so that she could continue their unfinished story. However, she has two sons now by, as she calls it, an irony of fate:

M: ... (during the second pregnancy) I think it was 11 in the twelfth or sixteenth week that we found out the sex of the baby. When I heard that it was a boy, I cried for about a week. I cried non-stop because I meant to have a baby girl again and continue that story, well now I've got two boys (smiles)

*Original*

*M: ... (ikinci hamileliğinde) 11 on ikinci haftada mı ne on altıncı haftada mı cinsiyetini öğrendik erkek olduğunu duyduğumda bi hafta falan ağladım hiç durmadan yani çünkü benim yine bi kızım olacaktı ve ben o hikayeye devam etcektim yani şimdi iki tane oğlum var (gülüyor)*

### **3.1.3. God's test**

One participant (Ayşe) said that losing a baby was a sheer hard test given by the God. Although other participants did not have a similar account, this subtheme shows an important viewpoint that may be common for religious individuals in societies like Turkey.

A: Maybe this is God's you know, the experience with the first one was God's, I mean it's a test with which God challenges me ... Losing a child, hard it is, a very tough test, very difficult.

*Original*

*A: belki bu hani allahın şeyi hani ilkinde öyle yaşamam allahın şeyi hani allahın bana verdiği bi sınav ... hani bi evlat kaybetmek yani çok ağır bir yani sınav bence çok ağır bir sınav çok zor*

### **3.2. Reactions to the baby loss**

The second theme includes participants' reactions to the loss of the baby.

#### **3.2.1. Inability to accept the reality**

Participants stated that when they were first faced with the probability of losing the baby, they were unable to accept that reality.

Funda told that, in the thirteenth week of pregnancy, she was informed that the fetus' kidneys were not developing normally and it was better to have an abortion. However, she stated that she was holding onto hope of having a healthy baby and decided not to have an abortion despite the risk of baby dying in the womb. Following the delivery, she was in a state of happiness, announcing others the baby was well until her husband reminded her the situation. Soon after this state of denial, they lost their baby the next morning:

F: ... during childbirth, they immediately took the baby and cleaned him right beside me, then took him away, some tests are done on him yea like this u then from there, they got him, you know my husband can see everything then. They said the baby is in a bad condition etc. but I was there acting normal, you know everybody is calling and I say everything is ok with my baby, I say the baby was crying, he is well, so on and so forth. I was in such a state of mind. My husband couldn't stand it. I- well I gave birth at 11 o'clock, on April 22 of 2020 at 11, at 11:40.

R: hıhı

F: then uhmm it was towards 5 in the evening, around 17 PM, my husband finally said 'Funda the baby is not OK, don't you please do much' uhmm you know. In this mood, I was crying, you know I felt terrible, my blood pressure spiked, doctors rushed, saying things like I still have wounds and stitches on my body and have to be careful, yes we are waiting like this. Yes, still you don't think of the worst. And it was April the 23<sup>rd</sup>, were told that he had passed away at 6 in the morning, just like that on the Children's Day

*Original*

*F: ... doğum anında zaten aldılar hemen yan tarafımda temizlediler o anda götürdü işte orda bi şeylerle test ediyorlar o şekilde u ordan yani şey oldu aldı götürdüler yani zaten eşim o arada görüyor tabii yani onlar diyorlar*

*kötü durumda falan ama ben çıktım hayhayım işte herkes arıyor ya diyorum çocuğumun hiçbir şeyi yok işte ben gördüm öyle ağladı falan o moddayım eşim daha böyle dayanamadı s- işte saat on birde doğum yaptım yirmi iki nisan iki bin yirmide saat işte on birde on bir kırkta doğum yaptım*

*R: huh*

*F: sonra işte saat akşam beşe doğru falan on yedi civarında eşim artık dedi ki Funda dedi çocuğun durumu iyi değil hani çok şey yapma falan ben işte o psikolojiyle böyle ağlıyorum falan işte kötü oluyorum tansiyonum yükseldi doktorlar geliyorlar hani daha yaran çok taze yapma falan işte bu şekilde bekliyoruz öyle yani insan işte kötü düşünmüyor ya yine de öyle yirmi üç nisan yani çocuk bayramında da öyle sabah altıda vefat etmiş*

Ayşe also explained how hard it was to accept that their baby had a serious health problem which might end up losing him:

R: ok you weren't aware of its seriousness at first, and you figured it out later. How would you think then?

A: first I couldn't accept it, you know, 'this can't be happening,' I was telling to myself, gosh it was so difficult at first to accept.

*Original*

*R: peki siz en başta ciddiyetini bilmiyordunuz sonra öğrendiniz o dönemler nasıl düşünürseniz*

*A: ilk kabul edemedim ilk bi kabullenemedim hani böyle bir şey olamaz diye olamaz diyordum kendi kendime yani ilk ne bileyim kabul etmek çok zor oldu.*

### **3.2.2. "Life stopped there"**

This subtheme includes reactions that are somehow related to continuity of life. While describing the moments right before or after the death, participants narratives included expressions which either equivocally meant that with the death of the baby the life also ended for the mother or which the bereaved mother asked questions about the continuity of life. Therefore, this subtheme is titled as "life stopped there".

- **Shock and depersonalization**

Gamze states facing the probability of the baby's death was so shocking that she was paralyzed:

G: I literally froze, I mean I froze, I was stunned, profoundly shocked. That risk, the risk of neonatal death, I mean I had just been into birth, our topic was birth, and upon these, the remarks that the baby will not live u may not live

*Original*

*G: resmen donakaldım yani dondum çok şok olmuştum o ihtimal yaşamıyacak olması ihtimali hani daha ben yeni yeni doğumu doğum lafı ortada dolaşıyordu daha yeni yeni bi de hani üstüne yaşamıyacakmış u yaşamayabilir*

Gamze describes a kind of depersonalization and numbness regarding the time of birth, when she was first told of the problem about the baby, and the funeral. She states that it feels like it was not happening to her and she felt like an observer. The statement “I am not living” [ben yaşamıyorum] is notable here since it signifies that life stopped for her there.

G: ... It is like I cannot believe I have lived through all this, I mean it is as if someone else went through all this and I was an outsider watching.

R: It felt like you saw this from a distance, like someone else lived it

G: yes and still is... it was the same in the delivery room, while waiting in that room, and at the funeral, it was as if **I am not living** that moment, like my soul is watching the events from a different place, indifferently, no-nothing, I just watched, I looked at what was happening in that state, and it passed like that

*Original*

*G: ... bu yaşadıklarına inanamıyor gibiyim yani hala böyle sanki başkası yaşamış ben ona uzaktan bakmışım hissi var*

*R: uzaktan bakmışsınız gibi hissettiriyor başkası yaşamış*

*G: evet hani hala öyle o zaman zaten doğumhanede de öyleydi o odada beklerken cenazede de öyle **ben yaşamıyorum** o anı gibi böyle sonra ruhum ayrı bi yerde bakıyor gibi olaylara tepkisiz şeysiz böyle izledim sadece hep o şekilde izledim yani öyle geçti*

Similarly, Meltem said that, while her baby was in the intensive care unit, it was hard to believe what was happening.

M: ... you're giving birth, and you have prepared for the arrival of the baby, and I have prepared this with great diligence, can you believe it? Baby favours like candies, this and that, and oh my, I'm looking at them and think 'th- ohmy this must be a nightmare, probably I'm sleeping now and having a bad dream, they cannot be true.' Sitting at the hospital yard erm I squeeze my leg to check if all these are really happening or not

*Original*

*M: ... doğum yapıyorsun işte ay böyle de bi hazırlanmıştım özenmişim falan böyle doğum şekerleri şunlar bunlar falan ya onlara bakıyorum b- ya böyl-herhalde ben böyle uyuyorum ve kötü bir rüya görüyorum bunlar gerçek olamaz yani böyle hastane bahçesinde falan otururken bacağımlı falan sıkıyordum bunlar gerçek mi acaba diye yani*



- **Agony of the soul and body**

While talking about how hard it was to lose the baby, some participants also mentioned the bodily pain they suffered.

Describing the physical agony, Ayşe says she cannot believe how she could endure receiving the bad news and survived despite the pain caused by the surgery. Again, a statement questioning whether any baby is alive or not is noteworthy: “has any baby survived...” [yaşayan var mı]:

A: ... Too hard, too hard it was, indescribable. Sometimes I wonder how I am able to speak about it because going there and hearing those words from your doctor, they never gave us hope, I mean I’m asking, we’re asking, say, if she survives this surgery, and maybe he will, I inquire: has any baby **survived?** but ughm they say even if she can make it, she will have to go through another surgery, we can still lose her then, you know never did they give us a flicker of hope from the beginning anyway, but you know I grew and protected her in my womb and I had no single problem, you know no pregnancy complications, but it is so, I don’t know how to say it, so painful to experience all these after the birth.

*Original*

A: ... çok zordu ya çok, tarifini bile veremiyorum ya nasıl atlattığımı kendi kendime sorguluyorum nasıl atlattım diye çünkü oraya gidip ameliyatlı ameliyatlı gidip doktordan o lafları duymak bizi hiç ümitlendirmediler yani şu an şu ameliyatı biz diyoruz ben diyorum mesela ameliyatı atlatsa hani atlatır belki hani **yaşayan var mı** diye soruyordum **o an yaşayan var mı** hani mesela atlatsa bile diyorlar sonra bir daha ameliyata girecek o zaman da kaybedebiliriz hani ümit bağlamayalım diye bize hep en baştan söylediler zaten ama hani karnımda doğup büyütüp yani hiç sorun yani hamilelikte hiç sorun yaşamayınca hani o anda doğduktan sonra da öyle şeyler yaşamak çok ya nasıl bilmiyorum söyleyemiyorum bir türlü ama çok ağır bir şey

Gamze stated that, during the baby’s struggle for life, providing milk was the only thing she could do for her, in her own words: “tek yapabilceğimiz doktor da öyle demişti zaten eşime dedi sen dua et dedi sen de sütünü sağ getir dedi hani tek yapabilceğiniz bu” [the only thing we could do... as the doctor said, he told my husband to pray and told me to pump and bring the milk... it was the only thing we could do]; so milk was extremely important with a symbolic value. The agony before, during, and after the funeral found expression through the body suffering and producing milk. An equivocal expression used during the interview was significant: “sağdım.” Though

sounding the same, it had two different meanings: “to be alive” and “to pump” in Turkish. The baby is gone, she is alive, and it is excruciating:

G: (...) we were told that we lost the baby, well I stopped pumping, I was pumping breastmilk every two three hours, I stopped it. They said ‘don’t pump’. My relatives first said the more I pump milk, the more I will produce it, then they told me to wear a dressing on my breasts, we wrapped them with a shawl, add to that the next morning I woke up and pumped again, it was the funeral day and I was pumping. My family saw me pumping. And you know my mon and aunt and others prated on aa how I have difficulty accepting this and how I believe that the baby is alive etc.

R: That’s how they saw it.

G: Yea that’s how they perceived my pumping, in fact it hurts, my breasts were painfully engorged, then anyway I pumped breastmilk for one more time and we went to the funeral. After the funeral, the pain was severely unbearable

*Original*

G: (...) bebeği kaybettiğimizi öğrendik hani sağmayı bıraktım iki üç saatte bir sağıyordum sağmayı bıraktım sağma dediler yakınlarım da sağdıkça sütiün gelir sağdıkça sütiün gelir ondan sonra sar dediler şalla falan sardık yok yani ertesi sabah ben kalktum yine **sağdım** o gün de cenaze var gittim **sağdım** ailem görmüş işte annem teyzem falan hani aa unutamadı hala yaşıyor zannediyor falan şeyine girmişler

R: onlar öyle değerlendirdiler

G: öyle değerlendirdiler sağmamı hani ben de yok çok acı veriyor yani şişti iyice göğüslerim çok acı veriyordu ondan sonra neyse bir kere sağdım cenazeye gittik artık cenazeden sonra ben çok dayanılmaz bir acı çekiyorum

### **3.2.3. The lack and void: “Going back home empty-handed”**

The participants stated that they had a feeling of lack after losing the baby.

Funda told that she left the hospital without her baby, feeling empty. Since it was her first born and no other child was at home, there was nothing in which she could find solace:

F: It’s truly very hard especially when it is about the first child you know (...)

R: How do you think it makes a difference when it happens to the first child?

F: well how can I say, if it were with the second child, you may well say you have a child and you may hold onto him or her, and you know... but otherwise nothing there, you go home (...) and nothing beside you, mere emptiness

*Original*

F: gerçekten çok zor yani ilk çocuğun vermiş olduğu bir de hani (...)

R: evet ilk olmasının nasıl bir etkisi oluyor sizce

*F: yani böyle nasıl diyeyim ikinci olsa belki ilk çocuğun hani var diye ona bağlanıp şey yapabiliyorsun ama ilk çocuk olması hani hiçbir şey yok eve gidiyorsunuz (...) yanında başka bi şey yok bomboş kalıyorsun*

The statement above clearly manifests the significance of having another child. The connection between the lack and the subtheme “The subsequent child: “Miracle, consolation, healer, and replacement” is also worth noting.

Ayşe describes the lack as follows:

A: ...there was an absence ughm, it feels like I go out in public with a part of me missing

R: into missing public

A: no like I myself go and mix with people when incomplete, with a missing part

*Original*

*A: ..bir eksiklik şey oldu bir yanım eksik eksik insanların içine çıkıyorum gibi*

*R: eksik insanların içine*

*A: hayır kendim hani eksik bir şekilde insanların içine çıkıyorum*

In the following statement, Ayşe also describes her feeling of lack when she sees other babies who would be the same age with her first born if she had lived. It is noteworthy how she portrays the feelings of inadequacy about herself; the death of her baby is somehow related to her own “lack”. Comparing herself with other women, she uses the expression of “loss”, which somewhat implies a competition between her and other women who have presumably managed to give birth to healthy babies. Considering the equivocal nature of “losing”, she seems to feel that she has lost against those women:

A: ...When I see his (the deceased baby's) peers, I feel incomplete

R: when you see peers

A: his peers, you know the children of those who were pregnant around the same time with me, when for example I see them or someone mentions them, I mean I feel incomplete

R: it makes you feel incomplete

A: yes

R: Can you describe that incompleteness?

A: Well it's like you couldn't make it, I don't know as if I am the cause of **my losing**

*Original*

*A: ..(ölen bebeğin) yaşutlarını görünce kendimi eksik hissediyorum*

*R: yaşutlarını görünce*

*A: onla yaşıt hani ben hamileyken benimle aynı zamanda hamile olanların mesela onların çocuklarını görünce bahsedilince falan hani eksik hissediyorum*

*R: eksik hissettiriyor size*

*A: evet*

*R: o eksikliği tarif edebilir misiniz*

*A: hani mesela yapamamış, hani ne bileyim **kaybetmemin** sebebi sanki benmişim gibi*

Feelings of inadequacy is also marked by blaming herself about losing the baby. That is, *feeling of lack* seems to be connected with the subtheme ‘Guilt: “Did I kill my baby?”’.

Another interesting point is that, upon being asked about her desires and experiences about being a mother, Ayşe asked whether the researcher (and the interviewer) was married and had children:

*A: well about being a mother, raising a child, I don’t know how to describe it to you, if one can’t experience- you don’t have a child, do you? I guess you are not married*

*R: why do you ask*

*A: because then you will understand, in fact we will put it in words again but actually maybe you would know it, that’s why*

*Original*

*A: ya annelikle ilgili bir evlat büyütmek ne biliyim anneliği nasıl anlatsam size yaşamadığınız- sizin çocuğunuz yani evli değilsiniz herhalde di mi*

*R: niçin merak ettiniz*

*A: anlarsınız diye aslında gene kelimelere döneceğiz ama hani o duyguyu anlarsınız diye belki ondan sordum*

In the preceding quotation, Ayşe describes the loss of her baby as her own lack, or her own “loss” against other women who *could become* mothers. In her response, she assumes that the researcher does not have a child projecting her feelings of lack to the interviewer.

### **3.2.4. Disappointment and anger**

Data obtained from interviews revealed that losing a child might be a source of disappointment and anger. The only participant to directly express anger was Meltem. She states that she had never imagined losing her baby and it is frustrating. Therefore, for some time she was aggressive towards others. On the other hand, others talked about feeling guilty quite often:

M: such an aggressive and hostile mood takes you, on the one hand I

R: I wonder what came out of you, what was it like?

M: well I was angry because I had not imagined this, you know I lost my child. No mother gives birth ughm thinking about this after all, so unexpected like this, I mean you give birth- just think about it you give birth and you can't imagine how diligently I prepared for this, newborn candies this and that

*Original*

*M: insan böyle bi saldırgan agresif bir ruh haline de bürünüyor bi taraftan ben*

*R: o nasıl bir şeydi acaba sizdeki çıkan*

*M: ya öfkeliydim çünkü bunu hayal etmemiştim hani çocuğumu kaybettim yani hiçbir anne ne bileyim bunu düşünerek doğum yapmıyor nihayetinde böyle çok beklenmedik yani doğ- düşünsene doğum yapıyorsun işte ay böyle de bi hazırlanmıştım özenmişim falan böyle doğum şekerleri şunlar bunlar falan*

Although anger was not a salient point in the interview data, it occasionally emerged when the participants elaborated on how they felt about other parents' behaviors towards their own children. In the following quotation, Gamze describes how she get mad at women when they complain about their pregnancy or about their children:

G: ... at that time ... I was mad at especially those who maltreated their children, or you know those who would complain about nausea or this and that during pregnancy (coughs), I was very angry with them. Later ı especially after the age of two, I myself also probably got (chuckles) a little worn out

*Original*

*G: ... o dönemde ... çocuğuna hele kötü davrananlar falan böyle çok çok sinirleniyordum ya da hamileyken yakınanlar mide bulantısından şusundan busundan (öksürüyor) çok kızılıyordum sonra u iki yaşından sonra özellikle ben de biraz artık (gülüyor) yıprandım herhalde*

It can be inferred from the quotation above that anger caused by the loss is directed towards others, by which it finds an expression.

### **3.2.5. Guilt and self-blame: “Did I kill my baby?”**

All the participants brought up feeling of guilt at some point or the other throughout the experience of losing the baby. They talked about the state of self-blame they were in. This seemed to be related to either about doing something wrong that would result in the death of the baby or doing something wrong to deserve that kind of a “punishment”. The first case is exemplified in the following statement of Zeynep:

Z: (...) for a certain period you become overwhelmed by strange feelings, you keep blaming yourself, I mean thoughts like ‘maybe he was infected but I did

not notice it, maybe he had fever but I disregarded it, or I gave his medicine but maybe I did something wrong', even things like 'maybe my mistake costed his life'. I was obsessed with these thoughts for a long time

*Original*

*Z: (...) belli bir dönem şey oluyor insan kendini suçluyor hani acaba enfeksiyon oldu da göremedim mi ateşi çıktı da konduramadım mı ondan sonra ben ilacını verdim yanlış bir şey mi yaptım ben oğlumu ondan sonra hayatına mı mal oldum bunları çok ondan sonra yoğun bir şekilde düşünüyor*

In the quotation below, Zeynep questions if they did something wrong or harmed someone to deserve this. She states that eventually they accepted it was nobody's fault, which is important in that it shows the transformation of feelings. The following quotation displays the belief that they are punished for their faults by an Other through the death of the baby, who is a separate but a unified entity in the imaginary with the mother. Suffering from the death of the baby seems to be regarded as a kind of redemption:

Z: actually, my husband and I even seriously wondered once whether we were cursed by somebody, whether we did someone wrong, you know we questioned if our son died because of us (weeps), we were talking stuff like this, I mean at the end of the day, one sees that there is no one guilty or no guilt indeed, you know we didn't do anything, what on earth could we have done? We didn't cross anybody's lane in traffic, we didn't offend anyone, we didn't step on someone to climb unfairly. And all come to this, in fact as time passes you know this gets clearer, good things happen to bad people, you know the people whom you can call bad, or those to whom the society can attribute bad qualities, whereas bad things may happen to good people, that is it doesn't necessarily have to be a crime and punishment mechanism

*Original*

*Z: yani bir dönem şey eşimle oturup biz birinin ahını mı aldık birine kötü bir şey mi yaptık hani bizim yüzümüzden mi oğlumuz öldü (ağlıyor) bunları hep konuşuyorduk yani günün sonunda da hani şunu da görüyor insan ortada suç yok suçlu yok yani biz bir şey yapmadık ki hani en fazla ne yapmış olabiliriz trafikte birisinin önünü kesmişizdir yani hani birilerine zarar vericez ya da üstüne basarak bir yerlere tırmanan insanlar değiliz ve sonunda da şu aslında iyice hani tabii zaman geçtikçe şey oluyor yani kötü insanların başına hani kötü diye söyleyebileceğimiz işte ya da topluma toplumun normalde hani kötü olarak atfedebileceği insanların başına iyi şeyler geliyor iyi insanların başına da kötü şeyler gelebiliyor yani hani bunun illa bir suç ve ceza mekanizması olması gerekmiyor*

Below is another example reflecting participants' feelings that they are punished by the Other. Meltem told she refused consolation from others because she believed that

she had done something wrong and she had to discover what it was so that she could suffer:

M: During the days following D. really, I reflected for a long time over I must have done something to deserve this so I am being punished. It's terrible but God punishes me I thought. After she changed worlds, you know I thought like this for a while you know, but uhm later I sequestered myself from everything, I mean from people, I don't want to talk to anyone because everybody is trying to console me but but I don't want to console myself. I obsess over the idea that I had done something, I had done a bad to someone so God wants me to experience this, and I believe I suffer more and more so that I can see this

*Original*

*M: D.'den sonra gerçekten süreçte yani ben bi şey yapmış olmalıyım bunu hak etmek için yani ben cezalandırılıyorum bu çok kötü bi şey ama allah beni cezalandırıyor diye düşündüm hep yani o dünyasını değiştirdikten sonra da bir süre daha böyle düşündüm yani ama yani sonra uuh böyle her şeyden elimi eteğimi çektim yani insanlardan kimseyle konuşmak istemiyorum yani çünkü herkes beni avutmaya çalışıyor ve ben kendimi avutmak istemiyorum yani sürekli şey kafasındaydım bi şey yaptım bi kötülük yaptım ben ve bunu yaşamamı istiyor allah ve bunu görmek için daha çok acı çekiyorum diye düşünüyorum*

The last sentence above shows that she assigns an aim to grief. It is for her to find out something. This somewhat signals a connection with the subtheme "Assigning a function to the loss," where Meltem describes her deceased baby as a teacher for her.

### **3.3. Bereavement in relation to others**

Others' reactions to participants during bereavement also emerged in the interview data. Some of these reactions eased their pain, while others exacerbated it.

#### **3.3.1. In relation to spouse: Sharing each other's sorrow or scapegoating for the loss**

An analysis of the participants' relationship with their spouses during the grieving process revealed two different forms of communication: taking an accusatory position about the loss and sharing pain.

In the following quotation, Zeynep shared how she and her husband held onto each other while grieving for their deceased baby:

Z: ... well we did like this 11 whenever we felt suffocated because of them (relatives), we would throw ourselves out of the house, we live in a detached house with a garden, we used to sit in the garden hugging each other and crying, or talking ... we you know got over everything by hugging each other anyway

*Original*

Z: ...yani biz şöyle yaptık 11 biz onlardan (akrabalardan) darlanınca kendimizi evin dışına atıyorduk oturduğumuz ev müstakil bir ev bahçesi olan bir ev biz oturup bahçede birbirimize sarılıp ya ağlıyorduk ya da oturup konuşuyorduk yani ...biz yani zaten hani her şeyi birbirimize sarılarak atlattık

Some of the participants stated that they sometimes had arguments with their husbands. Although, in most cases, the arguments did not seem to be about finding a scapegoat, being a sensitive issue, it was probable they would end up there. Interestingly, some involved spouses' relatives, as can be seen in Gamze's description of an incident with her husband's mother:

G: Back at then, I questioned certain things, why I did what I did. And he reacted to this by doing you know he was offended, 'it is all because of me then' he said, i it is as if I am the cause of all these things, is it my responsibility, then it is all because of me, we lost the baby because of me, he meant things like this. And I was silent. OK it was not him, but it wasn't the main point anyway, the main issue was that he left me all alone during that period. Or when I inquired why he insisted on us staying with his mother, he said well what was I supposed to do, you needed support. I asked why it wasn't him who supported me, and he always implied things like he was working, and I was not working, somebody has to be working.

R: You stopped at a point when he said 'it happened because of me.' What's that point like?

G: well for example I asked about his mother's behavior at the funeral, you know why it was so, why you were not by my side etc, his reaction was like he was a team with his mother against me, he said things like h1 then we, my mother and I, have caused all this, you always do it, get obsessed with them, everything is because of us, you put the blame on us. This was how he defended himself. In fact, he obviously wanted to stop me there, he just blocked me there by bringing the dialogue to the most crucial point or to the most unlikely, and I did stop. Surely it wasn't their fault, and it wasn't my fault either, it was nobody's fault

*Original*

G: ben o zaman bir şeyleri sorguladım neden böyle yaptın diye o da şey yaptı hani o zaman benim yüzümden oldu gibi sanki bunların sebebi ben miyim benim sorumluluğumda mıydı benim yüzümden oldu o zaman bebeği benim yüzümden kaybettik falan ona getirdi ben de sustum ondan sonra çünkü tamam onun yüzünden değildi ama konumuz da o değildi zaten konumuz o dönem yalnız bırakması benim yanımda olmamasıydı ya da neden mesela annenlerin yanında kalmamıza o kadar ısrar ettin diye sorduğumda e napıyım işte senin



*desteğe ihtiyacın vardı sen destek olsaydın e ben çalışıyordum gibi şeylere getiriyordu hep napıyım sen de çalışmıyodun birimizin çalışması gerekiyordu  
R: siz benim yüzümden oldu o zaman dediği noktada durdunuz o nasıl bi nokta  
G: işte mesela annesinin o cenazedeki tavırlarını sorduğumda neden böyle oldu falan sen neden yanımda değildin dediğimde hı o zaman annemle ben sebep olduk zaten sen hep onlara takılıyosun her şey bizim yüzümüzden bizim üstümüze atıyosun suçu gibi annesiyle böyle sanki hani bana karşı bir takımmuş gibi davrandılar ve u o şekilde savundu kendini orda beni durdurmak istedi açıkçası böyle en can alıcı noktaya en olmayacak şeye odaklayarak beni durdurdu orda ve ben de durdum hani tabii ki onların yüzünden değildi benim yüzümden de değildi bu kimsenin suçu değildi*

### **3.3.2. Others' reactions: Supportive or aggravative**

Being consoled by others or feeling surrounded by loved ones following the loss of the baby was sometimes helpful for the participants. The quotation below demonstrates the importance of her father's words to Ayşe:

A: for example I'm crying, they came after burying, you know my father gave me such a hug, he said I may get pregnant again ... my father hugged me, he came in and hugged me, you know he said it will happen again dear, it will be again he said. Hearing this affected me deeply and I burst into tears.

R- how did it make you feel? What were you thinking?

Ö- I don't know, well a kind of relief, how can I say I don't know, it's different, you know I got into such a different mode

*Original*

*A: mesela ben ağlıyorum gömdüler geldiler hani bi sarıldı babam bir daha olur dedi ... babam sarıldı, içeri girdi sarıldı hani bi daha olur kızım bi daha olur kızım dedi öyle söyleyince ben çok kötü oldum hani baya ağladım o zaman*

*R- nasıl hissettirmişti onun öyle söylemesi ne düşündünüz*

*Ö- yani ne bileyim yani rahatlama nasıl diyeyim bilmiyorum ki nasıl söyleyeyim değişik ne bileyim çok değişik duygu içine girmiştım*

However, some participants stated that others' reactions could sometimes be hard to handle. Meltem told she was furious after losing her baby and did not want to talk to people or accept their condolences:

M: Then started all those random comments from people, all talking too much and asking several questions; you know things like 'didn't your doctor know?' 'couldn't it be like this, or like that?' 'if you don't stop mourning, you will dry up and won't be able to get pregnant again'... as I heard these, you know u people get – on the other hand, it feels like they uhmm for example u you know normally, people who never call and get in touch and who know we don't really like each other like my uncle and his wife etc., They insistently call. Oh my, don't speak to me, they say they want to share condolences, don't! Condolences to me... I barely talk, what's more they call three times a day, and the next day

again... they call and what's worse, they later say you know 'we called but I think you were busy.' I simply cannot breathe, what busy? People are so selfish, unbelievably selfish, u They intend to say 'I did my best for her,' what did you do?! Condolences over a phone call. It is merely to relieve their own conscience or to show others 'see this is the way I behaved', but on the other hand I don't know

*Original*

*M: sonrasında da yani çok konuşuyordu herkes çok bi şeyler soruyolardı işte doktorunuz bilemedi mi işte şöyle olamadı mı böyle bilmem ne olmadı mı işte çok üzülürsen kurursun bi daha çocuğun olmaz böyle bunları duydukça u böyle şey oly- insanlar bi taraftan da şey gibi geliyor yani mesela u normalde asla böyle işte arayıp konuşmayan insanlar birbirimizden hoşlanmadığımızı bildiğimiz işte amcam yengem falan ısrarla telefonla arıyorlar ya benle konuşma işte baş sağlığı dilemek istiyoruz dileme bana baş sağlığı yani konuşam yok daha günde üç kere ertesi gün bi daha arayıp sonra bi de üstüne aradık ama sen de meşguldiün galiba ben nefes alamıyorum ne meşgulü insanlar o kadar bencil o kadar böyle u ben N. için elimden geleni yaptım ne yaptın telefonla baş sağlığı diledim sırf böyle hakkaten kendi içlerini rahatlatmak için ya belki de başkalarına da ben öyle davranıyordum bir taraftan da bilmiyorum*

### **3.3.3. Avoidance of death: Baby loss as a taboo**

Participants described baby loss as a taboo because they felt that people had difficulty talking about it. Zeynep, for example, stated the following:

**Z:** Talking (about other losses) is easier, also it is easier for people to hear about them because more more common, I mean more possible things, well a friend of ours for example committed a suicide, you see even it was a much easier topic to broach, but it is very difficult for parents who have lost their children to be listened to from outside, people cannot hear it, they avoid, fear conversing about this. For this reason, if people were more comfortable with broaching the topic, if we could open up, we would actually feel great. But of course no one would like to sit with someone who just cries, you know sometimes people may fear that they remind us of the pain so and so forth, but these conversations actually help find solace, you know it could be nice to tell the other side or some people that talking is no burden (...) well it may also be that people there have difficulty facing their own fears because death is such a taboo

*Original*

*Z: (diğer kayıpları) konuşmak daha kolay insanların onları dinlemesi de daha kolay çünkü daha daha var yani daha olabilir şeyler yani bir arkadaşımız mesela bizim intihar etti yani onun bile insanların konuşması daha kolaydı ama çocuğunu kaybetmiş bir anne babanın dışarıdan dinlenmesi çok zor insanlar dinleyemiyor bununla ilgili konuşmaktan kaçınıyorlar korkuyorlar yüzden hani bunun böyle dinlenebilir bir şey olması anlatabilmek bunlar aslında hani bana iyi geliyor tabii ki ondan sonra hani kimse oturup karşısında ağlayan bir insan*

*görmek istemez hani bazen insanlar belki de şey diye düşünüyor hani acısını arttırıyorum diye düşünüyor vesaire ama anlatmak aslında o yükü biraz da hani yük olmadığını karşı tarafa ya da birilerine anlatmak bence iyi geliyor (...) yani orda insanlar kendi korkularıyla sanki yüzleşmekte de zorlanıyorlar yani çünkü ölüm çok tabu bir şey*

### 3.3.4. Imposed image of mourning mother

“Look how much I loved him/her and with these my tears I prove it.  
Look how much I suffer, how much others fail to understand:  
does this not prove how much I loved?  
Maybe, maybe not.”  
Julian Barnes (2013)

Participants perceived that an image of mourning mother is imposed by the society. That is why, for example, Zeynep, when she started to feel better, felt like she was betraying to the memory of her son. Even though she related this to the imposed image of mourning mother, it may well be related to feeling guilty and denying herself the right to continue living after losing her son:

Z: ... after somewhat getting over the grieving process in July, I started to go to work, I felt regretful for a while, this time it felt like I'm betraying my son's memory ...

R: In what way did you feel like you were betraying?

Z: It felt bad as if I wasn't suffering my son's pain, as if I was striving to carry on. Like I had no right to be happy again. Instead, I had to be a mother you know sitting like that with tears in her eyes, feeling terrible. Actually, this image, I mean because of the grieving process, the society presses a certain you know, look at the TV serials, the embittered mother whose son or daughter dies lives in grief throughout her life, rather than going back to work within a few months, and she is haunted by sadness, never smiling. These are somehow imposed on us socially.

R: You mean an image of how a mother who has lost a child should behave

Z: definitely as it is, see because at one time when I felt good at work, I would get doubtful, so weird how can I feel good, why I feel good

*Original*

*Z: ... süreci biraz Temmuz'da atlattıktan sonra ben işe başladığımda bir dönem pişmanlık da hissettim bu sefer oğlumun anısına ihanet ediyordum gibi hissettim...*

*R: ne açıdan ihanet ediyordum gibi hissettiniz*

*Z: oğlumun aslında acısını yaşamıyordum, hani devam etmeye çalışıyordum gibiyken sonra hani mutlu olmaya hakkım yok aslında hani benim böyle bir işte şey gözü yaşlı oturup böyle kendini kötü hisseden bir anne olmam gerekiyor yani aslında bu fikir yani bu bence yas sürecinden dolayı toplum da bizde hani oluşturdu işte diziye bakarsınız oğlu ya da kızı ölen kadın hayatı boyunca hayata küser oturup birkaç ay sonra gidip hayatına devam etmeye çalışmaz ki hep bir hüznüldür gülmez bunlar aslında bir şekilde toplumsal olarak bize empoze ediliyor zaten*

*R: yani çocuğunu kaybeden kadının nasıl olması gerektiğiyle ilgili bir imaj*

*Z: bence kesinlikle o var yani çünkü ben bir dönem ondan sonra işte hani kendimi iyi hissettiğimde kendimi sorguluyordum yani ben iyi hissediyorum allah allah niye iyi hissediyorum*

In the following statement, she describes the fear of being alienated or being judged and questions whether they have the right to be happy or not:

*Z: ... actually the society somehow conditions you to be unhappy, and if you behave to the contrary in such a situation, you are probably afraid of being socially excluded or judged. Inside you are fighting for this. Well at least maybe I shouldn't generalize, but it was like this in our case. You know, do we have the right to be happy? because we lost our son this many months ago e yes of course we do, we work you know, we live, because we breathe, we need to be happy, and if there is no hope, there isn't much point in living*

*Original*

*Z: ... toplum aslında size bir şekil mutsuz olmanız gerektiğini öğretiyor böyle bir durumda onun aksi davrandığınız zaman da sanırım dışlanmaktan mı korkuyorsunuz yargılanmaktan mı korkuyorsunuz onun mücadelesini veriyorsunuz içinizde yani en azından hani genelleme yapmayayım bizim için öyle oldu hani mutlu olmaya acaba bizim hakkımız var mı biz işte şu kadar ay önce oğlumuzu kaybettik e var yani hani yaşıyorsun çünkü nefes alıyorsun mutlu olman lazım yani umut olmazsa o zaman yaşamının bir anlamı yok yani*

### **3.4. Coming to terms with the loss: Coping strategies**

*“What is ‘success’ in mourning? Does it lie in remembering or in forgetting?”*

*Julian Barnes (Levels of Life)*

This theme consists of subthemes that are interpreted as ways to cope and come to the terms with the loss of the baby and the lack caused by the loss. Going through such a loss required the bereaved mothers to find ways to endure the suffering, and this theme reflects different kind of mechanisms that the participants adopted.

#### **3.4.1. “Even if s/he lived”: Justification of the death of the baby**

The participants stated that death was not the worst-case scenario for the deceased baby or for themselves. In a way, they justified the loss, depending on how long the baby lived and what happened before the loss. They generally believed that it could have been worse if the baby had lived longer.

In the following conversation, Gamze justifies the death of the baby by saying that the deceased baby would have health problems even if he had lived and it would be harder both for the baby and for themselves:

G:... I knew we would lose, or even if there was a small chance that he would live, I knew he would have very serious problems in the future (...)

R: when you remember those days, what do you think of the situation now? If he had lived, he would have problems

G: Right when I now see them, witness them from around, I say it would really be terrible for him and for us. Yes, we can handle the one for us up to a certain extent but unbearably hard things would happen for him

*Original*

*G... ben biliyodum kaybedeceğimizi ya da küçük bi ihtimalle bile yaşasa bile çok ağır u sorunlarının olucağını ilerde düşünüyodum (...)*

*R: onu düşününce peki nasıl değerlendiriyorsunuz yani yaşasaydı hani sorunları olucaktı*

*G: ya şimdi evet görünce şahit olunca etraftan gerçekten hem onun için hem bizim için çok zor olucaktı hani bizim için olanı geçtim onun için çok ağır kötü şeyler olucaktı*

Zeynep, who lost her son after a treatment period including a heart surgery, justifies the death by saying that he might have suffered the inability to do certain things in the future. She elaborates on why she needs to believe that death is not the worst thing for her son after all. Otherwise, it would be impossible for them to go on:

Z: ... Not being able to do certain things would probably upset him in the future, we have always thought like that, for example he wants to breathe but he can't, or he wants to do some things but he can't. Maybe this is better like this for him. You know we still think the same way but we spent the first 10-15 days with this, with getting used to this idea

R: the idea that this is better for him

Z: yes I mean you can't think of anything else, just imagine- you have a child, I don't know, he doesn't exist anymore physically in this world, if he endures pain there, it is so hard for parents to carry on, that's why we always imagine that he will be better and he is happier there (weeps)

*Original*

*Z: ... bazı şeyleri yapamamak da onu belki üzücekti ilerde biz hep böyle düşündük yani hani nefes almaya çalışıp alamıyor işte bi şeyler yapmaya çalışıp yapamıyor belki de hani onun için daha iyi oldu biz yani hani zaten şu anda da aynı şekilde düşünülüyor ama ilk on on beş gün bununla daha çok bu fikre alışarak geçiyor*

*R: onun için daha iyi olduğu fikri*

*Z: evet yani başka türlü de bir şey düşünemiyorsunuz şimdi düşü- yani bir çocuğunuz var ne bileyim artık fiziksel olarak bu dünyada değil acı çekiyorsa*

*orda zaten bir anne baba olarak hani devam etmek çok zor o yüzden biz hep onun daha iyi olcağını orda daha mutlu olduğunu hayal ediyoruz (ağlıyor)*

On the other hand, Funda, though not having a chance to spend time with her deceased baby, justifies her baby's relatively early death saying that it would be harder for them if the baby had come home:

F: ...it somewhat helped me get back onto my feet, when I went there for example, he was buried there in the cemetery, the children's cemetery, you see that it is all the babies who died, you come to realize that some were two months old and some lived up to age one. At that moment, you thank to God, you say 'my Lord at least I haven't endured this pain because you take the baby home, feed him, raise him, and all of a sudden he slips off your hand and vanishes, I mean it's more devastating ıı ... you know there is no memory of him at home, if we had his memories at home, it would be all the more bitter for me ... It never occurred to me that I would be grateful for this because, as I said, when you see that they lived for two months or for ten days, you know it consoles one a little

*Original*

*F: ..biraz da ayakta tutan şeydi gittiğimde mesela burda mezarlığa gömüldü çocuk mezarlığı hep bebekler ölmüş ya bakıyorsun ki iki ay yaşamış bir yaşına kadar yaşamış ölmüş diyorsun ki allahım en azından o acıyı yaşamadım çünkü eve götürüyorsun evde besliyorsun büyütüyorsun ve bi anda elinden kaybolup gidiyor yani o daha ağır ıı ... hani evde mesela hiçbir anımız yok yani evde anılarımız olsaydı hani çok daha kötü olurdu benim için... buna da şükür edeceğimi hiç ummazdım diyorum yani çünkü dediğim gibi iki ay yaşamış on gün yaşamış yani öyle olunca işte biraz daha insanın içine su serpiliyor*

### **3.4.2. Getting the remainders used by others: The continuity of the baby through remainders**

After losing the baby, participants described an effort to either make use of or somehow sustain and protect the remainders of the baby.

Gamze, who attached a symbolic value to breast milk, stated that she felt frustrated as the milk she had prepared for her baby when he was in the hospital went to trash. She wanted the bottles of milk she prepared for her deceased baby to be useful for other babies. Although the baby died, she felt like the milk was still alive. She said she needed the milk to be useful, or else all her effort would be in vain:

G: ... after the baby died, 80 packs of expressed breastmilk were left behind, and you have just given birth, I mean it's a very high-quality milk, when I think back now, I can see the strange bond I formed with those packs of milk. In fact,

it's as if ok the baby died but the milk is still alive. I still saw him, the baby there, so it was extremely hard for me to accept that those packs of milk were to be thrown to the waste bin.

R: the milk and the baby were associated

G: yea I believe I developed such a bond still and then I decided to ... I talked to the hospital you know for them to take all that milk use it, that milk certainly had to be useful, it couldn't be wasted (...) it was this important, in a way I would live through the same thing all over again if all that milk had to be thrown to the trash. You know there is a lot of effort in it, I paid great effort into this pregnancy too

*Original*

*G: ... bebek öldükten sonra elimizde seksen paket süt bi de böyle yeni doğum yapmışsın hani süt çok kaliteli bi süt hani şimdi bile onu düşünüyorum o sütlerle ben çok garip bi bağ kurmuşum sanki hani tamam bebek öldü ama o sütler u sanki yaşıyormuş hala onu bebeği gördüm orda yani ya onların çöpe gitmesini kesinlikle kabullenemedim*

*R: sütlerle bebek bağlantılıydı*

*G: yani öyle bir bağ kurduğumu düşünüyorum hala ve şey yaptım hastaneyle gittim gördüğüm hani bu sütleri alın kullanın diye mutlaka o sütler bir işe yaramalıydı çöpe gitmemeliydi (...) böyle çok önemliydi yani sanki o sütler çöpe gittiğinde o şeyi bi daha yaşamış olucaktım yani çok emek var içinde bu hamilelik için de çok emek verdim*

Zeynep also described that they wanted the clothes of their baby to be used by others. This might be also interpreted as an attempt to ensure the continuity of a part of the object:

Z: ... we also contemplated for a while what to do with his things, first we considered denoting them to Lösev, but Lösev wouldn't accept donations in that period, because of the pandemic, they wouldn't take second-hand stuff. So, we spread the word to people helping around us, we said we want other babies to use at least some U.'s belongings, we knew that many families in their environment had babies, and they said they would reach out to whoever needed them. Then, we did... we donated a large portion of all the baby's things

*Original*

*Z: ... eşyalarını napcağımızı bir süre düşündük önce onları Lösev'e bağışlamak istedik ama Lösev bu dönemde şey kabul etmiyordu korona sebebiyle ikinci el eşya kabul etmiyordu öyle olunca biz de etrafımızda bize yardıma gelen ondan sonra kişilere sorduk dedik ki hani U.'ın biz eşyalarının bir kısmını en azından bebeklerin kullanmasını istiyoruz onların da ailelerinde çok fazla bebek var onlar da dedi biz bunlara onları hani ulaştırırız öyle olunca eşyalarının ondan sonra büyük bir kısmını ondan sonra şey yaptık bağışladık*

### 3.4.3. Striving to sustain the bond with the deceased baby

Participants stated that they somehow sustain the bond with their deceased babies. Through doing so, the bereaved mothers seem to give them a place in their lives. Not choosing to erase the traces of the baby, they found their own way to stay somehow connected to the lost one. A bond persisted through significant objects such as pictures of the baby or his/her belongings, imaginary communication in dreams, and introduction of the deceased baby to the subsequent child. For instance, Ayşe stated that to see the deceased baby's face all the time, she hung the picture of the baby on the wall:

A: ... for example I hung a photo of him onto the wall, so that well I could always see her face like that, because it's her face when she was a newborn, her face is always like this ... maybe I put it there not to forget her, I think it was very early in the process that we hung the photo there. There are two photos, one in the bedroom and one in the living room but I always you know maybe because I wanted to keep my pain fresh, I put the photo there. One of the visitors asked how I could bear the pain of seeing the photo there at all times, it's you know not like I will not forget her when her photo is not up there, it will remain there forever, that pain is deep in my heart anyway. Even if I don't hang the photo onto that wall, it doesn't mean that I'll forget her

#### *Original*

A: ... mesela ben fotoğrafını falan koydum duvara, yani yüzünü hep öyle göreyim diye, yüzü çünkü ilk doğduğundaki yüzü hep öyle ... ben belk-unutmayayım diye koydum galiba ilk zamanlar direkt astık oraya mesela iki tane fotoğraf var biri yatak odasında biri salonda ama ben hep hani bilmiyorum acımı taze tutmak için mi o fotoğrafı neden koydum bilmiyorum ama hani gelen biri öyle söylemişti nasıl dayanıyorsun orada hep görmeye ama bu hani ben ona oraya koymayınca unutmıcım ki zaten hep orda kalıcak yani o acı hep benim yüreğimde zaten yani benim oraya asmamam onu unutacağım anlamında değil ki

With a double negation above, there is an emphasis on “not forgetting”. Zeynep said that they preferred to keep the pictures and some objects related to baby around instead of “erasing” the traces:

Z: ... as if he is living, no belongings of him around but there certainly is something to remind us of U. at every corner. That is, deleting this actually never worked out for us, on the contrary it felt good to see him, I mean it felt good to see U. – or something about U. in front of us, say on that wall or at A.'s (her husband) office



*Original*

Z: ... yaşıyormuş gibi eşyaları yok ama U.'in varlığını anımsatacak her yerde bir şey var yani hani bunu silmek aslında hani ben bizim için doğru bir yöntem olmadı bizim için tam tersine görmek iyi geldi yani U. bir- U.'la ilgili bir şeyin önümüzde olması işte fotoğrafının orda olması fotoğrafının A.'in (eşi)ofisinde olması bunlar iyi geldi

Participants stated that they maintain a kind of a communication by means of objects ascribed to the memory of the deceased baby. Zeynep described this as follows:

Z: ... In addition, we are both truly engaged in space. We spotted a star, whenever that star emerges, you know we speak with it (weeps) (...)

R: What do you speak about with that star?

Z: How are you? Are you OK? It sounds ridiculous to both of us, we say well he must be OK, why shouldn't he?

*Original*

Z: ... Bir de ikimiz de zaten bu yani hani uzayla çok ilgileniriz bir tane yıldız belirledik hani her o yıldız çıktığında işte onunla konuşuyoruz (ağlıyor) (...)

R: o yıldızla neler konuşuyorsunuz

Z: nasılsın iyisin iyi misin diyoruz çok komik geliyor ikimize de diyoruz yani hani herhalde iyidir zaten niye kötü olsun orda

Meltem said that, sometimes when she sees a reminder of the baby's objects, she thinks that this is a message from the deceased baby:

M: (...) I prepared stuff like butterfly wallpaper and butterfly bed linens for D.'s room, well if I see one single butterfly flying, it directly comes to my mind, well it springs out from everything, every little thing. Sometimes I believe it's a sign, with which he has arrived, and sometimes I don't know I reckon I've gone insane, so and so forth

*Original*

M: (...) D.'nin odasına kebekli duvar kağıtları kebekli nevresimler falan hazırlamıştım böyle bi tane böyle kebek uça aklıma böyle direkt aklıma geliyor böyle her şeyde küçücük bir şeyde böyle çıkıp karşına geliyor bazen de onun bir işaret olduğunu düşünüyorum belki onun-la geldiğini düşünüyorum falan böyle ne bileyim bazen de delirdin iyice diyorum öyle şeyler

Furthermore, participants highlighted the importance of their dreams with their deceased babies. Although they will never see him/her again in reality, dreams are seen as a way of keeping an image of the baby in their minds, in Meltem's own words, "right before [their] eyes" ("hala gözümüün önünde"):

M: (...) this once time I dreamed of him when he was about four-five years old, he was about four or five and he called mom from a distance ıı I was

profoundly affected by that dream, I cried a lot then, I was truly upset, but he was such a beautiful boy with curly or slightly wavy hair. Still in right before my eyes...

*Original*

*M: (...) bi kere böyle dört beş yaşındaki halini gördüm rüyamda dört beş yaşlarındaydı ve böyle uzaktan bana anne diye sesleniyordu u ondan o riyyadan çok etkilenmişim çok ağlamışım o zaman çok üzülmişim ama böyle çok güzel bi çocuktu böyle kıvrık saçlı hafif dalgalı saçlı güzel bi çocuktu bi o hala gözümiün önünde*

Finally, participants stated that they sustained a bond with the deceased baby by introducing him/her to the subsequent child. They particularly presented the deceased child to their kids as the older sibling, which can be interpreted as an attempt to give the deceased child a place in the family, in its history, and discourse. When known by the subsequent child, the lost child is transferred to the future rather than being “lost” in the history. Ayşe even told that, when they ask their nine-month-old baby where her older sister is, she points to the picture on the wall:

A: (Talking about the deceased baby’s picture on the wall) For example, I will never take it off that wall, you know it will always be there. Always. It was hung there right when she died. It never went down. Sometimes to show it to my son, you know my son knows about it, I even sometimes ask ‘where is your sister?’ and he automatically points to the picture. He figured it out, probably when he was nine or something. When we ask where his sister is, he just points to that spot on the wall.

R: So you refer to her as his sister

A: Yea that’s what we did, so when we ask about his sister, he quickly shows that place on the Wall

*Original*

*A: (ölen bebeğin duvarda asılı fotoğrafından bahsederken) mesela ben onu ordan asla almam yani hep orda kalıcak hep ilk öldüğü zamanda **asıldı** hiiç inmedi daha bazen oğluma göstermek için falan oğlum da biliyor hatta ablam ablan nerde deyince hemen fotoğrafı gösteriyor falan öğrenmiş dokuz aylıkken falan öğrendi ablan nerde dediğimizde hemen orayı gösteriyor*

*R: siz ona ablan diye tanıtıyorsunuz*

*A: evet tanıttık anladı zaten hemen ablan nerde dediğimizde hemen o tarafı gösteriyor*

The phrase above, “asıldı” [was hung] equivocally means “the major one” in Turkish. Announcing that the picture was hung on the wall after her death also signifies that she was the major one and this has not changed (“hiiç inmedi”/[never went down]). In other words, the deceased baby did not lose her position in the family. As stated before,

making the subsequent child know the place of the picture, in a way the place of the deceased baby in the family, may be a way to secure the memory of the deceased baby.

Zeynep, who did not have another child at the time of the interview, mentioned her plans about presenting the deceased baby to the next child as the older brother:

Z: ... maybe things will be different for our baby, you know he has a brother in heaven ... if we have another child, he or she will actually have a sibling, but not only here, when the time comes, he or she will also figure it out anyway

*Original*

*Z: ... belki bizim bebeğimiz için farklı olucak hani bizim bebeğimizin bir abisi var abisi cennette ... bir çocuğumuz daha olursa onun bir kardeşi var aslında hani sadece burda değil o da zamanı gelince onu anlar zaten yani*

The quotation above illustrates that the subsequent child has more than one function for the mother in terms of coping with the loss. The following subtheme delves deeper into how the subsequent child helps the bereaved mother deal with the loss.

#### **3.4.4. The subsequent child: “Miracle, consolation, healer, and replacement”**

Giving birth to another child after the loss or having another child is prominent for the participants, and being related, it will be discussed together with the previous theme.

Ayşe said that, although she got pregnant with great difficulty the first time, after losing the baby, she got pregnant unexpectedly. She interprets this as a miracle coming from God, or a “consolation”:

A: ... I couldn't have (a baby) within the first year, you know within the first year after I started to wish for one, we resorted to treatment, you know I had limited ovarian reserve ga- that is what the doctor told me, but the second one, maybe it was God's plan for me, I got pregnant naturally three months later. To be honest, I wasn't expecting this.

R: You tried so long to have the first baby, but the second one conceived naturally

A: yea yea it was spontaneous. It felt like a miracle, really

R: That one came as a miracle

A: yes

R: What do you think about it now? You tried hard for the first baby, the second one came, as you've said, like a miracle? What kind of a miracle?

A: I don't know, was it the God's thing? You know, to me, it was like this, I lost the baby in the first one, so it was like consolation for me

*Original*

A: ... benim ilk bir sene (bebeğim) olmadı hani istedikten sonra bir sene olmadı ı tedaviyle kalmıştım hani yumurta rezervim azdı ga- hani öyle söylemişti doktor ama ikincisi allahın işi midir bilmiyorum hemen üç ay sonra doğal olarak kaldım hamile kaldım beklemiyodum doğrusu

R: ilkinde uğraştınız ikincisinde u kendiliğinden oldu

A: evet evet kendiliğinden oldu yani orda mucize gibi olmuştum zaten

R: mucize gibi geldi o

A: evet

R: ne düşündünüz sonra ilk bebeğiniz için uğraştınız ikincisi için hani mucize gibi diyorsunuz nasıl bir mucize

A: bilmiyorum ki allahın şeyi midir hani ne biliyim öyle geldi aklıma ilkinde kaybettiğim için ikincisinde teselli gibi geldi

To Gamze, having a subsequent child was important in that it helped regulate the memories related to the deceased baby. Basically, she says, it would be much harder for her if she did not have another child. Indeed, she recovered herself with the help of his existence:

G: It's really important to have another child, for example if we had never tried or if I couldn't get pregnant, my life would be way different now. The grief would probably still be

R: How do you think it would be now?

G: for example the moment I see these kids and those who were born about the same time, I would be more downhearted, more sorrowful, I would be worried all the time. Maybe we would even be not married, I don't know. For example, there is a friend of mine, who gave birth around the same time with me. I gave her baby my breastmilk. Now they are good friends with my daughter. For example, when I look at her now, it doesn't come to my mind, the memories around the breastmilk etc, but maybe if there were no second child, maybe they would come to my mind, I mean maybe it would be different, maybe I would even avoid communicating with them, I don't know.

R: you are now more comfortable with the things that remind you of him

G: with her for example now, that girl is my child's friend, besties, good friend – they have become very good friends. Now I look at them, she reminds me of him, but she does so because she is my daughter's friend u but the other way round, she would remind me of him being the baby who was born at the same time with my son or being the baby to whom I gave breastmilk. She would mostly remind me of such things

*Original*

G: gerçekten önemli bir çocuk daha olması mesela şimdi u hiç denemeseydik ya da olmasaydı çocuğumuz daha farklı yaşıyo olcaktım herhalde o acıyı hala

R: nasıl bir şey olurdu sizce

G: mesela daha bu çocukları gördüğümde onunla aynı dönemde doğan çocukları falan gördüğümde daha u üzülürdüm daha acı çekerdim hep kaygılı olurum belki evli olmazdık bilmiyorum mesela o dönem işte süt verdiğimiz aynı anda doğan aynı dönemde doğan bir arkadaşımın kızı var sütü de

*verdiğim ondan sonra şimdi benim kızım hani çok iyi arkadaşlar mesela ona bakınca artık aklıma gelmiyor süt muhabbetleri o şeyler ama belki o zaman gelirdi yani o zaman daha farklı belki görüşmek istemezdim bile bilmiyorum*  
*R: onu hatırlatacak şeylerle şu an daha rahat karşılaşıyorsunuz*  
*G: onunla artık mesela o kız benim kızımın arkadaşı dostlar arkada- çok iyi arkadaş oldular hani öyle bakıyorum bana onu hatırlatıyor kızımın arkadaşı diye hatırlatıyor u ama o zaman oğlumun oğlumla beraber doğan ya da süt verdiğim çocuk gibi daha çok onları hatırlatırdı*

On the other hand, for Funda, who did not have another child at the time of the interview, says that, even knowing that she was fertile and wishing for having another baby was a consolation:

F: ... every time they called me, I would tell them that I was OK, all right any way. I would say 'I'm having a baby after all' or something along these lines  
R: I'm having a baby  
F: You know at least it's like I can get pregnant, you try to console them with this mind  
R: you tried to console them  
F: exactly, 'Thank God,' I say. We didn't you know have a longing for a baby  
ıı we didn't resort to, I mean I we could have to resort to in vitro fertilization for example. You know we didn't have to wait. Never did we say 'we can't have a baby'. We could or could not have a baby, if worst comes to worst we would go and have a tube baby. That would be a trouble, that's much worse, God forbid

*Original*

*F: ... her aradıklarında ya ben iyiyim tamam işte sonuçta çocuğum oluyor falan yapıyordum hani onlara*  
*R: çocuğum oluyor*  
*F: hani en azından yani hani hamile kalabiliyorum falan işte o mantıkta onları avutuyorsun*  
*R: avutmaya çalıştınız onları*  
*F: aynen diyorum ki şükür Allah diyorum aratmadı hani u şey yapamadık hani bu süreçte mesela tüp bebeklere başvurmadık hani beklemedik demedik ki olmuyor çocuğumuz o da olabilirdi olmazdı olmazdı gider tüp bebek yaptırırdın o sıkıntı olurdu o daha kötü Allah yaşatmasın*

Below she explains her desire to have another baby:

F: ... You know a person wants this not for the sake of erasing the pain of the other but ıı to experience different things, for the possibility of lessening the pain, that's why one instantly wants to have another child

*Original*

*F: ..hani diğerinin acısını unutmak değil ama u farklı bi şeyler yaşamak için istiyor insan hani diyor ki belki acım biraz daha azalır diye çabucak bir çocuğum daha olsun istiyor insan yani*

Meltem gives a similar explanation to the importance of having another baby, adding that it fills a void left from the deceased child. In this regard, the subsequent child is also a replacement for the lost one:

M: After D., my husband said he didn't want another child

R: hıı

M: I really don't know ıı really. Now I think about it, and I can't really figure out on what logic I was acting like this (smiles). I uhmm said only a new child can make up for our c-child

*Original*

*M: D.'den sonra eşim bir daha çocuk istemiyorum dedi*

*R: hu*

*M: ben de yani u yani bilmiyorum hakkaten şu an düşünüyorum hani hangi mantıkla olduğunu oturtamıyorum (gülüyor) ben de yani e- evladımızın yerini ancak başka bir evlat doldurabilir dedim*

These statements hint at the unique role of and the burden upon the child born after a deceased child.

### **3.4.5. Hope of reunion in the afterlife**

Another strategy to cope with the loss of the baby is the belief in reunion in the afterlife, obviously related to the individual's religious beliefs.

Ayşe states that, when she is reminded of her deceased baby upon for example seeing her friends and their kids, she feels the lack. At such times, the idea of reunion with the baby, a kind of a completion, is comforting for her:

A: (...) uhmm I tell to myself I will eventually see him, you now it is not, I'm trying to find comfort like this. Because now he has his peers because I had friends, so some are at the same age. For example, I look and contemplate at them, you know mine would be at this age. But then I tell to myself I will see him any way eventually because well that awaits everyone in life, we will all end up there anyway, and I say one day I will see him...

*Original*

*A: (...) şey diyorum kendi kendime eninde sonunda görücem diyorum hani şey değil diyorum öyle teselli ediyorum kendimi şimdi çünkü yaşlıları var çünkü arkadaşlarım vardı onlarla yaşıt olanlar var mesela onlara bakınca aklıma geliyor hani benimki de bu kadar olacaktı diyorum ama sonra hani eninde sonunda göreceğim diyorum çünkü hani işte hani bu hayatta herkes için şey olacak zaten hepimiz gideceğimiz yer orası eninde sonunda göreceğim diyorum kendi kendime...*

Funda also brought up the idea of reunion in the afterlife and her questions about how that reunion would be:

F: You know they say the babies who die will intercede for their parents, I wonder if I will be able to recognize him in the life after death, how I will see him, if it will be in the baby form or grown up form.

*Original*

*F: bebeğin öldükten sonra şefaatchi olur anneye falan hani böyle bi muhabbet var diyorsun ki öbür diınyadan şu merak oluyor acaba diyorsun ki tanıyabilecek miyim öldükten sonra acaba nasıl görücem bebek halinde mi görücem büyümüş mü görücem*

### **3.4.6. Assigning a function to the loss**

Participants reported that losing the baby changed them in various ways. This may be interpreted as that assigning a function to the loss because will render this unpleasant experience some sort of purpose. The interview data revealed that losing their child has been a transforming experience for the participants, taught them to accept their own lack, and helped face the greatest fear of death.

- **A transforming experience: “I am not the same person anymore.”**

Zeynep stated that, before losing their son, never had she and her husband really told what they needed. She pointed out that they learned to take their own responsibility due to the period they had gone through with their son:

Z: (...) probably for the first time in our lives we both expressed what we needed. After all, the entire experience with U. taught us this. We learned to take our own responsibility (...)

R: Excuse me you said this is actually the biggest thing you have learned after you lost U., taking your own responsibility. Can you elaborate on that responsibility?

Z: Well at the end of the day, life goes on like this, when this is so in a certain routine, you're simply thrown off, we have already preferred to be driven about by life. It is a huge, a long period. Now we try to do things, well we try to do the things that we find interesting. Also we challenge our comfort zone

*Original*

*Z: (...) galiba ikimiz de hayatımızda ilk defa neye ihtiyacımız olduğunu söyleyebildik. Zaten Uzay'ın bütün bu süreci bize onu öğretti kendi sorumluluğumuzu almayı öğrendik (...)*

*R: pardon bu aslında Uzay'ı kaybettikten sonra öğrendiğiniz en büyük şey kendi sorumluluğunuzu almak dediniz o sorumluluğu sorucaktım*

Z: yani şimdi yaşam sonuç olarak böyle devam edince içinde belli bir rutine devam edince siz savruluyorsunuz içinde biz savrularak yaşamayı tercih etmişiz çok büyük bir- çok uzun bir süre şimdi şeyler yapmaya çalışıyoruz yani hani merak ettiğimiz şeyleri denemeye çalışıyoruz ondan sonra biraz konfor alanlarımızı zorluyoruz

Meltem also said that the whole process led her to become another person:

M: All these have transformed me, I have become a different person

R: How?

M: I have become a person with an entirely different attitude to life and faith in God

R: In what way is it different from the old one?

M: well as I said previously, I had gratitude for only the exceptionally good things, but now I'm thankful for everything. Well the situation is how can I say, you know when something doesn't happen, and they're all about the child ... you know everything I mean the creation of the world is a part of an order and I'm a single drop or maybe a sea of that ocean, that's why uh yes really I'm possessed with the feeling of gratitude, yes that's all about it

*Original*

*M: bütün bunlar beni dönüştürdü başka bir insan oldum ben*

*R: nasıl*

*M: hayata bakışta da allaha inancı da bambaşka bir insan oldum ben*

*R: nasıl farklı sizce öncekiyle*

*M: ya hani biraz önce de dedim ya önceden sadece verilen iyi şeylere şükreliyordum artık her şeye şükreliyorum yani hal şöyle işte ne bileyim işte bi şey olmadığında hani bunlar çocukla ilgili olması ... hani böyle her şeyin yani dünyanın bütün yaradılışın bir düzen içinde olduğunu benim bu okyanusta sadece bir damla olduğumu ama tek başıma da o okyanusun bir parçası ve belki de bir denizi olduğumu o yüzden uh yani böyle hakaten çok şükür duyduğundayım ya artık yani bu yani*

She even assigned her deceased baby a teacher role:

M: and D.- I should say one who thinks deeply, you know who thinks outside the obvious, what's more, let's say one who seeks meaning, I don't know if there is such a girl, if anyone knows such a girl, there is one I'm certain, D. was a teacher to me. I think she is a teacher showing us all these u helping us be grateful, having gratitude

*Original*

*M: ve de D.- derin ne bileyim böyle görünenin dışındakini de düşünen diyelim daha ne bileyim anlam arayan diyelim hani bilmiyorum bulunur mu bulan var mı hani bunu bilmiyorum ama sadece şundan çok eminim D. benim için öğretmendi o bunları göstermek için u değer bilelim diye şükrederim diye bir öğretmen olduğunu düşünüyorum onun*



Meltem identified the change as being a more flexible person; after all, there was no other option but accepting what was happening:

M: Life did not cease just because D. is in another life now, people continue to laugh, and me also, not only people, I myself, get hungry, smile, or you know life goes on, all of these things keep going, this is how the world is, there is always a painful side, but you can't stop the routine of life

R: hıhı so in a way life started over after a point

M: well there is nothing to do but embrace what you receive, that's why perhaps I learned how to be more flexible

*Original*

*M: hayat D. dünyasını deęiřtirdi diye durmadı herkes gülmeye ve ben de herkes deęil ben de ben kendim de acıkıyorum güliyorum işte ne bileyim hayat devam ediyor yani bunların hepsi devam ediyor böyle dünya bunun acısı var herkes dursun olmadı*

*R: hıhı hayat bir yerden sonra devam etti gibi yani*

*M: yani geli(e)ni uı kucaklamaktan başka uı birş- yapcak hiçbir şey yok yani o yüzden böyle daha esnek olmayı öğrendim galiba*

- **Accepting one's own lack: "I can't control everything."**

The participants described that, no matter how hard they had tried to save their babies lives, they could not. In the end, they had to accept the loss along with the idea that they were not omnipotent humans with superpowers.

Zeynep stated that she had to accept that she did not have a superpower and if she had, her son would be alive now. This subtheme seems to have a connection with the subtheme of guilt, which assumes having a role in the baby's death. Here, the acceptance of death can be accompanied by the acceptance of lack, which would also relieve their guilt about the death of the baby:

Z: ... well actually we accepted this, also we accepted that we have to accept, you know if I had a superpower my son would be alive anyway, it was something that I couldn't help (weeps)

*Original*

*Z: ... yani biz aslında bunu kabullendik kabullenmemiz gerektiğini de kabullendik yani hani benim bir süper gücüm olsaydı zaten oğlum hayatta olurdu bu benim elimde olan da bir şey deęildi (ağlıyor)*

Later, she also added that feelings of guilt had left its place to acceptance, which also meant accepting oneself:

Z: well actually it's a bit matter of time.. as time passes, as we talk or think over it, we've reached this point, and in fact sense of guilt has been replaced by **acceptance**

*Original*

Z: yani hani biraz aslında zaman zaman geçtikçe işte konuştukça düşündükçe işte buralara geldik yani işte suçluluk duygusu **kendini kabullenmeye bıraktı**

Meltem said they could not save the baby despite all efforts. She stated that the way life continues is beyond control:

M: ... We try this, and we try that, too, at professors', we do whatever is there ok, e it'll be fine, ok so we do whatever needs to be done- that's not how life works, regardless of what you do, whateverrr you do, if it's not meant to happen, it won't. Of course, we will do our best, I mean if we have a disease, I ...we of course still can't take our children to some doctor in an X hospital, I myself can't go to an ordinary doctor, you see they are more important for me ıı now, they are how can I say ıı – to be carefully selected. For me to trust a specific doctor, say, but no matter what ııı God is the greatest of all for sure, and God has an order, in which we are so tiny, yet so great, I mean my whole thing in the process has transformed into this, I cannot control everything

*Original*

M: ... onu da yapıyoruz bunu da yapıyoruz proflarda bilmem yapıyoruz falan e sonuç iyi olucak ya tamam işte yani yapılması gerekeni yapıyoruz- hayat böyle bir şey değil sen ne yaparsan yap nee yaparsan yap olmucaksa olmicak elimizden geleni elbette ki yapıcaz yani bir hastalığımız varsa tabii ki ben hala ben çocuklarımı normal bilmem ne hastanesindeki doktora götüremiyorum kendim herhangi bir doktora gidemiyorum yani benim için artık u bunlar çok daha u nasıld- süzgeçten çok geçmesi gerekiyor herhangi bir doktora güvenebilmem için mesela ama ne olursa olsun uu benden daha büyük bir allah tabii ki var onun da bir düzeni var ve yani orda çok küçüğüz ama çok büyüğüz yani bütün bu süreçteki şeyim buna evrildi yani her şeyi kontrol edemem

Nevertheless, what Meltem described above is contradictory because she cannot easily trust the doctors and is now more sensitive about choosing a doctor. In other words, she tries to control more, and perhaps be omnipotent.

- **Facing the greatest fear of all: Changes in the perception of death**

Participants told that losing a baby was the worst thing they could ever imagine, but that happened, and they “survived”. Facing this horrifying loss also leads to changes in the perception of death. Zeynep realized that death is not horrifying after all:

Z: ... we saw that death wasn't such a terrible thing. I mean we both (referring to the spouse) had concerns afterwards about it ...when an elderly member of the family dies, how the dead body will be washed is an issue, but I washed my own son's body, see I faced my deepest fears. I never liked to go to the cemetery, now you know it's one of our haunts ... we perceived that a restriction of that fear ...I mean how restricting fears are. To me, I mean while death was a taboo in our life, it has become a part of our life, and since then you know it hasn't devastated our life ...see it is like we looked at medusa's snakes and we were not frozen into stones, so life goes on for us.

*Original*

Z: ... ölümün çok korkunç bir şey olmadığını gördük. Yani bence ikimizin de (eşiyle) ondan sonra kaygıları vardı bu konuda ... bir büyüğümüz öldüğü zaman nasıl yıkıycaz ama ben kendi oğlumu yıkadım yani ben en büyük korkularıyla yüzleştim mezarlığa gitmeyi hiç sevmezdim şu anda hani şey mezarlık bizim uğrak yerimiz oldu ... o korkunun bir limitlemesi korkuların ne kadar limitleyici olduğunu gördük bence yani ölüm bizim için tabu olan bir konuyken hayatımızın bir parçası oldu ve bundan sonra hani hayatımızı hani mahvetmedi ... hani şey gibi, medusanın ondan sonra yılanların içine baktık ve donmadık yani o yüzden hayat devam ediyor bizim için.

Meltem stated that losing her baby showed her that death is not only for the elderly:

M: Bad diseases find the elderly, the old people, for example when we hear the news of a young person who died of heart attack, we say aa, we still get shocked, but look D. is cancer. She's a one-month-old baby, how can you be cancer with this tiny little body ich (...). We never attached such a disease to the young. You know as she's so little, normally she is dressed too babyish with lots of embellishment, and cuddled a lot, and all that, but see? It's not like this, oh my, it's not like this

*Original*

M: kötü hastalıklar büyüklere yaşlılara gelir mesela kalp krizinden ölen genç birisini duyunca aa diyoruz hala diyoruz yani işte yani D. kanser

R: hu

M: çocuk bir aylık nasıl ya yani sen bu küçücük bedenle nasıl kanser olabilirsin uh (...) küçüklere hiç düşünmüyorduk hani küçük olduğu için çok bebek bebek giyindirilir kuşandırılır sevilir işte bilmem ne falan filan öyle değilmiş ya öyle değilmiş

### **3.5. Effects of the loss on the subsequent pregnancy and motherhood experience**

As stated before, having another child was a salient aspect of the experience of loss for the participants. Much before the pregnancy, during the pregnancy, and after giving birth to the next child, they described a strong recollection of the previously experienced loss.

#### **3.5.1. “Am I crazy?”: Longing for a baby despite the fear of loss**

All the participants expressed their desire for another baby despite the fear of suffering the same pain again. Gamze said:

G: (...) after that baby, I'm still dying for a baby, and I said I must be crazy or something, I mean 'what is your problem,' I asked to myself, you know I had a such tough pregnancy period, I suffered financial problems, moreover one gets detached from the entire social environment, and you see I run the risk of going through the same things, again so many sacrifices to make, too much effort to pay...and in the end if the same thing happens, if I lose a baby again, you know I cannot stand up to my feet again. But on the other hand I madly wish to have a baby

*Original*

*G: (...) o bebekten sonra ı ben hala çok bebek istiyorum hala istiyorum ve ben deli miyim dedim yani ne zorun var bu kadar hamileliğin kötü geçiyor maddi açıdan zorluk çekiyosunuz ondan sonra bütün çevrenden kopmak zorundasın ve bakalım bu yine şeyleri yaşama olasılığın var yine bi sürü fedakârlık yine bi sürü uğraş emek sonunda yine bebek kaybedersem yine aynısı olursa hani artık toparlayamam diyorum bi yandan bi yandan da hala deli gibi bebek istiyorum*

#### **3.5.2. Fear of reliving the same thing: Issues regarding control and attachment**

The participants told that, since they were afraid of reliving the same thing in the subsequent child, they wanted to eliminate all potential risks during the pregnancy.

In relation to her subsequent pregnancy, Meltem said:

M: (...) I always tired the doctor throughout my pregnancy

R: hu

M: about you know all the things we heard and got to know at the intensive care unit, we were asking all kinds of questions like 'is it this and is it that?', well the doctor was naturally saying for example the measure of this and that, and doing a general classic routine check, ııı and I always cut in on ıı and the doctor controlled the liver and the brain, the organs where hemangioma is highly likely to develop one by one. And you know, whether the esophagus

joins the stomach, whether the air tube connects to the liver, and so on. Finally, he said ‘these questions, - d-don’t think about them, don’t this to yourself, everything is fine.’ Then such a pregnancy period I had, I couldn’t connect with the baby in my womb during my pregnancy ıı I mean I was always worried (...). You know we did not do anything until Ç. was born and we made sure that he was healthy, we couldn’t be sure. Then, Ç. was born ıııh, he is such that he is four kilos and three hundred grams. And when he was born he was a pudgy baby, looking full of health, ıı one week after our baby was born, we took him to Suat hoca, again we had the entire body of the baby ultrasound scanned, the man even did not recall us first, he asked what the problem of the baby was and he inquired why we brought such a small child , and we said we don’t know if he had a problem or not and we told everything. He checked out and could see no problem. He said everything is fine

*Original*

*M: (...) yani hamilelik boyunca da doktoru hep darladım ben*

*R: hu*

*M: işte ne bileyim yoğun bakımda duyduğumuz ve gördüğümüz her şey şu şöyle mi bu böyle mi diye soruyordum mesela işte mesela doktor doğal olarak şu ölçüsü bu kadar bu ölçüsü bu kadar şöyle böyle klasik rutin bir kontrol yapıyor ıı ben her seferinde ıı işte karaciğerine beynine bu hemanjiyomun oluşma riskinin olduğu yüksek olduğu organları tek tek adam kontrol etti işte ne bileyim yemek borusu midesine bağlı mı nefes borusu ciğerine bağlı mı falan gibi yani en son bana dedi ki böyle sorular- b-bunu düşünme kendine bunu yapma hani her şey yolunda sonra öyle öyle bi hamilelik geçti hamileliğim boyunca hiç böyle bi karnımdaki çocukla bağ kuramadım ben ıı yani çünkü ıı hep korkuyordum (...) yani Ç. doğana kadar onu böyle bi sağlıklı olduğunu kesin görene kadar biz şey yapamadık emin olamadık sonra Ç. doğdu ıııh böyle dört kilo üç yüz gram böyle topaç gibi bi doğdu öyle şey kanlı canlı ıı çocuk doğdu biz bi hafta sonra Suat hocaya götürdük yine tüm vücut bebeğin ıı ultrason baktırdık adam bizi hatırlamadı önce ne sıkıntısı var neden bu kadar küçük çocuğu getirdiniz dedi biz dedik ki bi sıkıntısı var mı bilmiyoruz böyle böyle hani baktı hiçbir sıkıntı yok dedi ondan sonra çok gayet her şey yolunda dedi*

It is also remarkable that she could not, or refused to, establish a bond with the baby during the pregnancy because of fear of losing the baby. After the delivery, even though there was no problem, they had the baby controlled thoroughly by another specialist to make sure that he was healthy.

### **3.5.3. Endeavor to be the perfect mother and getting overwhelmed**

Some participants described an effort to be the perfect mother to the subsequent child, saying that they would not complain about anything or they would try to do everything perfectly. However, at some point it was not sustainable for them. Gamze said:

G: ...I never complained ıı at first, in about the first two years or so, you know ıı I bear everything, I also ıı work, I take good care of my child, I breastfeed my baby, I never struggled with it, 'I will stop breastfeeding when it's time to wean,' I say to myself, but at the end of the two years, it became unbearable, I was so worn out. It wasn't as easy as I thought, then I decided to **wean wea-wean** because I used to live on zero sleep. There are times now (...) when I raise my voice, ıı you know that was the time when I promised myself never to do some things but now I'm sometimes doing them (smiles)

R: Why did you think you would never do them?

G: Because I deserved it after very hard work, I found it with great difficulty, I suffered extreme hardship. At that time, I was angry with people who were doing such stuff, who were doing these, especially those who were mean to the children so on, I was you know extremely annoyed, or those pregnant women who were complaining because they felt nauseous or because of this and that (coughs), yes they would irritate me. After ıı two years especially I was also a bit (smiles) worn out I guess

*Original*

*G: ..başta u hiç şikayet etmiyordum ilk iki yıl falan böyle hani ı her şeye dayanıyorum ondan sonra u çalışıyorum çocuğumla çok güzel ilgileniyorum bebeğimle süt falan emziriyorum hiç emzirme konusunda şeyim yok istediği zaman bırakıcam falan diyorum memeyi ama artık iki yılın sonunda ben dayanamaz hale geldim çok yıprandım o kadar kolay değilmiş ondan sonra emzirmeyi **bırakmak bırakm- bırakıcam** dedim çünkü sıfır uykuyla yaşıyorum falan böyle (...) kızım şimdi sesim yükseldiği zamanlar oluyo u hani bunları hiç yapmıycam dediğim bi zamandı o zamanlar ama şimdi bazen yapıyorum (gülüyor)*

*R: niye yapmıycam diye düşünmüştünüz*

*G: çünkü zor hak ettim zor buldum yani ağır şeyler yaşadım o dönemde yapanlara kıızıyordum bunları yapanlara çocuğuna hele kötü davrananlar falan böyle çok çok sinirleniyordum ya da hamileyken yakınanlar mide bulantısından şusundan busundan (öksürüyor) çok kıızıyordum sonra u iki yaşından sonra özellikle ben de biraz artık (gülüyor) yıprandım herhalde*

The statement “zor hak ettim zor buldum” [I deserved it after very hard work] is also remarkable here because losing a baby was experienced as a punishment by the same, and some other participants. The second born is perceived as a treasure that should be deserved, requiring a mother the perfect version of herself.

What is more, while talking about weaning, the words “bırakmak bırakm- bırakıcam”, which equivocally means abandoning or leaving in Turkish reflect an issue about separation. As stated before, bereaved mothers may experience attachment issues in the subsequent pregnancies, this is also in relation to separation. As well as establishing bonds, it is also hard for them to unchain the baby when the time has come.

### 3.5.4. “Quid pro quo”: Gratefulness and relief through the subsequent child(ren)

Participants also described a state of gratefulness for a healthy subsequent child. However, it is distressing because it is perceived as a compensation of grief over the first child. Meltem describes this as:

M: (...) Of course every parent loves their children too much, ı it is not like saying I love my children more than parents who haven't suffered such pain love theirs ııı you know it's like obtaining something all by yourself after paying great effort versus being readily offered that, maybe there is one single difference ııı see, I recall this crossing my mind, when Ç. took his first steps, I was thinking about this... you know of course I was fascinated when Ç. was taking his first steps, you witness a great thing, you see him growing but just at that moment it occurred to me, I mean I remember saying to my husband, 'if D. had lived, we would probably not be able to see this'

*Original*

M: (...) *tabii ki hani her anne baba elbette ki çocuğunu çok sever ı ben çocuklarımı böyle bi acı yaşamamış anneden babadan daha çok seviyorum demek değil de ıı ya bu şey gibi ya ne bileyim hani bi şeyi kendin emek vererek işte almakla sahip olmakla hazır sunulması gibi belki bir fark olabilir yani ıı ya ben şunu düşündüğümü hatırlıyorum Ç. büyük oğlum yürümeye başladığında şunu düşünüyordum ben Ç. ilk adımlarını atarken tabii ki çok sevindim hani bir şeye şahit oluyorsunuz büyüdüğüne şahit oluyorsun ama benim aklımdan şunu geçip- yani eşime şunu söylediğimi hatırlıyorum D. yaşasaydı bunu görmeyebilirdik.*

In the statement above, she says that she paid a price before the second born. Once again, she justifies the loss of the baby through the subsequent child by saying that they would not be able to see him learn to walk if their first born was alive. A logic of reciprocity is constructed between the two children. The price she paid with the first one is reciprocated by the second. She attributes a tremendous role to the subsequent child:

M: As I always say, actually all come to the same thing but, always more gratitude,  
of course parents who see the first steps of the child, every mother and father who sees the first steps of children feels extremely glad, but you know the situation is much different with me, how can I say ıı for example if D. had lived and if she couldn't do what her peers were doing when they were taking their first steps, what would become of us, how would we act? The first time she had gotten aware of this, what would she be thinking, how would my girl react, and what could we do for her?

R: got aware of what

M: Well a one-year old child cannot understand this, but a four-year child can... at an age when D. starts perceiving that she is physically different from her peers and other people around her, for example how would she react, what would she do? Considering all these, whenever I've witnessed the first's of my children, these questions have always come to my mind. It is like, while I am grateful for witnessing these nice things about my children, I also feel grateful because I've not experienced such an acute pain

*Original*

*M: yani hep yani ya söylediğim her şey buna çıkıyor ama hep daha fazla şükür yani tabii ki ilk adımını gören anne baba çocuğunun ilk adımını gören her anne baba çok sevinir yani ama bendeki şeyi daha farklı yani u ne bileyim mesela D. yaşasaydı onun yaşatları böyle ilk adımını atarken o böyle bi şey yapamasaydı biz ne yapardık ne düşünerdik o bunu fark etmeye başladığı zaman ne düşünür bunu nasıl karşılardı biz onun için ne yapabilirdik gibi*

*R: neyi fark ettiğinde*

*M: D. yani kendisinin fiziksel olarak yaşatlarından farklı olduğunu çevresindeki insanlardan farklı olduğunu fark edip idrak etmeye başladığı yaşta bir yaşındaki çocuk bunu anlamaz ama dört yaşındaki çocuk anlar mesela o zaman nasıl karşılardı ne yapardı diye ben benim çocuklarımda şahit olduğum ilklerde hep aklımdan bunlar geçti onların o halleri için şükrederken böyle bi acı yaşamadığım için de şükrediyorum gibi*

Feelings of appreciation in the last sentence also point to the justification of the death of the baby. In a way, she was relieved of pain through the subsequent child, implying that the burden of the loss is transferred to the subsequent child.



## CHAPTER 4

### DISCUSSION

This study aimed to investigate women's experience of baby loss. Semi-structured interviews were conducted with five women who had lost their firstborn due to natural causes within one year after the delivery. The deceased baby was specified as the firstborn because it was thought that it would make a considerable difference; in other words, whether a bereaved mother has another child or not would considerably impact the experience of baby loss. The research sought answers to three main research questions: how women experience a baby loss, how baby loss is experienced in relation to femininity and motherhood, and how losing a baby affects a woman's motherhood experience in the future. Five main themes were generated from a reflexive thematic analysis perspective. The themes are as follows: "motherly grief": a unique loss that will never fade away, reactions to the baby loss, bereavement in relation to others, coming to terms with the loss: coping strategies, and effects of the loss on the subsequent pregnancy and motherhood experience.

#### **4.1. "Motherly grief": A unique loss that will never fade away**

The findings in the first theme pertain to how the bereaved mothers defined their baby loss experience. First and foremost, the loss of a baby was identified as a unique loss that can only be understood by the bereaved mothers. They expressed their loss with the phrase "evlat acısı" [motherly grief] in Turkish, which designates a specific kind of pain suffered from losing a child. As described by the participants, it is more painful than other losses and impossible to get over. They emphasized that this pain creates a common ground for the bereaved mothers as it can only be understood by and shared among those who go through it.

Leon (1990) suggested that the grief for the death of a child involves a continuum: from the grief in relation to the physical death to the grief in relation to the loss of dreams, fantasies, and hopes that might have come true, yet which will never do. The loss of dreams, fantasies, and hopes might be as devastating as the actual life. When parents lose a child, they must “cope with the loss of someone they never really got to know” (Mahan & Calica, 1997). In case of a death of a baby, parents do not have many memories to mourn; instead, they mourn for the dreams and expectations regarding the lost baby (Grout & Romanoff, 2000). In such cases, the baby remains an abstraction for the bereaved parents, for whom it is harder to mourn than those who have memories with their child (Grout & Romanoff, 2010). In a similar vein, the findings of the present study revealed that the bereaved mothers mourn both for the physical death of their baby and their lost desires about them. One participant’s (Gamze) letter to her deceased baby exemplifies this: “onu çok sevdiğimi...çok büyük hayallerle beklediğimizi...çok uğraştığımızı ama olmadığını...kurduğum hayalleri...seninle şunları yapıcaktık şunları planlıyoduk seni hep sevicektik gibi şeyler yazdığımı hatırlıyorum” [I remember writing these in the letter...I love him too much...we were expecting with great dreams...we tried very hard but it did not work out...our dreams...we would do this and that together...we were planning these...we would love you forever].

According to Lacan (1999), the love of a mother is structured by a fantasy that reduces the partner to an object, the *object a*. This was indicated by one of the participants: “sana ait olan bir şeyi tamamen kaybetmek gibi düşünsene sadece s- yani tabii ki de eşinle senin...” [like losing something that belongs to you forever... just think about it, it is something that y- of course you and your spouse...]. These statements demonstrate that the baby is perceived as an object that solely belongs to the mother, though the spouse is also mentioned at some point. As the child sets desire in motion as the *object a* (Lacan, 1964), the bereaved mothers have to deal with the loss of the *object a*, and regarding its relation to the lack; the child loss constitutes the lack of lack.

In accordance with Grigg’s (2016) explanations on mourning, the present study revealed that, although these mothers could continue their lives, their pain which may diminish over time comes to surface at particular times such as anniversaries, when they encounter a remainder of the lost baby or look at the subsequent child (which is

in relation to the last theme of the study). In that regard, one participant (Meltem) likened her experience of loss to an unfinished story; she said “elbiseler hala bazanın içinde duruyor yani bu defter kapanmayacak” [the clothes I bought, they are still in the bed base, so it will always be an unsettled issue]. It can be interpreted that there is a determination of not closing that page which is symbolized by the clothes that are still kept in the base. As discussed before, Freud (1992) acknowledged the reason why the attachment to the lost object continues, it is for the “very love for the object itself.” By these attachments, and in this specific instance, by these clothes, the lost baby is somehow kept alive and memorialized. The participant emphasizes that that page *will not be closed*. In a way, though the baby is dead, he/she is not abandoned. For that participant, the clothes may be some sort of evidence that the story about the lost baby is unfinished. In such a case, the bereaved mother keeps the clothes in the base not to let go of the “baby”. Therefore, it is beyond getting reminded of the baby with an instance, but there is a state of disavowal about the loss.

It is also impossible for the bereaved mothers to know how their lost baby would become when she/he grew up; they expressed their curiosity about it, which will remain unsatisfied eternally. Although the baby is gone, the bereaved mothers talked about finding an answer to the question in their minds by looking at other kids that were born at the same time or at their subsequent children. The void that was left after the loss is attempted to fill imaginarily through comparison. For instance, Meltem said “böyle A.’a (one of the subsequent children) bakınca acaba böyle miydi böyle mi olcaktı” [now I look at A. and ask, ‘would she be like him?’].

Another source of agony the present study focused on is the lost dreams about being a mother. It specifically pertained to the loss of the first-born child; hence, this was not a salient aspect for the participants who had a subsequent child at the time of the interview. However, two of the participants’ losses were relatively new, so they did not have a child. Those mothers’ narratives involved a wish for another child, though expressed with some uncertainty. For instance, one participant (Funda) said “tamamen ellerimizden kaybettik yani öyle bi çocuğumuz olacak mı artık bilmiyorsun” [he completely slipped off our hands, I mean we don’t know any more if we can one day have a baby like this]. The only certainty was that their prospective child would have an older sibling. From that perspective, they intended to maintain their status as a

(former) mother, but they were uncertain if they would ever have a chance to have a child in the future.

The loss of a baby was also characterized as a test of God by one of the participants. The meaning attributed to the experience of loss is, in this case, was religious and the loss was defined as “Allah’ın bana verdiği bir sınav” [it’s a test with which God challenges me]. Explaining the loss as a test that was specifically given to oneself by the God may be helpful to protect oneself from suffering as is religion according to Freud (2005). Rather than being pointless, the loss of the baby, indeed another human being, is positioned as a test for the mother herself. As will be discussed in the third theme (“coming to terms with the loss: coping strategies”), the same participant deals with the void resulting from the death of the baby believing that they will meet again in the afterlife. In brief, the meaning the participants attributed to the loss of a baby was associated with how they coped with it.

All in all, the present study showed that the loss of a baby is experienced as a loss of a future that the participants dreamt for themselves through their babies that are now lost. It can be differentiated from other losses with this point, it is the loss of a dreamed future. When a woman loses a baby, she mourns for the future that included the deceased baby, and the questions regarding that lost future remain; either by attempts to find answers imaginarily or believing that they will meet again in the afterlife, the void left by the loss is dealt with which will be discussed in detail in the theme titled as “coming to terms with the loss: coping strategies”.

#### **4.2. Reactions to the baby loss**

The second theme generated in the present study involves participants’ reactions prior to and following the death. Prevailing reactions to the loss were an inability to accept the reality, a sense that the life stopped accompanied by shock and pain, a strong sense of lack and void, disappointment and anger, and predominantly, guilt and self-blame.

This study showed that bereaved mothers’ first reaction to the probability and, later, the reality of the death of their baby was the inability to accept it. That was followed by shock and depersonalization, and a great agony which was sometimes experienced physiologically. Their narrations about those times remarkably included

a kind of questioning about the continuity of life; sentences like “ben yaşamıyorum o anı” [I was not living the moment] and “o an yaşayan var mı” [Is there anyone living that moment?] also mark that life somewhat stopped there; the loss of the baby is somehow experienced as the end of life as if everybody including the mother herself is dead, it is a moment of disappearance and alienation. The baby is such an extension for the mother that the death of him/her is, in a way, experienced as her own death. Participants’ disbelief regarding those times have maintained to the present since, as they expressed, it was still hard to believe that they could endure the suffering caused by the loss. Similarly, Wheeler (2001) found that an initial parent response to child death was inability to accept the reality. It encompassed a feeling of numbness and disbelief, shock and confusion, a state of living in a dream or nightmare, and feeling like an outsider amid what was happening (Wheeler, 2001).

What Lacan (1977) suggested about the loss, or the death “opening a hole in the real”, may explicate why bereaved mothers experience the death as if life has stopped. As stated before, the loss of a loved one results in the collapse of the *object a*, particularly in case of a child loss, the loss of the *object a* and the symbolic phallus for the mother, which is directly related to the real privation. According to Lacan, death is a dimension of the traumatic real and resists symbolization; the subject can only compose a narration through the chain of signifiers, which would somewhat protect the subject from that traumatic real. However, in the moment of death, and thus trauma, when there is no symbolization, the subject encounters the real. All hopes and desires about the future that are reflected on the child collapse with his/her death, and the life collapses. For the life to go on, the subject must restitch the hole by symbolic means (Lacan, 1977), which is connected with another theme of the present study, “coming to terms with the loss: coping strategies”.

Pollock (1961) also explained the initial response of shock with the sudden upset in ego equilibrium resulting from the primary awareness that the object does not exist anymore. He stated that the narcissistic loss, and the loss of internal and external control, is in connection with how sudden the event is. The intensity of the initial stage varies depending on the suddenness of death since the degree of preparation of the ego would also vary. Therefore, responses to death after a prolonged serious illness is different from those to an unexpected one. Although the shock response exists in both

cases, the intensity varies (Pollock, 1961). For example, in the present study, one of the mothers (Zeynep) lost her baby after a chronic heart disease and a long period of treatment that included several operations. She had a chance to “fight for” her son’s life in the process, experienced a sense of control through caring for him for almost one year, and faced the probability of losing him. Another bereaved mother (Funda) was aware of the baby’s health problem during the pregnancy but chose not to have an abortion despite the risk of losing him in the womb; consequently, she had time to accommodate to the idea of losing him. Even though their reactions to the loss included shock, that was not as predominant as those who lost their babies more suddenly. The more sudden the death, the greater shock they described.

Another reaction outstanding in the participants’ narratives was the lack and void following the death of the baby. The lack was experienced especially in the presence of other mothers and children that would be the same age had the deceased child lived. Confrontation with their own loss and lack made the bereaved mothers understandably uneasy. One of the participants (Ayşe) even mentioned that she felt inadequate against other mothers because her baby could not make it although the death had resulted from a congenital disease. She said “bir eksiklik şey oldu bir yanım eksik eksik insanların içine çıkıyorum gibi” [there was an absence ughm, it feels like I go out in public with a part of me missing] and she added somewhere else “kaybetmemin sebebi sanki benmişim gibi” [as if I am the cause of my losing] while defining the lack she felt at the presence of other women who had given birth to a healthy child. Freud (1993) characterized the loss of a child as an “insurmountable narcissistic insult”. Ayşe’s expressions illustrate such a narcissistic insult; she defines a feeling of rivalry against other women, and she feels like she lost it; this rivalry belongs to the imaginary register and is in relation to the ideal ego, the image in the mirror that she wished for. The illusion of wholeness offered by the baby is lost and she felt lacking before the gaze of other women, i.e., *the others*. Therefore, the loss of the baby also leads to the loss of an ideal image the woman wished for herself and the lack left by the loss seems to be experienced as a narcissistic insult.

The same participant even asked the researcher during the interview whether she was a mother or not, assuming that she is not. The loss of a child leads the parent to get into direct confrontation with her/his unconscious (Boothby, 2013); the child as the

symbolic phallus is fantasized by the mother prior to her/his birth, in other words, the child comes with an imagined promise, this is what the mother desired from her/him. In case of Ayşe, the lack felt after the loss is in relation to that; she would not be lacking had her baby lived. She lost her promised phallus and felt lacking and inadequate in the presence of other mothers; the question she posed to the researcher assuming that she does not have a child is a projection of this lack. Furthermore, “man’s desire is the desire of the Other” (Lacan, 1964). This means that the subject desires from the viewpoint of the Other; in other words, one’s object of desire is the object that is desired by another, and this is what precisely makes that object desirable (Lacan, 2006). This explains Ayşe’s feelings of lack in the presence of others; because of the death of the child, she lacks the object of desire of the Other. It seems that the child would provide her with recognition among others; but instead, she felt lacking after losing the child. As Lacan (1964) stated, desire is a desire for Other’s recognition. Therefore, the loss of a child may be experienced as the loss of recognition in the society. It is important to note here that, as Lacan (2002) stated, “the unconscious is politics ... what binds men together, or what opposes them, is precisely to be justified by that whose logic we are trying for the moment to articulate”; hence, the question of being a mother might be interpreted as an indication and a recreation of the society’s discourse. As the unconscious is politics, the question of being a mother, or the status of the mother, is politics. The discourse in Turkey about femininity and motherhood, as well as the importance attributed to being a mother, also emerged in the interview data of the present study, suggesting that the feeling of lack and the loss of recognition are also in connection with the discourse of the society in Turkey regarding motherhood.

The findings of the present study also showed that feelings of guilt and self-blame were prominent among bereaved mothers. They indicated that after the loss they kept questioning why the baby had gotten the disease and died and why they were doomed to endure intense suffering. The form of the questions that involved self-blame and guilt varied. In some, self-blame is about leading the deceased baby to get sick (“Did the baby get sick because I did something wrong?”); in others, it is about inability to prevent the death and the possibility of saving the baby from dying (“Did I do something wrong that would result in my child’s death? Could I realize that something

was wrong at that day?" Yet another group of more abstract questions displayed guilt through the idea of being punished by the Other ("Did I do something wrong to deserve so much suffering?").

Psychoanalytic theorists and researchers offered different explanations regarding the searing guilt following a child loss. According to Freud's (1917) classical theory of mourning, when the bereaved have diminished self-esteem and intense guilt, the unconscious aggression toward the lost one is at work. In 1964, Cain et al. discovered that when women had, consciously or unconsciously, ambivalent feelings about their pregnancy, they experienced severe maternal depression after a perinatal loss. The intense guilt that follows such losses is considered very typical rather than an indication of underlying pathology or ambivalence (Knapp, 1986; Edelstein, 1984; Rubin, 1985).

An alternative explanation supported by different researchers in the field for parental self-blame following the loss of a child suggests that self-indictment is used as a defensive guard against the excruciating sense of helplessness caused by an unchangeable and intolerable reality (Leon, 1996). After the death of child, the illusion of omnipotence, which is typically related with being a mother, is stripped away; and in turn, a profound sense of helplessness emerges. This may actually explain bereaved parents' striving to achieve a sense of control over the child's death, despite the expense of self-blame (Leon, 1996). Parallel to this, a study about maternal reactions to perinatal complications discovered that maternal self-blame and positive mood were significantly associated when mediated by the belief in avoiding the problem in the future (Tennen et al., 1986). Moreover, in an earlier study conducted to evaluate the classical hypothesis of unconscious ambivalence, Gardner (1969) found that only for 20% of mothers of seriously ill children, unconscious hostility was a significant factor regarding their sense of guilt; he proposed that the main motive for the parents' self-blame is associated with their wish to cope with the excruciating sense of helplessness in such cases.

In concordance with the literature related to guilt and self-blame, the findings of the present study showed that the third version of self-blame "Did I do something wrong to deserve so much suffering?" may be related to assigning a function to the loss, which



is related to another theme of the present study. Here, the bereaved mother suffers because of her own mistakes in the past, so the suffering is a redemption; in other words, a cause-and-effect relationship is established regarding the loss of the child. Accordingly, one participant (Meltem) in the present study stated that she had refused to be soothed by others then because she believed she had to endure it, which is evident in her own words while talking about the period after the baby's death: "kimseyle konuşmak istemiyorum yani çünkü herkes beni avutmaya çalışıyor ve ben kendimi avutmak istemiyorum yani sürekli şey kafasındaydım bi şey yaptım bi kötülük yaptım ben ve bunu yaşamamı istiyor Allah ve bunu görmek için daha çok acı çekiyorum diye düşünüyorum" [I don't want to talk to anyone because everybody is trying to console me but but I don't want to console myself. I obsess over the idea that I had done something, I had done a bad to someone so God wants me to experience this, and I believe I suffer more and more so that I can see this]. She emphasizes that she does not want to talk to anyone, she does not want to be consoled. It can be stated that she does not want to let go of it. In this case, there is an idea of punishing Other because of one's own mistakes. It can be observed that here the bereaved mother believes that the Other wants her to suffer, she interprets the loss as a way of punishment. What is more, the child's status as the pure object of the mother (Lacan, 2018) is also illustrated here; the child as the object is such an extension of the mother that the death can be assumed to be a punishment for her own mistakes.

A remarkable aspect of the findings was that anger, which was found to be a common reaction of parents to the loss of a child (Leon, 1986; Wheeler, 2001), was not salient in the present study. Only one of the participants (Meltem) expressed her disappointment about the loss of her dreams and her anger resulting from that disappointment. She said "insan böyle bi saldırgan agresif bir ruh haline de bürünüyor bi taraftan...ya öfkeliydim çünkü bunu hayal etmemiştim hani çocuğumu kaybettim yani hiçbir anne ne bileyim bunu düşünerek doğum yapmıyor" [well I was angry because I had not imagined this, you know I lost my child. No mother gives birth ughm thinking about this after all]. She is deprived of what she was longing for, and anger is mentioned in relation to frustration. Taking into consideration the preceding part, in case of a baby loss, the Other may be perceived as punishing and depriving; the first one is in connection with the feelings of guilt, the latter is in relation to the feelings of

anger. It is worth to note here that Lacan's discussion of the work of mourning is about a restitching operation in the level of symbolic (1977); therefore, the work of mourning includes the relationship with the Other. The lack experienced is in relation to the Other; and specifically in case of a child loss, which would be the substitute of the symbolic phallus for a woman, one has to delve into her issues with the lack and her relationship with the Other.

In the present study it is also commonly observed that anger is reflected towards other parents who did not appreciate their living children in the eyes of the bereaved mothers. However, four out of five participants made no mention of anger directly related to the loss. In contrast, all participants emphasized their feelings of guilt and self-blame very frequently about the loss of their baby. In brief, whereas anger has remarkably little space in the study, guilt and self-blame came to the forefront. This may also be in relation to what is thought to be expected of the bereaved mother in the society and the cultural practices and expectations regarding mourning, which pertains to another subtheme "the ideal image of mourning mother".

Similarly, Hsu et al. (2004) found that maternal-infant loss is constructed by four major themes: "loss of control", "broken dream", "shattered self," and "something wrong with me". They found out a strong sense of personal failure and incompleteness on the part of the bereaved mothers. Indeed, most of the bereaved mothers in their study were blaming themselves for the death of their unborn baby and had excessive guilt feelings and self-condemnation. Therefore, Hsu et al. (2004) concluded that the death of a baby may be experienced as a failure on the mother's part, which causes enormous guilt. Gibbons (1992) also asserted that the loss of child has a devastating effect on the mother's self-esteem.

### **4.3. Bereavement in relation to others**

Psychoanalytic literature regards bereavement as a highly social experience (Kalish, 1980). Bowlby (1980) pointed out that families, friends, and others play a leading part in the mourning process by either assisting or hindering it. Bowlby (1980) and Parkes (1972) emphasized the importance of social support and considered the acceptance and encouragement of expressive mourning as the most important factors to facilitate the mourning. In 1974, Furman put forward that psychoanalytic experience revealed

that the surviving love objects have a crucial role for the bereaved individual and those loved ones support him/her in dealing with the loss. She stated, "Mourning alone is an almost impossible task even for a mature adult" (Furman, 1974). It is worth noting that, as Hagman (1995) argued, considering the role of others in bereavement does not necessarily minimize the importance of intrapsychic factors. The social contexts in which the grief takes place are important and should be taken into consideration (Masters et al., 1983).

In the present study, participants shared their experiences with others during bereavement. Their relationship with their spouses seemed to be either a supportive one, in which the loss was construed as a mutual experience and they went through the pain holding onto each other, or a distant one, which sometimes involved arguments and accusations about the loss of the baby. Wheeler (2001) stated that the death of a child, who was expected to outlive the parents, results in the dissolution of the natural order of life, leaving the bereaved parents in a state of meaning crisis. Some studies in the literature suggest that fathers' bereavement tends to be less long-lasting and intense, generally with less depression and guilt compared to their wives (Helmrath & Steinitz, 1978; Benfield et al., 1978; Theut et al., 1989); however, there are also other researchers who demonstrated more similarity than difference between maternal and paternal bereavement after the loss of an infant (Feeley & Gottlieb, 1988). For example, "incongruent grieving" may result in marital tensions after the loss of a child (Peppers & Knapp, 1980), while grieving over a child's death together may strengthen the marital relationship (Helmrath & Steinitz, 1978; Peppers & Knapp, 1980). Participants in the present study did not report a change in their relationship with their spouses after the loss. However, those who felt that they could grieve for their dead child together emphasized that this was their shared loss, nobody else could understand it, and finding strength in each other was valuable and relieving after the loss. In contrast, they expressed that having arguments with the spouse following the loss, even scapegoating about the death of the baby was hindering for the bereavement. As a result, the participants' relationship pattern with their spouses prior to the death of the baby seems to be the determinant in this regard. A similar pattern was also valid for other relationships. Participants perceived others either supportive or aggravative depending on the nature of their relationship with them prior to the death of the baby.

It is also important to note that the culture of a society greatly influences individual attitudes regarding the dead and death (Hagman, 1995). Bereavement practices vary depending on the customs that surround death. In addition to the individual's actual feelings, society's taught responses are reflected on the expressions of grief. The group's and individual's expression of emotions to the loss is prescribed by each culture's intentions and institutions (Krupp, 1962). In the present study also, bereaved mothers' narratives included these conditioned attitudes. For example, participants expressed that they felt like the death of a baby was perceived as taboo for most people, and they sensed that even the closest friends have hard time listening to them or talking about it. A participant stated that participating in the present study was valuable for her because many are reluctant to listen to her talking about her deceased baby.

Lastly, participants' narratives revealed an image of a mourning mother in the Turkish culture: someone who can never get over her loss, never seems happy, and is always detached from life. One participant (Zeynep) said "süreci biraz Temmuz'da atlattıktan sonra ben işe başladığımda bir dönem pişmanlık da hissettim bu sefer oğlumun anısına ihanet ediyormuşum gibi hissettim... oğlumun aslında acısını yaşamıyormuşum, hani devam etmeye çalışıyormuşum gibi ondan sonra hani mutlu olmaya hakkım yok aslında... gözü yaşlı oturup böyle kendini kötü hisseden bir anne olmam gerekiyor... toplum da bizde hani oluşturdu işte diziye bakarsınız oğlu ya da kızı ölen kadın hayatı boyunca hayata küser oturup birkaç ay sonra gidip hayatına devam etmeye çalışmaz ki hep bir hüznüldür gülmez bunlar aslında bir şekilde toplumsal olarak bize empoze ediliyor zaten" [after somewhat getting over the grieving process in July, I started to go to work, I felt regretful for a while, this time it felt like I'm betraying my son's memory ... It felt bad as if I wasn't suffering my son's pain, as if I was striving to carry on. Like I had no right to be happy again. Instead, I had to be a mother you know sitting like that with tears in her eyes, feeling terrible. Actually, this image, I mean because of the grieving process, the society presses a certain you know, look at the TV serials, the embittered mother whose son or daughter dies lives in grief throughout her life, rather than going back to work within a few months, and she is haunted by sadness, never smiling. These are somehow imposed on us socially.] This shows that the bereaved ones may have complicated feelings about going on their lives after the loss, they have to somehow continue, but this makes them feel guilty. On the

one hand, as Grigg (2016) stated, mourning is about searching a right way of remembering the loved lost ones and rituals that are established by either social customs or religious laws, i.e., by the Other; therefore, how an image of mourning mother is constituted by the culture is important. The bereaved mothers' experiences after the loss included what they think the society, the Other, expected from them. In the example above, although the bereaved mother is somewhat ready to move on, she was anxious about being judged by others. As indicated before, in Turkish culture, being a mother is greatly valued. It can be stated that when one loses a child it requires the bereaved mother to give the required response. In connection with this, the bereaved mothers' conscious responses to death of their child (such as hanging the picture of the lost baby on the wall where the visitors can also see -which will be discussed in the following part- or thinking about when to go to work again) was in relation to what they thought the Other expected from them. This shows how the ego ideal is constructed for a bereaved mother in Turkey. Nevertheless, subjective positions towards the culture, in other words, towards the Other, varies. Therefore, the present study showed that some bereaved mothers were worried about the society's expectations from them and had hesitations about whether they had the right to be happy ever again, whereas the others did not give a place to the expectations of the society in their narratives.

#### **4.4. Coming to terms with the loss: Coping strategies**

The fourth theme of the present study covered different coping mechanisms that the bereaved mothers adopted to deal with the loss of the baby. Although this theme has six subthemes, they can be collected under three categories in terms of their functions in bereavement.

Firstly, "justification of the death of the baby" and "assigning a function to the loss" appeared to be a way of explaining and making meaning out of the loss. Through justifying, the death is construed as "not the worst-case scenario", whereas through assigning a function, the whole experience of loss acquires a purpose. All participants stated that if death had not occurred, or occurred later, it might have been worse both for the baby and for themselves. The baby might have suffered more or been disabled had she/he lived. A participant stated that if the baby had lived longer, it would be

harder to deal with the loss. Justification of the death helps the bereaved mother positively appraise and accept the reality of the death while giving it a rational explanation; therefore, it includes rationalization of the death as a defense mechanism. Moreover, assigning a function to the loss, which has three subcategories (a transforming experience: “I am not the same person anymore”; accepting one’s own lack: “I can’t control everything”; facing the greatest fear of all: changes in the perception of death) is related to evaluating the death of the baby as a transformative and improving experience regarding how they perceive themselves (e.g., being more determinant, grateful, or flexible) and the death (e.g. “it was not horrifying after all” and “the death is not just for elderly”). The issues of control were notable in this theme as well. As stated before, participants quite frequently talked about feeling guilty about not being able to save the baby. Coping with the loss required them to accept the fact that they did not have the power to do so. In other words, to come into terms with loss, they had to embrace their own lack.

From a constructivist perspective on grief, the loss and resultant grief is an existential crisis for the survivor. It necessitates a new process of meaning-making and hence, a new worldview. Through this process, the loss can result in a reconciliation. Neimeyer (2001) stated that “meaning reconstruction in response to a loss is the central process in grieving”. It was also described as a part of parental bereavement (Wheeler, 2001). When a child dies, the parents go through a meaning crisis (Braun & Berg, 1994; Miles & Crandal, 1983). Wheeler (2001) found that the bereaved parents experienced a struggle to comprehend the death and they attempted to make meaning of both their lives and the death of the child. To attune to a changed reality, internal representations of the family and the deceased should be transformed (Klass, 1997). Creating new meanings and new stories enables the bereaved ones to go on living in a reality that changed forever. Mementos and rituals establish a continuing relationship with the deceased child (Riches & Dawson, 1998; Klass et al., 1996). Accordingly, the findings of the present study showed that, to come to terms with the loss, the participants have gone through a process of reconstruction of meaning in various respects regarding their view of life, themselves and their relationship with others/the Other, and last but not least, with their lost baby; in Meltem’s sentences: “ve de D. (the deceased one) - derin ne bileyim böyle görünenin dışındakini de düşünen diyelim daha ne bileyim anlam

arayan diyelim hani bilmiyorum bulunur mu bulan var mı hani bunu bilmiyorum ama sadece şundan çok eminim D. benim için öğretmendi o bunları göstermek için ıı değer bilelim diye şükredelim diye bir öğretmen olduğunu düşünüyorum onun” [and D.- I should say one who thinks deeply, you know who thinks outside the obvious, what’s more, let’s say one who seeks meaning, I don’t know if there is such a girl, if anyone knows such a girl, there is one I’m certain, D. was a teacher to me. I think she is a teacher showing us all these ıı helping us be grateful, having gratitude].

Secondly, subthemes that are titled as “getting the remainders used by others: the continuity of baby through remainders” and “striving to sustain the bond with the deceased baby” summarize the elements that serve to establish a new kind of bond with the deceased baby. As Klass (1997) stated, “the end of grief is not severing the bond with the dead child but integrating the child into parent’s life in a different way than when the child was alive”. In contrast with the earlier theories of grief, parental bereavement and adjustment to loss is centered on the parents’ ability to sustain a bond with their deceased child and integrate the memory of the loss into various social-shared realities (Klass & Walter, 2001; Saiki-Craighill, 2002). In accordance with the literature, the findings related to the fourth theme of the present study indicated that, rather than decathexis, bereaved mothers sought for ways to integrate the lost baby to their lives. As Grigg (2016) argued, the work of mourning consists of a process of “commemoration”; the present study showed that the lost child is memorialized through various actions. Even when the bereaved ones could love and live again, the traces of the lost child did not disappear; s/he was not forgotten but commemorated. In fact, the bereaved mothers emphasized their effort to preserve the lost baby’s space in their lives. For instance, Ayşe stated “ben fotoğrafını falan koydum duvara, yani yüzünü hep öyle göreyim diye, yüzü çünkü ilk doğduğundaki yüzü hep öyle ... ben belk- unutmayayım diye koydum galiba ilk zamanlar direkt astık oraya mesela iki tane fotoğraf var biri yatak odasında biri salonda” [I hung a photo of him onto the wall, so that well I could always see her face like that, because it’s her face when she was a newborn, her face is always like this ... maybe I put it there not to forget her, I think it was very early in the process that we hung the photo there. There are two photos, one in the bedroom and one in the living room]. In addition, Zeynep said “yaşıyormuş gibi eşyaları yok ama U.’ın varlığını anımsatacak her yerde bir şey var” [as if he is living,

no belongings of him around but there certainly is something to remind us of U. at every corner]. Even though the baby is gone, the bereaved mothers strive to hold a space for the deceased one not to disappear from their lives.

It was particularly remarkable that the bereaved mothers mentioned introducing the deceased child to their subsequent child as *abla/abi* [the older sibling]; in the family's discourse, these children do "have" an older sibling, none of whom will actually be older than them. Grout and Romanoff (2000) observed a similar pattern in the bereaved parents' behaviors and interpreted it as parents and younger children's tendency to "co-construct, as part of the family, a sibling that the children never met". Parents' emphasis on the lost child as being a part of the family is considered as an important way of integrating the child into their present lives (Klass, 1997). This may be interpreted as a way of recording the lost child in the filiation, in other words, in the symbolic, which constitutes the work of mourning, according to Lacan, a way of conserving the object (the lost child) through a memorial of it and a reconstruction in the symbolic. By this way, the lost child "somehow outlives the psychical work of mourning" (Grigg, 2016). It is also worth noting that introducing the lost child to the subsequent one gives his/her space in the family. Grout and Romanoff (2000) proposed that bereaved mothers may be inclined to reflect expectations from the deceased baby onto the subsequent child, who is thus given a role of replacement. The existence of a symbolic space preserved for the lost child may also have a function of giving the subsequent child her/his own space.

Lastly, the subthemes titled as "the subsequent child: 'miracle, consolation, healer, and replacement'" and "hope of reunion in the afterlife" apparently help the bereaved mothers deal with the void following the death. Three of the participants had another child(ren) in the time of the interview, whereas two of them did not. Those who had another child following the loss emphasized that the subsequent child(ren) had a crucial role in terms of helping them deal with the loss thus the living children occupied a considerable space in their narratives; on the other hand, the others talked about their wish to have another baby.

Johnson (1984) put forward that a recent loss of a child is perceived as a hole or void in the family by the parents. The decision of having another child gives some parents



a reason for living. Parents in her study indicated that the dead child cannot be replaced, but most of them wanted to have another child of the same-sex forthwith and often chose for him or her a name suggestive of the dead child. In a similar manner, in the present study, participants revealed their desire to have another baby as soon as possible after the death of the first one. Meltem said “evladımızın yerini ancak başka bir evlat doldurabilir dedim” [I said only a new child can make up for our child]. One participant (Gamze) emphasized how she wished for a same-sex child and told that, when she found out that the consequent baby would be the opposite sex, she was devastated and cried for weeks. She said she had wanted to continue her incomplete story with the new baby. Even though her subsequent children were not the same-sex, she was trying to imagine how her deceased baby would look like by examining them. Similarly, in a study about perinatal loss (Davis et al.,1989), most bereaved mothers reported the “replacement feeling” regarding the subsequent baby and pictured it as “a benign curiosity about the baby they never really got to know”. In this regard, the distinction that was proposed by Grout and Romanoff (2000) is crucial; replacing a loss is different from replacing a person, and this difference would have a vital influence for the subsequent child. In this manner, preserving the lost one’s unique place may facilitate to create a new space for the subsequent children. Therefore, it is essential to pay considerable attention to the individual’s discourse to be able to comprehend what the situation is in each unique case. This point is associated with the last theme of the present study (“effects of the loss on the subsequent pregnancy and motherhood experience”).

#### **4.5. Effects of the loss on the subsequent pregnancy and motherhood experience**

The last theme of the present study covers the influence of loss over the subsequent pregnancy and motherhood experience. As discussed before, following the loss, having another child is a critical issue for the bereaved mothers. However, it was revealed that, because of the loss, they experienced intense fear of losing another child, while also longing for it. Therefore, they expressed a kind of paradox; one of the participants’ words display this conflict: “hala çok bebek istiyorum ve ben deli miyim yani ne zorun var ... yine bebek kaybedersem yine aynı olursa” [I still strongly want to have a baby and am I crazy or something? What is wrong with me? What if I lose another baby, what if the same thing happens]. In connection with this, until the

delivery and making sure that the baby is healthy, it seemed hard for them to establish a bond with the new baby. In a similar vein, Wardland et al. (2011) conducted a qualitative study with 13 bereaved parents, and they found that these parents may have a “paradoxical parenting” style, an aspect which is identified as “holding close/holding at arm’s length”. This study revealed participants’ need to hold their subsequent child close because they felt so grateful for their child’s life while keeping the child “at an emotional arm’s length” due to the fear that he/she might die. The researchers asserted the bonds between bereaved parents and their subsequent children may be disrupted because of this (Warland, 2011).

Another aspect of “paradoxical parenting” style reported by Wardland et al. (2011) encompasses opposite elements of “in control/out of control”. In the study, the bereaved parents reported their need for control to protect themselves from another loss, so they seemed to be particularly careful about doing things properly, yet they contended that they felt out of control when faced with similar childhood events such as tonsillitis. The researchers attributed the need for control and proper work to the fear of another loss. In the present study, participants offered similar accounts. However, the findings of the present study also revealed that, in addition to fear of another loss, being in control and doing things “perfectly” is also about an endeavor to be the perfect mother as the subsequent child is seen as a gift after the loss; this attitude is evident in one participant’s own words: “zor hak ettim zor buldum” [I deserved it after very hard work, I found it with great difficulty]. They stated that they were so grateful for the healthy child, so they had to be the best version of themselves. This includes not complaining about anything regarding the subsequent child or doing things perfectly.

Moreover, the present study showed that gratefulness for the subsequent child was also in relation to the death of the first one; had the first one lived, that subsequent healthy child might have not existed, as Meltem said “ben şunu düşündüğümü hatırlıyorum Ç. büyük oğlum yürümeye başladığında şunu düşünüyordum ben Ç. ilk adımlarını atarken tabii ki çok sevindim hani bir şeye şahit oluyorsunuz büyüdüğüne şahit oluyorsun ama benim aklımdan şunu geçip- yani eşime şunu söylediğimi hatırlıyorum D. yaşasaydı bunu görmeyebilirdik.” [I recall this crossing my mind, when Ç. took his first steps, I was thinking about this... you know of course I was fascinated when Ç.

was taking his first steps, you witness a great thing, you see him growing but just at that moment it occurred to me, I mean I remember saying to my husband, ‘if D. had lived, we would probably not be able to see this]. That is, the subsequent child owes his/her existence to that death. As this participant expressed, a cornerstone of the subsequent child reminds of the lost one; in a way, it is in connection with the mother’s previous experience. Getting reminded of the lost baby requires the mother to deal with the suffering; as a defense mechanism, rationalization is utilized, and the subsequent child is overly appreciated. The desire of the mother in relation to the subsequent child is shaped by the lost child; regarding that, she said “tabii ki hani her anne baba elbette ki çocuđunu çok sever ı ben çocuklarımı böyle bi acı yaşamamış anneden babadan daha çok seviyorum demek deđil de ııı ya bu şey gibi ya ne bileyim hani bi şeyi kendin emek vererek işte almakla sahip olmakla hazır sunulması gibi belki bir fark olabilir” [Of course every parent loves their children too much, ı it is not like saying I love my children more than parents who haven’t suffered such pain love theirs ııı you know it’s like obtaining something all by yourself after paying great effort versus being readily offered].

As discussed before, the term “replacement child” refers to either other children already living in the family or the newborn that is chosen to be a replacement for the deceased child (Gibbons, 1992). A subsequent child may facilitate the resolution of an earlier loss if sufficient mourning took place to allow the mother to separate the earlier death from the upcoming birth (Leon, 1990). Although the family suppresses the impact of the loss or tries to disregard it, they may still give the replacement child, who is born after the loss, the role of filling the void. In such a case, the child may have an unconscious burden, which is not recognized or acknowledged by the family (Lieberman, 1979; Gibbons, 1992). In this situation, the replacement child, unknowingly assumes two roles within the family: one of his/her own and that of the dead one. The dual effort, understandably, hinders one’s own individuality. Since the void left from the deceased child can never be filled, a sense of failure that is accompanied by multiple symptoms may persist in the subsequent child’s life (Gibbons, 1992). Because the replacement dynamics are associated with unresolved parental grief, it is critical that active participation of the child in terms of becoming a replacement should not be overlooked (Leon, 1990). As an unconscious wish to

resolve parental grief or as an unconscious effort to ensure parental love after the deceased child's idealized image, the replacement status might be adopted by the subsequent child (Leon, 1990). After all, the influence of the loss is profoundly embedded not only in the mother's (or parents') wish for a replacement child but also in the subsequent child's subjective positioning.

#### **4.6. Conclusions and Clinical Implications**

The loss, and the consequent lack, is a central issue in the psychoanalytic theory. The first psychoanalyst to theorize mourning in 1917 was Freud, and later other psychoanalysts such as Deutsch, Klein, Abraham, Fenichel, and Pollock made major contributions to the theory of mourning. In 1977, Jacques Lacan conceptualized the death as a "hole in the real". According to Lacan (2014), people only mourn for those for whom they can say "I was his lack," for love is wishing to give someone what we do not have (Lacan, 2015). The loss of a loved one and the collapse of the *object a* destabilize the economy of desire since it is a specific experience of lacking the lack. The death resulting in a hole in the real requires a symbolic reparation. Lacan (1964) emphasized that, in mourning, the links with the *object a* are reconstructed symbolically. Grigg called this symbolic reparation "commemoration"; through mourning, the lost one is not forgotten but commemorated (2016).

The death of a family member is considered as "the most stressful of life events that individuals must face" (Lieberman, 1979), so is the loss of a child portrayed as "the most distressing and long-lasting of all griefs" (Gorer, 1965). The present study shed light into bereaved mothers' experiences of baby loss from a psychoanalytic perspective. It sought answers to three main research questions: (1) How do women experience baby loss? (2) How is baby loss experienced in relation to femininity and motherhood? (3) How does losing a baby affect a woman's motherhood experience in the future? The study utilized reflexive thematic analysis approach, data obtained from semi-structured interviews conducted with five participants who had lost their first-born babies within the first year following the birth was analyzed, and the data analysis revealed five main themes: (1) "Motherly grief": A unique loss that will never fade away, (2) Reactions to the baby loss, (3) Bereavement in relation to others, (4) Coming to terms with the loss: Coping strategies, (5) Effects of the loss on the subsequent

pregnancy and motherhood experience. Each theme generated subthemes examining baby loss experience in different aspects.

The study showed that losing a baby is defined as a unique loss, which could be only understood by the mothers who have experienced it. On the one hand, it constitutes a common ground for the bereaved mothers; on the other, they adopt a unique way of making sense of it. In case of a baby loss, the mothers mourn not only for the physical loss of the baby but also for their desires, dreams, and hopes regarding a future lost with the death of the baby. Although the pain diminishes over time, it never disappears; the baby is never forgotten.

Reactions given to the baby loss were in congruent with the literature. The first reaction was the inability to accept the reality of death, which is followed by shock and depersonalization, agony of the soul and body, feelings of lack and void, disappointment and anger, and guilt and self-blame. Feelings of lack and void, and guilt and self-blame were prevalent in the interview data and discussed in detail in the light of the literature. As the literature suggested, mourning over a baby was also a social experience for the bereaved mothers, with a variety of factors to handle such as troubled spousal relationships during grief, expectations of the society, and assumption-based reactions of others.

To deal with the loss of the baby, the bereaved mothers adopted different mechanisms, all of which may be considered as processes of reparation. That is, they resorted to ways to generate an explanation and a meaning about the loss, establish a new kind of bond with the deceased baby, and find/construct imaginary and symbolic ways to cope with the hole in the real left by the death. Fundamentally, all these mechanisms may be interpreted as attempts of restoring and reconstructing the links with the *object a* as suggested by Lacan (1964). Finally, the last theme of the study comprises the effects of the loss on the subsequent pregnancy and motherhood experience. The issue of having another child after the loss depending on whether bereaved mothers had a subsequent child at the time of the interview or not was salient. Hopes for the subsequent child and the mothers' experiences during pregnancy and following the birth were inevitably, and understandably, influenced by the previous experience of loss.

The present study may have important clinical implications for work on experience of loss. It should be noted that clinical axioms in relation to the loss of a child like “replacement child” should not be taken for granted without considering the maternal and familial representations of a lost and a subsequent child. The unique story and history of each individual and each family should be considered carefully; otherwise, clinicians may run the risk of being misled by their own assumptions. Indeed, the process of grief is more individual and variable than previous theories have envisaged. Health care professionals who are in a position of making recommendations to parents and families would benefit from findings on various patterns of grief. They may support bereaved parents in constructing new and unique meanings of the loss, rather than assuming normative paths and patterns (Grout & Romanoff, 2000).

The death of a child can evoke other bereavements such as the loss of a particular person, or it may result in the recollection of an earlier loss of a loved one (Leon, 1990). It is also in connection with multiple aspects of human psyche. When a bereaved person applies to psychotherapy, the loss and related issues should be examined thoroughly. The process of psychotherapy may help to resolve the crisis resulting from the loss of a child and underlying issues through encouraging the expression of grief and providing insight into the experience of loss and intensified conflicts in relation to it.

The literature shows that, even when the bereaved parents seek psychotherapy, the living siblings are given very little consideration (Van Riper, 1997). Grieving for such losses are difficult for families; therefore, the clinicians should pay special attention to cover the perennial influences of these losses. Lieberman (1979) stated that “if family members are unable to mourn, separately or collectively, a family pattern develops which is subject to transgenerational passage. Morbid grieving is handed down from generation to generation”. Such occasions generally result in family secrets, and “if children are kept ignorant of the content of a secret, they suffer the consequences without knowing why” (Lieberman, 1979). Generating genograms may be helpful in explicating the conditions that surround deaths and losses and the subsequent position a living child may occupy in the family (Carter & McGoldrick, 1999). Therapists that work with families may facilitate dialogue between parents and the living siblings, and assist them through creative tools: letters to the deceased, a memorial tree, or a book

of memories (Gibbons, 1992). This may give the deceased child a place in the symbolic regarding the family and its history, which may be interpreted as way of “commemoration” (Grigg, 2016).

Furthermore, Vanier (2011) discussed the status of the child in relation to current discourse, in which religious and secular mechanisms have lost its previous significance. He proposed that the child has become the only bearer of the future in terms of recovering the lost *jouissance* through embodiment of the lost object (*object a*); this is why people have a growing fascination for their offspring. This expectation of recovery is, more often than not, disappointed by the child (*object a* bearer) (Vanier, 2011). This is also what happens in case of a child loss, the disappointment of losing the *object a*, the symbolic phallus. The loss of a child leads a mother to get into direct confrontation with her unconscious and her own lack (Boothby, 2013). Psychoanalysis enables the subject to encounter and interconnect with what is beyond the phallus.

Lastly, while working with bereaved mothers in clinical setting with a psychoanalytic perspective, it is very important to focus on the unique significance of having a baby for individuals. The meaning of having a baby would vary for each woman and the experience of loss would differ in that regard. For instance, in this study, as discussed in the previous parts, losing a baby might be experienced as losing recognition in the presence of others for a woman, in such a case, the baby was expected to provide her a status in the society. On the other hand, for another woman, the loss of a baby was predominantly experienced as the loss of control. This is apparently in relation to one’s position in society or one’s sociocultural status. Therefore, in the therapy setting, therapists should pay attention to comprehending the meaning attributed to having a baby and how the loss was experienced in connection with it.

#### **4.7. Strengths and Limitations of the Present Study and Suggestions for Future Studies**

The present study has several limitations. First, due to focusing on a topic that has a sensitive nature, it might have a biased sample with participants who were willing to talk about their experiences of loss. Moreover, the participants varied in terms of the presence of a subsequent child which is proven to be an important factor in terms of the experience of a child loss. Nevertheless, once specific factors such as the birth

order and maximum life span of the deceased baby were held constant, it proved to be a strong study with richness and depth of data from mothers, whose deceased baby varied in gender, length of illness and time since loss. Many researches on the topic of a child loss comprise a sample that includes miscarriage, stillbirth, and neonatal death, which makes it impossible to distinguish the effects of a particular kind of loss from others (Leon, 1990); the present study was designed to specifically examine the experience of an infant loss. Furthermore, to the best of our knowledge, this study is also the first qualitative study conducted in Turkey to examine the baby loss experience. In this regard, the present study showed the importance attributed to being a mother and how losing motherhood along with the child is experienced by women in Turkish culture. Motherhood is greatly valued and losing the status of motherhood requires the bereaved ones to grieve in a certain way.

The results of the present study confirm previous research findings. It also proposes new paths to future exploration. Whereas some researchers assert that outcomes following a loss improve within time (Polatinsky & Esprey, 2000), others speculate that other factors, apart from the passage of time alone, in the post-loss period may also be influential (Calhoun & Tedeschi, 2001; Bonanno, 2004). Longitudinal qualitative models of research may be needed to comprehend the progression of maternal bereavement. To trace the course of grief, follow up studies which are conducted over a period of at least two years are also necessary (Leon, 1990). Follow-up assessments that would be conducted on a regular basis may also help trace the course of grief and mother's response to her subsequent pregnancy and birth (Leon, 1990). Last but not least, the sample of the present study represents a non-clinical group; data coming from a clinical sample and detailed case studies based on clinical work may enrich the understanding of a child loss.



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## APPENDICES

### A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ  
APPLIED ETHICS RESEARCH CENTER

DUMLUPINAR BULVARI 06800  
ÇANKAYA ANKARA/TURKEY  
T: +90 312 210 22 91  
F: +90 312 210 79 59  
ueam@metu.edu.tr  
www.ueam.metu.edu.tr



ORTA DOĞU TEKNİK ÜNİVERSİTESİ  
MIDDLE EAST TECHNICAL UNIVERSITY

Sayı: 28620816 /

29 Eylül 2020

Konu: Değerlendirme Sonucu


Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. Tülin GENÇÖZ

Danışmanlığını yaptığınız Sezin AYDOG'un "*Psychoanalytic Exploration of the Experience of Baby Loss through Grounded Theory Approach*" başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve **276-ODTU-2020** protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

  
Prof.Dr. Mine MISIRLISOY  
İAEK Başkanı



## B. INFORMED CONSENT FORM

### GÖNÜLLÜ KATILIM FORMU

Bu çalışma, Orta Doğu Teknik Üniversitesi Psikoloji Bölümü Klinik Psikoloji opsiyonu Doktora Programı öğrencisi Sezin Aydoğ tarafından, öğretim üyesi Prof. Dr. Tülin Gençöz danışmanlığında doktora tez çalışması kapsamında yürütülmektedir. Çalışmanın temel amacı, bebek kaybı deneyimi olan kadınların yaşadıkları kayıpla ilgili deneyimlerini incelemektir.

Çalışmaya katılım gönüllülük esasına dayanmaktadır. Katılımcılarla yaklaşık 90 dakika sürmesi planlanan görüşmeler yapılmaktadır. Katılımcılardan araştırmacı tarafından sorulan soruları kendi deneyimleri çerçevesinde cevaplandırmaları beklenmektedir. Görüşmelerin daha sonra değerlendirilebilmesi amacıyla görüşme sürecinde ses kaydı alınacaktır. Katılımcılardan kimlik belirleyici hiçbir bilgi istenmemektedir. Görüşmede elde edilen bilgiler tamamen gizli tutulacak, bilimsel yayınlarda kullanmak üzere yalnızca araştırmacılar tarafından değerlendirilecektir.

Görüşmeler genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak görüşmeler esnasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz görüşmeyi yarıda bırakabilirsiniz. Böyle bir durumda araştırmacıya görüşmeyi bitirmek istediğinizi söylemeniz yeterli olacaktır. Araştırmamıza katıldığınız için şimdiden teşekkür ederiz.

Çalışma hakkında daha fazla bilgi almak için çalışmanın yürütücüsü Sezin Aydoğ ile iletişim kurabilirsiniz (e-posta: sezin.aydog@metu.edu.tr).

***Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.***

Adı-Soyadı

Tarih

İmza

### **C. SEMI-STRUCTURED INTERVIEW QUESTIONS**

1. Could you tell me about yourself?
2. How did you first decide to have a baby?
3. What do you think about motherhood?
4. Can you tell me about your deceased baby?
5. What was the cause of death? Could you tell me about that time? How did it happen?
6. Could you tell me about the time after you lost your baby? What were your feelings and experiences?
7. How did this loss effect your life?
8. What are your general opinions about the death?
9. How have your feelings and thoughts about the loss transformed so far?
10. Could you tell me about the dreams about the baby? How do you think she/he would be if she/he lived?
11. What kind of experiences do you think a mother who had lost her child has about having a baby again? What are the differences in terms of motherhood experience between a mother who has lost her baby and a mother who has not had this experience?
12. Taking into consideration all of these, how was it to go through such a process as a woman and as a mother?
13. Is there anything you want to add? How was it for you to participate in this study?

#### D. TURKISH VERSION OF THE INTERVIEW QUESTIONS

1. Kendinizden bahsedebilir misiniz?
2. İlk kez çocuk sahibi olmaya nasıl karar verdiniz?
3. Annelik/anne olmak hakkındaki düşüncelerinizden bahsedebilir misiniz?  
Annelik sizin için nasıl bir şey? Çocuğunuz olduktan sonra bu fikirlerinizde bir değişim oldu mu?
4. Kaybettiğiniz bebeğinizden bahsedebilir misiniz?
5. Bebeğinizin ölüm sebebi neydi? O süreçten bahsedebilir misiniz? Nasıl oldu?
6. Bebeğinizi kaybettikten sonraki süreçten bahsedebilir misiniz? Sizin için nasıl bir dönemdi? Neler yaşadınız?
7. Bu kaybın hayatınıza nasıl bir etkisi oldu?
8. Ölüm hakkındaki düşüncelerinizden bahsedebilir misiniz?
9. Kayıpla ilgili duygu ve düşünceleriniz, kayba bakışınız bugüne kadar nasıl bir yolculuktan geçti, nasıl şekillendi?
10. Kaybettiğiniz bebeğinizle ilgili rüyalarınızdan, hayallerinizden bahsedebilir misiniz? Sizce yaşasaydı nasıl olurdu?
11. Sizce bebek kaybı yaşamış bir anne yeniden çocuk sahibi olmakla ilgili neler yaşıyor? Kayıp yaşantısı olmayan anneyle kaybı olanın yaşantısı arasında sonraki annelik deneyimi açısından nasıl farklılar olabilir?
12. Tüm bu konuştuklarımızı, kayıp sürecini düşündüğünüzde, bir anne olarak ve bir kadın olarak bu süreci yaşamak nasıldı?
13. Eklemek istediğiniz bir şey var mı? Çalışmaya katılmak sizin için nasıl bir deneyimdi?

## E. CURRICULUM VITAE

SEZİN AYDOĞ

E-posta: sezinaydog@gmail.com

### *Education*

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*Middle East Technical University, Faculty of Arts and Sciences, Ankara, Turkey*

Doctor of Philosophy (PhD) in Clinical Psychology, November, 2022

*Middle East Technical University, Faculty of Arts and Sciences, Ankara, Turkey*

Bachelor of Science in Psychology, June 2016

*Gazi University, Faculty of Law, Ankara*

Bachelor of Laws, June, 2011

### *Work Experience*

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*Freud Lacan Psychoanalysis Association, Ankara, Turkey*

March, 2021-present

*Board of Directors Member, Secretary General*

*Middle East Technical University, Psychology Department, AYNA Clinical*

*Psychology Peer-Reviewed Journal (AYNA Klinik Psikoloji Dergisi)*

February, 2021-present

*Editorial Board Member*

*Middle East Technical University, Psychology Department, AYNA Clinical*

*Psychology Peer-Reviewed Journal (AYNA Klinik Psikoloji Dergisi)*

December, 2019-present

*Journal Reviewer*

*Middle East Technical University, Psychology Department, AYNA Clinical*

*Psychology Intervention Unit*

September, 2019-June, 2021

*Supervisor*

*Başkent University, Psychology Department*

September, 2016 – February, 2018

*Research and Teaching Assistant*

### *Publications*

---

Necef, I. & **Aydoğ, S.** (2021). Aktarımın Rosetta taşı: Anna O. vakası. In T.

Gençöz (Ed.) *Freud'dan Lacan'a Vaka İncelemeleri*, Ankara: Nobel

**Aydoğ, S.** (2020). Lacanyen yaklaşımda cinsiyetlenme ve histeri nevrozu. *AYNA Klinik Psikoloji Dergisi*, 7 (1). doi: 10.31682/ayna.659658

Canbolat, F., Uçar, S., **Aydoğ, S.** ve Gençöz, F. (2019). İntihara ilişkin psikanalitik kuramlar: Lacan. İçinde H. Devrimci Özgüven (Ed.), *İntiharı Anlama ve Müdahale*. Ankara: Bayt.

Gagua, N., Özkan, A., **Aydoğ, S.** ve Gençöz, F. (2019). Türkiye'de psikoterapistlerin yaklaşımlarının belirlenmesi: Lacan'ın söylemleri çerçevesinde değerlendirme. In T. Gençöz, (Ed.), *Lacanyen Psikanaliz*. 1. Baskı. Ankara: Türkiye Klinikleri

Eldoğan-Eken, D. ve **Aydoğ-Gürkan, S.** (2018). Çocukluk ve ergenlik döneminde beslenme ve yeme bozuklukları. İçinde A. İçağasioğlu Çoban ve S. Attepe Özden (Ed.), *Psikiyatrik Sosyal Hizmet*. Ankara: Nobel.

*Scholarships*

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YÖK 100/2000 PhD Scholarship

March, 2018-November, 2022

*Languages*

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Turkish (Native), English (Advanced), French (Elementary)

## F. TURKISH SUMMARY / TÜRKÇE ÖZET

### GİRİŞ

Bu çalışmada kadınların bebek kaybı deneyiminin psikanalitik bir bakış açısıyla incelenmesi amaçlanmıştır. Giriş bölümünde; öncelikle psikanalitik açıdan cinsiyetlenme kuramı ve kadınsı konum ele alınmış ve kadınsı konumla bağlantılı olarak annelik ve anne için çocuğun konumu açıklanmıştır. Ardından, kayıpla ilgili psikanalitik literatür sunulmuş; psikoloji alanyazınından kayıp deneyimi ve kayıp ile ilgili kavramlar hakkında bilgi verilmiştir. Son olarak, psikanalitik açıdan çocuk kaybının kavramsallaştırılması, güncel çalışmanın amaçları ve araştırma soruları sunulmuştur.

#### 1.1. Kadınlık: Lacan'ın Cinsiyetlenme Kuramı

Psikanalitik kurama göre, cinsel farklılık anatominin ötesinde değerlendirilmektedir. Freud, kadın ve erkek arasındaki farkın fallik evrede cinsel dürtülerin gelişmesiyle ortaya çıktığını belirtmiştir (Freud, 2000). Freud'a göre, öznenin cinsiyet konumu, çocuğun Oedipus kompleksinde özdeşim kurduğu ebeveynin cinsiyetine göre belirlenir. Öte yandan Lacan, cinselliği gelişim aşamalarından ziyade jouissance ve dil ile kurulan ilişki bağlamında açıklamıştır. Bu bakımdan, “kadın” ve “erkek” gösterenleri, biyolojik cinsiyetten ziyade öznenin sembolik konumunu temsil etmektedir (Lacan, 1999).

#### 1.2. Annelik

Freud (1920; 1924) yazılarında genellikle “kadın” ve “anne” kavramlarının bireysel ve sosyal alanlar açısından birbirine içkin olduğunu belirtmiş; bebek sahibi olma arzusunun, Oedipus kompleksine dayanan penis hasedinden kaynaklandığını ve anneliğin “kadınsı Oedipus için fallik bir çıkış yolu” olduğunu ifade etmiştir (Freud, 1920). Lacan ise çocuğun anne için sembolik fallus niteliğinde olduğunu öne

sürmüştür. Lacan'a göre, bebek kendini anneye nesne *a* (objet petit a) olarak sunmaktadır (2006).

### 1.3. Eksik ve Arzu

Lacan'ın kuramında eksik, her zaman arzuyu ilişkilidir. Privasyon kavramıyla Lacan, Freud'un kadın kastrasyonu ve penis hasedi hakkındaki görüşlerini açıklamaya çalışmıştır. Lacan'a göre, privasyon kavramı, *gerçek* (real) düzleminde, eksik olan nesnenin sembolize edilmesini ima etmektedir. Başka bir deyişle, penis, çocuk tarafından eksik olarak algılanır, çünkü orada bir şeylerin olması gerektiği fikri mevcuttur. Simgesel olanı gerçekle tanıştıran şey budur: eksik olan sembolik bir nesnedir, ancak gerçek organ değildir. Bu sayede kız çocuğunun bilinçdışında eksiğin yerini, eksiğin sembolik doğasını bir bakıma onaylayan bir çocuk alabilecektir (Lacan, 2020). Çocuğun sembolik fallus niteliğine sahip olması da bu nokta ile ilişkilidir.

### 1.4. Arzu Nedeni Olan Nesne: “Objet petit a”

Fantazi denkleminde ( $\$ \diamond a$ ) Lacan, nesne *a*'yı arzunun nesnesi olarak tanıtmıştır (Lacan, 2020). Arzunun nedeni olan nesne *a*'ya asla ulaşamaz; o, arzuyu harekete geçiren nesnedir. Dürtünün hedefi de nesne *a*'ya ulaşmak değildir, ancak onun etrafında dolanır. Diğer bir deyişle, nesne *a*, arzunun sebebidir ancak yöneldiği nesne değildir. Arzu, eksik ile ilişkilidir, ancak bir nesneyle ilgili değildir (Lacan, 1964).

### 1.3. Sembolik Fallus Olarak Çocuk

Lacan'a (2018) göre çocuğun annenin fantazisindeki yeri, arzusu ile bağlantılıdır. Çocuk, anne için sembolik fallusun yerini alır. Başka bir deyişle, bir çocuk her zaman bir kadın için nesne *a* konumundadır (Vanier, 2011). Yenidoğan, anne için bir nesnedir; onun sahip olabileceği, jouissance alabileceği ve jouissance verebileceği gerçek bir nesne (Hook, 2006).

### 1.4. Kayıp

Psikoloji literatüründe, kayıp durumunda verilen tepkiler duygusal, fiziksel ve zihinsel olmak üzere üç başlık altında sınıflandırılmıştır. Duygusal tepkiler, uyuşmuşluk hissi, üzüntü, umutsuzluk, suçluluk, endişe ve öfke duygularını içerebilir. Bireyin keyif



aldığı aktivitelere karşı ilgi kaybı, konsantrasyon güçlüğü, yeme ve uyku sorunları, fiziksel sorunlar ve hatta bazı hastalıklar yaşaması da mümkündür. Bazı araştırmacılar ayrıca yas sürecinin bağışıklık sistemini baskılayarak farklı hastalık türlerine yatkınlığa yol açabileceğini iddia etmektedir (Parkes & Prigerson, 2010). Tipik yas reaksiyonları genellikle 6-10 hafta içinde azalır; ancak semptomların şiddetine bağlı olarak yoğunluğu ve süresi değişebilir (Youdin, 2016).

## **1.5. Psikanalitik Literatürde Yas Kavramı**

### **1.5.1. Klasik Yas Modelinin Temel Taşı olarak Freud'un "Yas ve Melankoli" Adlı Eseri**

Yas için bir model ilk olarak Freud tarafından 1917 tarihli "Yas ve Melankoli" adlı makalesinde sunulmuştur. Yas ve Melankoli'de Freud (1917), nesne kaybına verilen tepkileri incelemiş ve yas ve melankolinin birbirinden nasıl ayrıştığını tartışmıştır. Yas, sevilen birinin kaybına tepki olarak tanımlanır. Yas tutmanın aksine, melankoli durumunda, kişinin kendine ilişkin duyguları, kendini küçümseme ve kendini suçlama noktasına ve nihayetinde öz değer azalmasına indirgenir. Yas ve melankoli temel olarak kayıp nesneye karşı hissedilen çelişkili duygular bakımından farklılık gösterir (Freud, 1917). Freud'a göre yas olgusu, sevilen nesnenin artık var olmadığı algısıyla ve libidonun bu nesneden geri çekilmesiyle sonuçlanan gerçekliğin test edilmesi sürecinden ibarettir. Freud'a göre yas sürecinin sonunda kişi tekrar sevebilir ve hayatına devam edebilir bir hale gelmektedir (Freud, 1917).

### **1.5.2. Klasik Yas Modeline Eklemeler**

Freud'un ardından nesne kaybına odaklanan psikanalistler yas sürecinin diğer özelliklerine dikkat çekmiş ve bu görüşlerin bazıları Freud'un orijinal psikanalitik yas modeline eklemeler olarak kabul edilmiştir Abraham (1994) ve Fenichel (1945), kayıp nesneyle özdeşleşme kavramını orijinal yas modeline dahil etmişler; Helene Deutsch (1937) ise yas sürecinde kederin yokluğunun psikopatolojik bir gösterge olduğunu ileri sürmüştür. Klein (1940) ise yetişkinlik döneminde sevgi nesnesi kaybını, erken dönemdeki "depresif konum" ile ilişkilendirmiştir. Yas tutma kapasitesinin gelişebilmesi için temel ön koşul, bu depresif konumu çözmektir; bu şekilde kişi kendisiyle ve dünyayla bir ilişki kurabilir ve bunu sürdürebilir (Klein, 1940). 1961

yılında Pollock, Freud'un orijinal yas teorisinin evrensel bir süreç olarak kabul edilmesi gerektiğini savunmuştur. Yas sürecinin biyolojik temellere dayandığını, evrimsel olarak geliştiğini ve amacının kayıp ve ayrılık deneyimine karşı hayatta kalmayı sağlamak olduğunu iddia etmiştir. Nihayetinde, Freud'un yas modeli psikanalitik açıdan klasik model olarak kabul edilmiştir.

### **1.5.3. Klasik Yas Modeline Dair Eleştiriler**

Klasik yas modeli, sonraki teorisyenlerden bazıları tarafından eleştirilmiştir. Neimeyer (2016) tarafından sunulan aşağıdaki açıklamalar, modelin temel bileşenlerini özetlerken, modelin eksik yönlerine de işaret etmektedir. Buna göre, klasik yas modeli bazı temel bileşenlerden oluşmaktadır. Normal ve tanımlanabilir olması; dönüştürücü olmaktan ziyade onarıcı ve muhafazakar bir şekilde işlemesi; ilişkisel ve sosyal olmaktan ziyade intrapsişik bir süreç olarak tanımlanması; yalnızca acı ve üzüntüyü içeren bir ruh halini içermesi ve kederin bastırılması ve/veya reddedilmesinin patolojiyle sonuçlanması; kişisel ve benzersiz olmak yerine standart özelliklere sahip olması; kayıp nesnesi ile sürdürülen ilişkinin göz ardı edilmesi ve yalnızca bağların ortadan kalkmasına odaklanması klasik modelin eksik yönleri olarak tanımlanmıştır. Bu bakış açısına göre, yas süreci dönüşüm, gelişim ve açık uçluluğu içeren bir süreçtir; klasik model ise yas sürecini dengeye ve çözüm noktasına ulaşan bir süreç olarak kabul etmektedir (Neimeyer, 2016).

Öte yandan Freud'un da kızı Sophie'nin ölümüne atıfta bulunurken, yas sürecinin kaybedilen nesneyle olan bağlardan vazgeçmeye ilişkin olduğu düşüncesinden uzaklaştığı görülmektedir. Freud (1992), benzer bir kayıp yaşayan Ludwig Binswanger'a gönderdiği mektubunda şunları yazmıştır: "Böyle bir kayıptan sonra hissettiğimiz şiddetli üzüntünün gidişatını sürdüreceğini biliyoruz, ama aynı zamanda teselli edilemez kalacağımızı ve onun yerine asla başka bir şey bulamayacağımızı da biliyoruz. Yerini ne alacak olursa olsun, o yeri tamamen doldursa bile, o başka bir şey olarak kalır. Tam olarak olması gerektiği gibi. Terk etmek istemediğimiz bir sevgiyi sürdürmenin tek yolu budur." Grigg'in (2016) belirttiği gibi, bir kayıptan sonra etik olan aslında unutmamaktır.

#### **1.5.4. Yas Üzerine Lacanyen Psikanalitik Bakış Açısı**

Lacan'a (1977) göre yas, eksik ile ilişkilidir; yas tutan özne, ölümünden önce, kaybedilendeki eksikliğe derinden bağlıdır (Lacan, 2014). Sevilen birinin kaybı, başka ile ilişkili olan nesne *a*'nın çökmesine neden olur. Bu nedenle sevilen birini kaybetmek arzu ekonomisinde istikrarsızlığa yol açar (Boothby, 2013). Lacan, ölümü, gerçek düzleminde açılan bir yarık olarak değerlendirmiştir. Gerçek düzleminde oluşan bu yarık, sembolik düzlemde bir onarım gerektirir. Freud'a (1917) göre yas süreci, kaybedilen nesne ile olan bağların çözülmesine ilişkindir; Lacan (1964) ise, nesne *a* ile bağlantıların yeniden kurulabilmesi için bu bağların yeniden yapılandırılması gerektiğini vurgulamıştır.

Lacan'ın çalışmaları ışığında Grigg (2016), kaybı simgeselde bir iz bırakan nesnenin “anıılması” (memorialization) kavramını ortaya koymuştur. Grigg (2016), “anmanın” yas tutmanın sonunda olan şey olduğunu savunmuştur. Grigg, Freud'un libidonun *decathexis* yoluyla tekrar özgür hale gelmesi fikrine itiraz etmiş; yas sürecinin, ardında her zaman kaybedilen kişiye dair izler bıraktığını ifade etmiştir.

#### **1.6. Çocuk Kaybı**

Bir aile üyesinin ölümü bireylerin yüzleşmesi gereken en stresli yaşam olaylarından biri olarak kabul edilmekte (Lieberman, 1979); öte yandan, çocuk kaybı ise, diğer kayıplara göre baş edilmesi en zor olan kayıp olarak değerlendirilmektedir (Parkes ve Prigerson, 2010). Gorer (1965), herhangi bir yaştaki bir çocuğun kaybını “tüm kederlerin en üzücü ve uzun ömürlü olanı” olarak tasvir etmiştir. Ebeveynlerin çaresizliği ve kederi, çocuğun yalnızca fiziksel kaybına değil, onunla birlikte kaybedilen geleceğe dair hayallerle de ilişkilidir (Kempson ve ark., 2008). Psikoloji alanyazınında çocuk kaybı hakkında gerçekleştirilen nicel araştırmalar bununla uyumlu bulgular ortaya koymuştur.

#### **1.7. Çocuk Kaybının Psikanalitik Açından Anlaşılması ve Güncel Çalışma**

Lacan'ın yasla ilgili açıklamaları, bir çocuğun ölümünün ebeveynler için oldukça yoğun bir acı ve kedere sebep olmasının nedenleri açısından aydınlatıcı niteliktedir. Ebeveynin kimliği, çocuğun gerçekleşmemiş geleceğine bağlı olduğundan, bir çocuğun ölümü durumunda yas ve eksiklik arasındaki ilişki keskin bir şekilde ortaya

çıkılmaktadır (Boothby, 2013). Çocuk dünyaya beklenen, kendisi aracılığıyla hayal edilen bir gelecekle gelir. Bir çocuğu kaybı, ebeveynin kendi eksikliği, arzusu, kendisi için hayal ettiği gelecekle ilişkilidir. Bir çocuğun ölümünden sonra, bu çocuğu içeren sayfa sonsuza dek kapanır. Bir çocuğun kaybı, ebeveynin, bilinçdışıdaki eksik ile doğrudan yüzleşmesine yol açmaktadır (Boothby, 2013).

Çocuk kaybı konusunda psikoloji alanında birçok araştırma yapılmıştır. Ayrıca Türkiye'de bebek ölümlerinin nedenleri, istatistikleri ve oranlarına odaklanan çeşitli araştırmalar bulunmaktadır (Korkmaz ve ark., 2013; Özkan ve ark., 2009). Psikoloji alanında yazılan bir yüksek lisans tezinde (Yıldırım, 2003) bebeğini kaybeden çiftlerde demografik faktörler ile keder düzeyi arasındaki ilişki incelenmiştir. Düzen (2016) ve Köksal (2018) da doğum öncesi kayıplarla ilgili çalışmalar yapmış ve annelerden veri toplamışlardır. Ancak bilindiği kadarıyla Türkiye'de doğumdan sonraki ilk yıl içinde bebeklerini kaybeden kadınlarla, kadınlık ve annelik açısından kayıp deneyimini ve bu kaybın sonraki hamilelik ve annelik deneyimine etkilerini psikanalitik bir bakış açısıyla araştırmak için gerçekleştirilen bir çalışma bulunmamaktadır.

### **1.8.2. Güncel Çalışmanın Konusu ve Araştırma Soruları**

Güncel çalışmanın amacı, doğumu takip eden bir yıl içinde bebeklerini kaybeden kadınların kayıp deneyimlerini ve bu kaybın yaşamları üzerindeki etkilerini araştırmaktır. Bu bağlamda, araştırma soruları, “(1) Bir kadın için bebek kaybetmek nasıl bir deneyimdir? (2) Kadınlık ve annelikle ilişkili olarak bebek kaybı nasıl bir deneyimdir? (3) İlk bebeğini kaybetmiş olmak, bir kadının gelecekteki annelik deneyimini nasıl etkiler?” olarak belirlenmiştir.

## BÖLÜM 2

### YÖNTEM

#### 2.1. Araştırma Deseni

Bu çalışmada, nitel metodoloji ve tematik analiz yöntemi kullanılmıştır. Nitel araştırma metodolojisinde, araştırmacı göreci (relativist) bir duruş üstlenmekte ve tek bir nesnel gerçekliğin olmadığı fikrini benimsemektedir (Scotland, 2012). Bu çalışmada, bireylerin bebek kaybı deneyimlerinin kadınlık, annelik ve yas açısından kapsamlı bir şekilde araştırılması amaçlandığı için nitel metodoloji ve Refleksif Tematik Analiz (Braun ve Clarke, 2006) yöntemi kullanılmıştır.

#### 2.2. Tematik Analizde Farklı Ekoller ve Refleksif Tematik Analiz

Refleksif tematik analiz, tematik analiz (TA) yönteminin üç temel ekolünden biri olarak belirlenmiştir. Diğer iki ekol nicel ve nitel metodoloji özelliklerini bir arada içerirken, refleksif TA açık uçlu analitik bir araştırma sürecini ve nitel metodoloji felsefesini benimsemektedir. Ayrıca, araştırmacının öznelliği de önem arz etmektedir (Gough & Madill, 2012).

#### 2.3. Veri Analizi

Refleksif TA'da veri analizinin amacı ne verileri özetlemek ne de araştırmacının öznelliğini dışarıda bırakmaktır. Araştırmacı öznelliğini ortadan kaldırmak mümkün değildir ve arzu edilmez. Veri analizi, verilerin tutarlı bir yorumunu oluşturmayı amaçlamaktadır (Braun ve ark., 2019). Refleksif TA'da araştırmacı, verileri, kültürel ve sosyal konumunu, kuramsal bakış açısını ve akademik bilgilerini harmanlayarak aktif olarak yorumlayan bir "hikaye anlatıcısı" olarak kabul edilmektedir (Braun ve ark., 2019). Braun ve Clarke (2006), verilerin analizi için bir kılavuz sunmuştur; ancak bu kılavuz, uygulanması zorunlu olan adımlardan ziyade araştırmacının veri analizi sürecinde başvurabileceği esnek bir yol haritası niteliğindedir.

## 2.4. Katılımcılar ve Veri Toplama Süreci

TA'da yaygın olarak kullanılan veri toplama yöntemlerinden biri görüşmelerdir (Braun ve ark., 2019). Bu çalışmada veriler yarı yapılandırılmış görüşmeler aracılığıyla toplanmıştır (görüşme soruları Ek D'de verilmiştir). Çalışmanın amacı, ilk bebeklerini, doğumu takip eden bir yıl içinde kaybeden kadınların bebek kaybı deneyimlerini araştırmaktır; çalışmanın örneklemi bu deneyimi yaşayan kadınlardan oluşmuştur. Bu bağlamda, araştırmaya katılım kriterleri şu şekilde belirlenmiştir: a) 18 yaşından büyük olmak, b) ilk bebeğini, doğumu takip eden bir yıl içinde kaybetmiş olmak, c) kaybedilen bebeğin canlı olarak doğmuş olması (bebeğin düşük sebebiyle kaybedilmemiş ya da ölü doğmamış olması), d) bebeği doğal nedenlerden (örneğin tıbbi bir durum veya hastalık) veya dışsal nedenlerden (örneğin travma, kaza) dolayı kaybetmiş olmak.

Çalışmaya doğumdan sonraki ilk bir yıl içinde bebeklerini kaybeden beş kadın katılmıştır. Katılımcıların yaş aralığı 25-38 arasındadır. Kaybedilen bebeklerden üçünün cinsiyeti erkek, ikisi ise kızdır. İki katılımcı doğuştan gelen kalp hastalığı sebebiyle; bir katılımcı gebelik zehirlenmesi ve erken doğum sebebiyle; biri doğuştan böbrek hastalığı, bir diğeri ise karaciğer hemanjiyomu sebebiyle bebeklerini kaybetmişlerdir. Bebek kaybı üzerinden geçen süre sekiz ay ile beş yıl arasında değişmektedir. Katılımcılardan üç tanesi kaybın ardından çocuk sahibi olmuşlardır; iki katılımcının ise araştırmaya katıldıkları esnada çocukları bulunmamaktadır.

## 2.5. Süreç

Çalışmanın etik onayı Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu'ndan alınmıştır. Veriler yarı yapılandırılmış görüşmeler yoluyla toplanmış (Ek C ve D); her görüşmenin başında katılımcılara araştırmanın amacı açıklanmış; ses kayıt prosedürleri hakkında bilgi verilmiş; çalışmaya katılımın tamamen gönüllülük esasına dayandığı hakkında katılımcılar bilgilendirilmiş; hem yazılı hem de sözlü olarak bilgilendirilmiş onamları alınmıştır. Görüşme süreleri 62 ile 137 dakika arasında değişmektedir. Görüşmeler, araştırmacı tarafından ses kaydı altına alınmış ve görüşmelerin ardından yine araştırmacı tarafından ve kelime kelime deşifre edilmiştir.

## 2.6. Çalışmanın Güvenilirliği

Nitel çalışmanın güvenilirliği, öznellik (subjectivity), verinin yeterliliği (adequacy of data), yorumlamanın yeterliliği (adequacy of interpretation) ve yansiyabilirlik (reflexivity) ölçütleriyle belirlenmektedir. Nicel metodolojinin aksine, nitel metodoloji araştırmacının öznelliğini ortadan kaldırmaya çalışmamaktadır. Aksine, veri toplama ve analiz süreçlerinin öznel doğası nitel araştırma için oldukça önemlidir (Morrow, 2005). Nitel araştırmacı öznelliğini kontrol etmeye çalışmamakta; onu, araştırma için zenginleştirici bir kaynak olarak kullanmayı hedeflemektedir. Bu nedenle, araştırmacının araştırma üzerindeki etkisini anlamak için kendini yansıtması (researcher's reflexivity) büyük önem arz etmektedir. Araştırmacının öznelliğinin ortadan kaldırılması mümkün olmadığı için araştırmacıların kullanabileceği farklı paranteze alma yöntemleri önerilmektedir (Willig, 2013). Bu çalışmada varoluşsal paranteze alma (existential bracketing) yöntemi kullanılmıştır (Gearing, 2004).

## BÖLÜM 3

### BULGULAR

Görüşmelerin refleksif tematik analiz yöntemi ile analizi sonucunda çalışmada beş ana tema oluşturulmuştur. Temalar, *“evlat acısı”*: *asla unutulmayacak benzersiz bir kayıp, bebek kaybına verilen tepkiler, diğerleriyle ilişkiler bağlamında yas, kayıpla uzlaşma: başa çıkma stratejileri* ve son olarak *bebek kaybının sonraki hamilelik ve annelik deneyimi üzerindeki etkileridir.*

#### **3.1. “Evlat Acısı”: Asla Unutulmayacak Benzersiz Bir Kayıp**

Çalışmanın ilk teması, bebek kaybının katılımcılar tarafından büyük bir şok olarak ve diğer kayıplara kıyasla çok daha acı verici ve aşılmaz nitelikte tanımlanmasına ilişkindir. Katılımcılar, benzersiz bir acı kaynağı olarak bebek kaybını, yalnızca bunu yaşayan kişilerin anlayabileceği ve aynı şeyleri hissedebileceği bir kayıp olarak tarif edilmiştir. Diğer taraftan, her bir katılımcının kaybı anlamlandırma şeklinin kendine özgü olduğu görülmüştür. Dolayısıyla bu tema, bebek kaybının hem paylaşılan hem de bireysel anlamlarını barındırmaktadır ve Türkçede de çocuk kaybında yaşanan durumu tarif etmek için kullanılan “evlat acısı” ifadesi kullanılarak isimlendirilmiştir.

Bebeklerinin kaybindan bahsederken, katılımcıların hepsi bebeklerine ilişkin kurdukları hayallerin de kaybindan sıklıkla bahsetmişlerdir. Başka bir deyişle, bir bebeği kaybetmek, bebekle birlikte gerçekleşmesi beklenen hayallerin ve dolayısıyla kendileri için bebekleri aracılığıyla hayalini kurdukları geleceğin de kaybı anlamına gelmektedir.

Bebek kaybının, özellikle ölen bebek ilk doğan ise, kadın için aynı zamanda annelik kimliğinin de kaybı şeklinde deneyimlendiği görülmektedir. Katılımcılar ayrıca ölen bebeğe ilişkin meraklarından ve akıllarındaki asla cevabını alamayacağını bildikleri sorulardan da bahsetmişlerdir. Diğer çocuklara ya da kendilerinin sonradan doğan çocuklarına bakarak ölen bebeğin nasıl olacağına ilişkin kurdukları hayaller, bebek



kaybının ardından oluşan boşluğu doldurmaya yönelik imgesel cevaplar üretmeye dair çabalarını işaret etmektedir. Bu bakımdan, bebek kaybı katılımcılar tarafından yarım kalan bir hikâyeye benzetilmiştir. Yas süreci yaşansa, hayat zaman içinde değişime uğrasa da kaybedilen bebeğin olduğu sayfa, asla çevrilemeyen bir sayfa olarak kalmaktadır.

Bebek kaybı ayrıca bir katılımcı (Ayşe) tarafından, “Allah’ın verdiği çok zor bir sınav” olarak tanımlanmıştır. Diğer katılımcıların benzer ifadeleri olmasa da bu ifadeden oluşan alt temanın, dini inançları olan bireylerin kayıp yaşantısını nasıl deneyimlediklerinin anlaşılması bakımından önemli olduğu düşünülmüştür.

### **3.2. Bebek Kaybına Verilen Tepkiler**

Çalışmanın ikinci teması, katılımcıların bebek kaybına verdikleri tepkileri içermektedir.

Katılımcılar, bebeği kaybetme olasılığıyla ilk kez karşılaştıklarında bu gerçeği kabul edemediklerini belirtmişlerdir. Katılımcıların bebeğin ölümünden önce ve sonraki anlara dair anlatılarının, ya bebeğin ölümüyle birlikte kendileri için de yaşamın sona erdiği ya da hayatın devam edip etmediğine ilişkin ifadeleri içerdiği görülmüştür.

Bebeğin ölümüyle yüzleştiklerinde, katılımcılar şok ve yabancılaşma halinde olduklarını ifade etmiş, o anları sanki kendileri değil de başkası yaşıyormuş, dışardan izliyormuş gibi geçirdiklerini belirtmişlerdir. Ayrıca bebeğin ölümünden önce ve sonra vücutta da ifade bulan bir ıstırap deneyimini tarif edilmektedir. Dolayısıyla, bebek kaybindan sonra hem psikolojik hem de fiziksel olarak deneyimlenen bir acı yaşadıkları görülmüştür. Fiziksel acı ya sezaryene ilişkin yaraları üzerinden ya da bebeği kaybettikten sonra emzirememenin verdiği acı üzerinden tarif edilmiş ancak bu ifadeler de kayıpla bağlantılı olarak örneğin, cenaze anıyla ilgili “o an ben çok dayanılmaz bir acı çekiyorum” şeklinde dile getirilmiştir. Bunlara ek olarak, katılımcılar bebeği kaybettikten sonra yoğun bir eksiklik hissi yaşadıklarını ifade etmişler ve bu eksiklikle bağlantılı olarak, başka bir çocuğa sahip olmanın da önemini vurgulamışlardır. Bazı katılımcıların eksiklik duygularını kendileriyle ilgili yetersizlik olarak tasvir etmeleri de dikkat çekicidir; bebeğinin ölümü her ne kadar doğuştan olan bir hastalıkla bağlantılı olsa da ölümü bir şekilde kendi eksikliği ya da yapamamış,

başaramamış olmasıyla ilişkilendirilmiştir. Yetersizlik hisleri, bebeğin ölümü konusunda hissettikleri suçluluk duygusuyla da bağlantılıdır. Yani, eksiklik hissi, bebeğin ölümüyle ilgili suçluluk duygularıyla ilgili alt temayla bağlantılı görünmektedir.

Görüşmelerden elde edilen veriler, bebek kaybının hayal kırıklığı ve öfke kaynağı olabileceğini de ortaya koymuştur. Ancak, doğrudan kayıpla ilgili olarak hayal kırıklığı ve bununla bağlantılı olarak öfkesinden bahseden yalnızca bir katılımcının olması dikkat çekmiştir. Diğer katılımcılar ise kayba dair öfkelerinden dolayı olarak bahsetmişler, çocuğu olan kişilere bakıp onların çocuklarına kötü davranmalarıyla ilgili öfke hissettiklerini ifade etmişlerdir. Bir bakıma kayba dair öfke yer değiştirmekte, diğerlerine yansıtılarak ifade bulabilmektedir. Kayba ilişkin öfke ifadesi çok nadir görülürken, tüm katılımcılar sıklıkla kayba dair suçluluk hislerini dile getirmişler, bebeğin ölümüyle ilgili bir dönem suçlu hissettiklerini ifade etmişlerdir. Kayba ilişkin suçluluğun farklı şekillerde ortaya çıkabildiği görülmüştür: hamilelik sürecinde yanlış bir şey yapıp bebeğin hastalanmasına sebep olmuş olmak, bebeğin hastalığının kötüleştiğini fark edememek, onu iyileştirmek için bir şey yapabilecek olup yapamamak ya da daha önce hayatlarında yanlış bir şey yapıp bu acı verici kayıp aracılığıyla cezalandırılıyor olmak.

### **3.3. Diğerleriyle İlişkiler Bağlamında Yas**

Katılımcılar yas süreçleriyle ilgili olarak etrafındaki kişilerin tepkileri, bu tepkilerin kendileri üzerindeki etkileri ve diğerleriyle bağlantılı olarak yas sürecini nasıl deneyimlediklerinden de bahsetmişlerdir. Bu tepkilerin bazılarının kayıptan kaynaklanan acılarını hafifletirken, bazılarının yas sürecinde zorlaştırıcı etkileri olduğunu ifade etmişlerdir. Katılımcıların yas tutma sürecinde eşleriyle olan ilişkilerinin analizi iki farklı iletişim biçimini ortaya çıkarmıştır: kayıp hakkında birbirine karşı suçlayıcı bir tavır almak ya da acıyı paylaşmak. Bazı katılımcılar eşleriyle tartışmalarda, her ne kadar çoğu durumda konu bebeğin ölümüyle ilgili günah keçisi bulmakla ilgili olmasa da hassas bir nokta olarak tartışmaların böyle bir duruma, bebeğin ölümüyle ilgili suçlama ya da suçlanma noktasına gittiğini belirtmişlerdir. Bazı katılımcılar ise bebek kaybından sonra süreci birbirlerine sarılarak atlattıklarını,

en anlaşılır hissettikleri ve destekleyici olan ilişkinin eşleriyle olan bu paylaşım olduğunu dile getirmişlerdir.

Diğerleriyle ilişkiler bağlamında yas ile ilgili olarak katılımcıların dikkat çektiği bir diğer nokta ise bebek kaybının toplumda bir tabu olmasına ilişkindir. Nitekim, katılımcıların çoğu diğerlerinin bu konu hakkında konuşmaktan kaçındıklarını hissettiklerini, kendilerine ise aslında konuşabilmenin iyi geldiğini ifade etmişler; bu durumu bebek kaybının diğer kayıplara göre daha nadir yaşanması ve daha acı verici olması ile ilişkilendirmişlerdir.

Bunlara ek olarak, katılımcılar, toplum tarafından dayatılan “yas tutan anne imajı” algıladıklarını dile getirmişlerdir. Örneğin bir katılımcı, kendini daha iyi hissetmeye başladığında oğlunun anısına ihanet ediyormuş gibi hissettiğini, bunu dayatılan yas tutan anne imajıyla ilişkilendirdiğini; çünkü dizi ya da filmlerde çocuğunu kaybeden kadınların her daim yaşlı, mutsuz, hayattan elini eteğini çekmiş biri olarak tasvir edildiğini belirtmiştir. Diğer taraftan bu durumun, kayba dair suçluluk hisleriyle de ilişkili olabileceği düşünülmektedir. Katılımcılar yine bununla bağlantılı olarak, yargılanma korkularından bahsetmişler ve bebeklerini kaybettikten sonra mutlu olma hakkına sahip olup olmadıkları sorguladıklarını dile getirmişlerdir.

#### **3.4. Kayıpla Uzlaş: Başa Çıkma Stratejileri**

Bu tema, bebek kaybı ve kaybın neden olduğu eksiklikle başa çıkmanın ve uzlaşmanın yolları olarak yorumlanan alt temalardan oluşmaktadır. Bebek kaybı, diğer kayıplar gibi, kişilerin, kaybın neden olduğu acıya bir şekilde dayanma ve iyileşmenin yollarını bulmalarını gerektirmektedir. Bu temada, katılımcıların kayıpla baş etme yolu olarak benimsediği farklı yöntemler toplanmıştır.

İlk olarak katılımcılar, kaybettikleri bebek veya kendileri için ölümün belki de en kötü senaryo olmadığını belirtmişler; bir bakıma, bebeğin ne kadar yaşadığına ve kayıptan önce ne olduğuna bağlı olarak (tedavi sürecinin zorluğu, bebeğin acı çekmesi gibi) kayba gerekçe göstermiş; bebek yaşamış olsaydı hem bebek için hem de kendileri için hayatın daha zorlu olabileceğini ifade etmişlerdir.

Bebeklerini kaybettikten sonra katılımcılar, bebeğin ardında kalan eşyaları kullanma veya bir şekilde muhafaza etme çabalarını anlatmışlardır. Bu çaba, bebek kaybedilmiş

olsa da nesnenin bir bölümünün sürekliliğini sağlama ya da koruma girişimi olarak yorumlanabilir. Bununla bağlantılı olarak katılımcılar, ölen bebekleriyle olan bağı bir şekilde sürdürdüklerini belirtmişlerdir. Bu durum, kaybedilen bebek artık fiziksel olarak var olmasa da ona hayatlarında sembolik bir yer verme yolu olarak değerlendirilebilir. Bebeğin izlerini silmek yerine, eşyalarını bağışlayıp işe yaramasını sağladıkları, fotoğrafını belirli yerlerde tutarak ya da yaşam hikayelerinde bebeğe bir yer vererek bağı sürdürdükleri görülmüştür. Bunun için önemli bir yöntem de sonraki çocuklara kaybedilen bebeğin tanıtılması şeklinde ortaya çıkmaktadır. Bu bağlamda, katılımcılar, kaybedilen bebeği sonraki çocuklarına “abla” ya da “abi” olarak tanıtmaktadırlar. Bu durum, ölen çocuğa ailede, aile tarihinde ve söyleminde sembolik bir yer verme yöntemi olarak yorumlanabilir. Kaybedilen bebek, sonraki çocuk tarafından bilindiğinde, tarihte “kaybolmak” yerine bir bakıma geleceğe aktarılabilmektedir.

Bebek kaybından sonra yeniden bir bebek sahibi olmanın katılımcılar için önemli bir yere sahip olduğu görülmüştür. Sonraki çocuklar "mucize, teselli, iyileştiren ve kaybın ikamesi" gibi ifadelerle tanımlanmaktadır. Örneğin bir katılımcı, bebeğini kaybettikten sonra ilk seferinde büyük zorluklarla hamile kalmasına rağmen beklenmedik bir şekilde hamile kaldığını belirtmiş, bunu Allah'ın bir mucizesi veya bir “teselli” olarak yorumlamıştır. Ek olarak, başka bir çocuğun olmasının, ölen bebekle ilgili anıların düzenlenmesine yardımcı olduğu; çeşitli karşılaşmalarda ölen bebeği hatırlamaktansa bu anıların artık yeni çocukla bağlantılı olarak algılandığı, dolayısıyla eskisi kadar acı vermediği ifade edilmiştir. Ayrıca, sonraki çocuğun ölen çocuktan kalan bir boşluğu doldurduğu da belirtilmektedir (“*evladımızın yerini ancak başka bir evlat doldurabilir*”). Bu bağlamda, kayıptan sonra gelen çocuk bir bakıma kaybedilenin yerine geçmektedir. Bu durum, sonraki çocuğun kayıpla ilgili rolü, kendisine atfedilen konum ve kaybın yükünü alması açısından önem teşkil etmektedir.

Bebek kaybıyla başa çıkmaya dair bir başka strateji de dini inançlarla bağlantılı olarak ölümden sonra yeniden bir araya gelmeye yönelik inanç olarak ortaya çıkmıştır. Bu bağlamda katılımcılardan bazıları bebeğin anneye şefaatçi olacağına, cennette kavuşacaklarına dair inancın kendilerine iyi geldiğini ifade etmişlerdir.

Son olarak, katılımcılar bebek kaybının kendilerini çeşitli şekillerde değiştirdiğini belirtmişlerdir. Bu şekilde kayba aslında bir nevi bir amaç atandığı düşünülmüştür; böylelikle, acı verici olan kayıp deneyimi bir tür amaca kavuşmaktadır. Görüşme verileri, çocuklarını kaybetmenin katılımcılar için dönüştürücü bir deneyim olduğunu, onlara kendi eksikliklerini kabul etmeyi öğrettiğini, ölüm korkusuyla yüzleşmelerine yardımcı olduğunu ortaya koymuştur. Katılımcılar, bebeklerinin hayatlarını kurtarmak için ne kadar uğraşırlarsa uğraşsınlar, yapamadıklarını anlatmışlar; sonunda, süper güçleri olan, her şeye gücü yeten insanlar olmadıkları fikriyle birlikte kaybı kabul etmek zorunda kaldıklarını ifade etmişlerdir. Hayal edebilecekleri en kötü şey bebeklerini kaybetmek iken bunun gerçekleştiğini, yine de hayatta kalabildiklerini, hayatın öyle ya da böyle devam ettiğini dile getirmişlerdir. Bu korkunç kayıpla yüzleşmenin, ölüm algısında da değişikliklere yol açtığı ifade edilmiştir.

### **3.5. Bebek Kaybının Sonraki Hamilelik ve Annelik Deneyimi Üzerindeki Etkileri**

Daha önce de belirtildiği gibi, başka bir çocuğa sahip olmak, katılımcılar için kayıp deneyiminin göze çarpan yönlerinden biri olarak ortaya çıkmıştır. Katılımcılar sonraki hamileliklerinin öncesinde, hamilelik sırasında ya da doğum sonrasında daha önce yaşadıkları kayba dair yaşantıların etkilerini yoğun bir şekilde hissettiklerini dile getirmişlerdir.

Tüm katılımcılar yine kayıp yaşamaktan çok fazla korkmalarına rağmen başka bir çocuk sahibi olmaya dair isteklerini anlatmışlardır. Bu bakımdan, sonraki hamilelik deneyimine ilişkin anlatılar tüm potansiyel risk durumlarını ortadan kaldırmaya dair çabalarını içermektedir. Bunun yanında, tekrar bebeği kaybetme korkusu nedeniyle hamilelik sırasında bebekle bağ kuramadıklarını veya kurmayı reddettiklerini ifade etmeleri de dikkat çekmektedir.

Bazı katılımcılar, sonraki deneyimlerinde çocuğa dair hiçbir şeyden şikâyet etmeyeceklerini veya her şeyi mükemmel yapmaya çalışacaklarını söyleyerek, mükemmel anne olma çabalarını anlatmışlardır. Buna göre, sonraki çocuk, hak edilmesi gereken bir hediye olarak algılanmakta ve annenin kendisinin mükemmel versiyonu olmasını gerektirmektedir. Sonraki gebeliklerde bağlanma sorunlarına ek olarak, bebek doğduktan ve büyüdükten sonra bebekten ayrışma ile ilgili meselelerin

de ortaya çıktığı görülmektedir. Bu bakımdan, bebek kaybının sonraki hamilelik ve annelik deneyimi açısından hem bağlanma hem de ayrışma sorunlarını ortaya çıkarabileceği görülmüştür.

Katılımcılar ayrıca bir sonraki sağlıklı çocuk için şükrettiklerini ifade etmişlerdir. Ancak bu durum önceki kaybın telafisi olarak da ortaya çıkmaktadır. Bu noktada, sonraki sağlıklı çocuklarının yapabildiği şeylerde, büyüme adımlarında, önceki bebeğin akıllarına geldiğini; eğer o hayatta olsaydı sonraki çocukla yaşadıkları mutlu anların gerçek olamayabileceğini düşündüklerini ifade etmişlerdir. Bu şekilde, iki çocuk arasında bir karşılıklılık mantığı kurulmaktadır. Sonraki çocukla ilgili minnettarlık hisleri bu bakımdan bebeğin ölümünün gerekçelendirilmesini sağlamaktadır. Bir bakıma, sonraki çocuk aracılığıyla kaybın neden olduğu acı ve yoksunluktan kurtulunmakta ve böylece kaybın yükü bir nevi sonraki çocuğa aktarılmaktadır.

## BÖLÜM 4

### TARTIŞMA

Bu çalışma, kadınların bebek kaybı deneyimlerini araştırmayı amaçlamıştır. Doğumdan sonraki bir yıl içinde doğal nedenlerden dolayı ilk bebeklerini kaybeden beş kadınla yarı yapılandırılmış görüşmeler yapılmıştır. Ölen bebeğin doğum sırası, yani kişinin başka bir çocuğunun olup olmaması, kayıp deneyimi açısından önemli bir fark yaratacağı için kayıp, ilk doğan kaybı olarak belirlenmiştir. Araştırmada üç araştırma sorusu cevaplanmaya çalışılmıştır: (1) Bir kadın için bebek kaybetmek nasıl bir deneyimdir? (2) Kadınlık ve annelikle ilişkili olarak bebek kaybı nasıl bir deneyimdir? (3) İlk bebeğini kaybetmiş olmak, bir kadının gelecekteki annelik deneyimini nasıl etkiler? Refleksif tematik analiz metodu takip edilerek yapılan analiz sonucunda bulgular beş temadan oluşmaktadır: (1) “evlat acısı”: *asla unutulmayacak benzersiz bir kayıp*, (2) *bebek kaybına verilen tepkiler*, (3) *diğerleriyle ilişkiler bağlamında yas*, (4) *kayıpla uzlaşma: başa çıkma stratejileri* ve son olarak (5) *bebek kaybının sonraki hamilelik ve annelik deneyimi üzerindeki etkileri*.

#### 4.1. “Evlat Acısı”: Asla Unutulmayacak Benzersiz Bir Kayıp

İlk temadaki bulgular, bebek kaybı yaşayan kadınların bu kaybı nasıl tanımladıkları ile ilişkilidir. Her şeyden önce, bir bebeğin kaybı, yalnızca bu deneyimi yaşayanlar tarafından anlaşılabilir bir kayıp olarak tanımlanmıştır ve bu bakımdan bu deneyimi yaşayan kişiler için ortak bir zemin teşkil etmektedir. Bu kayıp, toplumsal bir ifade olan “evlat acısı” ifadesiyle tanımlanmıştır ve bu ifadeyle kendine has bir yeri olan bir kayıp olarak konumlandırılmıştır. Katılımcılar, çocuk kaybını diğer kayıplardan daha acı verici ve üstesinden gelinmesi imkânsız bir kayıp olarak betimlemişlerdir.

Çalışmanın bulguları, bebek kaybı yaşayan kadınların bebeklerinin hem fiziksel ölümü hem de bu ölümle birlikte asla gerçekleşmeyecek olan hayalleri ve arzuları için yas tuttuklarını ortaya koymuştur. Bir katılımcının vefat eden bebeğine yazdığı mektup bunu örneklemektedir: “onu çok sevdiğimi...çok büyük hayallerle beklediğimizi...çok uğraştığımızı ama olmadığını...kurduğum hayalleri...seninle şunları yapıcaktık şunları planlıyoduk seni hep sevicektik gibi şeyler yazdığımı hatırlıyorum”.

Lacan'a (1999) göre anne sevgisi, karşısındakini bir nesneye (nesne *a*) indirgeyen bir fantaziyle yapılanmaktadır. Bu durum, katılımcılardan birinin ifadesinde ortaya çıkmaktadır: “sana ait olan bir şeyi tamamen kaybetmek gibi düşünsene sadece s- yani tabii ki de eşinle senin...” Bu ifadeler, bebeğin yalnızca anneye ait bir nesne olarak algılandığını göstermektedir. Çocuk, nesne *a* olarak arzuyu harekete geçirmektedir (Lacan, 1964); dolayısıyla çocuk kaybında, kişi, arzunun sebebi olan nesnenin eksikliğiyle karşı karşıya kalmaktadır; çocuk kaybı, eksiğin eksiğini (lack of lack) teşkil etmektedir.

Grigg'in (2016) yaşla ilgili açıklamaları ile uyumlu olarak, bu çalışma, çocuk kaybı yaşayan kadınların, kaybın acısı zamanla azalsa da yıldönümleri gibi belirli zamanlarda, kaybedilen bebeğe dair şeylerle karşılaştıklarında ya da sonraki çocuklarıyla ilgili anlarda kayba ilişkin duygularının yüzeye çıktığını ortaya koymuştur. Katılımcılar, kaybedilen bebeğe dair hikâyenin yarım kalmış bir hikaye olduğunu, o sayfanın asla çevrilemeyeceğini ifade etmişlerdir; bir bakıma, bebek ölmüş olsa da hiçbir zaman geride bırakılamamakta, bir diğer ifadeyle, terk edilmemektedir.

Katılımcıların dikkat çektikleri bir diğer nokta, kaybedilen bebeğin büyüdüğünde nasıl olacağını bilmelerinin imkânsız olmasıdır. Bu imkansızlığa rağmen, katılımcılar kaybettikleri bebekle aynı zamanlarda doğan diğer çocuklara veya kendilerinin sonraki çocuklarına bakarak akıllarındaki sorulara bir cevap bulmaya çalıştıklarından bahsetmişlerdir. Kaybın ardından kalan boşluk, hayali olarak, imgesel düzeyde doldurulmaya çalışılmaktadır.



Daha önce ifade edildiği gibi, bebek kaybı ayrıca kadın için bebekle birlikte kendi anneliğiyle ilgili hayallerin de kaybedilmiş olması anlamına gelmektedir. Bu durum, özellikle ilk doğan bebeği kaybetmiş olmakla ilişkili olup güncel çalışmada da daha sonra çocuk sahibi olan katılımcıların söyleminde baskın bir yerde görünmemektedir.

Sonuç olarak, bu çalışma, bebek kaybının, aslında hayal edilen bir geleceğin kaybı olarak yaşandığını göstermiştir. Çocuk kaybı tam da bu nokta aracılığıyla diğer kayıplardan farklılaşmaktadır. Bir çocuk kaybetmek, kişinin kendisi için hayalini kurduğu bir geleceğin kaybı anlamına gelmektedir. Bir kadın bebeğini kaybettiğinde, kaybedilen bebeği de içeren imkânsız gelecek için yas tutmakta ve kaybedilen gelecekle ilgili sorular cevapsız kalmaktadır. Kaybın ardından ortaya çıkan boşlukla, varsayımsal cevaplar bulmaya çalışarak (imgesel yollarla boşluğun doldurulmasına dair bir çaba) ya da ölümden sonra tekrar kavuşacaklarına inanarak baş edilmeye çalışılmaktadır.

#### **4.2. Bebek Kaybına Verilen Tepkiler**

Bu çalışmada oluşturulan ikinci tema, katılımcıların bebek kaybından önceki ve sonraki tepkilerini içermektedir. Kayba verilen tepkiler, ölüm gerçeği kabullenememe, şok ve acı hisleriyle beraber hayatın durduğu hissi, güçlü bir eksiklik ve boşluk hissi, hayal kırıklığı, öfke ve ağırlıklı olarak suçluluk ve kendini suçlama olarak ortaya çıkmaktadır.

Bebeğin ölüm olasılığına ve daha sonra ölüme dair ilk tepkinin ölüm gerçeğini kabul edememe olduğunu görüşmüştür. Bunu şok ve yabancılaşma, ruhsal ve bazen fiziksel olarak yaşanan büyük bir ıstırap izlemektedir. Katılımcıların o dönemlerle ilgili anlatıları, yaşamın devam edip etmediğine dair bir tür sorgulamayı içermektedir: “Ben yaşıyorum o anı” ve “O anı yaşayan var mı”. Bir diğer ifadeyle, bebeğin ölümü bir şekilde hayatın sonu olarak yaşanmakta, sanki annenin kendisi de dahil herkes ölmüş gibi, bir kaybolma ve yabancılaşma deneyimi içermektedir. Çocuğa yansıtılan geleceğe dair tüm umut ve arzular çocuğun ölümüyle birlikte çökmekte, bununla birlikte yaşamın da bir nevi sonlandığı hissi ortaya çıkmaktadır. Lacan’a (1977) göre kayıptan sonra hayatın devam edebilmesi için, öznenin, ölümlerle birlikte gerçekte açılan yarığı sembolik yollarla yeniden dikmesi gerekmektedir.

Pollock (1961), kayıptan sonra ortaya çıkan şok durumunu, sevilen nesnenin artık var olmadığı farkındalığından kaynaklanan ego dengesindeki ani bozulma ile açıklamıştır. Kayıpla birlikte ortaya çıkan narsistik kaybın büyüklüğünün, içsel ve dışsal bağlamda kontrol kaybının ne kadar büyük olduğuyla, yani, kaybın ne kadar ani gerçekleştiğiyle bağlantılı olduğunu belirtmiştir. Benzer doğrultuda, güncel çalışmadaki katılımcıların kayba tepkileri her ihtimalde şoku içerse de bu durum bebeklerini görece daha ani bir biçimde kaybeden kişiler için daha baskın görünmektedir. Ölüm ne kadar ani olursa, tarif ettikleri şok da o kadar yoğun olmaktadır.

Katılımcıların anlatılarında göze çarpan bir diğer tepki ise bebeğin ölümünün ardından yaşanan eksiklik ve boşluk olarak ortaya çıkmıştır. Eksiklik, özellikle ölen bebek yaşasaydı aynı yaşta olacağı diğer çocuklar ve anneleriyle aynı ortamda bulunulduğunda hissedilmektedir. Diğer annelerin varlığında kendi kayıpları ve eksiklikleri ile yüzleşmek, kayıp yaşayan kadınları bir bakıma kendi eksikleriyle karşı karşıya bırakmaktadır. Bebek kaybının ardından, bebeğin vaat ettiği bütünlük yanılması kaybolmakta ve diğer kadınların, yani başka'nın (autre) bakışı karşısında eksiklik hisleri ortaya çıkmaktadır. Dolayısıyla bebek kaybı, kadının kendisi için istediği, hayalini kurduğu ideal imgenin de (ideal ego) kaybedilmesine yol açmakta ve kaybın bıraktığı eksiklik narsistik bir yara olarak deneyimlenmektedir. Katılımcıların kayba dair anlatıları, anne olan kadınların yanında hissettikleri eksiklik hisleri de değerlendirildiğinde, annelik kaybının, toplumda bir konumun da kaybı olarak deneyimlendiği görülmüştür. Çocuk sahibi olmak, anne olmak kadın için toplumsal bir konum da sunmaktadır. Bu bakımdan, Türkiye'deki kadınlık ve annelikle ilgili söylemin ve anne olmaya atfedilen önemin çocuk kaybı deneyimindeki etkileri çalışmanın verilerinde ortaya çıkmıştır.

Çalışmanın bulguları, çocuk kaybı yaşayan kadınların kayba dair suçluluk hislerinin öne çıktığını göstermektedir. Katılımcılar, kayıptan sonra bebeklerinin neden hasta olduğunu, öldüğünü ya da neden bu acıya katlanmaya mahkûm olduklarını sorguladıklarını ifade etmişlerdir. Bu sorgulamalar farklı şekillerde bebeğin ölümüyle ilgili kendilerini suçlayan ifadelerle dile getirilmektedir. Bazılarında kendini suçlama, kaybedilen bebeğin hasta olmasına sebep olmakla ilgili iken ("Benim yaptığım bir şey yüzünden mi hastalandı?"), diğerlerinde ölümü önleyememekle ("O gün bir şeylerin yanlış olduğunu fark edebilir miydim?") ya da kendi hataları yüzünden bebeğinin

ölümüyle cezalandırılmakla ilgili olarak ("Ben bunu yaşamayı hak edecek yanlış bir şey mi yaptım?") ortaya çıkmaktadır.

Çalışmanın bulgularının dikkat çekici bir yönü, ebeveynlerin çocuk kaybı karşısında sıklıkla hissettikleri öfke duygusunun (Leon, 1986; Wheeler, 2001) bu çalışmada belirgin olmamasıdır. Katılımcılardan sadece bir tanesi hissettiği hayal kırıklığını ve bu hayal kırıklığından kaynaklanan öfkesini dile getirmiştir. Diğer taraftan, öfke dolaylı olarak çocuk sahibi olan ancak çocuklarına gereken önemi göstermediklerini düşündükleri kişilere karşı hissedilmektedir. Ancak, beş katılımcıdan dördü doğrudan kayıpla ilgili öfke hissinden bahsetmemişlerdir. Buna karşılık, tüm katılımcılar bebeklerinin kaybıyla ilgili suçluluk ve kendini suçlama duygularını çok sık vurgulamışlardır. Bu durum, toplumda çocuğunu kaybeden anneden bekleneceği düşünülen tutum, yaşla ilgili kültürel öğeler ve beklentilerle de ilgili olabilir.

### **4.3. Diğerleriyle İlişkiler Bağlamında Yas**

Psikanalitik kuram, yas sürecini sosyal bir deneyim olarak değerlendirmektedir (Kalish, 1980). Yas sürecinin yaşandığı sosyal bağlamlar önemlidir ve göz önünde bulundurulmalıdır (Masters ve ark., 1983). Hagman'ın (1995) öne sürdüğü gibi, diğerlerinin yastaki rolünü göz önünde bulundurmamak, intrapsişik faktörlerin öneminin yadsınması ya da küçümsenmesi anlamına gelmemektedir. Güncel çalışmada da katılımcılar yas sürecinde diğerleriyle olan ilişkilerini ve bu ilişkilerin yas sürecine etkisini dile getirmişlerdir. Eşleriyle olan ilişkileri ya kaybın ortak bir deneyim olarak yaşandığı ve birbirlerine tutunarak acılarını paylaştıkları destekleyici bir ilişki ya da bazen kavgaların kayıpla ilgili tartışmalar ve suçlamalarla sonuçlandığı uzak bir ilişki olarak tasvir edilmektedir. İlk gruba giren katılımcılar, acıyı eşleriyle paylaşabilmenin, destekleyici bir ilişki içinde olmanın, ortak bir şekilde bebeği anabilmenin yas sürecini atlatmakta önemli bir yere sahip olduğunu vurgulamışlardır.

Bir toplumun ölen kişiler ve ölümle ilgili kültürünün, yas süreci bakımından bireysel tutumları büyük ölçüde etkilediği göz önünde bulundurulmalıdır (Hagman, 1995). Bu çalışmada da çocuk kaybı yaşayan kadınların yas sürecine dair anlatıları toplumsal söylemle bağlantılı olarak ortaya çıkmıştır. Örneğin katılımcılar, bebek kaybının çoğu insan için tabu olduğunu, en yakın arkadaşlarının bile onları dinlemekte veya bunun hakkında konuşmakta zorlandıklarını hissettiklerini ifade etmişlerdir. Aynı zamanda,

Türk kültüründe yas tutan bir anne imgesinden söz edilmiştir: kaybını asla atlatamayan, asla mutlu görünmeyen ve hayatına devam edemeyen bir kadın. Hem toplumsal söylemde hem de bunun bir parçası olarak atasözlerinde görülebileceği üzere, Türk kültüründe anne olmak oldukça değerlidir. Bu bakımdan, çocuk kaybı yaşamak belirli bir şekilde davranmayı, belirli bir şekilde yas tutmayı gerektirmektedir. Bununla bağlantılı olarak, katılımcıların çocuklarının ölümüne bilinçli tepkileri (kaybedilen bebeğin fotoğrafını ziyaretçilerin de görebileceği bir yere asmak veya mutlu olmaya hakkının olup olmadığı sorgulamak ve bununla ilgili yargılanmaktan korkmak gibi) diğerlerinin onlardan sergilemelerini beklediğini düşündükleri tutumla ilişkilidir. Bu durum, Türkiye'de bebek kaybı yaşayan bir kadın için ego idealinin nasıl inşa edildiğini göstermektedir.

#### **4.4. Kayıpla Uzlaş: Başa Çıkma Stratejileri**

Çalışmanın dördüncü teması, katılımcıların bebek kaybıyla başa çıkmak için benimsedikleri farklı başa çıkma mekanizmalarını kapsamaktadır. Bu temanın altı alt teması olmasına rağmen, bu alt temalar kayıpla başa çıkmadaki işlevleri açısından üç kategori altında toplanabilir. İlk olarak, “bebeğin ölümünün gerekçelendirilmesi” ve “kayba bir işlev atama”, kaybı açıklamanın ve anlamlandırmanın bir yolu olarak ortaya çıkmaktadır. Ölüm, haklı gerekçeler bulunarak “en kötü olmayan senaryo” olarak yorumlanırken; kayba bir işlev atama yoluyla, tüm kayıp deneyimi bir amaç kazanmaktadır.

İkincisi, “bebekten kalanların bir işe yaramasını sağlamak: kaybedilen bebeğin nesnelere aracılığıyla sürekliliğini sağlamak” ve “ölen bebekle bağı sürdürmeye çalışmak” başlıklı alt temalar, ölen bebekle yeni bir tür bağ kurmaya hizmet eden unsurları özetlemektedir. Çalışmanın dördüncü temasıyla ilgili bulgular, çocuk kaybı yaşayan kadınların, bebekle bağların çözülmesinden (decathexis) ziyade kaybedilen bebeği hayatlarına bir şekilde entegre etmenin yollarını aradıklarını göstermiştir. Grigg'in (2016) öne sürdüğü gibi, yas tutma çalışması bir “anma” sürecinden oluşmaktadır; bu çalışma da, kaybedilen bebeğin farklı şekillerde anıldığını göstermiştir. Kayıptan sonra hayatlarına devam edebildiklerinde, hatta yeniden çocuk sahibi olduklarında bile, ölen bebeğin izleri silinmemekte, unutulmamakta, bir şekilde anılmaya devam edilmektedir. Bu bakımdan katılımcılar kaybettikleri bebeklerine

hayatlarında bir şekilde bir yer oluşturma, belki de var olan yerini koruma çabasındadırlar. Bu bağlamda, sonraki çocuğa ölen bebeğin abla/abi olarak tanıtılması dikkat çekmektedir. Sonraki çocukların, ailenin söyleminde, aslında onlardan hiçbir zaman daha büyük olamayacak olan, bir abi/ablasının olduğu görülmektedir. Kaybedilen bebeği bir sonraki çocuğa tanıtmak, bir diğer ifadeyle kaybedilen bebeğe kendine özgü bir yer vermek, sonraki çocuğun da aile içindeki yerinin açılmasını sağlamaktadır. Yani, kayıp çocuk için korunmuş sembolik bir alanın varlığı, sonraki çocuğa da kendine özgü bir yer verme işlevine sahip olabilir. Daha önce ifade edildiği gibi, sonraki çocuk, “mucize, teselli, iyileştiren ve ikame” gibi sıfatlarla tanımlanmakta, ona kayıpla ilişkili olarak rol atfedilmektedir. Bu noktada, Grout ve Romanoff (2000) tarafından ortaya koyulan ayrım çok önemlidir: bir kaybın yerini almak, bir kişinin yerini almaktan farklıdır; bu farkın sonraki çocuk için büyük bir etkisi olacaktır. Bu sebeple, kaybedilenin kendine özgü yerini korumak, sonraki çocuklar için yeni bir alan açmayı sağlayabilecektir.

#### **4.5. Bebek Kaybının Sonraki Hamilelik ve Annelik Deneyimi Üzerindeki Etkileri**

Bu çalışmanın son teması, kaybın sonraki hamilelik ve annelik deneyimi üzerindeki etkilerini kapsamaktadır. Daha önce de tartışıldığı gibi, kaybın ardından başka bir çocuğa sahip olmanın kayıp yaşayan kadınlar için önemli bir yere sahip olduğu görülmektedir. Önceki kayıp nedeniyle başka bir kayıp daha yaşamaktan yoğun bir şekilde korksalar da tekrar çocuk sahibi olmayı dilemektedirler. Bununla bağlantılı olarak sonraki hamilelik ve annelik deneyimlerinde bir tür paradoks ortaya çıkmakta, doğuma ve bebeğin sağlıklı olduğundan emin oluncaya kadar yeni bebekle bağ kurmakta zorlandıkları görülmektedir. Dahası, bu çalışma, sonraki çocuk için minnettarlığın da birincisinin ölümüyle ilişkili olduğunu göstermiştir; ilk çocuk yaşasaydı, sonraki sağlıklı çocuk var olmayabilecektir. Bir diğer ifadeyle, sonraki çocuk, varlığını öncekinin ölümüne borçludur.

Çocuk kaybı yaşayan aileler, kaybın etkisini bastırma veya görmezden gelmeye çalışsa da kaybın ardından doğan çocuğa kaybın boşluğunu doldurma rolünü verebilirler. Böyle bir durumda, çocuğun aile tarafından tanınmayan veya kabul edilmeyen bilinçdışı bir yükü olabilir (Lieberman, 1979; Gibbons, 1992). Bu durumda, ikame

çocuk bilinçdışı bir şekilde aile içinde iki rol üstlenebilir: kendi rolü ve ölenin rolü. Söz konusu ikili çaba, anlaşılır bir şekilde, çocuğun kendi bireyselliğinin gelişmesini engelleyecektir. Ebeveynlerin yasını gidermek veya ölen çocuğun idealize edilmiş imgesinin ardından ebeveyn sevgisini kazanabilmek için bilinçdışı bir çaba ile ikame statüsü sonraki çocuk tarafından üstlenilebilir (Leon, 1990). Ancak, bu noktada şunu belirtmek önem arz eder; kaybın sonraki çocuğun yapılanması üzerindeki etkisi, yalnızca annenin (veya ebeveynlerinin) ikame bir çocuk isteğine değil, aynı zamanda bu çocuğun öznel konumuyla ve seçimleriyle de ilişkilidir.

#### **4.6. Sonuçlar ve Klinik Çıkarımlar**

Kayıp ve bunun sonucunda ortaya çıkan eksik, psikanalitik kuramda merkezi bir öneme sahiptir. Bu çalışma, bebek kaybı yaşayan kadınların kayıp deneyimlerine psikanalitik bir bakış açısıyla ışık tutmuştur. Çalışma, bir bebeği kaybetmenin, yalnızca bunu yaşayan kişiler tarafından anlaşılabilir benzersiz bir kayıp olarak tanımlandığını göstermiştir. Bu kayıp bir yandan bu kadınlar için ortak bir zemin oluştururken, diğer yandan her bir katılımcı kaybı anlamlandırmanın kendilerine özgü bir yolunu benimsemişlerdir. Bir bebek kaybı durumunda, kişiler sadece bebeğin fiziksel kaybı için değil, aynı zamanda bebeğin ölümüyle kaybedilen bir geleceğe ilişkin arzuları, hayalleri ve umutları için de yas tutmaktadırlar. Kaybın acısı zamanla azalsa da asla kaybolmamakta; bebek asla unutulmamaktadır. Bebeğin kaybıyla başa çıkmak için, katılımcıların, tümü bir bakıma onarım ya da iyileşme süreçleri olarak değerlendirilebilecek farklı mekanizmalar benimsedikleri görülmüştür.

Ayrıca, bu çalışmanın, klinikte kayıpla ilgili yapılan çalışmalar bakımından önemli sonuçları mevcuttur. Kayıp durumlarında, her bireyin ve her ailenin kendine özgü hikayesi ve geçmişi ayrıntılı olarak incelenmelidir. Aksi takdirde klinisyenler kayba dair kendi varsayımları nedeniyle yanılsamaya düşebilirler. Nitekim yas süreci, önceki kuramların öngördüğünden daha bireysel ve değişken bir süreçtir. Kayıp yaşayan bir kişi psikoterapiye başvurduğunda, kayıp ve ilgili konular kapsamlı bir şekilde ele alınmalıdır. Psikoterapi süreci, bir çocuğun kaybindan kaynaklanan krizin ve altta yatan sorunların; yasin ifadesini teşvik ederek, kayıp ve kaybın tetiklediği çatışmalara dair içgörü sağlayarak çözülmesine yardımcı olabilir. Son olarak, çocuk kaybı yaşayan kadınlarla klinik ortamda psikanalitik bir bakış açısıyla çalışırken, her bir birey için

bebek sahibi olmanın kendilerine özgü önemine ve anlamına odaklanmak oldukça önemlidir. Bebek sahibi olmanın anlamı ve dolayısıyla bebek kaybedildiğinde onunla birlikte aslında nelerin kaybedildiği her özne için farklılık gösterecektir. Bu şekilde, psikanalitik bir çalışma, kayıpla birlikte gerçek düzleminde açılan yarığın simgesel düzlemde onarımının yolunu açabilecektir.

#### **4.7. Çalışmanın Güçlü Yönleri, Sınırlılıkları ve Gelecekteki Çalışmalar için Öneriler**

Mevcut çalışmanın birkaç sınırlılığı mevcuttur. Öncelikle, hassas bir yapıya sahip bir konuya odaklanması nedeniyle, örneklem, kayıp deneyimleri hakkında konuşmaya istekli katılımcılardan oluşmaya meyilli olabilir. Ayrıca, katılımcılar, çocuk kaybı deneyimi açısından önemli bir faktör olduğu gösterilmiş olan sonraki çocuğun varlığı açısından farklılık göstermektedir. Bununla birlikte, çalışmanın güçlü yönleri olarak, ölen bebeğin doğum sırası ve maksimum yaşam süresi gibi belirli faktörler sabit tutulmuş; ölen bebeğin cinsiyeti, hastalık süresi ve kayıptan bu yana geçen süre bakımından ortaya çıkan değişkenlik, katılımcılardan elde edilen verilerin zenginliği ve derinliği açısından güçlü bir çalışmanın ortaya çıkmasına katkıda bulunmuştur. Ayrıca, bilindiği kadarıyla, bu çalışma, aynı zamanda Türkiye'de kadınların bebek kaybı deneyimini ayrıntılı olarak inceleyen ilk nitel çalışmadır. Bu bağlamda bu çalışma, Türk kültüründe anne olmaya atfedilen önemle bağlantılı olarak, çocukla birlikte anneliği kaybetmenin kadınlar tarafından nasıl deneyimlendiğini göstermiştir.

Bu çalışmanın sonuçları, konuya dair literatürdeki araştırma bulgularını doğrulamakta, ayrıca gelecekte yapılabilecek çalışmalar için öneriler ortaya koymaktadır. Yas sürecini daha derinlikli anlamak ve gidişatını görebilmek için boylamsal nitel araştırma modellerinin planlanması önemli olacaktır. Düzenli olarak yapılacak takip değerlendirmeleri, yasın seyrini ve annenin sonraki hamileliğine ve annelik deneyimine etkisini izlemeye de yardımcı olabilir (Leon, 1990). Son olarak, bu çalışmanın örnekleme, klinik olmayan bir grubu temsil etmektedir; klinikten gelen bir örneklemden elde edilecek veriler ve klinik çalışmaya dayalı ayrıntılı vaka çalışmaları, çocuk kaybının deneyiminin anlaşılmasını zenginleştirebilir.

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### YAZARIN / AUTHOR

**Soyadı** / Surname : Aydoğ  
**Adı** / Name : Sezin  
**Bölümü** / Department : Psikoloji / Psychology

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