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A QUALITATIVE INVESTIGATION OF THE EXPERIENCES OF MOTHERS WHO HAD PERINATAL BIRTH AND THE EXPERIENCES OF THEIR SUBSEQUENT CHILDREN

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A Qualitative Investigation About The Experiences of Mothers Who Had Perinatal Birth and The Experiences of Their Subsequent Children

Perinatal Dönem Düşük Hikayesi Olan Annelerin Deneyimi ve Sonraki Çocuklarının Deneyimi Hakkında Niteliksel Bir Araştırma

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7)Yas aktarımı	7) Transmission of loss

Abstract

The main aim of this study was to understand mothers' and their children's bereavement process about their experiences of perinatal death. One of the goals of this study was to examine the similarities and differences in the experiences of mothers who had lost a child in the perinatal period and the siblings who were born after the loss. The study involved semi-structured interviews with six mothers who had lost a child in the perinatal period and with their children who were born afterwards and are now young adults. This study aimed at examining how the trauma of loss is experienced by the mothers and how it might be transferred to the next generation. It further aimed at investigating how the loss of a sibling is experienced by the succeeding sibling. Using the Thematic Analysis method, five main themes were deduced from the interviews with mothers. These were; anxiety as a predominant emotion, gifts of motherhood, difficulties of motherhood, effects of loss, and coping & support system of mothers. Three main themes emerged from the siblings' interviews; effects of loss, perception of self, perception of mothers.The differences and similarities between mothers' and children's bereavement processess were discussed and transmission of trauma was examined.

Key Words: stillbirth, perinatal loss, bereavement, mother, sibling, trauma of loss, loss of child, loss of sibling, transmission of loss.

Özet

Bu çalışmanın ana amacı, annelerin ve çocuklarının perinatal kayıp deneyimleri sonucundaki yas sürecini anlamaktır. Amaçlardan biri ise perinatal dönemde çocuk kaybı yaşamış annelerin ve kayıp sonrası doğan kardeşlerin deneyimleri arasındaki benzerlikleri ve farklılıkları incelemektir. Çalışma perinatal dönemde çocuk kaybı yaşamış anneler ile kayıp sonrası doğan ve şuanda genç yetişkin olan çocuklarla yapılan yarı yapılandırılmış görüşmeleri içermektedir. Bu çalışma, kayıp travmasının anneler tarafından nasıl deneyimlendiğini ve bunun bir sonraki nesle nasıl aktarıldığını incelemeyi amaçlamıştır. Ayrıca, bir kardeş kaybının, sonraki kardeş tarafından nasıl deneyimlendiğini araştırmayı amaçlamıştır. Annelerle yapılan mülakatlardan Tematik Analiz yöntemini kullanarak beş ana tema çıkarılmıştır. Bunlar baskın duygu olarak anksiyete, anneliğin armağanları, anneliğin zorlukları, kayıpların etkileri, baş etme mekanizmaları ve destek sistemleridir. Kardeşlerle yapılan mülakatlardan üç ana tema ortaya çıkmıştır; kaybın etkileri, kendilik algısı, annelik algısı. Annelerin ve çocuklarının yas süreçleri arasındaki farklılıklar ve benzerlikler tartışılmıştır ve travma aktarımı incelenmiştir.

Anahtar Kelimeler: düşük doğum, perinatal kayıp, yas, anne, kardeş, kayıp travması, çocuk kaybı, kardeş kaybı, yas aktarımı.

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INTRODUCTION

"The reality is that you will grieve forever. You will not 'get over' the loss of a loved one; you will learn to live with it. You will heal and you will rebuild yourself around the loss you have suffered. You will be whole again but you will never be the same. Nor should you be the same nor would you want to." (Kubler-Ross, Kessler, 2005, p.230).

Loss of a loved one is the hardest, the most intolerable and one of the most painful experiences in the lives of people to overcome. Almost every person experiences it at least once in their lives and after these experiences, people have to learn how to continue their lives with their loss and as Kübler-Ross said at the end of the mourning process, bereaved people change. What happens if bereaved people do not accept to change and they cannot overcome their loss? They may transfer their bereavement process to the next generation. "Even less recognized is the unresolved emotional distress parents might carry when they are not provided with support at the time of loss and in the pregnancies that follow, which can impact the subsequent children throughout their lives." (O'leary and Gaziano, 2011, p.246).

According to some studies, it was found that the longest and the hardest bereavement processes were experienced by parents whose children die at a very young age. (Zara, 2011). How does a mother experience the loss of a child if her baby dies before even being born? Perinatal deaths are common in Turkey. In 2013, almost 23% of married women had a stillbirth or their babies died during labour. (Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, 2014). Still there are not enough studies about the experiences of those mothers and the other family members, especially on the siblings of the dead babies. For this reason, the main purpose of this thesis is understanding mothers' bereavement processes after they have perinatal loss and what gets transferred to their subsequent children.

The first part of the research focuses on trauma of loss with meaning of loss, normal and abnormal grief process, type of mourning reactions in different developmental stages, stages of the bereavement process and healing process. The next part of the study focuses on meaning of pregnancy and mothers' who have had death birth experiences, their defensive mechanisms in dealing with this mourning. Another section of the study looks at siblings who were born into a family who had bereavement, and focuses on their experiences about having a dead sibling who they have never met because he or she had already died before they were born. The last part is related to how a trauma is transfered from a mother to her child.

1.1. LITERATURE

1.1. 1. Trauma of Loss

In the world, there are various life experiences for humankind that effect them negatively and these experiences can be quite difficult for them to overcome psychologically. One of these difficult situations is the loss of a loved one or it can be something else which can cause them to mourn or bereave. According to DSM 5, normal grief was giving a reaction for the loss of a person whom we loved and had close relationship during 12 months after the loss. (American Psychiatric Association, 2013, p.790). Although mourning is a normal reaction to loss, experiencing this process is not really easy. People do not want to believe that they have lost their loved ones, they deny this idea by thinking how they will continue their daily lives without their loved one, and they cannot imagine how they can fulfill the enormous gap that their loved ones left behind. However, people can heal and they can learn how to continue their lives with their loss and the absence of their loved ones if this process is completed successfully.

In the literature, Freud was one of the first people who worked on the subject of loss. While Freud worked with depressed people, he noticed the fact that some of the depressed people have uncompleted loss. (Buglass, 2010, p.44).

According to Freud, the grieving process's meaning was detachment of people from their loss. In the process of mourning, people have to accept their loss and they try to detach from it. When the detachment process is completed, even if it takes some time for some of the people, most of them can overcome their bereavement. However, everyone cannot reach that point. Because of that Freud emphasized on the differences between normal process and abnormal process of grief in his book "mourning and melancholia". (Bowlby, 1961, p. 323). He says that mourning is the normal reaction to the loss of a loved person, but melancholia is the prolonged and incomplete process of the loss. He mentiones and argues the differences between them; "In mourning we found that the inhibition and loss of interest are fully accounted for by the work of mourning in which the ego is absorbed. In melancholia, the unknown loss will result in a similar internal work and will therefore, be responsible for the melancholic inhibition. The difference is that the inhibition of the melancholic seems puzzling to us because we cannot see what it is that is absorbing him so entirely." (Freud, 1917, p. 244-245).

Bowlby also explaines the mourning process with the attachment theory. "It provides an explanation for the common human need to form strong affectional bonds with other people and the emotional distress or reactions caused by the involuntary severing of these bonds and loss of attachments." (Buglass, 2010, p.45). Bowlby worked with children and he observed childrens reactions when they were separated from their caregiver, he claimed that these separation reactions were similar to grieving reactions. From his observation and inferences from children's reaction, he created his grief theory for adults. (Bowlby, 1980, p. 10). According to Bowlby, attachment styles of people influence their mourning process. If people have a secure attachment with their caregiver, they could experience a normal grief process; however, if they have a disorganized attachment with their parents, they could experience the major loss with the exhibit chronic grief or they could deny their loss and they could suffer from delayed grief. (Middleton, Raphael, Martinek, Misso, 1993).

In the light of all loss theories, nowadays, it is accepted that people give several reactions to the loss such as psychically, emotionally, and cognitively in a

normal grieving process. Carrington and his friends (2004) made a list of these grief reactions: some physical reactions were hollowness in the stomach, tightness in the chest, oversensitivity to noise, lack of energy, dry mouth, weakness in the muscles; some behavioral reactions were sleep disturbances, appetite disturbances, social withdrawal, crying, over activity, disinterest in activity; some cognitive reactions were disbelief, confusion, preoccupation, sense of presence, memory impairment; some spiritual reactions were anger at God, questioning beliefs and values, change in, asking "why?"; some emotional reactions were sadness, anger, guilt, anxiety, loneliness, fatigue, numbness and powerlessness.

The severity of these reactions may change depending on some factors. For example, the closeness of the deceased is an important factor; people might give more of a reaction to their spouse, parents or children than their friends. The quality of the relationship is also another important factor in the grieving process, if you have a good relationship with the deceased, you can overcome your grief more easily; but if you had a problematic relationship with the person you lost, you can suffer more, because you can not solve these problems with the lost one anymore since the deceased one already died. Also, the social support you receive has a positive impact on your bereavement, the more social support you have, the easier the grieving process. The type of death affects the grief; the grieving process of a suicide or a traumatic death could be more difficult than a natural death to overcome. Moreover, your past loss or uncomplicated grief also influences your current grief. (Bowlby, 1980).

The normal grieving process has some stages. However, every person does not experience these stages in the same way or in the same length because grieving is a unique process so every person has a different mourning process. According to Bowlby, although these stages might show some small differences, it could be listed like phase of numbing, phase of yearning, phase of disorganization, phase of reorganization. (Bowlby, 1980, p. 85). When a person encounters the death of a loved person, s/he can be shocked and s/he cannot give any emotional reaction. This is a way to deal with his/her strong emotions. Then s/he cannot accept his/her loss and s/he uses defense mechanisms like denial, s/he

behaves as if that the person did not die. In the third stages, s/he desires his/her loss to come back. People feel loneliness and anger and they think about what would happen if he or she did not die; they question why he or she died? Afterwards, people begin to accept their loss slowly and they may feel despair and depressed because of their loss. They may have difficulties in their social life at this stage. In the last stage, people completely accept their loss and they learn how to live with their loss; their mourning reactions decrease and they direct their life energy from their loss to new life events. (Bowlby, 1980). Normally, this grieving process lasts between 6 months and 12 months. In some conditions this process lasts more than 12 months and "The condition typically involves a persistent yearning/longing for the deceased, which may be associated with intense sorrow and frequent crying or preoccupation with the deceased. The individual may also be preoccupied with the manner in which the person died." (American Psychiatric Association, 2013, p.790). Also, "Six additional symptoms are required, including marked difficulty accepting that the individual has died (e.g. preparing meals for them), disbelief that the individual is dead, distressing memories of the deceased, anger over the loss, maladaptive appraisals about oneself in relation to the deceased or the death, and excessive avoidance of reminders of the loss. Individuals may also report a desire to die because they wish to be with the deceased; be distrustful of other; feel isolated; believe that life has no meaning or purpose without the deceased; experience a diminished sense of identity in which they feel a part of themselves has died or been lost; or have difficulty engaging in activities, pursuing relationships, or planning for the future." (American Psychiatric Association, 2013, p.790). We cannot forget when we evaluate pathological grief that these symptoms and reactions are observed and examined by considering cultural and religional differences and developmental stage. (American Psychiatric Association, 2013, p.791).

Middleton and his co-workers searched literature and they found common six different pathological grief types. (Middleton, Raphael, Martinek and Misso, 1993). Although some of them were seen similar and they overlaped; they were absent grief, delayed grief, inhibited grief, chronic grief, distorted grief,

unresolved grief. In the delayed grief, grieving reactions cannot appear in time, people show their emotions and reactions afterwards, it may take weeks or years. In the absent grief, people never show any reaction, they deny their grief. Chronic grief can be opposite to absent grief because in this type of grief, people always show their unending grieving reaction. People cannot overcome their grief in the unresolved grief. In the inhibited grief, people are in grief but they cannot show any reactions. (Middleton and et al, 1993).

There are normal grief and pathological grief, also there are different types of grief, different reactions in the grieving process, and moreover there are differences in grieving reactions according to different developmental stages. Adults and children may experience the grieving process totally differently and they may give different reaction to this life experience. The grieving process and grieving reactions that are mentioned above generally belong to adults; children also experience similar processes at some points but they may have major differences. For example, children's mourning does not continue because they do not know how to express their feelings completely at the right time. (LeFebvre, 2010). In the literature review that was made by Menes (1971), children may not give any reaction when they learn the death of a loved one, but they may give a reaction after a few weeks. They tend to deny their loss of loved objects. They may become aware of their loss as time goes by. If the death does not have any effect on the child's daily life and his daily routine, children may postpone their grieving reaction until they encounter concrete results. According to Menes's research (1971), some patients' delayed grief reactions from their childhood can show up during their therapies when they grow up. Although children do not have a continuing grief process unlike adults, their grief process may take more time than adults. Adults can strive to overcome their feelings with their friends, family, doctors or psychologist by expressing their emotions but children are not capable of understanding and express their feelings totally, so understanding their feelings and expressions may take more time. Because of the inability to express feelings verbally, children may give some physical reactions to the loss at the beginning like headaches, stomachaches, and muscle tension, loss of appetite, insomnia,

restlessness, and fatigue. (Bugge, Darbyshire, Rokholt, Haugstvedt and Helseth, 2014). Children also understand the term of death and give different reactions according to their developmental stage. According to Bowlby before the age of two children are in the stage of object permanence. (Kıvılcım, Doğan, 2014). The caregiver is like an object to them whether they are present or not. They understand that death is a little bit like a separation from a significant person. Their grieving reactions are crying, searching for the significant person, changing in their sleeping and eating routines. (Goodman, 2009). Between the ages of 3 and 5, children perceive death like reversible things; they believe that a dead person can come back to life. They can give reactions like enuresis, tantrums, fighting, crying, regression to earlier developmental stages and separation anxiety, general anxiety, irregular sleeps. (Goodman, 2009). In the early school ages, they still think death is reversible. Because their magical thinking is active at this stage, they believe that they can cause somebody's death with their wishes and thoughts and they may feel responsible for their loss. Some of the grieving reactions in that stage are anger, denial, nightmares, self-blame, and irritability. (Goodmann, 2009). From the age of 9 to adolescent, children become aware that death is a permanent state. Their understanding becomes mature and they think about issues such as life and death. They may focus on things like what happens to bodies after death. They know that death is universal and everybody will die and it cannot be reversed. Early teens and adolescents may give grieving reactions like numbing, anger, resentment, anxiety, guilts, withdrawal from family and friends, risk taking behaviors. (Goodmann, 2009).

1.1.2. Loss of a Child

People automatically and unconsciously believe and expect that death is suitable for just old people. There is a common idea in society about this issue that family members must die according to their ages. Even every expected death is difficult to overcome; loss of a child is the most endurable pain for the parents.

Especially, if this death occurs during the pregnancy period or after some time after birth...

According to the World Health Organization (2006), if a baby dies within the first four weeks after birth, it is called neonatal death. If a baby dies before the onset in the mother's womb or he dies during labour, this situation is called stillbirth. "Stillbirth or fetal death is a death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles." (World Health Organization, 2006, p. 6). Literature has another term, that is perinatal mortality; "For the last 50 years, the term "perinatal mortality" has been used to include deaths that might somehow be attributed to obstetric events, such as stillbirths and neonatal deaths in the first week of life." (World Health Organization, 2006, p. 4). Also according to the World Health Organization (2006), approximately 3.3 million babies are stillborn; 4 million babies die in the first month of life in a year in the world. In the light of Turkey's Demographic and Health Survey in 1998 almost 2 million women got pregnant and 23.2% of them had stillbirth; 42.7% of liveborn babies died within the first year of their lives. (Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, 1998). Recently, in 2013, TDHS said that almost 23% of married women had a stillbirth or their babies died during labour. (Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, 2014). These numbers show that perinatal death is an important issue for women's physical and psychological health in Turkey. Unfortunately, there aren't sufficient special services to help the bereaving parents after their infant's death in hospitals. (Yıldız, 2009). Although some parents seek help from mental health specialists, most of them do not know how to overcome their grief.

Pregnancy is a process of transformation for a woman. "Like menarche and menopause, it is a crisis because it revives unsettled psychological conflicts from previous stages and requires psychological adaptations to achieve a new integration. Like menarche and menopause, it represents a developmental step in

relationship to the self (as well as here in relationship to the mate and child). And like menarche and menopause, pregnancy sets off an acute disequilibrium endocrinologically, somatically, and psychologically." (Cohen, 1988, p.103). For many centuries, the meaning of pregnancy for a woman is a significant subject to do research on for a famous researcher. From analytic literature, when Freud worked with adult's childhood memories, he realized that until the age of 3 boys and girls pass the same psychosexual stages. However, around the age of 3, girls can be aware of their sexual differences from boys. They learn that they do not have a penis, so they feel deficient. This inadequacy feeling can shape their perception of feminity. "To Freud, femininity is a consequence of disappointment, deprivation, and defeat. It comes as a result of girls accepting their inferior status vis-a-vis men and resigning themselves to their defectiveness." (Cohen, 1988, p.104). Unconsciously, women think they can complete their deficiencies by having a baby and giving birth so, every woman's desire is to get pregnant and give a healthy birth. The pregnancy process and a baby can make them a complete component and a whole woman. Freud focused on the negative perspective, however, according to Erikson, we have to focus and examine the pregnancy process in a positive way. Erikson believed that all women have positive maternal feelings. So, they saw themselves as productive people and they felt as if they were life sources for their next species. Erikson emphasized that women were conscious of their potential for reproducing; they knew their possessions' value, they were aware of their uterus, ovaries and vagina instead of their lacks. (Cohen, 1988). Other researches also focused on motherhood and the mentalization ability in the pregnancy process. When a woman gets information about her pregnancy, she starts to think about her baby and her motherhood. Pregnancy is not only a process to develop and breed a baby, but it is also a process to create a mother from a woman. The result of a delivery is the birth of a baby and also the birth of a mother. "In optimal circumstances, pregnancy is a time in which women begin not only to identify themselves as a single woman but also as a mother. Mercer used the term maternal role attainment to refer to 'the process in which the mother achieves competence in the role and integrates mothering behaviors into her

established set role, so that she is comfortable with her identity as a mother" (Markin, 2013, p.362). Pregnant women can begin mentalization with their babies from the beginning of their pregnancy, so that they can create a bond with their children and start to feel intimate emotions for them. (Markin, 2013). Moreover, attachment patterns start to take form in the pregnancy process with the mother's mentalization ability.

All of the above is written in consideration of a healthy pregnancy process. What happens if a pregnancy does not go well and this process cannot be completed? If a pregnancy ends with the death of a baby, all the mother's emotional and psychological preparations are mired down before reaching a result. The bereaved mothers not only lose their babies but also lose their role as a mother. According to Freud, they already feel inadequate about themselves in the sexual developmental process, by this dead birth self-fulfilling prophecy occurs and their inadequate feelings become inevitable. Also Erikson's thought about women's instinctual feelings about reproduction results in failure, and it creates an inner contradiction and confusion.

Pauline Boss (1999) researched a different type of loss; it is "Ambiguous Loss". According to her, there are two type of ambiguous loss. "In the first type, people are perceived by family members as physically absent but psychologically present." (p. 8). The bereaved people who are not sure their loved person are dead of alive. For example, missing soldiers or kidnapped children. "In the second type of ambiguous loss, a person is perceived as physically present but psychologically absent." (p. 9). The best example of this type of ambigious loss is loved person with Alzheimer's dissease. (Boss, 1999). The loss of a child in perinatal period can also defined as a ambiguous loss. The mothers suffer the first type of ambiguous loss. The loss of a baby can be perceived psychologically by the mother. However it can not be percieved physically if she does not have a grave for the baby or if her family doen not give more importance to her loss. (Betz, Thorngren, 2006). All of the conscious and unconscious issues lead to deep and painful feelings for the bereaved mothers. Research shows us that the first time when they learned about the death, they could not accept it and denied their loss

and they were numb (Trulsson, Radestad, 2004); and then they might feel sadness, irritability, somatic symptoms, depressive symptoms, shame, self-blame and guilt. (Badenhorst, Hughes, 2007).

Moreover, Üstündağ-Budak (2015) mentioned about "continuing bonds" in her study. The mothers who had perinatal loss have two different chances to continuing relationship with the deceased baby. The first is externalized continuing bonds between mothers and their stillborns. It could be associated with pathological outcomes because the mothers have feeling of responsibility for the death and they may have illusions and hallucinations about their baby. The second is internalised continuing bonds. It could be adaptive way of continuing bonds in stillbirth experiences. It could be associated with personal growth. Some bereaved mothers talked about self growth and authentic parenting due to their perinatal loss. (Üstündağ-Budak, 2015). How the mothers relate to their deceased babies depends on their psychological patterns and characters.

Some bereaved mothers can feel deeper anxiety and more depressive symptoms than others; therefore, they have a risk of experiencing post traumatic stress disorder or anxiety disorder. Some quantitative researches were conducted to assess the frequency of PTSD in bereaved mothers who lost their babies in perinatal period; and results showed that in the first 4 weeks after the loss 11% of mothers, at 16 weeks after 8% of them and after 18 years 13% of them were diagnosed with PSTD. (Horsch, Jacobs, McHarg, 2015, p.110). Another short term longitudinal study's aim was to examine differences in the severity of PTSD of bereaved mothers because of perinatal deaths. The results showed us that while the severities of symptoms were higher at after 3 months, it decreased between 3 to 6 months. (115). According to the same study, reasons for postnatal PTSD of bereaved mothers could be listed as the mother's age, low income and not having previous pregnancies. (115). Other important outcomes to understand these mothers' bereavements are defense mechanism like suppression and distraction which are useful for bereaved mothers to adapt to their daily lives and their next pregnancies. "Therefore, after some time has passed, being able to suppress and distract oneself from memories of traumatic moments related to perinatal loss may

be helpful, particularly in women of childbearing age who wish to become pregnant again." (115). A different study examined mothers' PTSD symptoms of perinatal death after 1 year, and it showed that grief scores were lower than 6 months after the loss. (Tseng, Cheng, Chen, Yang, 2017, p. 5136). In the light of all these researches, it is clear that time has a healing effect in the bereavement process. Even though time can heal a parent's grief, another study showed that in a sample of 634 mothers and fathers 12.3 % showed signs of PTSD even after 18 years after their loss. "The study highlights the long-term impact of infant loss and points to attachment, coping and social support as important contributors to the development and maintenance of posttraumatic stress symptoms." (Christiansen, Elklit, Olff, 2013). At that point individual differences become a crucial factor for the length of bereavement. Researchers who examined individual differences in reactions to loss, worked with 33 bereaved mothers who had stillbirths and they found some positive individual differences amongst the bereaved women. The women who had a secure relationship, positive social support and a good supportive partner were able to cope with their bereavement easier after their perinatal loss. (Scheidt, Hasenburg, Kunze, Waller, Pfeifer, Zimmermann, Hartmann, Waller, 2012). John Archer (1999) found through his literature research that if a mother does not have any healthy children before having a stillbirth, her bereavement process is harder than other mothers who have had a child after a stillbirth. (p.186). Tseng and colleagues (2017) also found some other correlations involved with the bereavement process by working with 30 bereaved couples. First of all, gender is an important factor in assessing grief scores; mothers experience grief more intensly and longer than fathers. (Tseng et al, 2017). Moreover, other researches showed that for the fathers their wives were an important support factor in coping with their grief; however, for mothers' the positive support of their friends, siblings and their new baby were more important than their husbands' support. (Erlandsson, Säflund, Wredling, Rådestad, 2011). Tseng and colleagues found that the length of the pregnancy before the stillbirth did not have a correlation with the severity of grief of the parents. They also found that marital satisfaction showed a positive correlation with lower grief scores.

(Tseng et al, 2017). This result was supported by another qualitative study; while social support had a huge positive effect in reducing maternal anxiety, single women or divorced women who had social support had more depressive symptoms than women who had a partner. (Cacciatore, Schnebly, Froen, 2009). Therefore, having a satisfying and reassuring romantic relationship plays a crucial and healing role in the grieving process. And lastly, "… parents who have no religious beliefs and who have never attended rituals for the lost baby will predictably feel greater grief. Being a member of a religious organization not only affects one's social support, but also one's belief system, and potentially makes grieving less long-lasting and intense by providing bereaved parents with a reason and a meaning for their loss." (Tseng et al, 2017, p. 5139). The cross cultural studies indicated that in the lower income countries the mothers who lost their babies in the perinatal period, had more intense depressive symptoms and anxiety than other countries, because undeveloped countries did not have sufficient medical and health support systems for bereaving families. (Gausia, Moran, Ali, Ryder, Fisher, Koblinsky, 2011).

Although social support has a significant role on the parents' bereavement process; some researches claim that society may give less importance to stillbirths and neonatal deaths than other child deaths. Because of this, bereaved mothers tend to isolate themselves from social groups and their feelings of blame and guilt are increased. (Jackson, Bezance, Horsch, 2014). "Her shame is associated with the sense of having failed as a woman. She may feel that there is something wrong with her womb." (Lewis, 1979, p.304). Especially if there isn't a medical reason for the death, the mothers generally seek fault in themselves. (Jackson, Bezance, Horsch, 2014). The reasons of bereaved mother's self-blame, guilt, shame and other depressive symptoms may be related to some stereotypes and societies' false beliefs and perceptions. First of all, in a study in which researchers worked with 162 bereaved mothers, who had experienced stillbirths within the last 10 years, observed that bereaved mothers were exposed to social stigma. **(**Brierley-Jones et al, 2014**).** They reached some important consequences with both qualitative and quantitative studies that bereaved mothers

were stigmatized by their families; medical staff; friends and they were also stigmatized in their work environment. In their interviews, some mothers described themselves and their feelings of stigma as if "they were a dead baby dunce or lepers". **(**Brierley-Jones et al, 2014, p. 155). In addition, a social perception from history, in the Ottoman Empire, if a woman could not give a child to her family, she was seen as half of a woman and she did not have any rights in society. Also, that woman's husband had the privilege to marry another woman because his wife could not give him a child. (Demirci-Yılmaz, 2015, p. 69). Current researches support these thoughts, for example Bosson and Vandello (2013) shared Chrisler's thoughts about womanhood "She argues that women who do not reproduce, who lack maternal qualities and skills, or who do not do enough to beautify themselves risk losing their womanhood. For instance, Chrisler notes that career women who delay childbearing are perceived as cold and selfish, and because these traits are inconsistent with female gender role norms, women who display them are not 'real' women." (p. 125). A woman neither can willingfully not give a healthy birth nor choose childlessness, if so, she is seen as a half woman by society. (Oja, 2008). She faces losing her womanity, because she cannot give birth. (Bosson, Vandello, 2013). In point of fact, when a woman gives a death birth or loses her child after birth, she loses three things: her child, her motherhood and her womanity… From past to present all cumulative cultures and unconscious thoughts deeply influence bereaved mothers.

There is one more issue that makes mothers grieve harder is history. Shared history with dead people help to make people's grief easier. People talk about the memories of their lost so they feel better with these shared memories, other people can also talk about it and the loss can never be forgotten. However, in perinatal deaths, there is not enough time to create memories with babies, so bereaving parents do not have enough memories to remember about their lost one. (Lewis, 1979). On the contrary to difficulties of creating memory, in 2013 one cross sectional questionnaire study showed us, approximately 90% of 162 mothers could create memories with their stillborn babies by seeing and holding their baby after labour, giving a name to their baby, burying their baby and having a grave

and creating a memory box with photographs or footprints if conditions were suitable. (Crawley, Lomax, Ayers, 2013). The aim of this study was to see whether creating a history with stillborns have positive effects on bereaved mothers' mental health or not. As a result, "The number of different memory-making activities was not associated with mental health outcomes. However, the degree to which mothers shared their memories was associated with fewer PTSD symptoms. Regression analyses showed that good mental health was most strongly associated with the time since the stillbirth, perceived professional support, sharing of memories and not wanting to talk about the baby." (195). In light of this outcome, the study strongly advices medical professionals to help bereaved mothers spend more time with their babies to protect them from future serious PTSD symptoms. (203). In contrast, Hughes claimed that mothers who saw and held their baby's body were more depressed than other mothers who did not hold. (Hughes, Hopper, McGauley, Fonagy, 2001). They found an association between seeing the body of the baby and the subsequent children's disorganization. The reason of this finding was the mother's fearful behavior to the subsequent children. (2001). Therefore, there are contradictory findings about the effects of seeing and holding stillborn babies on mothers' and their next children's mental health.

1.1.2.1. The Following Pregnancy and the Subsequent Child

After the loss of a baby, the plans for next pregnancies may start. It was found that mothers have to wait at least one year after their loss to overcome their mourning process. It may take 12 months for depressive symptoms to decrease for mothers who had perinatal loss. (Hughes, Turton, Evans, 1999, p.1723). However, the time for waiting may show differences according to couples. The decisions about the next baby may differ between spouses. Mothers are more willing to have another baby after a short time of their first loss, however fathers are not. In this examination, fathers spoke of some things that went wrong and genetical problems so they did not want to have any more children, but "They were

motivated by parenthood and the implications that their stillborn baby had on their family. There was great importance placed on the status of the stillborn baby within the families, in particular acknowledging their place within the birth order. However, many of the parents had intended on having more children after the pregnancy which ended in a stillbirth and mothers in particular wanted to fulfill those aspirations." (Meaney, Everard, Gallagher, O'Donoghue, 2016, p.558).

When the next pregnancy occurres, according to research, mothers can feel isolated from society and they can feel some depressive feelings because of their loss. (Burden, Bradley, Storey, Ellis, Heazell, Downe, Cacciatore, Siassakos, 2016). In a previous research, high anxiety and depression during the following pregnancy was found to be significantly higher in the research group compared to the control group. (Hughes et al., 1999). Moreover, during a pregnancy after perinatal loss, mothers describe themselves with fear of loss and they thought that they were unable to focus on their next babies, and they were inadequate about their caring ability. (Theut, Moss, Zaslow, Rabinovich, Levin, Bartko, 1992). The fear of losing again is the most important feeling that the mothers have in a subsequent pregnancy. (Keyser, 2002, p.237). In one literature study on bereaving mothers and their future pregnancies, it was found that the first theme about feelings of the next pregnancy was the fear of recurring loss. The mothers in that study mentioned that they were afraid of losing their second baby so they were not determined to get pregnant. (Meaney, Everard, Gallagher, O'Donoghue, 2016). In another qualitative study about stillbirth experiences, mothers and fathers said that they expected the worst things from their second pregnancy, if they felt positive things and if they lost their baby again, it would be harder for them to experience the same things again. "Most parents reported expecting the worst outcome, which continued after the birth of the live baby. A sense of the fragility of life and uncertainty about their subsequent child's future emerged, which at times made it difficult for them to separate from their child. Parents also felt a lack of control during this time. For some, these worries were present daily." (Jackson, Bezance, Horsch, 2014, p.6). In another study, one bereaved mother told about her fear of loss: "One mother who had suffered a stillbirth spoke of no-one being able to

celebrate her pregnancy or believe that she would give birth to a healthy baby until she held her live baby in her arms." (Reid, 2007, p.198). At the end of a pregnancy period, it was found in a research that giving birth after a perinatal loss could reduce a mother's anxiety and severity of grief. (Archer, 1999).

The relationship between mothers and the following healthy children is affected because of the death of the first baby. Jackson and his friends (2014) did a qualitative research to understand the parents' experiences and they created a main theme about their relationship with the following children according to the parents' explanations. Parents in the study mentioned that they did not make any preparations for the new babies, because of their first loss. Also, when they took their healthy babies in their laps, first they felt relief and then numbing. Moreover, they said that their priorities changed, they arranged their responsibilities and work according to their healthy babies. (Jackson, Bezance, Horsch, 2014).

In another study bereaved mothers described themselves as anxious mothers. "Furthermore, half of the participants appeared to be engaged in protective mothering activities, sometimes involving unrealistic expectations of self in order to protect the infant in an unsafe world." (Üstündağ-Budak, et al. 2015, p.8). Because they would not overcome their loss of a second child, these mothers wanted to protect their next healthy children from dangers. They became more hypervigilant about dangers. (Burden et al., 2016).

Moreover, the mothers described themselves with feelings of self-blame and they thought that they had to be strong in the research of Jackson and his colleagues. (2014). They forced themselves to be good mothers for their next healthy children, because they felt self-blame about their loss. "Most mothers reported that placing high expectations on themselves as a parent to their second child, encapsulated by wanting to be supermum" (p.8). They also mentioned that they had to be strong to protect their second child. In the same research, mothers said that motherhood after a stillbirth and healthy children had both grief and joy. (p.7). While they were feeling sad about their loss, they were feeling happy to have a healthy child. They had to learn to survive with these opposite emotions and they especially mentioned that they did not perceive their healthy children

like a subsequent child after their loss. In another research, bereaved mothers described themselves as "lucky" due to the fact that their next child was a healthy child. However, they still asked themselves if they were enough or not for motherhood. (Theut et al., 1992).

The other important issue is that, these mothers compare themselves with other mothers and they find that they are different from other mothers. "Adding to the sense of difference was a feeling of being misunderstood by friends or professionals who have a lack of experience or knowledge of stillbirths. Compounding the sense of isolation and adding to the pressures of being a new parent, was a feeling the majority of parents described of not being able to voice their difficulties to others." (p.8).

When bereaved mothers talked about their relationship, they mentioned more problems about their next children and their sleeping, crying, eating and other behaviors in their childhood. (O'Leary, 2004). Similar to this, Turton and friends did another study with bereaved siblings, and they added a new term, it was "vulnerable child syndrome". Vulnerable Child Syndrome was explained like "the central construct concerns an increased parental perception of child vulnerability to illness or injury, with children born subsequent to loss being seen as fragile and prone to harm." (Turton et al., 2009, p.1451). They examined how these bereaved children were seen by their mothers and teachers. They explained that subsequent children were seen as more problematic by their mothers who had a history of a stillbirth but not by their teacher. Mothers explained that their children had a lot of relational problems with their peers and had vulnerable characters. These mothers made more criticisms about their subsequent children. (Turton et al., 2009).

1.1.3. Loss of a Sibling

Siblings are important figures and they are witnesses and first partners in people's lives. Siblings grow up and experience all developmental issues together and they learn to survive despite all of positive and negative events in their lives.

Therefore, a death of a sibling is a life experience which is as difficult as a death of a parent or a child. “Psychoanalysis has shown that the death of a sibling is likely to have a longstanding impact on the character development of a surviving child.” (Christian, 2007, p.41).

In the literature, there are two different bereaved sibling types dependent on their type of lost; children or adults who were witness to the death of a sibling in their lives and children or adults who lost their sibling before their own birth, which was a perinatal death and they learned this loss from their parents’ conversations. (Avelin, Gyllensward, Erlandsson, Radestad, 2014). Although there is not a sufficient amount of research about the second type of bereaved sibling in the literature, Cain and Cain gave a special name to these bereaved children, it was “subsequent children”. (O’Leary, Gazino, 2011, p.246). Cain and Cain emphasized that these children’s developmental lives were affected by their parent’s ongoing mourning, idealization of the dead baby, difficulties in subsequent mothering and attachment. (O’Leary, Gazino, 2011). Many researches showed that subsequent children might have disorganized attachment because of their mother’s unresolved grief. (Pantke, Slade, 2006). “This is the first prospective study of infant–parent attachment in infants born subsequent to perinatal loss. The most important finding of the study is that infants born subsequent to a perinatal loss were significantly more likely to develop disorganized attachment relationships” (Heller, Zeanah, 1999, p.195). According to the some researches, one of the reasons of a subsequent child’s disorganized attachment was due to the mother’s reluctance to show attachment to the child for fear of losing again. (Heller, Zeanah, 1999). Moreover, children who are born into a beraved family have a risk of psychological and behavioral problems in their childhood. (Hughes, Turton, Hopper, McGauley, Fonagy, 2001). There is a chance for secure attachment for children if their mothers overcome their loss, then they may have a secure attachment. (Pantke, Slade, 2006).

Kempson and Murdock did another research in 2010 with bereaved siblings and they pronounced their loss as “the loss of invisible siblings never known.” (p. 738). They worked with both types of loss which was experienced

before and after a surviving siblings' birth and they reached useful results about their feelings. (Avelin, Gyllensward, Erlandsson, Radestad, 2014). Surviving siblings can feel envy for their dead sibling, although they never met them. Because, according to Kempson and Murdock's research siblings think that they lost their parent's attention due to their first dead child. They feel rejected because they cannot get their parent's attention and their parents are full with the grief of their dead child. (Avelin, Gyllensward, Erlandsson, Radestad, 2014). Even if they get their parent's attention; this may be related with their loss.

Some parents perceive that their surviving children continue to live for their dead sibling; they can live for both themselves and the dead sibling. Agger (1988) said that "dead siblings are frequently more important rivals than live ones. They remain idealized in the minds of surviving family members and cannot be brought in for realistic scrutiny, even when the survivors become able to integrate the loss" (p.23). Siblings also can feel anger towards their unborn dead siblings. Winnicot observed this agression in one of his special therapy sessions. While he worked with an eight-year-old boy, he observed the aggression because the child learned that he had a dead sibling before his birth from his parents. "Winnicott determined that 'the crippling sense of guilt' that the sibling felt about his brother's death, represented a displacement of anxieties related to oedipal conflicts in the present." (Christian, 2007, p. 43).

Besides these realistic reasons, according to a psychoanalytical point of view, all of above feelings can also occurred because of unconscious thoughts and desires. Bereaved children feel guilty because they think that they caused their siblings' death. They shared the same womb with the deceased and they feel responsible because they gave damage to their mother's womb and their sibling unconsciously. They also feel envy because the deceased sibling is still in their mother's womb and mind. Their sibling is always idealized and loved, so envy is an inevitable feeling for them. They also feel rejected, while their sibling is still in their mother's mind and womb, they are "pushed out" of their mother's womb and mind. Their mother is full of their deceased sibling; there is no place for them. (Beaumont, 2012, chapter 6).

Bereaved siblings may behave like a parent in their family because of their parent's inability to do so due to their mourning. Surviving siblings may take responsibilities for the happiness of their parents and they may easily be disappointed that they are not good enough to make their family happy. (O'Leary, Gazino, 2011). They also feel loneliness, sadness, helplessness, and anxiety. They may feel anxiety especially about their mothers' health. If their siblings die before birth in their mother's womb, the surviving sibling feels anxiety about the repetition of this perinatal death in their mother's future pregnancies. In the same research, "Present adolescents described the difficulty of being a child of bereaved parents; when they did not express their own grief in the same way as their parents they felt that they did not meet their parents' expectations of them as bereaved." (Avelin, Gyllensward, Erlandsson, Radestad, 2014, p.559). Other researches show that siblings who lost their big brother or sister due to perinatal death experience "fear of growing up and leaving the family and have concerns about not marrying, not having children, and will also die as well" (Christian, 2007, p.41). Similar to anxiety about their mother's future pregnancies, they also feel anxiety about their own future pregnancy and their future children. They may think that they will experience the same thing with their mother's loss in the future. According to a research, surviving siblings can experience all the emotional reactions due to the loss of a dead Esraven if they have no knowledge of the death thus affecting the bereaved children unconsciously. Sometimes parents may prefer not to share this information with their surviving children because they do not want to upset their children, but siblings can be aware of something that is odd. They can unconsciously be aware of the parent's mourning by their behaviors and emotions. (Kempson, Murdock, 2010). In addition, in a previous research, children who were born in a bereaved family described their mothers to have been significantly more protective and controlling than other children who did not lose a sibling. (Pantke, Slade, 2006). Another research shows us that the best way to cope for bereaved children are funeral rituals. Giving a name to a dead baby, having a funeral and having a place for their loss allows

families both parents and bereaved sibling to cope with the mourning easier than not having any sort of ritual at all. (Kempson, Murdock, 2010).

1.1.4. Transmission of Loss

Parents can transfer their physical and psychological characteristics to their children. As parent's genes and temperament are transferred to their children, their bereavement and other traumas also can be transferred to the next generation. "The literature on intergenerational transmission of unsymbolized parental trauma suggests that there is an unconscious attempt by one or both parents to externalize and project parts of their respective traumatized self into the developing child's personality." (Muhlegg, 2016, p.53). In the beginning, the studies done on transmission of trauma were related with natural disasters. It was observed in these researches that natural disasters during the pregnancy period affected babies' physical health. They found that natural disasters could influence pregnant mothers and their children directly or indirectly. Stress due to natural disasters has huge negative effects on the pregnant mother's health and on her babies' health. "One plausible biological mechanism is that stress triggers the production of a placental corticotrophin-releasing hormone (CRH), which has been shown to lead to reduced gestational age and low birth weight." (Black, Devereux, Salvanes, 2014, p.193). For example, the loss of a parent during pregnancy has huge negative effects on pregnant women's babies, too. Researchers claim that a loss during this period had an impact on labour process, babies might have some physical problems like low birth weight and low APGAR scores. (Black, Devereux, Salvanes, 2014). In the literature, there were also a lot of studies done on intergenerational transmission of trauma during the Holocaust. The Holocaust is a very explanatory historical event on which we can obtain information on the transmission of trauma. All of these researches claim that the effects of these trauma's may be passed down from generation to generation with not just physical outcomes, but with psychological outcomes as well. Although Holocaust survivors wanted to keep their children safe from the effects of the trauma's by

keeping silent and not talking with their children about the Holocaust, it did not work. (Valent, 1999). The effects of trauma transferred to the next generation unconsciously from their parents. “One second generation person said, ‘I carry so many scars. But I don’t know what the wounds were. That is harder than having been wounded.” (Valent, 1999, p.1). Judith Kestenberg tried to explain the mechanisms of transmission of trauma on the Holocaust with two terms which are concretization and transposition. Trauma can cross to the next generation by concretization. Survivors of the Holocaust wanted to create a new life, so they married quickly after the Holocaust without overcoming the traumas and they had children and gave them their parents or loved ones’ names who died because of the Holocaust. This is because they wanted to see their loved ones in their children’s lives. They felt that their children were saviors. Their children saved them from mourning. The survivors did not let themselves grieve in that way. Therefore, they caused their children to have their parent’s trauma. The other term is transposition. Some survivors did not give the name of their lost to their children but they continued to live in the past. If their children wanted to reach and understand their parents, they had to participate in their parent’s trauma. When deep attunement occurres between the survivor parents and their children, unresolved trauma can be passed down to the new generation. (Valent, 1999). In addition, in Kestenberg’s view, there are other psychoanalytical explanations about the transmission of trauma. This makes it clear that first of all we have to examine Fraiberg’s works on ghost in the nursery and projective identification.

Fraiberg and her colleagues worked with mothers and child dyads and they tried to find which aspects had an impact on the mother-infant relationships. For them, the history of the mother was a crucial aspect in her relationship with her children. “In every nursery there are ghosts. They are visitors from the unremembered pasts of the parents.” (Fraiberg et al., 1975, p. 387). They observed that the mothers’ past relationships in their childhood and their unresolved relational problems can affect their new relationship, especially their relationship with their newborn children. (Malone, Dayton, 2015). According to Fraiberg, if a mother had an insufficient, punitive and neglectful relationship with her own

parents in her childhood, and if she repressed her agony; her motherhood could be influence from her past relationship with her own parents when she became a mother herself. She could project her negative feelings and thoughts about her parents to her child and she could interpret her child's normal deeds in a negative way. (Lieberman, Padron, Horn, Harris, 2005). "As a result, they may be inconsistent guides in helping their child acquire a sturdy sense of reality and of socially appropriate behavior. Themselves frightened and uncertain, the parents may be unable to detect the anxiety underlying the child's aggression and incapable of providing reassurance while setting clear standards for permissible and impermissible child behavior. When their child becomes aggressive or defiant, traumatized parents often become punitive in response to the concrete threat they perceive in the child's behavior." (Lieberman, 2007, p.428). As a result of this process, those children identified with their mothers' projections.

Similar to Fraiberg's point of view, one of the Holocaust researches was Kellermann (2001) who explained that the reason of transmission of trauma to next generation was projective identification in the psychoanalytical base. The Holocaust survivors' children internalize their parent's past, unresolved feelings and anxieties. Survivors project unconsciously their grief to their children, so they are identified with their parent's grief, too. (Kellermann, 2001). "These children often do not fully understand internalization of emotions, but it has been described as an 'unexplainable grief'. The children of survivors contain a struggle within. They aim to maintain their ties with their parents and their experience, however, they also strive to live their own lives and separate themselves from the palpable history of trauma" (as cited in Kahane-Nissenbaum, 2011, p. 6). In consideration of all of these researches, past traumatic events and traumatic relationship patterns can carry over to the following generations if these negative emotions are not overcome.

Although this issue has not been given as much importance and has not been investigated, loss of a child in the pregnancy process is the most difficult loss to mourn and overcome for mothers.

The Holocaust researches and Fraiberg's researches on projective identification help us to understand how the mother's bereavement can transfer to the next healthy children who are born after the death of a sibling. Mothers' mourning process can easily pass the the next generation unconsciously, too. Bereaving mothers can transfer their stress, depressive feelings and fear of loss to their following children. They can perceive that their dead babies live in their next healthy children, so subsequent children can feel that they have taken the place of a dead sibling because of the mothers' projections. (Schwab, 2009). Researches also showed that a mother's response styles to loss could be transferred to her next child. (Muhlegg, 2016). So both bereaving mothers and their subsequent children give the same responses to their loss. All of transferred uncompleted traumas can influence subsequent children's self-image and their attachment styles. Because of the mother's trauma, subsequent children may have a negative self-image. (Ringel, 2005). For example, one of the famous cartoonists who was born after his brother's death explained that his dead brother was always the ideal child in his family, and he could never reach this ideality. (Schwab, 2009). Hughes and his colleagues found a significant increase in infant disorganised attachment behaviour in subsequent children and higher than expected psychological problems. (2001). Turton explained the reason of this increase: "there is some evidence for this at a behavioural level as parents with unresolved loss have been observed to exhibit a range of perplexing behaviours during parenting, including dissociative-like stilling, distorted and frightening facial and vocal expressions and poorly timed, rough or intrusive caregiving." (Fearon, 2004, p.255). Although more research is needed on this subject, Turton claimed that this kind of unresolved state of mothers strongly predicted disorganized attachment in next-born children. (Turton, Hughes, Fonagy, Fianman, 2004).

In light of the previous researches, the main aim of present study was to understand mothers' and their children's bereavement process about their experiences of perinatal death. One of the goals of the present study was to examine the similarities and differences in the experiences of mothers who had lost a child in the perinatal period and the siblings who were born after the loss.

CHAPTER 2

2.1. METHOD

2.1.1. Participants and Setting

Six mothers who had a perinatal loss and one of their children who were born after a sibling loss were invited to this study. The full participant group included six mothers and six children who are now in young adulthood. Five of these mothers experienced their loss in their first pregnancies; one of them experienced her loss in her second pregnancy after a healthy child birth. One of these mothers had two successive stillbirths; the other mothers had one stillbirth. One of them also had a neonatal death between her stillbirth and her healthy child birth. Five of these mothers were pregnant again within one year after the loss; one of them waited for second pregnancy for 2 years. The mothers' ages ranged between 40 and 55, and they experienced their perinatal loss when they were between 18-30 years old. (See Table 1). Four of the children who took part in the study were male and two of them were female. Their ages were between 21-26 years old. (See Table 1). Younger children were not included in the study as it was thought that they could not describe their experiences clearly. Young adulthood was found to be more appropriate for this study. Five of the adult children were living with their family, one of them was married.

The participants were found by the snowball technique; researcher's acquaintances were informed about the study and participants were contacted by their referral. Each pair of mother and child was informed with a consent form (see Appendix 2) and they were interviewed in the same day and in their home.

Table 1. *Demographic Informations of the Mothers and the Children*

Mothers	**Mothers' Age**	**Type of Loss**	**Age of Loss**	**Mothers' Education Level**	**Mothers' Subsequent Children**	**Children's Gender**	**Children's Age**	**Children's age when informed loss**	**Children's Education Level**
Derya	55	One stillbirth	27	High School	Dilay	Female	26	at primary school	University
Cemile	40	One stillbirth	17	High School	Cenk	Male	21	at primary school	High School
Melike	43	One stillbirth and one neonatal death	18	High School	Mehmet	Male	23	at primary school	University
Emel	45	Two stillbirth	18	High School	Esra	Female	25	at high school	University
Sevgi	43	One stillbirth	18	High School	Salih	Male	24	not remembered	University
Ayşe	53	One stillbirth after a healthy child	30	High School	Ali	Male	21	at primary school	University

2.1.2. Data Collection

This study had ethical approval from the Ethics Committee of Istanbul Bilgi University. The written approvals from the mothers and children were taken in this study. Twelve participants were informed about the study and confidentiality. The chance to leave the study without any explanation at any time was given. The investigator was also prepared to refer them to psychological counseling if they experienced under distress about the topic. However, no participants expressed distress during the interview. The names of the participants were changed, and different names were given for the privacy of participants' personal information. The transcriptions were used only for analysis, and it will be deleted after a certain period of time once the study is completed.

The research data was collected with semi-structured interviews conducted separately with mothers and the children. All interviews were conducted by the principal investigator. Each interview was audio-taped and then transcribed verbatim. The mothers' interviews lasted between 20 and 70 minutes, the children's interviews lasted between 10 and 30 minutes. It was observed that the mothers who had perinatal loss in the early period of pregnancy and their child talked shorter than other mothers who had perinatal loss in the late period of pregnancy and their child. In this study, the time of loss affected the length of the interviews. The interview questions were prepared in a way that first focused on the general experiences and then narrowed down to specific experiences. (see Appendix 1). For the mothers, first part of the questions were about their motherhood; second part of the questions were about their relationship with their children who were born after their loss; third part of the questions focused on their experiences on perinatal loss and their thoughts about their second child after the loss. For children, first part of the interview was related to their mothers and their relationship; second part of he interview focused on their experiences on the loss of a sibling. (see Appendix 1).

2.1.3. Data Analysis

Thematic Analysis was used to analyze the interviews in this study. "Thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data." (Braun and Clarke, 2006, p. 7). The main aim of a thematic analysis is to identify themes in the collected data that are important. These themes are used to say something about an issue. The data is not summarized; the data is interpreted and made sense of it in thematic analysis. (Clarke and Braun, 2013). According to Braun and Clarke (2006), the process of doing a thematic analysis requires six steps to analyze the data. These steps' name are become familiar with the data, generate initial codes, search for themes, review themes, define themes, write-up. In the first step transcripts were read and re-read to be familiar with data. The next step detailed notes about what is interesting in the data were taken and initial codes were produced. In the third step, the initial codes were organized to say specific something about subject. The themes were modified and developed in the review step. Lastly, the themes were refined and named.

2.1.4. Trustworthiness

In the analysis, importance was given to triangulate data. Verbal and non-verbal cues such as repeated words, interruptions, body language were observed and recorded. The consistency in narratives was paid attention to. The observation about place, participant and development of conversation were recorded during the interviews. It was observed that the mothers who had loss in the late period of pregnancy behaved more relaxed than the mothers who had loss in the early period when they talked about their feelings. The mothers who had early loss had difficulties to remember their feelings and memories about their loss experiences. It was observed that the other mothers who had loss in the late period of pregnancy sometimes talked tearfully about their loss. In the qualitative researches, several different investigators are used in the analysis process for

investigator triangulation. For this reason, throughout the process, the first and second advisor of this thesis gave supervision about themes and every lists of themes were discussed with the advisors.

2.1.5. Reflexivity

The researcher of this thesis graduated from departmant of Psychology at Istanbul Bilgi University and now she is master level clinical psychology student in the same university, also she is working with children as a psychologist for five years. When she made clinical practicum at Psychological Counseler Center in Istanbul Bilgi University, she worked with children and mothers who had perinatal loss history. She observed that mothers' perinatal loss history affects to their subsequent child psychologically. She believed that the mother's previous losses had impact on quality of relationship with their subsequent child. Thefore, she chose to write a thesis about effects of perinatal death on the mothers and the subsequent children. The researcher's biases put forward for consideration to reduce manipulations on data. Because of this, care was taken in preparing questions that are not leading in the way they are worded.

CHAPTER 3

3.1. RESULTS

Thematic Analysis was used in this study. The main aim of analysis is to identify themes in the collected data that are important. The results of this thesis were examined under two heading; namely, the mothers' experiences and the children's experiences.

3.1.1. Study 1: Analysis of Six Mothers' Experiences

Five main themes emerged from this analysis process about bereaving mothers' experiences. They were, anxiety as a predominant emotion, gifts of motherhood, difficulties of motherhood, effects of loss, and coping & support system of mothers. Table 2 summarises the main themes. All the themes and all other subthemes were discussed below.

Table 2. *The Themes Derived from Interviews with Mothers*

Analysis of Six Mothers' Experiences
Theme 1: Anxiety as a Predominant Emotion
Theme 2: Gifts of Motherhood
Theme 3: Difficulties of Motherhood
Theme 4: Effects of Loss
Theme 5: Coping and Support System of Mothers

3.1.1.1. Theme 1: Anxiety as a Predominant Emotion

From the interviews, it was obtained that while all of the mothers in this study were talking about their relationship with the survivor child, their motherhood styles and their loss process; anxiety was the most significant emotions that they felt. This main theme has four different subthemes, they are, fear of loosing again, a harmful environment, concerns about health, interfering in

child's life and over protecting the child. Table 3 summarises the subthemes of this main theme.

Table 3. *The Subthemes of the Theme 1*

Analysis of Six Mothers' Experiences	The number of participants shared the experience
Theme 1: Anxiety as a Predominant Emotion	
Subtheme 1: Fear of losing again	6
Subtheme 2: Harmful environment	5
Subtheme 3: Concerns about health	6
Subtheme 4: Interfering in child's life and over protecting the child	6

3.1.1.1.1. Subtheme 1: Fear of Losing Again

In this study, all mothers who experienced perinatal death talked about their fear of losing their second babies and fear of not being a mother again. They thought that they would experience the same things and they would lose their babies again in their other pregnancies. Three of them thought that they could not be a mother again after the loss of their baby: *"That worry of not being able to be a mother again started to chase me. Meaningless episodes of cryings."* (Cemile). *"The loss since the beginning created a fear in me. What if I lose my other children, what if I could never be a mother, what if I keep having stillbirths."* (Derya). In addition to Emel's experience of loss, her older sister did not have any children because of some medical problems, so her fear was increased. *"Of course you are afraid, you, like your older sister not having a baby is a fear already, like I'm not going to have a baby, I'm not going to have a child. You live with this fear."* (Emel).

When the mothers became pregnant again, according to them their fear of loss increased. Because of the high level of anxiety, the rate of what the mothers' wanted to share increased in this subtheme. All the participants talked about their fear of losing their babies in the subsequent pregnancy process after their perinatal

loss. Almost all of them had some medical problems in their second pregnancies, this problem was not even important, they were only afraid of losing their baby. Cemile went to routine controls for her new baby, and she encountered the same problems as with her first baby and her fear of loss increased: *"Of course I necessarily go to perinatology at Çapa in my 4th month. I go to genetical research. They checked it there. Yes, they said, a healthy boy, only there appeared a small cyst in the cerebellum. We said of course alas."* (Cemile). Melike who had two different perinatal death experiences, also encountered the risk of a stillbirth again in her third pregnancy, her fear level had increased because of this situation: *"In my 4th month the danger of stillbirth emerged. And for 9 whole months I lay without doing any thing."* (Melike). Sevgi and Derya also had some problems and a high level of anxiety about losing their babies during their pregnancies after a stillbirth. When Emel who had two stillbirths learned about her pregnancy, she could not walk normally because of her fear of loss: *"Sure thing when I first heard about E we had a pregnancy test... I was overdue maybe at the time and I sent the test to my husband D, he had called me and told me you are pregnant. When I walked to the living room from the hall I walked on the tip of my toes so that nothing happens to the child. I had this fear in the beginning."* (Emel). One day, Ayşe did not feel her baby's movements in her subsequent pregnancy after a stillbirth, she was afraid of the risk of having a stillbirth again and she went to the doctor immediately and she found out that everything was normal:

> *"In fact I had a sudden waist ache, I thought I would give birth tonight. Yet, Saturday, Sunday passed, there was no labor pains so I woke up Monday morning or Tuesday, I didn't feel the movements of the child during the morning adhan. The kid who was always moving suddenly stopped moving. I stood up, lied back and asked myself what if I had slept on the kid but when I woke up again the kid was still not moving inside me. I told my husband, let's go to the hospital... it was not that far from our place... Okmeydan is close by, this kid is not moving, so we must go immediately. Then we went to the hospital, the doctor shook me in this and that way and the kid started to move again... If I had arrived later, I*

could have lost it, good thing I went to the hospital at that moment I thought I did the right thing." (Ayşe).

Although Ayşe had a different experience than the other mothers, she had a healthy child before she lost a baby to stillbirth; her fear of loss was at the same anxiety level as the other mothers.

3.1.1.1.2. Subtheme 2: Harmful Environment

Along with the fear of losing during the pregnancy process, five of mothers reflected that their anxiety continued because they thought that their children could be harmed due to harmful environmental conditions. Sevgi and Derya said that they wanted to be informed by their children about wherever they went. If they could not reach their children by phone, they would start to think that they were in trouble, so their anxiety levels reached the top. *"In fact I am still worried... err, if I call for example I want immediate responses." (Sevgi). "I am very worried. For instance when my child goes somewhere and comes back late I panick a lot and ask myself, did anything happen to my child, I am that kind of mom."* (Derya). Melike reflected that even her mother's home had a lot of dangerous stuff for her child, like knives and sockets. According to her, danger could come from everywhere and she had to be on the alert all the time:

"*I go to my mom for example... If the power sockets are low the electrical devices and so. Maybe many moms are like that but I always put somethings in front of the sockets when the kids were young. I always opened the kitchen drawer. I put the things, knives, sharp objects on top of the counter. Many people did not do this but I needed to. I felt comfortable when I did this. Because when I am sitting inside, that child is going to wander around there, open the drawer, these things can happen. I mean, this is not really being a worrywart."* (Melike).

In addition to these, the mothers of Ayşe and Cemile shared very important memories from their lives about their anxiety about a harmful environment. Both of them thought that they had lost their child in a public place

and their anxiety about the environment increased after this experience. One-day Ayşe and her son went to a park and she lost her son in the park: *"Another time because A really liked to go, there was this İgdaş park. We went there when it was getting dark. The moment we got out of the car A suddenly disappeared but we were also surprised and shocked. We were all hopeless... the park was so crowded. I thought I wouldn't find him in that park. Later we saw him on top of the slides and I cannot forget that moment my whole life." (Ayşe).* On another day her child fell in a lake and she thought that he would die. *"They were playing altogether all of a sudden they disappeared of them at once, A falls into the lake. Then his sister sees him and tells her father. She says, A fell into the lake. The father goes, gets him out of the lake. The child is unconscious in his hands. It was hard to bring him back to life but I cannot forget that moment in my life. We never went to a lake for picknicking after that."* (Ayşe). Cemile lost her son in her home while they were playing hide and seek. When she could not find her child, her anxiety and her thoughts about him getting hurt escalated in her.

> *"Yeah we used to play hide and seek, we did that a lot. Sometimes I used to lose him at home when he went into the wardrobe behind all the clothes where you couldn't imagine. God, where did he go now, that fear... You are inside the house but he is nowhere. What if something happens to him, what if he suffocates somewhere, what if something falls on him, you know there is no sound at home, in the end not much can happen, but he used to hide in very different places... I looked for him like crazy. The wardrobe had ordinary doors. Of course I put the quilts at the bottom of everything. It was a wide wardrobe. He hid between the quilts on the top. There was no sound whatsoever. I opened the wardrobe and checked it but I never thought he could be between the quilts. And I can say I looked for him like 2-3 hours, finally I sat in the bedroom just like that... My God where is this child and how can I make him say something. There was nothing I could do... After that day we didn't play hide and seek anymore."* (Cemile).

According to Cemile, her own home contained danger for her child. Moreover, she was worried that the child would be harmed when he started school. School also contained dangerous situations. *"Cenk started preschool. This time, 'what if something happens to him at school?' I mean, in the blink of an eye, we are all human beings, his teacher as well. In the end he is an active kid. What if he goes to the upper floors on the way to the toilet, goes out to the garden, goes out to the door*.." (Cemile).

3.1.1.1.3. Subtheme 3: Concerns about Health

The health of the children was a very important issue for the six mothers in this study. While they were talking about their expectations from their subsequent children during their pregnancy process, the first sentences of all five were relate to health: *"Motherhood, as I said, means before everything to give birth to a healthy child, it is a very distinct feeling and makes you very happy. This is what I look at during birth as well ."* (Ayşe). *"God willing he will be a healthy baby. At that time, you do not think about other things like him being spoiled and so forth, only health matters."* (Cemile). *"At first I wish for health of course. Health comes before everything."* (Derya). *"At first I wished for him to be healthy and well-behaved, I had no other expectations."* (Emel). *"Err... since he was the first one I hugged as a healthy baby I was happier and more thankful."* (Cemile).

Three of them reported high levels of anxiety when their children had some health problems. Emel and Sevgi thought that if their children did not eat enough food, their health would get worse and they would be sick easily. *"I for instance used to cook since Esra did not eat the same food. Like she did not like soup so I cooked something else. I prepared things like fruit. Like this... but this (kid) was so slim... err we believed... it was like she was going to be sick... maybe this was because of motherhood, I believed she was getting sick..."* (Emel). *"Err... later... for instance when Salih became a year old, kids at that age have appetite problems because of teething umm.. this is where I did something for example. I*

felt like he was going to get sick because he was not eating anything... Or I say for instance it's eating time but the kid is not eating anything and I feel like I must force him to eat so that he can become better and grow..." (Sevgi). M had asthma during childhood, so his mother was always alert about his health. She said *"because I could deal with anything as long as they do not become sick or there isn't anything important"* (Melike). Her anxiety level was always high because of her child's health. *"I mean we kept the whole environment sterile so that he would not catch any infection..."* (Melike).

3.1.1.1.4. Subtheme 4: Interfering in Child's Life and Over Protecting the Child

Four of the participating mothers stated that they were involved in their children's lives applying their rules and advice, both consciously and unconsciously. They think that if they intervene in their child's problems or their life, they will be better. Because of the anxiety about their children's wellbeing, they can easily interfere with their children's life without any request of help from their children. Sevgi had a strict process of rules for her child to eat healthy: *"while you are a child there are those rules... This food will be eaten... or we are going out for a trip on the way... Like, let's say the kid asks for a "simit" but I don't buy any for him because he is going to eat at home."* (Sevgi). Cemile was ready to give guidance all the time, even if her child did not listen to her. *"Or I try to seek a solution immediately with them about something they say."* (Cemile). *"But it is a word I have been using lately with them. Let me tell you. What I am telling you should touch your eardrums, I tell them, you may need it in the coming future."* (Cemile). Emel also had strict rules in raising her child as a good person. *"I used to pressure Esra about food because she did not eat well. Or I was more normative. For instance, when she made a mistake I used to tell her, go and apologize to people... Especially when she was younger I was more normative, like first you should finish your homework and then you can go out..."* (Emel). Melike did not want to see her child sad; so she was ready with her

recommendations, even if her child did not want help from her: *"When I say I am concerned about everything that involves them, sometimes I understand, I mean, like my son is sad or worried about something and I ask him what happened, did anything happen at school, did someone say something? He says nah, nothing happened and changes the subject. When he continues this for a while, I sit down next to him. I talk to him 'You waste a lot of time, that's a pity. A smart and intelligent child like you shouldn't do that..."* (Melike).

Protecting the child was an important characteristic of the mothers; it was a result of their anxiety level. During the interviews almost all of the mothers labeled themselves protective. They talked about how they protect their children from unpleasant situations. *"I mean I took care of my children like the apple of my eyes."* (Ayşe). *"I am an overprotective mom."* (Derya). *"this is protection. I protect my child, I do it for the purpose of protecting my child."* (Melike). *"I was protective."* (Sevgi). Cemile wanted to protect her child from demanding people; it did not matter even if one of these people were her son's girlfriend. *"I mean I want to limit some things for him. For example, each night he goes to her workplace, picks her up and takes her to her home. And that while he is also working. This really enrages me for instance. You are working, she is working, you are not her watchman."* (Cemile). Emel prevented her child from experiencing loneliness *"maybe she doesn't have any friends there right now... She calls... I am alone, tomorrow alone, next day alone... For instance, come let's go immediately and be a friend to her today..."* **(**Emel).

3.1.1.2. Theme 2: Gifts of Motherhood

Despite all the difficulties, losses, fears and anxieties, the mothers stated some positive aspects of motherhood which were a sense of fulfillment and a sense of pleasure. This theme has four subthemes; sharing, happiness, empathy and self-sacrifice and lastly touching.

Table 4: *The Subthemes of the Theme 2*

Analysis of Six Mothers' Experiences	The number of participants shared the experience
Theme 2: Gifts of Motherhood	
Subtheme 1: Sharing	6
Subtheme 2: Happiness	6
Subtheme 3: Empathy and self-sacrifice	6
Subtheme 4: Touching	3

3.1.1.2.1. Subtheme 1: Sharing

All mothers explained their relationship with their children based on natural sharing. During their children's childhood, mothers spent their time by playing with their children, *"Besides, we used to play a lot with legos and paint."* (Cemile), *"of course we used to play, we used to go together to buy legos, play with them. After that of course Salih and M are very close. When M came to earth Salih was only 3. What was I doing? I sometimes left M to my mom. I took him to the park. We used to buy toys together..."* (Sevgi); educating them, *"Ali was very good during the first semester we used to study together."* (Ayşe), *"When she started primary school we had a garderobe and tiny little cushions. She called those cushions Ayşe, Fatma and Ali while attending first grade. There were different colors like blue and red, this was how I taught her the colors."* (Derya*);* giving them some responsibilities, *"we liked to go to the market together. We always went to the market together with his father."* (Ayşe), *"I used to say hmmm is Cenk going to do the dusting now and he liked it very much... with a glass cleaner in his hand. He used to finish a whole bottle to wipe a coffee table but it was all a game to him."* (Cemile).

When children grow up, their sense of sharing with their children becomes deeper than in childhood. The mothers mentioned that they could talk with their child about their problems, *"Sometimes we talk about her friends. Sometimes about fashion. Sometimes about TV. Sometimes we talk about her*

grandmother. At times when I am depressed and I must have told her about her grandmother. Those kinds..." (Emel). *"I really enjoy to talk to her and have coffee... What are we talking about.. About the future, reading, education, such things..."* (Derya); they can go out to the cinema or go shopping, *"And then, err... going to the movies together with the kids. At times we go to the movies altogether... that is nice."* (Melike); they can go dancing and singing together, *"he puts on some music and we dance together. Or, err, he makes me laugh a lot when he talks about something."* (Cemile).

To sum up, all of mothers get pleasure from the relationship they have with their survivoring children and sharing something with them is an important aspect in their lives.

3.1.1.2.2. Subtheme 2: Happiness

In the interview, the mothers talked about their happiness many times. Their first sense of happiness occurred at birth when they took their babies into their arms. Having a healthy baby after their loss was the biggest happiness for them. *"The world became mine. I mean, I was so happy when I gave birth to Cenk."* (Cemile). *"But then you become very happy. I don't know if all moms are the same but somebody new in my home... Welcome baby... you become a different and happier mom."* (Derya). *"You say, my God, how can such a thing happen... Me for instance I first said how can one not believe in your greatness"* (Emel). *"Since it was the first healthy baby I held in my arms, I was so much happier and I was very grateful."* (Melike).

Another sense of happiness for the mothers was to witness their child's growing process, *"Them speaking and walking, their first steps, these are very important. One does not forget these things for a lifetime... everything gets forgotten but like I said their walking, their first words, their first speeches, all are very important."* (Ayşe), *"being a mom and when you look at him you see him taller than yourself and ask yourself is this that child, this all gives pleasure."* (Cemile); their happiness *"The happiness of my children, when my children*

become happy I get happy, that is the biggest factor." (Derya), *"marrying off your child is a nice thing and thankfully she is happy."* (Emel); and their success, *"to be honest them taking their own responsability of their age makes me happy."* (Sevgi), *"I am very happy when they are successful. Their success in their social lives outside of education makes me very happy."* (Derya).

3.1.1.2.3. Subtheme 3: Empathy and Self-Sacrifice

The interviews of the mothers showed that the mother could easily show empathy towards their surviving children. This ability of the mothers facilitated their relationship with their children. For example, although they got angry with their children, their ability of empathy helped them to understand the feelings of their children. *"They were like, especially my mother-in-law, you don't know how to raise a child, what kind of mom are you, you shouldn't do everything the child says or allow what it wants and I told her, what do I allow at all, the child is doing what is necessary at its age, it cannot sit down like you and me...yes this child does that or can do that because it's only a child... for instance, like an adult does not stand up and cause a mess in this room, that child is not aware of that and perhaps must cause a mess maybe"* (Cemile). *"Our relationship is good but Dilay is a little tense. I see it as natural. Dilay is walking into a new life, going into a new family. Maybe there are some things that she is thinking abount and that's why I tolerate her, that's it."* (Derya). Besides the ability of empathy, self-sacrifice was observed mostly in the mothers' interviews. All of the mothers were ready to give up their priorities for their children's wishes. They also reflected that they never regreted this choice. *"I mean, not because I want to spare more time for myself, I am more programmed for them but I do not say or give this feeling to them so to say, yet my plans and programs are rather in harmony with them, this is what I like."* (Sevgi). *"Let me leave them at home and go out for fun, I have no such habits."*(Ayşe). *"For the future of my children, for their happiness... I am a mom who makes sacrifices about everything."* (Derya). *"but, err.. in the end I do*

everything for their own good, education and future, and they are aware of it. It's like that." (Melike).

3.1.1.2.4. Subtheme 4: Touching

Just three of the six mothers talked about the importance and the power of touching. Both these mothers and their children gave importance to the sense of touch as a sign of affection. The mothers talked about the incredible feeling of the first touch and breastfeeding after the birth. *"That touch I am talking about... you think about how the baby is programmed. You hug it for the first time and it turns to the mom as if it knows, it is taught, and that sucking with a great pleasure and appetite. It is a very beautiful emotion that is hardly possible to describe."* (Cemile). *"I swear that first moment of birth, that's it, I do not know anything else, one must experience it I guess. One cannot understand it without living it, especially normal deliveries, the other two are caesarean, only Esra is a normal delivery... the baby coming out and they give it to you... it's something extraordinary. You say, my God, how can such a thing happen... I first said for instance my God how can one not believe in your existence. Something like that."* (Emel). *"You should have seen me... only if I could see it, please, let me see its face... I called and said how can you take it away before I see it... They came and I took it into my arms there."* (Melike).

In addition to the first touch of the mothers, their children also want to touch their mother when they feel upset or when they want to show their feelings. *"And these days for instance he is acting like a spoiled child. When I sit he comes and puts his head on my lap. Mom please caress me."* (Cemile). *"He hugs me and says caress me... He lies down on my lap. He says, hug me. Or when he is really upset he says, mom can you hug me from behind. Or he sleeps in my arms. He is a very emotional child, very emotional."* (Cemile). *"E shows her love more I don't know she comes and hugs me."* (Emel). *"I feel very good when he hugs me. Sometimes when I am in the kitchen he comes and says, give me a kiss and I give him one and hug him."* (Melike).

3.1.1.3. Theme 3: Difficulties of Motherhood

According to the interview, being a mother caused some difficulties. These difficulties were defined by mothers in this study as a sense of responsibility and exhaustion, a sense of incompetence, and lastly a sense of regret.

Table 5: *The Subthemes of the Theme 3*

Analysis of Six Mothers' Experiences	The number of participants shared the experience
Theme 3: Difficulties of Motherhood	
Subtheme 1: Sense of responsibility and exhaustion	5
Subtheme 2: Sense of incompetence	6
Subtheme 3: Sense of regret	4

3.1.1.3.1. Subtheme 1: Sense of Responsibility and Exhaustion

Five of the mothers reflected motherhood as a task during the interviews. Because they thought that they had to do everything properly in motherhood, they could not make a wrong decison involving their children; they felt more responsibility and exhaustion. This responsibilty compelled the mothers. They took more responsibility than that was imposes on them, and they felt overburdened. Finally it caused exhaustion. *"What compels me the most at motherhood is responsibility"* (Melike). *"At first I said, maybe because of being young, with no problem at all, err... I mean it's a child, children sometimes get spoiled, but I expected no misbehavior or perfect eating. Regular sleeping hours, I sometimes really cared about such things... It was more of a burden for me...","It was like a duty for me to deal with as soon as possible."* (Sevgi). *"But it is like I have always to be on them. I mean my hand must be on them." "Sometimes I get very tired. There are times when I say, it's enough kids. Sometimes I even tell them, do not call me mom!"* (Cemile). *"I am doing my duty as a mom, I am a*

mom who does not only feel responsible for feeding them, but am responsible for education, health everything." (Derya). *"not because something will happen, maybe it's doing a mom's duty" "It's food... I remember making myself very depressed when she ate"* (Emel).

3.1.1.3.2. Subtheme 2: Sense of Incompetence

Incompetence was another important issue that mothers encountered in their lives. A sense of incompetences occurred because of two different reasons. Firstly the mothers felt incompetence instinctually when they took their babies in their arms, and they felt this incompetence because of several external stressors. For example four of the mothers reflected their inabilities or incompetences when they described their motherhood: *"But of course it's not that I do not have conflicts. I do fight with myself. Is there anything wrong anywhere... Am I a good mother? No, I am not. I also have made mistakes as a mother against my children."* (Cemile). *"hmm, for instance if we go back through time, there was a pressure on me because of E being the first child."* (Emel). *"because I was really inexperienced as a mother and did not know what asthma is..err...what affects the kid, I was not aware."* (Melike). *"You don't know what to expect with the first child. You are more experienced with the second child and know what to expect, but you do not know this with the first, there is dread."* (Sevgi).

Other mothers mentioned that they felt incompetent because of external stressors. These stressors are financial difficulties and criticism of relatives'. *"They were, especially my mother-in-law said you do not know how to raise a child you are a terrible mother."* (Cemile). *"my sister getting mad at me... probably the kid is hungry, nurse it." "People were telling me, do not force too much, it will eat anyway, never mind, but I did mind."* (Emel). *"Plus relatives are such gossipers, one of them says something, the other one says another, those days were very stressful for us."* (Melike). *"Financial impossibilities caused much trouble for instance. Especially until Cenk was 3-4 years old, we had serious financial problems. I mean, there were days I couldn't do anything for*

Cenk, including food. There were times I said I wish I never was a mom... I cry a lot when I say that and when that comes to my mind. Cenk was around two years old and we had nothing to eat at home... I used to boil water, put some sugar in it and give it to Cenk as food or milk. This really hurts me. That time motherhood is very difficult and very beautiful, I mean, when there are such difficulties." (Cemile). *"I didn't work and had financial problems; I don't know whether I should say that. I only had financial problems I mean.* (Derya).

Two of the mothers also not only talked about incompetences in their experiences but also their observations of incompetences of other mothers. When they compared themselves with others, they decided that other mothers were also incompetent. *"There are many moms who are irresponsible. For instance, I see many moms who neglect their children. Spending time with a neighbor, they neglect their children... I do not do that and I am really angry with those who do that."* (Ayşe). *"I see them especially in the market. Babies in their carriages, their mothers with their backs turned to them, there is no eye contact with the kid, I mean she doesn't see the kid. I mean I am very surprised they leave the kids in stores in their carriages and focus on shopping... these are not my things; I find it very wrong. Because anything can happen.* (Melike).

3.1.1.3.3. Subtheme 3: Sense of Regret

Four of the mothers felt and expressed their sadness and disappointment about their past behaviors towards their children. For example Sevgi, Emel and Ayşe were suffering because they behaved unjustly to their children. *"Now when I think, I deeply regret it. Because I could easily punish the new sibling."* (Sevgi). *"To be honest I even asked for her blessings (helallik), I told him, I really pressured you."* (Emel**).** *"At that time there was a disconnection. It is the moment of regret in my life. Ali was very good during the first semester, we used to study together, I abandoned Ali during the second semester when I started working. Right now I feel it was my biggest mistake to have abandoned him at that time."* (Ayşe). One of them talked about the sufferings she felt about their first baby who

was lost during the pregnancy process. *"And what's more the baby went to pathology and we didn't pick it up. We went to pathology but we didn't pick up the baby, this is still a pain in me. Even if it went to pathology, it's body was disunited, I still ask myself, why didn't we take it to bury and why didn't the doctors tell us, you can take the baby and bury it. What happened to it? To which trash can it have gone to, these questions made me and still make me very sad.* (Cemile).

3.1.1.4. Theme 4: Effects of Loss

It is clear that experiences on the loss of a child in the pregnancy process affected all of interviewies and all that were spoken to in this study. Despite this, the mothers also talked about the effects of their loss, overtly. Subthemes are external/internal explanations of loss, sadness and numbness, plans for the new baby, difficulties of the second pregnancy and postnatal period.

Table 6: *The Subthemes of the Theme 4*

Analysis of Six Mothers' Experiences	The number of participants shared the experience
Theme 4: Effects of Loss	
Subtheme 1: External/Internal Explanations of Loss	6
Subtheme 2: Sadness and Numbness	4
Subtheme 3: Plans for the new baby	6
Subtheme 4: Difficulties during the second pregnancy and postnatal period	6

3.1.1.4.1. Subtheme 1: External/Internal Explanations of Loss

All of the mothers mentioned that after they lost their babies, they tried to find reasons for their loss. For some of them the reason of loss was an external

factor, for others the real reason was related to themselves, and for some of the mothers the reason was related both to external and internal factors.

For Derya, her main reason of her loss was related with her reluctance to get pregnant. She talked about her feelings of guilt. *"I felt guilty. I mean, spiritually I did not want him, that's why the stillbirth occurred. I felt very guilty about that. I didn't want the child spiritually, that's why I had a stillbirth, I was ignorant. I couldn't look at events in an objective way. I wanted to, but I had told myself, you didn't want the child, so he left."*

According to the sharings of Ayşe and Sevgi, the main reason was related only to external factors. Any internal factors were not refered. *"No, they did not say anything, this is something which can happen to anyone."* (Sevgi). *"(the doctor) did not comment about that, he said the baby died inside, it was not developed, he said good thing it died. (Allahtan ölmüş dedi.)"* (Ayşe).

Cemile, Emel, and Melike talked about both external and internal factors. They all felt guilt due to the internal factors; they also tried to be calm about the external factors. The following is an internal factor: *"I thought, maybe at a young age, at the age of 16, because the body is not used to being a woman, I mean, the womb does not develop until a certain time. You just started to menstruate and suddenly pass to the period of womanhood. I thought perhaps there is a lag at my development."* (Cemile). An external factor: *"I mean, err, we did things like blood tests to check for any germs, or drug or blood incompatibility but nothing came out. The doctor, smiling, he said, do not ask for more, God gave this baby to you like that. I mean, because there is no kin marriage, no blood incompatibility, no disease carrier. It is your fortune that your chromosomes developed in this manner."* (Cemile). An internal factor: *"At that moment something like guilt haunted me. I immediately thought of this, I ate too much watermelon, maybe it died because of the watermelon. Maybe I ate too much that's why it died."* (Melike). An external factor: *"The heart had a hole. Because of the heart aperture"* (Melike). An internal factor: *"It is like I can't give a child to my husband... that psychology... you carry that commitment... it's like that.."* (Emel).

An external factor: *"After my trip to Samsun, I had a stillbirth. It had probably something to do with the trip.* (Emel).

3.1.1.4.2. Subtheme 2: Sadness and Numbness

Cemile, Derya and Melike referred that they were feeling very deep sadness. Their husbands also felt upset for both their wives loss and their own loss of the baby. *"being disappointed after having the excitement of motherhood. (ilk anne olmanın heyecanının kursağımda kalması). That is a great pain. It remains as a bad memory." "Meaningless crying sessions..." "What happened to him, to which trash can he have gone to, these things make me very sad, they still do." "My husband was very sad. He cried a lot."* (Cemile). *"I was very sad because of another stillbirth. As if something disconnected inside me and left me. I was really sad. I cried for weeks. Losing my child... Back then I was not a conscious mother, I was not ready. Then I felt the feeling of losing my child. I cried a lot that time, I was very sad." "I had put a pillow onto my lap. I think I felt it was my baby, my child. My husband came, I saw him beside me. His tears flowing."* (Derya). *"Uhh, I was feeling bad. I used to find a piece of clothing of my babies and cry in a corner. I was very sad. At night when he was sleeping, I used to turn my back to him and cry again." "My husband said let us go to another hospital, I did not like this hospital. This is nonsense, the child moved in the morning and all..."* (Melike).

Sevgi mentioned that her sadness lasted a short time. *"I felt I was sad at home but if it was older, I mean like 3-4 months, I believe it would have made me even sadder. After all I was 19. Like for a long time I couldn't. I overcame it in a few days."*

To the addition of sadness, Cemile and Derya talked about a numbness period. *"first I didn't understand anything, I mean because of my age being so young, as I said, I was 16 years old, but after a certain time I felt very lonely. Why, why did this happen, why? I became very sad. I cried a lot but not immediately, more or less a few months later, like 3 months later."* (Cemile).

"First I did not understand anything, I went to the hospital and came back after that. I knew that I had had a stillbirth but then I had cried a lot." (Derya).

It was observed that for except one mother, the others talked about the moment of loss without any emotions. This can be accepted as an example of numbess.

Ayşe said that she did not feel a lot of sadness: *"of course at that moment you are very sad but of course it did not last long. As I said, it is an advantage that you already have a child."* She believed that if you have a child before the perinatal death of a baby, you do not feel as upset. *"a stillbirth affects you generally during first births. For example, my mother always had stillbirths; she gave birth to a few dead babies. After me she had a lot of stillbirths. This affects mothers a lot. For instance, she has one child and then if she has a stillbirth, this does not affect her much as far as I can see from the people around me. But if it is the first birth, she is affected a lot."*

3.1.1.4.3. Subtheme 3: Plans for the New Baby

After the process of loss, half of the mothers in this study told their wish of getting pregnant immediately; half of them shared their plan of waiting for the next pregnancy.

Cemile, Derya and Melike wanted a new baby a short time after their loss. *"I turned to my husband at one moment and asked him what obstacle are we putting. I want to become a mother. I want to have a child, I want to breastfeed."* (Cemile). *"This time I wanted it, but it did not happen. I went to the doctor, he always said, uhmm, there is no problem but I used to go for treatment. He gave me something and then I found myself pregnant."* (Derya). *"He gave me medication. He said, use them so that you do not get pregnant. I did not take them." "After breastfeeding and smelling the baby, you want more. And I love children a lot."* (Melike).

Ayşe, Sevgi and Emel shared their plan for a new baby, they decided to wait for a while. *"After that of course it was so new and I said, if it didn't happen*

this time, then let us wait for a while..." "And then we decided to wait for a while." (Sevgi). *"After that we wanted Ali, we wanted Ali to be born again after 6 months."* (Ayşe). *"After that, uhmm, after like a year I was pregnant with Esra."* (Emel).

Melike talked about her husband's reaction when he learned about the next pregnancy. He did not want the next pregnancy because he was worried about his wife's health. *"He saw M's thing and said what is this. I said I am pregnant. He said, don't you have pity for yourself? Do you want to go through the same things again, why are you doing this to us?" "He said, why are you doing this to yourself?"*

According to the bereavement mothers' interviews, almost all of the mothers' doctors recommended for them to wait for the next baby**.** *"Besides, the doctor said at least 3 years must pass after a stillbirth. Because that place is scraped and cleaned, it needs to heal, for the child to be healthy, the womb must heal."* (Derya). *"Since you have had consecutive stillbirths you are at risk if you have another stillbirth of not having a child."* (Emel). *"The doctors at the genetic research center told us not to have a baby for 7-8 years. If you do, it will become disabled."* (Melike). *"Our doctor had prohibited us to have a baby for a year."* (Cemile).

3.1.1.4.4. Subtheme 4: Difficulties during the Second Pregnancy and Postnatal Period

In the second pregnancy after the perinatal death, all of the mothers mentioned that they encountered some problems. They talked about the difficulties of their second pregnancies.

Four of them shared that they had a risk of stillbirth again, so they had some difficulties because of that. *"Of course in my 4th month I had to go to Çapa perinatology. I'm going for genetic research. They tested me there. They said it was a healthy baby boy, only a small cyst was seen in his brain as well. Of course we were like woe. Then they did this procedure called cordocentesis. They go in*

the mothers stomach and get blood samplings from the babies embilcal cord and did some tests." (Cemile**).** *"sure those days I had bed rest during the first months for E. Some have bed rest for more that that... but I did not have bed rest for too long, perhaps like 1 month. Not like every single minute but I do remember lying down..."* (Emel). *"During the 4th month I had a risk of stillbirth. And for 9 months I lied back, doing nothing. I used to walk but I gained weight. I used stillbirth preventive medication." "yes I had bed rest for a long time. My sister-in-law's daughter came, a girl of 15. She used to clean and cook for us. I used to stand and walk but lifting, bending, stretching, these kinds of things were forbidden... on weekends as the doctor said we could drive on the right side of the road very slowly. He said to keep away from bumps and holes."* (Melike). *"When I was pregnant with Salih I had a very tough time. Every month the doctor used to say you can lose the child. My goiter was high every moth I could the child... all this happened after the 4th month... until the 7th-8th month you can lose the child this month... My pregnancy was tough... really tough..."* (Sevgi).

Ayşe and Derya also talked about some difficulties in their pregnancies although they did not have any risk of stillbirth. *"when I say distress, I get depressed and feel disturbed. Until Ali came I experienced this stress for 9 months... I mean this distress comes suddenly and I can't do anything at home on my own, I always call my mother or go to her. I cannot leave my task at hand, working in a disorganized manner between this and that task. This task is not over yet I do the dishes, leave that and pass to another task, that also remains unfinished and to another task... I had sleepless nights, I couldn't sleep, I walked around until morning"* (Ayşe). *"My pregnancy with Dilay was very troublesome. I couldn't eat anything; I was very weak... My worries are always about another stillbirth... Those days people were saying not fulfill heavy tasks, otherwise you can have a stillbirth, that is how they used to warn me... It happened but it was so troublesome, I couldn't eat anything."* (Derya).

After a healthy birth, they reflected that four of the mothers' difficulties continued. *"He was a child of low appetite, this troubled me."* (Ayşe). *"He cried for 1 year. For 1 year he constantly cried. I breastfed him for 7 months with*

difficulty. Whenever I started to breastfeed, he always wanted, uhm, that I look at him, not move, he didn't want anybody to talk, no sound, and we look at each other and he suck. Those 7 months were torture for me. Of course his grandma would walk around the house and she would accidentally say my name, he would pull away from the breast, look into my eyes and start to cry. As if saying, what is this woman doing here, why is she calling you? For 1 year he constantly cried. I mean, like that, I wanted someone to come to hold him for half an hour so that I could sleep a little. He cried a lot." (Cemile). *"Puerperal period was very troublesome... It was tough. You get angry, you get tense, you are a new mom, and I had stitches, you do not understand anything."* (Derya). *"S would sleep during the day. He would wake up around 7 o'clock in the evening and did not sleep at all until the morning." "I was overworried as is after he was born. Uhmm... I mean, the slightest thing, in fact I don't know if everyone is like that... the slightest thing made me cry immediately, how should I know, I would cry if he had the slight fever. But in a few months he... it does not come so sudden... uhh... how was it later on... then for instance when Salih turned a year old, children have appetite problems because of teething. I felt like he would become sick because of not eating, so I used to force him to eat."* (Sevgi).

3.1.1.5. Theme 5: Coping & Support System of Mothers

When mothers were asked how they dealt with their loss and difficulties. They answered this with these subthemes; normalization and distancing from the Loss, spirituality, hope and the next child, social support.

Table 7: *The Subthemes of the Theme 5*

Analysis of Six Mothers' Experiences	The number of participants shared the experience
Theme 5: Coping and Support System of Mothers	
Subtheme 1: Normalization and distanced from the loss	4
Subtheme 2: Spirituality	6
Subtheme 3: Hope and the Next Child	4
Subtheme 4: Social support	6

3.1.1.5.1. Subtheme 1: Normalization and Distancing from the Loss

Four of the mothers said that they did not give much importance to their loss. They spent a little time being sadness and then they focused on their daily lives and they thought that their experiences were a very normal thing and they said that they eaisly forgot their mourning. They tried to distance from their feeling, if they could not do it, they knew that they would feel more pain. *"Like I always say. People must understand it. There is a wound, that wound forms a scrab, because it means healing. Why should we lift that scrab again and again to bleed it? It is best not to touch it there."* (Cemile). *"I started work, when I did that the subject changed and I moved on."* (Derya). *"But I did not experience that for a long time, I think I overcame it in a short period."* (Emel). *"Maybe because we were young, we did not do it for a very long time I mean. We did not make an obsession out of it."* (Sevgi). *"If we constantly scratch a wound, it will not heal. It was necessary that I did not think too much about it. It was experienced and finished. It had to be experienced, it was and it was over."* (Cemile).

3.1.1.5.2. Subtheme 2: Spirituality

According to the mothers' sharing their experiences and religion was very important issue in coping with their difficulties. Almost all mothers used "thank God" in their sentences when they described their healing process. *"I have*

a lot of faith, so this is my destiny." "I mean, I knew that I shouldn't be sad, this happened because God wanted it that way..." (Cemile). *"And after losing him I thought. This is an exam. My Lord is saying, will my servant rebel against me? Or will he trust in me? He is testing us about our actions. I have never rebelled." "I believed. I mean I believed my Lord would give, this is an exam."* (Melike). *"Constantly, I mean I am constantly praying, God willing it will be healthy, God willing it will be healthy."* (Sevgi).

3.1.1.5.3. Subtheme 3: Hope and the Next Child

The mothers mentioned that they stayed calm after their loss with the hope of being a mother again and the happiness of having a second baby. Hope was a most powerful feeling that helped mothers deal with their mourning. *"It is not the end of the world. In the end I was not told that I was a bad mother, it was a bad experience, it was not said you could not become a mother again. My chance to become a mother again and again is very high."* (Cemile). *"You are still young, you will have children, do not be sad."* (Derya). *"I was determined in this way. Until I have a child I will give birth."* (Melike*). "Err, I mean, it will happen again."* (Sevgi).

Cemile, Derya and Melike also talked about the happiness of a second healthy baby helped them to forget about their sadness and bereavement. *"It is a very beautiful feeling. And think about it, you just learnt that you are pregnant and you will tell this to your husband, that excitement. Plus, it will be the first baby in my husband's family. My husband was one of the elders on that side but they had no grandchildren. The mother-in-law, father-in-law, husband's family will be informed. It is an awesome excitement and happiness. We were very happy. We were all very happy. I mean my mother-in-law for instance had cried a lot, thank God, it will be a great child God willing. I mean it was a beautiful feeling. It was at that time I think I felt closer to motherhood. That joy."* (Cemile). *"Err, since it was the first healthy baby I hugged I was happier and more thankful." "it was a precious baby for us"* (Melike). *"We were very happy*

because another individual joined our home. It made us very happy. I was very happy those days." (Derya).

3.1.1.5.4. Subtheme 4: Social Support

According to the mothers', their husbands were the most important supporters to help them overcome their difficulties. The husband of Cemile supported his wife after the stillbirth *"I mean of course it was a tough birth as a normal delivery at home, my body was exhausted. He was as helpful as possible inside the home. Besides he said let's go out and walk around so that you relax a little bit, let's go to the movies, do this and that. He told me that I shouldn't be sad, it happened because God wanted it, that it was in the end an unhealthy baby, but he would accept it even as an unhealthy and disabled baby if it would not harm me. Do not worry, we are still young, we will surely become a mom and dad."* (Cemile). Derya also talked about her husband's help after her stillbirth*: "I was bad but my husband always took me somewhere in order to make me forget these incidents. He was at work in the evenings he would call me during the day and said, get prepared, let's go here and there, supporting me"* (Derya). *"you get the best support from your husband, if he is there, everything is like a bed of roses. (güllük gülistanlık)." "One day I cried over the phone and hung up the phone. His workplace was in Güngören and we were living at Florya, he came and took me out we walked around... we wandered at Florya Coast. He was very busy those days, not like now, but he still took me out... we spent some time together but I don't clearly remember whether it was an hour or maybe it was a short period, he left me at home and went back again...* (Emel). Melike talked about her husband's support. Her husband's mother wanted her son to marry another woman, because Melike could not give a healthy birth. At that point her husband: *"He came and sat down beside me as if he would hug me. He would never do that in the presence of others. He said, I am going to tell you something, open your ears, listen good, I hadn't a clue about anything at the time. I am listening as well. He said, we had two babies, they died. This is God's providence.*

I mean, there is nothing to do. We are able to have children; we are but they don't live. I will not hear things like, we will marry you off to someone else or get divorced, and I love my wife. He said I do not want to hear things like that. He did that." (Melike).

Sevgi and Ayşe said that their husbands did not help or support them both after the stilbirth and also after the second birth. *"Besides, my husband, like some husbands, helps and supports a lot. It was not like that. For instance, when Salih was teething we used to sleep during the days, not during the nights. I remember I used to rock him on my legs until morning. My husband... he slept on."* **(**Sevgi). *"my husband has not been supportive in any way."* (Derya).

Not only their husbands, but also the mothers' families supported them in their bereavement process and during their second pregnancy process. *"his sister was, my mother was again supportive, we used to live upstairs from my sister-in-law, my brother's wife, they were supportive."* (Ayşe). *"about that, everyone, be it my mother-in-law or my brothers, they have really been supportive and of course everyone was sad. Because it was the first baby, they were very sad but otherwise they have been supportive, at least for me to overcome that period. As much as possible they never spoke about birth or babies around me"* (Cemile). *"Yes there were people, my mother, my sister. My sisters-in-laws, typical words like, do not do it again."* (Derya). *"at that phase my mother was with me... err, I mean a few relatives... that's it..."* (Melike). *"of course my mother and sisters have been very supportive. We were in the same building with my mother, sisters and my elder sister because she was the eldest was very protective. She was always with me in my slightest illness. I think my husband had some comfort because of that. But my mother and two sisters have always been by my side. They have been very supportive."* (Sevgi).

3.1.2. Study 2: Analysis of Experiences of Siblings of the Lost Child

Interviews were made with six siblings who were born after the lost baby. Their loss and its effects, the relationship with their mothers were inquired.

They shared their feelings, thoughts and also they shared their observations about their mothers' behaviors. It was observed that the siblings' interviews lasted a short while than their mothers. They had difficulties on how to express their feelings about it. Therefore, they elaborated their experiences about loss less than their mothers. As a result, three main themes emerged. They are effects of loss, perception of self, percetion of mother. Every main theme also has several subsequent themes. Table 3 summarises the main themes and subthemes. All the themes and all other subthemes were discussed below.

Table 8. *The Subthemes Derived from Interviews with Subsequent Children*

Analysis of Experiences of Six Siblings of the Lost Child
Theme 1: Effects of Loss
Theme 2: Perception of Loss
Theme 3: Perception of Mothers

3.1.2.1. Theme 1: Effects of Loss

The children, who had lost their siblings before they were born, mentioned some effects of loss. The subthemes of this main theme are the first reactions to the loss, disclosure of loss and wish for an older sibling.

Table 9. *The Subthemes of the Theme 1*

Analysis of Experiences of Six Siblings of the Lost Child	The number of participants shared the experience
Theme 1: Effects of Loss	
Subtheme 1: The reaction to the loss	6
Subtheme 2: Disclosure of loss	6
Subtheme 3: Wish for an older sibling	4

3.1.2.1.1. Subtheme 1: The Reaction to the Loss

The children's reactions to loss were shock, difficulty comprehending, sadness/happiness and not being affected. Three of them reported being shocked when they learned the loss. *"I was even shocked.* (Cenk). *"I had said, ohhhh is that so?* (Mehmet). *"After that I said things like, is that really so.* (Ali). The other three said that because of their ages, they could not understand clearly the loss. *"I mean, as I said, since I was very young when I learned about it in primary school I could not really figure out her feelings."* (Dilay). *"I could not really understand what was going on and that's why I could not share my mother's sadness (Esra). "I don't think I can really understand* (Salih). M said the following about the loss: "*Err. I thought it was not my business."*

Cenk also talked about his sadness and happiness about the loss. *"I was sad. On the other hand, I was happy. He was going to be disabled, there was risk at birth, that is what was said. I don't know, it was something different. My being sad was because I thought it would be good to have a brother. My being happy was because he was probably going to be disabled, who knows, maybe he was going to die after 1-2 years. His death in my mother's womb was better in my opinion.*

When the sibling talked about their reactions to the loss, two of them mentioned supression. *"I mean actually I do not really know. I think I am waving it; I do not think much about that incident. Like that."* (Dilay). *"I did not really complain much, why did he die, I did not rebel I mean. I comprehended the situation. I said he was already sick. This was his fate and it happened. I avoided it.* (Cenk).

The others said that they did not feel anything about their loss. They did not talk about it over and over again with their mothers. One of them said that this study was the second time he thought about his loss after learning about it. These behaviors were an example of one type of supression. *"Like I said, I did not care much. They said this way its better. Maybe it is."* (Ali). *"Generally not much really happened. What didn't happen? We did not talk about my sister and*

brother. Err, how did I deal with it? Like I said I was not really thing." (Mehmet). *"No, it was not explained. After that it came before me in this incident. It had no aspect to make me sad. When I think about it now, there is no affect to upset me. Something to occur did not occur. Before birth anyway..."* (Salih). *"nothing changed about me."* (Esra).

Three of them also talked their mothers' sadness; their mothers did not show any sadness to their next children. *"err... how could it have influenced... I mean I did not really observe it about my mother, she did not reflect that on us, I mean, if I hadn't asked, I wouldn't even understand this situation. Like that."* (Esra). *"Because they did not explain it with much feeling. Maybe they did it so that I wouldn't be sad."* (Mehmet). *"Maybe it affected at the beginning but then there was nothing I saw."* (Salih).

3.1.2.1.2. Subtheme 2: Disclosure of Loss

The moment of learning the loss was talked with children and it was found that half of them learned in indirect ways, the other half learned in a direct manner. Most of them learned this information at childhood. Three of them learned about their loss, while their mothers were talking with others. *"I know this since my childhood. My mother did not explain it. Sometimes it was mentioned. Among family members it was spoken about." (Ali). "I was young, I wasn't that big, I mean I was going to school but during the beginning of school they did not particularly sit me down and tell me about it. It passed in an ordinary speech. I do not remember the whole conversation but she wasn't telling me. She was talking to someone else about it."* (Mehmet*). "I knew it when they talked about it... there were some people at home... but I don't know how old I was. I heard it when she was talking to someone else."* (Salih).

Other mothers talked with their children about their loss directly. *"I guess it was only my mother and me. I don't really remember much but I we were alone with my mother when she told me about it. She had said that he was going to be my brother."* (Cenk). *"I mean I thought, I was guess in we were alone*

again. Yes, we were alone with her at that moment. She said I was pregnant a year before you. It was two months old. I had like a stillbirth. That's the way she told it." (Dilay).

Emel did not say anything about their loss. However, one day Esra wanted to ask her mother if she had had any stillbirths. *"hmm I think I might have found out about it during my adolescence. I had asked my mom whether there was another child before me. I learned that she had had 2 stillbirths, that's how I found out. It was spoken among our friends that I was suppose to have two other sisters, that is why I had asked my mother about it."*

3.1.2.1.3. Subtheme 3: Wish for an Older Sibling

Four of them talked about their wishes of having an older brother or sister when they mentioned the effects of loss. They thought that if their siblings had not died, everything would have been easy for them. If their siblings had not died, they could share responsibilities with the older siblings or their older siblings could help them. *"Uhh, he would have been someone older I could trust. If I had a brother in whom I could trust 100% or an elder sister. Or there could be things they could teach me. I think about this for instance. Umm, my responsibility would be less if my brother and sister would have lived. That way it would be better I say to myself, with less responsibility."* (Mehmet). *"what did I feel... there would have been someone else before me. Maybe I would have had a brother or a sister but it did not happen, I think. It would be good to have someone older, someone protective when you are little. Like a friend..."* (Salih). *"I would have liked to have an older brother. I don't know, a brother is like a post. I would be more self-confident, I would trust myself more, I would say there is someone to lean on, I have a brother if there is no one else, I wouldn't have the fear of being alone."* (Cenk). *"what did I feel, I mean, I had the feeling that I could have had a sister and a brother. It would be good to have an older brother and sister; this directly came to my mind..."* **(**Esra).

3.1.2.2. Theme 2: Perception of Self

The children talked about themselves during interviews. They described themselves as an anxious person due to the loss and as being nervous. They also talked about their ability of empathy.

Table 10. *The Subthemes of the Theme 2*

Analysis of Experiences of Six Siblings of the Lost Child	The number of participants shared the experience
Theme 2: Perception of Loss	
Subtheme 1: Ability of empathy	5
Subtheme 2: Anxious and Nervous	4

3.1.2.2.1. Subtheme 1: Anxious and Nervous

When the children talked about their experiences, they emphasized their anxiety. First of all, they talked about their fear of loss. This fear was not just related with the loss of the mothers. The children also felt fear of losing their friends, next siblings and their future children. For example, all female participants, two of six, talked about their fear of losing their future children. They thought that they could experience the same loss like their mothers in the future. *"to tell the truth I was frightened, what if I went through the same things, I worried." "how did I overcome it? I really don't know, I lived through a stillbirth but I still have that worry I haven't overcome. I think about it, its going around in my mind, I still have thoughts on that keeping my mind busy" (Esra). "I mean at that time I was frightened that what if I had a baby and would I have a stillbirth as well, you know." "Like I said, I mean at that moment for my mom or myself like would I have a stillbirth when I get pregnant? I mean I still am frightened over that, that fear is still in me. Uhh, that's how it is, its concerned with me most of all."* (Dilay). Dilay also felt anxiety about loss of the next sibling. *"It could happen later on but then it would be a younger sibling, I had a middle sibling but*

not a younger one, I don't know, I mean I thought what if she gets pregnant again and what if this happens again."

The male participants did not talk about their fear of loss of future children. However, they talked about their fear of losing their mothers. One of them talked about his mother's history of surgery, and he said that he thought his mother would die. *"I heard them when my aunt and aunt Ç were talking in the kitchen. They said it was cervical cancer, this was the conversation, I went to my mother who was lying down and told her this and said do you have cancer, are you going to die, this affected me a lot, I am still under its influence"* (Cenk). Cenk also talked of his fears about his girlfriend. He was afraid of losing his girlfriend. *"I have a fear of being alone, an excessive fear of losing it is a dependency. For instance, right now for the past 9 months I have a fear of losing my girlfriend."* Another male sibling was also afraid of losing their mother because of cigarettes. *"I mean because of the dangers of cigarretes she has lost lots of close relatives but she doesn't care about herself, I'm not saying it just to say it, I told her, you are killing yourself right now. I mean, like do you want to die early and leave us. That is why I am angry, because of the dangers… Yes…yes. I mean why are you doing this."* (Sibling of M).

The three children also described themselves as being a nervous person. (Dilay.) *"I can't control my anger by any means, when I get angry I feel the need to shout at people, especially at the family. When I'm outside, I come to the point of insanity, this affects me a lot."* (Cenk). *"I'm usually an impulsive person. I get angry so easily especially towards those who are close to me. It happens throughout the day. I can reflect the stress of work on her. I can yell in this way*." (Dilay). *"That is why I am angry, because of the dangers."* (Sibling M).

3.1.2.2.2. Subtheme 2: Ability to Build Empathy

When children's narratives were examined, it was clear that children had an empathy ability, they tried to understand their mothers emotions and they tried to make inferences about their mothers' behaviors and choices. *"I never thought*

about this but if my mother thought about having a child after that one it means she had hope that's why she did it. And that child turned out to be me. I know. Its different…" (Cenk). *"Actually I felt a bit sorry for my mom. I put myself in her shoes I mean I felt bad for my mom…thinking like she lost her first child. I mean she'll most likely go through this everytime she gets pregnant. She lives this fear. I mean a loss is another fear… in the end you lose your child. She probably had dreams about it. They also go down the drain. I mean it is a devastating period. A great mourning, I though it was a very upsetting situation for her."* (Dilay). *"Uhmm after getting married there was a time I thought about it a lot. After a person gets married, you understand the struggles of being a mother and the chance of having a stillbirth and all, that is when we understood the hardships she went through with 2 stillbirths and will I become pregnant for the 3rd time or it must have been frightening that it may be a stillbirth. But after getting married these are…in truth I didn't think about it before getting married, oh is it a stillbirth oh ok. I mean It was never really on my mind so much."* (Esra). *"I mean the feeling of losing a child beforehand can be the reason for the reaction of clamping down on child when they become ill."* (Mehmet). *"Since my mother's first child was a stillbirth…she approached me in a better manner... may be approached me."* (Salih).

3.1.2.3. Theme 3: Perception of Mothers

The children described their mothers and their relationship with their mothers in five subsequent themes. They are anxious/nervous, overprotective/interfering, empathy/self sacrificing, sharing/trusting, and lastly better and stronger than others

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Table 11. *The Subthemes of the Theme 3*

Analysis of Experiences of Six Siblings of the Lost Child	The number of participants shared the experience
Theme 3: Perception of Mothers	
Subtheme 1: Anxious and nervous	6
Subtheme 2: Overprotective and interfering	5
Subtheme 3: Empathy and self sacrificing	5
Subtheme 4: Sharing and trusting	4
Subtheme 5: Beter and stronger than others	6

3.1.2.3.1. Subtheme 1: Anxious and Nervous

Three of the siblings talked about their mothers as a woman with anxiety. Dilay talked about their mother's anxiety when she could not reach Dilay. *"when she can't reach us by phone she panics right away for example. I remember this incident like one day when she couldn't reach me at this private teaching institution, she like called the principal and had them announce my name. I remember that actually. Maybe that is where her panic stricken attitude comes from."*

Mehmet and Salih shared their memories from their childhood about when they got lost. They mentioned their mothers' fear and anxiety. *"they sent me to the car. The car was actually close by but since I was young, I got my directions mixed up. Since it was sandy, everywhere looked the same. I got lost and walked a good distance thinking I was going to the car. They worried at that point. They went to the car and tried to find me. I wandered for like half an hour. Finally, I found the car and returned to the car. When they found me there they were very angry and they yelled at me. Like how could you make a mistake like that. …Worried something might happen to me."* (Mehmet). *"while walking together all of a sudden they walked into a store and I didn't hear them going in and I kept walking. I noticed when there was no one around me. I was young anyway. My dad had a store near there. I had gone straight to my father's*

store." "my dad had called her (his mother). He told her I had come there. She was frightened and upset. She was very happy when she saw me." (Salih).

It was observed that; in the relationship, feeling nervous was the common aspect in the childrens' and mothers' characters. Three of them talked about their mothers's temperaments. *"my mother gets angry when things that are told are not done…my mother has a temperamental personality. When I say temperamental she blows up instantly. She doesn't believe she talks out loud but she does."* (Cenk). *"She endures and endures but when she reaches that blowing point she goes on a rampant complaining and I don't like that. Sometimes I warn her look you go on thes rampants control yourself a little I don't like that."* (Esra). *"My mother was always angry and she was the type of person who was cross with us. She would be cross but there was no sulking. We know that she is cross for our benefit."* (Mehmet).

3.1.2.3.2. Subtheme 2: Over Protective and Interfering

According to the childrens narratives, their mothers usually wanted to interfere in their children's lives with their rules and thoughts. At times their mothers also became insistent. The mothers of Ali and Cenk were insistent about their education: *"I never liked to study. My mother also wanted me to study. She wanted to be educated so on."* (Ali) *"That is why I didn't want to get an education. But my mom wanted me to and she still does. She is still telling me to complete high school by open high school."* (Cenk). Some mothers were described as interfering with their children's responsibilities. The mothers wanted their children to behave according to the mothers' own beliefs. *"Besides that my mother says to do it. For instance, she says pick that up. I tell her I will pick it up an hour later. My mother keeps saying this, pick that up, pick that up."* (Ali). *"I tell her I am going to be home late, take out the key and lock it. She says she is going to wait up." "My mom says spend your money wisely. I don't and when I run out, she says because you didn't spend your money wisely so that is why you are in this condition" "it's not the pressuring, it's the things she says… she tells*

me to come home early sometimes when I am out…Because I am out a lot she pressures me." (Cenk). *"But she tries to explain her point of view that is she tries to make me believe why she is right."* (Mehmet). *"For example, when I came here to the university she would constantly call asking did you get there."* (Salih).

Salih also described his mother as a protective woman. *"my mother was always on top of me never leaving me at liberty." "when I went somewhere…down stairs…like my aunt lived 2 floors down. When I would go down there, she would call there and ask if I arrived that is how overprotective she was. Even when I went down 2 floors…"* he also mentioned that, he was disturbed of his mother's overprotection. He said he tried to stop his mother from being over protective. *"I always tried to be an hinderance to her. "For example, when I came here to the university she would constantly call asking did you get there. We made an agreement to call once to ask did you get there, what did you do, are you coming, these things…after all you are at a certain age where you have to accomplish some things, if this was not the case then let's talk about what happened that day but…so she wouldn't be so overprotective we had made an agreement.* Mehmet talked about his mother's safeguards, too. *"My mom raised me in an isolated environment. Like even the guests that came she would say don't kiss, don't touch when you are dirty," "Uhmm, my mother is more devoted than my father when it comes to illness. Uhmm, when I become ill my mother directly takes care of me at the smallest cough for example, what happened? What did you do? Did you sweat? Were you in the cold…"*

3.1.2.3.3. Subtheme 3: Empathy and Self-Sacrificing

It was found that the children decribed their mothers as having the ability to share and understand someone else's feelings.

According to them, their mothers could also understand their feelings and problems eaisly. *"I'm thinking my mother, you know whatever I say she will be helpful, she will be beside me."* (Ali). *"because my mother understands me… Whatever I tell my mother snap in a second there is a solution…even if she can't*

find it she guides in some way." (Cenk). *"She tries to help. I take whatever advice she can offer"* (Dilay). *"Because I believe that my mom will understand when I tell her something…"* (Esra). *"That is we have different ideas, even though there are a lot, the fact that we can talk about it, argue about it is good for me."* (Mehmet).

Moreover, they also said that their mothers were self sacrificing. *"I believe my mom is a good person. She is someone who can sacrifice everything for her children. Like for example, I come home from work at 12 and my mother is lying ther with a backache. But when I come from work she gets up, prepares food and stuff. Like this she doesn't. As I said, she doesn't refrain from sacrificing."* (Ali). *"She does everything for us that is everything. Namely, probably more for me the most."* (Cenk). *"Umm my mother uhmm before all else she is very self-sacrificing… We are her priority that is she limits the rest of the activities in her life, she has been the one giving us priority. She has been the one who has organized her life according to us. That is why I have always felt lucky in that sense I have felt special."* (Dilay). *"Keen on her children that is giving importance to her family, does everything she can, especially after my father passed away, giving more weight to, an awesome mother."* (Mehmet) *"Let me give you an example, that day she may have a lot to do and I come home in the evening and ask her to make a certain food, she doesn't have time but she doesn't want to disappoint me so makes it that's why..."* (Salih).

3.1.2.3.4. Subtheme 4: Sharing and Trusting

For all of the children, sharing somethings with their mothers was the most important component of their relationship. When they became young adults, they said that they went out, went shopping, talked about their problems with their mothers. *"It's more like we spend time at home after coming from work. Uhmm, we make some coffee and talk. I tell her about my day and talk about my problems."* (Dilay). *"I can say simply spending time with my mom. I mean not necessarily an activity, in short, even sitting together is nice."* (Ali). *"We usually*

go out as a family each week, or maybe at least once in 2 weeks." (Cenk). *"oh, with my mom, all kinds of... when I went to Bursa for example I understood better that we can talk on the phone for hours. We chat, we talk, she tells me about dad, I tell her about Faruk, we talk a lot and we like going out and shopping the most... err, it is like that..."* (Esra). *"For example, I really enjoy chatting with my mom. Be it about friends, society, religion, politics, we always talk. I enjoy it all."* (Mehmet). *"Usually because my mom and I see each other at home. When I come home in the evening chatting about the day... I share with her whatever happened that day, like if something interesting happened to me that day I tell her."* (Salih).

In childhood, they talked about how they played and studied. *"Hmm. For example, I remember that my mom took me to parks a lot. Mom, dad, me, we used to go. We still, we used to go out to eat once a week or every month or weekly, once every two weeks. We used to go to funfairs. Vacations in the summer. Like that..."* (Dilay). *"Besides this, we used to listen to music together. She likes to sing a lot. She used to. I mean, even if she didn't sing with me, she used to sing while doing something in the kitchen in a loud voice. I used to listen to her from the other room."* (Mehmet). *"She used to take me to the park usually when I was a child... what else do I remember... we used to play games, there were cars, we used to align them on the carpet to play together.* (Salih). *"I for instance remember that my mom helped me with my lessons."* (Ali). *"She really paid attention to me, especially during school..."* (Cenk).

Truthfulness and trust between mother and child was another important component for the children. The children felt more confidence with their mothers. *"the thing I can't tell anyone, I can easily tell my mother. Or I have a problem and I keep it to myself for 1 or 2 months but in the end I tell my mother. That is to say, there is nothing my mother doesn't know about me."(Cenk) "Namely, in the first place, we are very close with each other. Very trustworthy… I didn't have to hide much. And there is that comfort of not having to lie to someone I don't know like the people closest to you, after all the closest person to you is your mother. When you lie to her you know this thing like this big thing makes you feel awful. She didn't make me go through that much.* (Dilay). *"my*

mother is really like a friend I can talk about everything with my mother, in that sense I feel really lucky." (Esra). *"Besides that we are really close that is we have no secrets from each other. We are honest with each other. The things I like… We are honest with each other that is what I like."* (Mehmet).

3.1.2.3.5. Subtheme 5: Better and Stronger than Others

Five of them compared their mothers with others. They decided that their mothers were better than the others. *"most of them aren't I have them in my environment. There are five of us in this group, out of the 5 no ones mom is like my mom, I realize this and they also say so. When they come over, they can act as if it is their own house. Difference... the same age as my mother…as I said I was a child to her at a young age that is why she is not like other mothers because my mother understands me. But I still can't understand myself that is why there are some problems but my other friends aren't like this. My other friends can't tell or talk to their families easily. They are not like that.* (Cenk). *"Like how we say mothers are self-sacrificing but where as when I look at other people as compared to other mothers she is very giving."* (Dilay). *"I can say a lot more relaxed when compared to other mothers."* (Esra). *"Because generally what disturbes me about mothers is, they talk to much amongs themselves, gossip and things like this. My mother doesn't have much of this for example, I like this difference in her."* (Mehmet). *"When I look at some people they don't seem to get along well with their mothers."* (Salih).

They also talked about how perfect their mothers' were in some ways and they felt lucky to have their mothers. *"She is like a hero, really. I sometimes idolize her at times."* (Cenk). *"In that sense I always felt very lucky, always, in terms of a mom."* (Dilay). *"in that sense I feel very lucky."* (Esra). *"in that sense I occasionally feel luckier."* (Salih).

The children observed that their relationship with their mothers was strong because of their mothers' loss. According to the narratives, the loss of a baby has huge positive impacts on the relationship between the mothers and their

subsequent children. "*because my mom lost a child and I came after that child and it is really difficult with me... she says she raised me with such difficulty. She says there was no milk at home and I fed you by mixing flour with water. That was my childhood and it made my mom and I stronger, it attached us more to each other. My mom took better care of me. Apart from anyone else."* (Cenk). *"Maybe her becoming attached to us this much, her being a little bit more a worrywart or self-sacrificing, might have ensured this maybe in a positive way I mean."* (Dilay). *"Uhhh. She gave me so many things. They really, I mean took care of me... Maybe that made her more attached. Let me say she was more concerned "* (Mehmet). *"it might be that she approached me in a better manner. since her first child was a stillbirth... maybe because of that my mother approached me in a better manner."* (Salih).

CHAPTER 4

4.1. DISCUSSION

According to TDHS, in 2013, almost 23% of married women had a stillbirth or their babies died during labour. (Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, 2014). It was easy to find participants for this study, because the number of mothers who have a stillbirth in Turkey is huge. Interviews with these six mothers and six siblings provided us an in-depth understanding of their experiences and feelings about their loss. This study had two different study groups. Mothers' experiences and siblings' experiences were analyzed; the differences and similarities of mothers' and siblings' experiences were also discussed. Six main themes for mothers, three main themes for children emerged in this study and they will be discussed with existing literature.

The normal grieving process has some stages and Bowlby (1980) made a list of them. They are phase of numbing, phase of yearning, phase of disorganization and phase of reorganization. (p.85). It was not found in this study that mothers and siblings experienced all of these stages. However, it was observed that some of the participants experienced some of these stages during their mourning process. For example, the phase of numbing and the phase of yearning were experienced by some of the mothers and children; they shared some memories and feelings about these stages. Every person is unique, so it cannot be expected that all people experience all of these stages. Some participants of this study, especially the siblings, could not talk about all their feelings and experiences about the mourning process. Some feelings or memories they have may be forgotten or suppressed. It may be related to absence of grief. Middleton and his co-workers (Middleton, et al. 1993) searched literature and they found six common different pathological grief types. They are absence of grief, delayed grief, inhibited grief, chronic grief, distorted grief, unresolved grief. In the absence of grief, people do not show any reaction of grief, they deny their feelings and they can continue their lives without any sadness. Some participants

who did not talk about their feelings about their grief in this study might have absence of grief.

4.1.1. Six Mothers' Experiences

In our study, the mothers had perinatal loss in different stages of their pregnancies. For example, one of them had a loss in the first month of her pregnancy; one of them had lost her baby two days after the birth of her baby. Tseng and colleagues (2017) did research and they found that having no previous healthy living a child, lack of social support from husband and family were risk factors for high level of grief. They also found that the length of the pregnancy before a stillbirth had no correlation with the severity of grief of the parents. The severity of grief was not measured in this study, so similar findings were not found to be clear; but it was observed that mothers who had late loss, talked about their feelings and memories longer than mothers who had early loss. The differences in the length of the interview may be relate to the length of the pregnancy or the history of the pregnancy period. According to Lewis (1979) shared the history of the death with people help to make people's grief easier. The mothers, who had late loss, have more time with their babies during their pregnancy process, and they talked easily and longer about their memories, feelings and their loss because of their history.

4.1.1.1. Anxiety as a Predominant Emotion

In the literature anxiety is one of the most common reactions in the bereavement process. Carrington and his friends (2004) made an emotional reactions list on the grieving process, and anxiety was the most important component of this list. In light of this study which was conducted with 6 mothers who lost their babies in the perinatal period, anxiety became a more salient feeling when the mothers talked about their relationships with their surviving children.

The first salient anxiety was fear of losing their subsequent children. All of the mothers in this study thought that they had a risk of losing their children, and they also thought that they could never be a mother again. The other studies from literature also support these findings. Keyser (2002) talked about the mother's fear of losing again during pregnancy or before the next pregnancy period. Other qualitative studies also showed that mothers who had perinatal loss also felt the same fear of loss. (Meaney, Everard, Gallagher, O'Donoghue, 2016), (Jackson, Bezance, Horsch, 2014, p.6), (Reid, 2007, p.198). There is no detailed information on how mothers take precautions to protect their children in the literature; however, in this study mothers took some precautions to protect their children in their womb, for example, they walked more carefully when they learned about their pregnancy; they spent the entirty of their pregnancy period in bed, they did not carry heavy things. All of these precautions showed us that the fear of losing again was very high in the following pregnancy period after perinatal loss.

After the pregnancy process, the mother's anxiety continued concerning the harmful effects of the environment. At this point, the mothers in our study had anxiety because they thought that their children were exposed to danger from the environment. Üstündağ-Budak (2015) and her colleagues also found the same anxiety in their qualitative researches. The mother in their study wanted to protect her children from the unsafe environment. In this study, according to the mothers' narratives the participant's own house and their mother's house, also their children's schools were not safe for their children. They said that they always had to be careful about their children's health.

Although there is small evidence in the literature about the mother's concern about health of their surviving children, in our study the mothers reflected the importance of the health of their children both in their childhood and in their adulthood. Moreover, our mothers in the study said that they interfered in their child's life and they had an over protecting profile. The reason for this was anxiety, the mother helped and protected her children with every small problem. Turton and his colleagues' term of Vulnerable Child Syndrome might support

these findings. They said that in this syndrome, the mothers thought that their surviving children were more vulnerable, they were open to illness and injury and they were fragile and they had more relational problems. (Turton et al., 2009). In light of this syndrome, our mothers' concerns about health, interferences in their children's lives and their over-protecting behaviors made sense.

In this study, it was found that anxiety was a predominant emotion for mothers who had a perinatal loss. The loss of a child in the pregnancy period affects the mothers' level of anxiety and her behavior toward her children.

4.1.1.2. Gifts of Motherhood

There is no long term research to examine the positive aspects of the relationship between the mothers and their subsequent children in the literature. Just one of the findings stated that mothers perceived themselves as "lucky" when they had a subsequent healthy child. (Theut et al., 1992). This study can contribute to literature with in-depth understanding on the positive aspects of the relationship between mothers and their subsequent children. .

The mothers in this study mentioned that their motherhood had some positive and satisfying aspects. These aspects were sharing, happiness, empathy and self-sacrifice, and touching. Sharing somethings with their surviving childrens was a very important component in the lives of the bereved mothers'. They got a pleasure out of doing things with their children in both the past and today. They also talked about their happiness when their healthy babies were delivered. Witnessing their babies growing process was another important source of happiness for them. Touching and pysical contact were very important things to show their feelings. Mothers and their children hugged, kissed each other and the mothers were very satisfied about this. Moreover, it was found that the breaved mothers could eaisly make empathy with their children and their priority was their children. They could change their wishes and lives according to their children. One of the researches from literature (Jackson, Bezance, Horsch, 2014) found the

same thing as this study. They found that parents' priorities changed, they arranged their responsibilities and work according to their healthy babies.

In our study, all of these satisfied the mothers and they said that they did not feel any regret, they did all of these things without any expectation from their children.

4.1.1.3. Difficulties of Motherhood

Being a mother who lost her baby during the perinatal period was described by the mothers in our study with some difficulties. First of these difficulties were responsibility and exhaustion. This finding is similar with Jackson and his colleagues' study (2014). "Because of this sense of self-blame, most mothers reported placing high expectations on themselves as a parent of their second child, encapsulated by wanting to be "supermum". There was a sense of needing to make up for previously failing as a mother." (p.8). In our findings, contrary to the literature, our mothers did not mention feeling of self-blame overtly when they talked about their responsibilities and their exhaustions; however, they may have felt self-blame unconsciously. They may have taken more responsibility and then they may feel exhausted because of their unconscious feelings. Also our mothers mentioned that they felt a sense of regret in this study. Their feeling about regret is supported by literature. They wanted to be a "super mum" (Jackson, et al. 2014), but they made some mistakes like every normal mother. As a result, they criticized themselves harshly due to their faults. One of the mothers said that she regretted the funeral ceremony of her dead baby. She did not have any grave for her baby. She did not know what happened to her baby's body after the autopsy. She wished that she had had a grave for her baby. This information was consistent with the literature. The cross sectional study showed that building memory with the dead baby by having a grave for the baby was a very important feature to decrease the mothers' level of mourning. (Crawley, Lomax, Ayers, 2013). This mother in our study suffered from not having any memories with her baby. However, the other five mothers did not

mention anything about creating memories or wishing for a grave for their children.

The other finding of our study is the sense of incompetence because of external and internal factors. They mentioned their feeling of incompetence after their healthy babies were born following their stillbirth. They did not know how to behave with their child; they did not perceive themselves as being enough as a mother. These feelings may occur because of Freud and Erikson's theories. Although they had a healthy baby after the stillbirth, but before that, they experienced failure. According to Freud, women can feel inadequate in the sexual developmental process. Mothers' experiences of stillbirth cause a self-fulfilling prophecy and their inadequate feelings become irresistible. (Cohen, 1988). In addition, Erikson's positive thoughts on women's instinctual feelings of productivity results with failure, and it causes an inner confusion. All of which leads to the feeling of incompetence. (Cohen, 1988). Some financial difficulties and criticism from relatives were external factors for them. They also felt incapable because of these things. In the literature, it was found that when mothers lost their babies during the perinatal period, they suffered from social stigma because of society's false beliefs and perceptions. Brierley-Jones and his colleagues (2014) did research on the affects of social stigmas of women who have had a perinatal death. Similar with literature, in this study mothers mentioned that social criticism and social stigma affected them negatively when they were raising their healthy children.

4.1.1.4. Effects of Loss

The closeness of the deceased and the type of death are two of the more important factors in the grieving process. (Bowlby, 1980). The loss of a child during the pregnancy period is difficult because of two components. Perinatal death is accepted as a sudden and traumatic death and children are seen as being the closest person to mothers. Therefore, losing a baby affected mothers deeply.

In this study, all of the mothers tried to find a reasons for their lost. For some of them, the reason for the loss was an external factor, for others the real reason was related to themselves. According to four of them they were the reason themselves, they believed that there was something wrong with them. Similar with literature, Badenhorst and Hughes mentioned that mothers can feel shame and guilt because of their loss. (2007). This is also similar with our findings, "Her shame is associated with the sense of having failed as a woman. She may feel that there is something wrong with her womb." (Lewis, 1979, p.304). In the literature, Jackson and his colleagues found that self blame and sense of guilt is felt by a mother if any medical reason is not known about the death. (2014). Contrary to literature, although some of our mothers knew that there was some medical problems, they also found internal reasons for death. Two of the mothers in this study mentioned that external reasons were the only cause for the death of their babies.

The list of Carrington and his friends (2004) has sadness and numbness as emotional reactions; also numbing as the first phase of normal grieving process. (Bowlby, 1980, p. 85). When mothers lose their babies before birth, they feel the same things. First, they cannot accept and deny, and they feel numbed. (Trulsson, Radestad, 2004); and then they may feel sadness, irritability. (Badenhorst, Hughes, 2007). This study was parallel with these previous studies. Our mothers mentioned their intense sadness because of their unexpected loss. Their husbands also felt sadness and numbness for their lost babies. However, their husbands' sadness did not last as long like their own sadness. The literature gave importance to the same differences. It was found that mothers experience grief more intensly and for longer than fathers. (Tseng et al, 2017). Numbness was also mentioned by two mothers in this study. One of them started to feel sad after 2-3 days after the loss; the other started to feel sad after 3 months. Moreover, it was observed that five of the mothers described the moment of loss without any mimics and any expression of feelings. This observation was accepted as an example of numbness. Because the memories about loss was not talked about very often in their daily lives and it caused intense feelings, mothers protected

themselves while they were talking about the moment of loss. Numnbess was used as a defense mechanism.

In this study, three of the mothers wanted to get pregnant again after a short while, the others wanted to wait for the next pregnancy. Findings from litreture also supported the first three of the mothers in our study. Generally mothers are more willing to have another baby after a short time of their first loss. (Meaney, Everard, Gallagher, O'Donoghue, 2016). Erikson's theory also supported the wish for a next pregnancy. According to Erikson all women have positive maternal feelings. Therefore, they see themselves as a productive person and a life source for their next species. Erikson emphasized that women are conscious of their potential for reproducing. (Cohen, 1988). Although they experienced a lost, they did not give up their wishes. Some of the husbands of our mothers also were not willing to have another baby after a short amount of time. They gave importance to their wives' mental and physiological health. This point was mentioned by Meaney and his colleagues (2016); the fathers are not willing to have another baby because the fathers think that there is something wrong and that there are some genetic problems so they do not want to have any more children.

The next pregnancy was a difficult period for all of the mothers in this study. Some of them had some medical problems and had a risk of stillbirth; others did not have any medical problems but they mentioned that they had some difficulties. This result can also be explained with previous researches where depressive feelings and anxiety was found in the subsequent pregnancies. (Burden et al., 2016; Hughes et al., 1999).

In our study, only two of the mothers had a chance to see their babies after their stillbirth. One of them expressed her feelings as odd when she saw her baby. The other mother said that her baby was beautiful. Literature says that shared history with dead people helps to make people's grief easier. (Lewis, 1979). In the other research, some mothers can create memories with their stillborn babies by seeing and holding their baby after labour and seeing the dead baby helps these mothers to overcome their grief. (Crawley, Lomax, Ayers, 2013).

However, there are contradictory findings about the effects of seeing and holding stillborn babies on mothers' and their next children's mental health. (Hughes et al, 2001). In the current study, the effects of seeing and holding the body of baby was not found very strongly in our study. Just two of them mentioned seeing the baby and they did not mention a connection between seeing the baby and their grieving process. Also, others did not talk about the wish to see their babies after the stillbirth. According to the mothers' narratives, hospitals in Turkey did not give any importance to the bereavement of mothers. Two of the mothers saw their dead babies by requesting it from medical professionals themselves. The offer did not come from hospitals. The literature suggests that medical professionals have to help mothers spend time with their babies to protect her from future serious PTSD symptoms. (Crawley, Lomax, Ayers, 2013).

In our study, it was found that mothers had complicated definitions about their children. They explained that their children were sometimes easy to deal with but at times they were very difficult. The mothers also said that their children were sometimes sensitive and sometimes insensitive to them. While they defined their children as a talkative child; at times, they said that their children did not want to talk themselves. As a result, it was found that the mothers had ambivalent meanings about their subsequent children. Warland and his co-workers (2011) also found that the mothers, who had a perinatal loss, had paradoxical definitions about their parenting and their subsequent child. Üstündağ-Budak and her co-workers also mentioned the same results. (2015). However, there was not enough data and information to make a strong assumption in this study about the mother's ambivalence. The further studies which have control and experiment groups might be useful to obtain this information.

4.1.1.5. Coping & Support System of Mothers

The coping mechanism is the most crucial aspect of the mourning process to continue a normal life after a loss. In our study, mothers mentioned that after they felt deep sadness, they started to think that their loss was normal.

Everybody can experience this in their lifespan. They tried to think of other things besides the loss. They used normalization and suppression from the defense mechanism. It is important information from literature that suppression and distraction are useful for mothers to adapt to their daily lives and their next pregnancies. (Horsch, Jacobs, McHarg, 2015).

Spirituality is another important finding in our study that helps mothers to overcome their mourning. The belief system and being a member of any religion helps mothers to give meaning to their loss. This is supported with Tseng's (2017) research from literature.

Hope and having a subsequent child helped mothers to overcome their grief in our study. It was found in the literature that giving birth after a perinatal loss can reduce a mother's anxiety and severity of grief. (Archer, 1999). Erikson also mentioned that women were aware of their potential of reproducing. (Cohen, 1988). The mothers' hope may be related to Erikson's theory; they had hope because they knew that they could reproduce again after their loss.

Social support has positive effects on the mothers' bereavement process. The woman, who recieves positive social support and who has an understanding partner, has a chance to overcome her bereavement easily after perinatal loss. (Scheidt et al., 2012). In our study all of the mothers except for two of them mentioned their husband's as the intial positive support. After their husbands' support, they talked about their families' positive support. In one research, it was found that the mothers' friends, siblings and their new baby were more of an important positive reinforcement than their husbands. (Erlandsson, Säflund, Wredling, Rådestad, 2011). However, in our study, mothers gave more importantance to their husband's support than the other supporters.

Two of the mothers talked about negative social support from their families. One of them was exposed to social stigma from her husband's mother. The other mother also recieved harsh criticism about her motherhood from her husband's mother. Similar with literature social support in our study had both positive and negative effects. Brierley-Jones and his friend (2014) reached the same result. Some mothers were stigmatized by their family.

4.1.1.6. Differences of Ayşe

One of the participants Ayşe had a different situation than the other mothers. She had a stillbirth similar to the others. However, when she lost her baby during the pregnancy process, she already had a healthy child. For other mothers, their dead babies were their first child. She started the interview with these sentences: *"a stillbirth affects you generally during first births. For example, my mother always had stillbirths, she gave birth to a few dead babies. After me she had a lot of stillbirths. This affects mothers a lot. For instance, she has one child and then if she has a stillbirth, this does not affect her much as far as I can see from the people around me. But if it is the first birth, she is affected a lot."* She claimed that if a mother had a healthy child already, their stillbirth after a healthy child, did not affect them. When her interview was analyzed, it was found that there were some similarities and differences with the other mothers.

Ayşe had a similar anxiety as the others but she did not talk about any interference with her child's life. Although she claimed that having a baby before a stillbirth had possitive effects during the mourning process, she had anxiety about the loss of her child. Also, she talked about the dangers of the environment; she thought that her child was harmed by the dangers of the environment. In addition to this, her child's health was also more important to her like the other mothers. She did not talk about any rules or advice to help her child. Moreover, she talked about the difficulties of motherhood, she felt regret for some of her behavior. But she did not talk about the difficulties about her responsibilities and she did not feel incompetence about her motherhood. She talked about the complicated meanings of a child, but she did not attiribute more meaning to her child. She explained their loss with external reasons, she did not explain it with internal reasons; she did not take any responsibilities for her stillbirth. Therefore, she did not feel sadness for a long time. Because of these, she did not talk about her coping mechanism; she just talked about her mother's help with her healthy baby.

As a result, losing a baby during the pregnancy process did not affect Ayşe as it did other mothers. She had some anxieties about her loss, but she did not feel incompetence. She did not accept or take on more responsibility and feel exhausted after her loss like the other mothers. Because if she thought she was an insufficient mother, she would not have been able to bring her first child into the world and protect her first child. She did not feel sadness for a long time, because she had a responsibility to her first child. Maybe, she had to be stronger for her child. The first child may lessen the feel of her loss. John Archer (1999) also supported this finding. He found in his research that if a mother does not have any healthy children before a stillbirth, her bereavement process is harder than the other mothers who already have a child. (p.186). Similar to this, Ayşe had an eaisy mourning process than the other mothers in this study.

4.1.2. Experiences of the Siblings

The analysis of the six sibling's experiences was less comprehensive than the six mothers' analysis. Although young adults were chosen because they can share their feelings easily than smaller children, their interviews lasted a short while and they were reluctant to share detailed experiences. It was observed that the reason of their short answers and reluctance was due to the fact that they did not think about or talk too much about their loss beforehand. The subject of sibling loss was a distant issue for them. They had difficulties on how to express their feelings about it and they also had difficulties talking about with a stranger. As a result, just three themes emerged from the children's interviews.

4.1.2.1. Effects of Loss

Almost all the children in this study learned about their loss when they were school age. At these ages, children are aware of death and that it is a permanent stage. They know that death is universal and everybody will die and it

cannot be reversed. (Goodmann, 2009). Because of this ability, all of the children in this study could internalize the death of a easily.

Almost half of the children mentioned that their first reaction to the information about the loss was shock. According to Bowlby (1980) the first phase of loss is numbness, people are shocked when they are exposed to loss. The children in this study had the same feelings as in Bowlby's research (1980). Also, some of them used suppression to deal with their feelings in this study. Two of them said that they were aware of their mechanism of suppression; they said that they did not want to think about their sadness and their mother's sadness. However, others were not aware of it. They kept themselves away from loss. They thought that the mothers' loss was not related to them. So they said that they did not feel anything about their loss. Menes (1971) mentioned that the children may postpone their grieving reactions until they encounter concrete results. In this study some children said that they did not feel anything about their lost. Because they did not encounter any result of their loss. The reason for this is, their mothers' also used suppression. The children mentioned that their mothers' did not want to show their sadness to their families and they did not talk about their loss frequently.

In this study, some of their mothers informed them directly about their loss. Their mothers told them that they had had a child before but they had lost it during the pregnancy period. Three of the children learned about this information when their mothers talked about it with others. Just one of them learned this loss by asking her mother directly. Her mother had not said anything about her loss before, but she wanted to ask her mother if she had experienced a stillbirth. In another researcher's study, it is mentioned that children can unconsciously be aware of their parent's mourning. (Kempson, Murdock, 2010). Why she asked this question to her mother was asked of this child. She said that she had a discussion about stillbirth with her friends, so, she wanted to ask her mom. She might have felt this possibility as mentioned in Kempson's research. (2010).

The children in this study wished for older siblings as a result of their loss. They mentioned that if their siblings had not died, everything could be easier

than it was now; their responsibilities could be easier; their older siblings could protected them. Winnicot observed agression in the children who have unborn dead siblings. (Christian, 2007). The siblings' wishes about having an older Mehmetay be related with their agression in this study. They complained about their responsibilities when they talked about their wish of having an older sibling. If their siblings had not died, they would not take on all the responsibilities, so it made them aggressive toward their unborn dead siblings.

In previous researches, it was found that children can feel envy toward their dead siblings. (Kempson, Murdock, 2010). They can feel envy because they lose their parent's attention due to their dead sibling. They can also feel rejected. (Avelin, Gyllensward, Erlandsson, Radestad, 2014). In this study, the siblings did not talk about these feelings. Also, in the previous research, it was stated that children felt guilt. They thought that they shared the same womb with the deceased siblings and they felt responsible because they damaged their mother's womb and their sibling unconsciously. (Beaumont, 2012, chapter 6). The sense of guilt also was not observed in this study. The reason for this may be related to the children's defense mechanism of suppression. Some of them did not give importance to their loss and they did not spend their time thinking about their feelings about the lost. Thefore, they could eaisly suppress their deep feelings about it.

4.1.2.2.Perception of Self

Anxiety was one of the most predominant reactions according to the children's narratives. They talked about their anxiety during interviews. Fear of loss was the first important anxiety. It was observed that just the female participants talked about their fear of loss of their future babies. They said that they felt fear about being exposed to the same experiences as their mothers. Another research also found similar findings that siblings felt fear of losing their children. (Christian, 2007). It is important that, in this study, male participants did not talk about the fear of losing their children in the future. This type of fear may

be among the women siblings because they are the same sex as their mothers. These women participants in this study learned their loss during childhood; however they said that their fear of loss started when they got older. Their reaction of the loss was postponed to later. As Menes (1971) mentions, children can postpone their mourning reactions until they encounter concrete results. In this study female participants started to feel fear, when they reached the age when they were suitable for pregnancy.

Male participants did not mention any fear about their future children; however, they talked about the fear of loss of others. Two of them felt fear of losing their mothers. They said that their mothers had some medical problems, so they started to think the worst consequence they could, which was the death of the mother. Moreover, one of the female participants talked about her anxiety about her mother's future pregnancies. She was afraid of losing her mother and losing her subsequent siblings again. Generally, almost all of the children in this study had a fear of loss. This was parallel with previous studies. Avelin and his colleagues also mentioned that children had anxiety about their mothers' health and anxiety about repetition of perinatal loss. (Avelin, Gyllensward, Erlandsson, Radestad, 2014).

Besides these, the children could empathize with their mothers. They had a chance to observe their mothers and they could make assumptions for the reasons of their mothers' feelings and behaviors. They tried to understand and help their mothers in emotional situations. Another research also found similar findings that siblings may behave like the parent in their family. Surviving siblings may take responsibilities for happiness of their parents. (O'Leary, Gazino, 2011).

4.1.2.3. Perception of Mothers

Besides their own anxiety, the children also mentioned their mother's anxiety in this study. According to their interviews, their mothers were very anxious and over protective. They also talked about their mothers' nervous

feelings and how at times both mother and child got on each others nerves. The children also explained how their mothers often interfered in their daily lives. This result may be explained with Cain and Cain's "vulnerable child syndrome". (Turton et al, 2009). In this syndrome, mothers perceive their children as more vulnerable and open to all kinds of danger. Because of this, mothers become more protective and anxious. They want to interfere in their children's lives before any problem occurs. Another research also supported this finding. According to a previous research children who had lost siblings described their mothers to have been significantly more protective and controlling than other children who had not lost a sibling. (Pantke, Slade, 2006).

The siblings also said that their mothers empathized with their children and they did everything for their children. The children described their mothers as self sacrificing like Jackson and his friends' findings. (Jackson, Bezance, Horsch, 2014).

Sharing was the most important component of the relationship between the mother and her children. The siblings mentioned that they took pleasure from sharing with their mothers. Also, their relationship with their mothers was based on truthfulness and trust.

Finally, when they compared their mother with others, they thought that their mothers were better than other mothers. Moreover, the siblings in this study mentioned that death of their siblings made their relationship stronger with their mothers. They said that their mothers cared and gave more attention to them because of their loss. Their observations about their mothers are related with Jackson and his collegues' findings. (2014). According to them, mothers forced themselves to be a good mother for their susequent healthy child. Because they feel self blame and they describe themselves as being insufficient about their loss. Thefore, they tried to repair their motherhood with their second child.

4.1.2.4. Differences of Ali

One of the siblings, Ali was different from the other siblings. His mother had a healthy child before her stillbirth. Because of this difference, his experience showed some differences from the others. But, his first reaction to the loss was similar with the others. He was shocked and he suppressed his feelings too. However, he did not have a dream of having older siblings; he already had an older sister. He did not mention any anxiety he had himself. He did not talk about any fear of losing someone. When he mentioned his mother, he did not talk about his mother's anxiety, either. Besides these differences, he also talked about some similarities. He talked about his mother's overprotectiveness and interferences. In addition to this, he mentioned that his mother empathized with him and he trusted his mother like the others.

4.1.3. Comparison Between Analysis of Mothers and Siblings

Experiences of mothers and experiences of their children were analyzed separately. Their experiences and their feelings on perinatal death were similar in some aspects and also different in other aspects. Previous studies note that one's trauma affects his following generations. Even though the sufferer of trauma tries to keep his children safe from the effects of trauma, his children can be affected by the effects of the trauma. (Valent, 1999). First similarity in this study between mothers and their children was the fear of loss. Both the mothers and children mentioned their fear of losing someone. While mothers talked about their fear of losing their second child in the pregnancy process, their children also talked about their fear of loss. The children felt fear of losing a lot of things. Some of them had fears about their mothers' health. They thought that their mothers might die in their next pregnancies. Also, they said that their mothers might die because of other health issues. Besides these, they had fear about their own children. They were worried that they might lose their future babies like their mothers. According to the narratives, it was observed that mothers did not talk about their feelings of

loss with their children very often. However, it was found that the beraved mothers' fear of loss transferred to their children, despite their limited sharing about their loss. In a previous research, Kellermann (2001) explained that the process of transmission of trauma to the next generation in survivors of Holocaust. According to him, children of the Holocaust survivors internalized their parent's past and unresolved feelings and anxieties. The survivors project their grief uncounciously to their children, so the children are identified with their parent's grief, too. (Kellermann, 2001). Similar with Kellermann's findings, the mothers may project their fears to their children.

According to Boss (1999), the mothers and their subsequent children may have ambiguous loss. The loss of a baby can be perceived psychologically by the mother and by the subsequent children. However the loss can not be perceived physically if they do not have any concrete markers like a grave for the baby. (Betz, Thorngren, 2006). Because of that, the other similarity between mothers and children is the type of coping mechanism. Both of them said that they used suppression to deal with their ambiguous loss. Some of them were aware of their suppression, some of them were not. However, they dealt with their sadness about their loss with suppression. Muhlegg's research (2016) also showed us, a mother's response style to loss can be transferred to her next child. It is means; both the mothers and their subsequent children give the same responses to their loss. It is similar with the findings in this study.

Moreover, it was observed that the couples of mothers and children had a common ability. It was emphaty. They were more emphathetic to each other. In the previous researches there were no findings on the ability of emphaty and its relation with loss. However, in this study it was found that the mothers and their children had great ability of emphathy towards each other. Both of them tried to understand and make assumptions about their emotions, and each others as well as trying to help each other.

Except for the similarities between the children and mother's characteristics, it was found that they had common comments about some aspects. The children mentioned that their mothers were over protective and their mothers

interfered with their lives with rules and advice. Also, they said that their mothers would do everything for their children; their mothers were very sacrificing women. Lastly, the time that mother and child share with together was very important for both of them. All of comments of the children were verified by their mothers. The mothers also mentioned the same things. The reason of the importance of the sharings may relate with internalized continuing bonds. (Üstündağ-Budak, 2015). The internalised continuing bonds could be adaptive way in the stillbirth experiences. It was found that the bereaved mothers had self growth and authentic parenting due to their perinatal loss. (2015). This self growth and authentic parenting are advantages for relationship between the mothers and their next children in this study.

There is one difference between the mothers and their children. While the mothers described themselves as inadequate, their children described their mothers as the best mother out of all the other mothers. Although the mothers focused on their incopetences, their children focus on their mother's positive aspects. The mothers' feelings of incompetence were not perceived or acknowledged by their children.

4.1.4. Limitation and Future Research

In this study, six mothers who had had perinatal loss and six children who have had sibling loss were used. The amount of the parcipitance might be more in future research than in the current study. The mothers in this study had perinatal losses at different times. Some of them had successive stillbirths; some of them had a healthy child before their loss. In the future studies, the mothers could be chosen from groups who have the same characteristics. As a result of this, the results could give a chance for an in-depth understanding of more specific groups. Ayşe's experiences showed that having a healthy child before the loss had some different results than other mothers. Future studies might be conduct to assess impact of having a child before perinatal death. Moreover, the context of the loss was not remembered in detail by the mothers. The reason of that the

interviews were done after 20 years from the loss. In the future studies, the data could be collected in a short time after the loss. The children were chosen from young adults. Because of their ages, their answers to questions were limited. Therefore, their interviews did not last very long. In future studies, older children could be useful to explore their experiences. It was also found that some aspects showed differences according to the gender of the children. Therefore equal number of male and female participants might be important in the future. The questions asked about the siblings might be more detailed than in the current study and more questions about themselves and their feelings may be added. In this way, their interviews may last longer and it may be more detailed. Contrary to literature, the sense of guilt and envy were not observed in this study. This research method of this study might not enough to reach unconscious feelings of the siblings. Therefore, in the future studies, more detailed questions about aggressive feelings, projective methods or longitudinal studies could be used.

4.1.5. Conclusion and Clinical Implication

The main aim of this study was to gain an in-dept understanding of the bereavement process of mothers' who have had perinatal loss and their subsequent children's bereavement process and their experiences of sibling loss. Also, differences and similarities between a mother and her child's bereavement process were examined.

Firstly, it was found that the mothers had anxiety about their loss. They had fear of losing their following children as well. They had anxiety about the dangers of the environment and their child's health. Because of their anxiety they became more over-protective and interfered in their child's life. Then, they talked about the positive aspects of motherhood. They got pleasure out of sharing with their children; they became happier because their second children. They said that they could do everything for their childrens well-being. Aside from the positive characteristics of motherhood, they mentioned some difficulties. They felt exhausted because of their responsibilities and they felt imcompetent due to some

external stressors. They also had some regrets about their second children. They also talked about their sadness and numbess as a result of their loss. They explained the reasons of loss with some external and internal explanations. Also, they included their plans for a second baby after their perinatal death and the difficulties about the second pregnancy and postnatal period. Lastly, it was also found that the coping and support system of the mothers played an important role in the overcoming of their grief. Firstly, the husbands' help was the most important factor for the mothers. Secondly their mothers' and siblings' support were useful for the mothers. Moreover; normalization, distraction, spirituality and hope were common coping mechanisms for all of the mothers in this study.

The children also talked about the effects of sibling loss. They had anxiety about losing their mothers, friends and their future babies. They also wished of having older siblings. They described themselves with having the ability of emphaty and they were also anxious and nervous. In addition to this, they perceived their mothers as anxious, overprotective, self sacrificing and trusting. They explained that their mothers were better than other mothers.

Some similarities and differences between the bereavement process of mothers and children were found in this study. The fear of loss, the coping mechanism and the ability of empathy were common characteristics of both the mothers and their childrens in this study. Also, both the mother and child had a common comment that the mothers were overprotective, self-sacrificing and interfered in their children's lives. But, they had one difference in thought; while children decribed their mother as the best, the mothers described themselves as an incompetent mother.

As a result, it was found that there was a transmission of anxiety from the mothers to their subsequent children, as it was expected in this study. Moreover, it was expected that there was a transmission of feeling of loss about perinatal death to next generation. However, there was not a transmission of feeling of loss about perinatal death to next generation in this study.

Moreover it was noted that having a healthy child before perinatal death had some different consequences. Feeling of anxiety was found but feeling of

incompetence and responsibility were not found for the mother who had a healthy child before her stillbirth. Transmisson of anxiety to her next child also could not found for this mother.

Generally, in previous studies, the experiences of mothers who have had a perinatal death and the experiences of children who have lost siblings were examined seperately. In this study, both experiences were examined in the same research. Their experiences were compared and transmission of trauma was examined. This study is one of a few researches in Turkey which contribute to literature on these subjects. The psychologists who work with children and mothers can use these findings to assess their consultant's bereavement process and effects of the perinatal loss. Especially, the psychologists who work in the hospital settings can share this information with doctors and nurses of neonatal units and they can educate hospital stuff about the grief process of the mothers who had perinatal loss. Multidisciplinary support for the mothers who had perinatal loss would be crucial for the recovery of the mothers and have positive effect on the next generation as well.

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APPENDIX

Appendix 1. Questions of Interview

For Mothers

1) Bir anne olarak kendinizi nasıl tanımlarsınız? Sizce diğer annelere kıyasla nasıl bir annesiniz?
2) Annelikte sizi en çok mutlu eden, iyi gelen deneyimler neler? Sizi en çok zorlayan konular neler oldu?
3) Kızınız veya oğlunuzla şu andaki ilişkinizi nasıl tanımlarsınız?

- İlişkide size iyi gelen ve sizi zorlayan yönler neler?
- Birlikte neler yapmaktan keyif alırsınız?

4) Oğlunuz/kızınız çocukken aranızdaki ilişkiyi nasıl tanımlardınız?

- Nasıl bir çocuktu?
- Neler yapmaktan keyif alırdınız?
- O dönemlerde anneliğin sizi zorlayan yönleri nelerdi?

5) Düşük sürecinizi nasıl deneyimlediniz?

- Düşük olmadan önceki hamilelik süreciniz nasıl devam ediyordu?
- Düşük nasıl oldu, ne zaman oldu? Neler yaşadı o sırada.
- Düşük deneyimi size neler hissettirdi, neler düşündürdü? Çevrenizden ne gibi tepkiler aldınız?
- Düşük olduktan sonra bununla nasıl başa çıktınız?

6) İkinci çocuğunuza olan hamilelik süreciniz nasıldı?

- İkinci çocuğa nasıl karar verdiniz?
- Neler hissettiniz?
- Sizi zorlayan etkenler oldu mu?
- Nasıl başa çıktınız?
- Beklentiler?
- Doğumdan sonrası, bebeklik evresi nasıldı?
- Güzel tarafları, zorlandığı alanlar?

- Kim, nasıl destek oldu bu süreçte?

7) Düşük deneyimini yaşamış olmak sizce ikinci çocuğunuzla olan ilişkiyi etkiledi mi, nasıl?

For child

1) Anneni nasıl tanımlarsın, nasıl biridir, nasıl bir annedir?
   - Birlikte neler yapmaktan hoşlanırsınız?
   - Annenin hoşuna giden özellikleri neler, seni zorlayan özellikleri neler?
2) Çocukluğunda annen ile olan ilişki nasıldı?
   - Birlikte neler yapmaktan hoşlanırdınız?
   - Büyürken annenin en çok hangi özellikleri sana iyi gelirdi, hangi özellikleri seni zorlardı?
3) Arkadaşlarının annelerine kıyasla kendi anneni nasıl tanımlarsın?
4) Düşükle sonuçlanan hamileliğe dair sana ne anlatıldı?
   - Ne zaman anlatıldı?
   - Sence bu deneyim anneni, babanı nasıl etkilemiş? Sen bu etkiyi nasıl gözlemledin?
   - Bu deneyim sence senin hayatını etkiledi mi?
   - Bu durumla nasıl başa çıktın?
5) Sence bu durum annenle arandaki ilişkiyi etkiledi mi? Nasıl?

Appendix 2. Consent Form

ÇALIŞMANIN ADI : *Düşük yapmış annelerin ve dünyaya gelen ikinci çocuklarının bu yası deneyimleme süreçleri*

ÇALIŞMANIN KONUSU VE AMACI :

Bu tez araştırmasının genel amacı düşük doğum yapmış annelerin ve sonrasında dünyaya getirdikleri ikinci çocuklarının bu yası nasıl deneyimlediklerini anlamaktır. Ayrıca bu annelerin kayıptan sonra ikinci bir çocuk dünyaya getirdiklerinde, düşük deneyiminin sonraki anne-çocuk ilişkisini nasıl etkilediğini araştırmayı hedeflemektedir.

ÇALIŞMA İŞLEMLERİ:

Çalışmaya katılmayı kabul ederseniz, sizinle yaklaşık 1.5 saatlik yüz yüze bir görüşme yapılacaktır.

ÇALIŞMAYA KATILMAMIN OLASI YARARLARI NELERDİR?

Araştırma konumuz Türkiye'de çok fazla çalışılmamış bir konu olduğu için, bize deneyimlerinizi anlatmanız, Psikoloji bilimine katkıda bulunacak ve bu deneyimi yaşayan diğer insanlara yardımcı olabilmek için önemli bir temel oluşturacaktır.

KİŞİSEL BİLGİLERİM NASIL KULLANILACAK?

Bu formu imzalayarak araştırmaya katılım için onay vermiş olacaksınız. Çalışmaya katılmak gönüllülük esasına dayanmaktadır, istediğiniz bir zaman herhangi bir neden belirtmeden çalışmadan ayrılabilme hakkına sahipsiniz. Bununla birlikte kimlik bilgileriniz çalışmanın herhangi bir aşamasında açıkça kullanılmayacaktır. Görüşmede verdiğiniz cevaplar ve araştırma süresince işitsel cihaz kullanılarak edinilen her türlü bilgi yalnızca bu tez kapsamında kullanılacak, başka hiçbir amaç için kullanılmayacaktır. Çalışmanın sonunda tüm kayıtlar silinecektir.

SORU VE PROBLEMLER İÇİN BAŞVURULACAK KİŞİLER :

Sorularınız için tez danışamanı Yrd. Doç. Dr. Zeynep Çatay'a ve İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı bünyesinde tez çalışmasını yürüten araştırmacı Cansu Köksal'a cansuakay91@gmail.com adresinden ulaşabilirsiniz.

Çalışmaya Katılma Onayı

Bu bilgilendirilmiş onam belgesini okudum ve anladım. İstediğim zaman bu araştırmadan çekilebileceğimi biliyorum Bu araştırmaya katılmayı kabul ediyor ve bu onay belgesini kendi hür irademle imzalıyorum.

Katılımcı Adı Soyadı:		*Tarih ve İmza:*
Adres ve Telefon:		

Araştırmacı Adı Soyadı:		*Tarih ve İmza:*
Adres ve Telefon:		

ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY THE ETHICS COMMITTEE

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından doldurulacaktır /This section to be completed by the Committee on Ethics in research on Humans)

Başvuru Sahibi / Applicant: Cansu Köksal

Proje Başlığı / Project Title: Düşük yapmış annelerin ve dünyaya gelen ikinci çocuklarının bu yası deneyimleme süreçleri

Proje No. / Project Number: 2017-20024-99

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

Değerlendirme Tarihi / Date of Evaluation: 21 Kasım 2017

Kurul Başkanı / Committee Chair

Doç Dr. Itır Erhart

Üye / Committee Member

Prof. Dr. Aslı Tunç

Üye / Committee Member

Prof. Dr. Hale Bolak

Üye / Committee Member

Prof. Dr. Turgut Tarhanlı

Üye / Committee Member

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Üye / Committee Member

Prof. Dr. Ali Demirci

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Doç Dr. Ayhan Özgür Toy