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A Phenomenological Analysis of the Narrative of a Mother Giving "Birth" to her Baby who is "Already Known to be Going to Pass Away"

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Abstract

The experiences of a mother who had an artificial abortion (artificial stillbirth) was analyzed using a phenomenological method. The details of her narrative was examined, and the way she experienced an artificial stillbirth was clarified. It also captured the structure of the experience. The analysis of narratives revealed that the mother had both subjective and objective viewpoints and had the potential to self-recover. It became clear that her recovery improved when changes to her outer and inner perspectives were made. When the recognition of the baby by the mother transformed from a negative experience to a positive one and an identity was formed for the unborn child, the relationship between mother and child solidified, which helped the mother heal emotionally. By experiencing her own feelings and "meeting" her baby, the mother was able to open herself to the outside and connect with the world again.

Key words: artificial abortion, induced stillbirth, narrative, phenomenology

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1. Introduction

In Japan, ultrasound examinations are conducted during most prenatal checkups, which enables the early detection of problems in pregnant women and fetuses. However, in some cases, no treatments are available even when a problem is found in prenatal diagnosis, including ultrasound examinations. In these situations, an artificial abortion may be chosen. Sugao (2008a, 2008b, 2012, 2017) conducted interviews with mothers who underwent an artificial abortion and used the grounded theory approach to investigate the mothers' perceptions and experiences. These studies discussed the guilt felt by the parents who chose artificial abortion (henceforth, "induced stillbirth") and their strength of attachment to their fetuses. Sugao argued that the mothers' ability to position their experience "proactively" in their lives while experiencing various emotions led to their self-recovery. Attempts have been made to extract common terms from interview data with multiple mothers and identify universal themes. Nevertheless, the act of stripping away the individual context of the narrated content and inability to capture the important aspects that emerge from the common terms—the inability to capture the "lived experience" given meaning within the context due to fragmenting the context—were persistent issues (Manen, 1997). The aspects that emerge from narratives, although seemingly insignificant, have important elements in the mothers' experiences. The personal experience, described by Kawai (2006), is not an objective fact that separates phenomena and thoughts and is an important concept in clinical psychology. Describing these experiences requires carefully considering these mothers' narratives of their experiences without erasing their individuality. Additionally, clarifying the structure in which agency leading to self-recovery is exhibited requires an examination of mothers' narratives that cannot be summarized in common terms. Therefore, individual narratives must be analyzed in conjunction with analytical methods shown in previous research (Sugao, 2017). Returning to the individual experiences of the stakeholders (Washida, 1997) and describing the experiences that even the person experiencing them is not explicitly aware of (Nishimura, 2001) reveal the experience of induced stillbirth and make it accessible to mothers and supporters involved in their care. Nonetheless, to date, this topic has rarely been narrated.

This study uses phenomenological methods, comprehensively transcribes the words spoken in interviews, including filler, and carefully checks them to understand how mother experienced induced stillbirth and identify the structure of the manifestation of that experience.

2. Phenomenology in qualitative research

In phenomenological research, the narrative of an interview is assumed to be created through dialogue between the researcher and research collaborators, with conventions and common sense that we unknowingly follow set aside to approach the phenomenon itself. It attempts to explore the experience from that person's perspective. Murakami (2013a) stated that the goal of phenomenology in qualitative

research is to capture the parts that cannot be quantified or categorized and claimed that a single person's experiences and events have meaning; even if (or because) the event is unique and will not be repeated, mixing multiple data and taking the average results in the loss of hidden meaning. The phenomenological method questions subjective meaning and value (Yamatake, 2010) and is always an unfinished movement and an attempt to reveal the world (Washida, 1997). This method is suitable for approaching my intended purpose. This study uses the phenomenological method to capture important elements that emerge from the mother's narrative and find movements and structures that support them. Phenomenology does not provide criteria for judging the legitimacy and appropriateness of actions; rather, it affirms the way of life or action by elucidating the structure of a way of life or an action conducted according to a certain situation (Murakami, 2013b). As the mode of action that goes beyond the speaker's intentions and the background context are expressed in the details of the narrative (Murakami, 2013b), I believe that this approach can reveal the structure in which the mother's agency is exercised.

3. Methods

3.1. Participant

This study examines Mother A, a woman in her 30s who was found to have a fatal fetal problem during the second trimester of pregnancy and underwent an induced stillbirth in May 2010.

3.2. Study period and methods

Mother A was recruited online through a self-help group. The study was conducted in June 2010. A semi-structured interview lasting approximately two hours was conducted based on an interview guide with the consent of Mother A. During the interview, Mother A was asked to talk freely and to the extent possible about her family structure, when and why she had an induced stillbirth, the circumstances and feelings of herself and individuals surrounding her before and after the event, and support structures.

3.3. Analysis

The entire recorded interview was transcribed, and a verbatim transcript was created and carefully read. The phenomenological method was used to examine the significance of the induced stillbirth experience and the structure of the experience for Mother A. I have previously conducted clinical psychological interviews with individuals who experienced perinatal loss. Therefore, throughout the study process, I attempted to distance myself from prejudices while confirming the framework of my prior understanding as a researcher. Furthermore, with the consent of Mother A, I consulted multiple clinicians, such as researchers in the field of philosophy and nursing specializing in phenomenology, clinical psychologists, nurses, midwives, and physicians, to verify the validity of the analysis. I re-examined the results based on their indications and comments.

3.4. Ethical considerations

The purpose of this study and the possibility that the interview may cause psychological distress were explained verbally and in writing to the participant in advance. Moreover, the participant was informed that the study content would only be used for academic purposes, that privacy protection would be ensured, that participation was voluntary, and that participation could be withdrawn at any time. Consent for participation, publication, and academic conference presentation was obtained.

4. Results and discussion

Mother A was a woman in her 30s who lost her third child to an induced stillbirth due to fetal anencephaly at 16 weeks and two days of pregnancy. Her family comprised herself, her husband, and two children. She became pregnant with the third child, and the pregnancy was wanted. She was living a regular life despite suffering from hyperemesis. However, at the 12-week prenatal checkup, the attending physician of the clinic informed her that there was a problem with the fetus. Mother A decided to visit a reputed hospital for a thorough examination. The interview excerpts are presented in italics below. To protect privacy, some changes have been made without altering the main contents. The spoken expressions are presented without changes to the extent possible. Text in < > refers to words spoken by the interviewer.

I wasn't told that it was anencephaly, but "the head shape is a bit strange." It really doesn't happen where three doctors examine an ultrasound, as it's always only the primary physician. The three doctors examined it, and they said that it should be a large hospital after all... I thought it might have been something unusual… I also looked at the ultrasound screen on the monitor but had a feeling that the skull was not formed. I went home back and looked into it on the Internet. Cases just like that, the more I search, the more comes out. So then… well… I am not a medical professional, but I thought maybe it was a disease around here... For three days [until going to the referred hospital], I was anxious… there was nothing I could do... For those three days, in my own way, I was depressed and crying by myself.

I thought that, with luck, the head might be formed, but... I was told by the primary physician to "call us with the day after you get the results from visiting the hospital." I thought lightly that if the result could be handled on the phone, then the head might be properly formed... For three whole days [before going to the large hospital], there was only time... There was three days, so I was worried, and I guess I was trying to calm down when things were not clearly black and white, I don't know, I wanted to prepare myself…

Based on the unusual response of the physician and her previous experience of pregnancy, she sensed "something unusual." Moreover, based on the ultrasound images, she felt that "the skull was not formed," which could indicate that Mother A herself understood the situation. Her narrative, which

describes “I also looked” rather than “being shown the monitor,” indicates that she took an active rather than passive stance in this “unusual” situation. Furthermore, there was a limited nuance in her expressions, where she said “I thought it might have been something unusual” rather than “I thought it was something unusual” or “I had a feeling” rather than “I felt.” It could be speculated that, despite receiving the information that there was a problem with the baby’s condition, she did not recognize at this point that it was a problem to the extent that the baby could be lost. There may have been a mental movement where she did not want to recognize it. However, based on information she subsequently found on the Internet, this limited problem of a head abnormality transformed into the life-threatening condition of fetal anencephaly, which was said to be fatal in “cases just like that.” Many people, not only Mother A, become exhausted after researching endlessly on the Internet in such circumstances. Unlike a physician’s diagnosis, information on the Internet is readily accessible but may increase anxiety. The ambiguous situation that surrounded this fetus forced Mother A to become nervous, which can be seen in her statement, “For three days, I was anxious…” The ambiguous situation triggered Mother A’s <emotions> of anxiety and drove her to feel that “there was nothing I could do.” This feeling refers to the inability to respond based on her agency and reasonably and the inability to establish the act of caring for oneself and others. Actions stop when they are swallowed by emotions (Murakami, 2013a). Mother A stated that “in my own way, I was depressed and crying by myself.” This expression of “in my own way, I was depressed” is somewhat strange; nonetheless, it indicates that Mother A was aware that she would not appear “depressed” to others. Crying “by myself” likely means that she was suppressing her emotional expression in front of others. The strategy that Mother A took to manage this situation, in which it was difficult to establish actions, was to “looked into it on the Internet.” Although this may have exacerbated her anxiety, it was likely inevitable in that it needed to be done to recover her agency. There was a type of contradiction in that it is an action that worsens her anxiety while also relieving it. Although it was “something unusual,” by obtaining <information> regarding a situation about which she did not know the specifics, she attempted to overcome the situation in which “there was nothing I could do.” The ambiguous situation in which “there was nothing I could do” caused <emotions> of anxiety, and she obtained <information> to deal with it. The purpose of this was to generate <actions> that attempt to provide a realistic response and enable her to take care of herself. The mental movements of Mother A in helping and caring for herself in a critical situation may have occurred in the background. However, the Internet <information> obtained by her was not direct information about herself but about other people, and it failed to establish <actions> at this point.

Although she said that there was the prediction of a definitive diagnosis by a physician and the anticipation of denying that diagnosis, she could not help but seek <information> due to spending “three days” in this ambiguous situation, where “things were not clearly black and white.” This must have been necessary for Mother A, as she “was worried”, and [she guessed she] was trying to calm down,” or she “wanted to prepare” herself. The phrase “I guess” replaces the expression of “prepare herself.” Mother A felt the need to “calm down” and, subsequently, “prepare” herself. Alternatively, she may have been trying to prepare herself to face the restless feelings. To “calm down” and “prepare”

herself were separate actions; however, these two actions were on a continuum and influenced each other during this period. Mother A was likely in such a tense state that, while saying that she "thought lightly," she felt the need to "prepare" herself. The mental movement where she tries to escape from this is then expressed. Additionally, to "prepare" herself impacts her restlessness. Overwhelming emotional states lead to a lack of initiative and avoidance (Herman, 1992); nonetheless, Mother A's attempt to obtain <information> on the Internet may have been an effort to somehow regain the agency she was about to lose.

Although it was not yet linked to the <action> of caring for herself or others, the expressions "I was trying to calm down" and "prepare," rather than "I calmed down," indicate that she was attempting to deal with the experience happening to her consciously and actively.

[At the referral hospital] I was plainly told, "The head has formed unusually" and "It's anencephaly." I think I was also straughtforward... uh… (dry laugh) how do you say it. During those three days, I also thought that it was probably anencephaly. I thought that, with luck, the head might be formed, but I was 80% thinking that that's what I would probably be told. So, with those three days... That's why, well...for that… diagnosis, there was acceptance, kind of in the form of, "Ahh…I see…," but...

Mother A had received a definitive diagnosis at the referral hospital that her unborn child had anencephaly. Instead of using the expression "I was also straughtforward," she used "I think." Although it was happening to her, she used an expression as though she were looking at it from the outside, followed by a laugh that was out of context immediately afterward. It may have been her need to give up the expectation that "with luck, the head might be formed," a defensive reaction that necessitated being "straightforward" after receiving the plain explanation from the physician or a self-deprecating reaction for having those expectations. "For" in "for that… diagnosis" expresses a limitation, and it could suggest that her acceptance was limited. In the statement "there was acceptance… but," "there was" as well as "but" at the end indicate that, although the objective fact of anencephaly was accepted, there was something hidden that was contradictory to the background, something that could not be accepted.

In the examination, the anencephaly readily… accept, I think… I myself... Well, I was disappointed, but... I didn't even cry there; my head didn't even go blank... I think I was quite calm. The worst-case scenario... it was the result as expected. During those three days, [I thought] it's probably anencephaly; if it's anencephaly, then this will happen. It's a strange story. I guess being well-informed, even on the Internet, most people got treatment in the same form, and I guess I had read carefully... I pressed the doctor on why anencephaly occurs, but it seemed like the reason was still unknown... The doctor was straughtforward… I recall… Both the doctors as well… yes. They were straightforward... <Was this positive for you? Or was it unclear?> It was like… if I was weeping and crying, then maybe the attitude

[of the Doctors] would change… or something. Or I would think that even if they see a shocked face, that they would have such a simple feeling... Well, I think that it can't be helped that the physician has to say the name of the disease, but... Well… more than that... yeah... I asked various things, like why anencephaly occurs, but I asked at a private hospital… well, asking… it was difficult to ask… It just ends with something like, "The reason is unknown," and… like, it won't go any further than that.

Here, the expressions "accepted, I think…" and "I think I was… calm" were used. These expressions appeared as if she were looking at her situation or emotions from outside, or she was uncertain. This may be partially because the narrative is a recollection; however, it may be because Mother A sensed that there was a part of her that felt that she did not truly think so in her heart when she was recalling her feelings at the time of the interview. Moreover, there may have been no continuity between the present self and herself at that time. This part is related to the fact that there is "something hidden that was contradictory to the background" in Mother A's reaction when she received the diagnosis from the physician. Additionally, there was a confused subject in "the anencephaly readily… accept, I think… I myself…." The fact that it was not passively expressed as "was accepted" suggests that A was actively trying to face this difficult situation; nevertheless, as the grammatical confusion indicates, it was unsuccessful at this stage.

When a doctor informs a patient of problems that affect her continued pregnancy, the patient may panic, black out, unable to understand, or dissociate (Sugao, 2017). However, when Mother A heard the diagnosis, she was "quite calm." Nevertheless, she "pressed" the physician on "why anencephaly occurs." In her narrative of the time of the diagnosis, she responded to the physician's "straughtforward" response by "also [being] straughtforward." Nonetheless, in her narrative immediately afterward, she actively expressed her thoughts to the physician and attempted to obtain <information>. This is a movement to resolve the parts where the fact was "accepted, [she thought]," "but" was simultaneously not. In other words, the question of why this event is happening to oneself rather than someone else is paired with the <limited acceptance> mentioned earlier. As the "straightforward" demeanor of the physicians in response to Mother A, who was attempting to obtain more information, is repeatedly portrayed, the difficulty in obtaining more information can be felt.

Mother A could calmly respond to the situation (diagnosis) that happened to her because she had "read carefully" to the point that she became "well-informed," obtained <information> as objective facts, and had advanced knowledge. The objective <information>, which did not lead to the generation of <action> before receiving the definitive diagnosis, helped her respond calmly. However, although she had objective <information> from the Internet, Mother A asked the physician questions such as "why anencephaly occurs." This "why" is not a question about the mechanism by which anencephaly occurs. At this point, there was hesitation in Mother A's narrative in describing when she "asked" the physician "why," and the atmosphere in the interview was such that she found it difficult to convey the situation well with words. Her narration of asking while "it was difficult to ask" and stating that "it won't go any further than that" suggest that she could not communicate what she wanted to know to the

physician or ask what she really wanted to hear. The physician's response of "unknown reason" was likely an honest response. Nevertheless, as there was a discrepancy between what Mother A wanted to ask and the answer, the conversation would "just end" without a question and answer exchange. What A wanted to hear was not the "scientific knowledge" as an objective fact but the "clinical knowledge" that would be a convincing answer as an internal experience of why such a thing happened to her and not someone else, as described by Nakamura (1992). The <information> needed for accepting what was happening to her and positioning this within herself could not be obtained from the physician's response. Dealing with Mother A's inner lack of understanding and the confusion that contrasted "calmness" may have required <information> that responded to this inner lack of understanding. This <information>, which could be called "clinical knowledge" (Nakamura, 1992), is the foundation for triggering A's agency. The <information> that has been touched upon thus far seems to have several dimensions. <External> <information> is the "scientific knowledge" that is in line with objective and general facts, whereas <internal> <information> is "clinical knowledge" that is in line with subjective facts that have a strong tinge of being "for me." Although Mother A emotionally grasped the differences between these two dimensions of <information>, she did not recognize a clear distinction between them. As "it won't go any further than that" (i.e., she cannot obtain the information that is in line with the subjective facts that she is seeking), the generation of the actions would not produce good results. Nonetheless, as she internally accepted this experience, there was a movement where A attempted to obtain <internal> <information> and generate some type of action. Despite saying "I think I was… calm," her expression of "pressed" indicates that she attempted to obtain <internal> <information>. It may have been necessary to overlap several dimensions to assemble <actions> in this manner.

The doctor said that "it is the most common case [among fetal malformations], so I don't think it's necessary to be so worried about it." And then it was like, "Ahh, I see." (dry laugh). I didn't want to blame myself too much. […] I thought, I shouldn't dig too deep. […] But afterward, something like an Internet addiction occurred… Ultimately, it was the same [as with other people]… although I did some research. There was a story about how anencephaly was a common malformation, and the probability was about six in 10,000, like getting in a traffic accident… something like that. For someone to be pregnant with that kind of child, and that I was selected for that is… the worst, and... that's what I'm blaming myself for, kind of. Maybe because I was busy… or, in my first trimester of pregnancy, I got my [older] child's gastroenteritis, and maybe that was bad… things like that. I'll never get to the bottom of that, but… it's the worst… is what I had thought. It's the worst, or kind of… disappointing… regrettable… or something.

Although she agreed by saying "Ahh, I see" in response to the <external> statistical <information> of a "common case," Mother A's subsequent actions showed that she was not convinced. The laughter that does not match the flow of the story and the situation described take the form of Mother A partway telling herself the agreement of "I see," indicating that Mother A feels that it was superficial. A similar

laughter that was out of place occurred when the diagnosis of anencephaly was given. The phrase "I didn't want to blame myself too much" has a paradoxical sense of self-blame. This is also clear from the narrative that appears immediately afterward, when she says "that's what I'm blaming myself for, kind of." She may be trying to relieve the tension that arises when in conflict with her mental movements by laughing. The fact that she researched on the Internet "like an… addiction" despite thinking that she "shouldn't dig too deep" was likely because she tried to obtain <information> in line with her subjective facts. The question became "why" an event with "a story about how anencephaly was common among malformations" and is like an "accident" that one encounters in "about six in 10,000" occurred to her and not someone else. In Mother A's consciousness, the subjective and objective were recognized, and there was a shift from the <external> to the <internal>. In the case of Mother A, it was not necessarily that there was a sudden shift here, and there was the prediction of an <internal> perspective even in the process thus far. Despite receiving a clear diagnosis from the physician and thinking that she "shouldn't dig too deep," although she was not convinced, she tried to obtain a different dimension of <information>. This was Mother A's power to accept what was happening to her and not someone else. The fact that Mother A tried to accept the situation where "[she] is selected" is established in the process of obtaining the physician's diagnosis based on objective facts—<external> <information>—and the <information> she obtained herself to the extent where she had "something like an Internet addiction." When she accepted this, Mother A experienced the feeling she describes as "the worst, or kind of… disappointing… regrettable."

My feeling at that time was… disappointment, but... Something terrible was residing as the child in my womb… while thinking like this, I was also thinking, surgery quickly, but I was told that there was a tendency of placenta previa. That was at 13 weeks [of pregnancy]. […] [Even during the subsequent follow-up observations for the placenta previa,] I had to take my [older] child to play and such. [When going out together,] I would say to the baby in my womb, "We're going out to play." I was more attached than now. I was thinking that something terrible was present, but, but, well… always thinking that is hard, and I won't last. The child in my womb is also important, but now, [I] have to live for the living child as well, so... Anyway, the worry that it would be a problem if my placenta did not move up began to come forward.

Placenta previa is a condition in which the placenta is attached lower than normal (on the side closer to the vagina), covering part or all of the opening of the uterus (inner cervix) (Japan Society of Obstetrics and Gynecology). Placenta previa creates a risk of heavy bleeding; however, in many cases, as the pregnancy progresses, and the uterus grows, the placenta gradually rises (moves away from the cervix), and placenta previa ultimately disappears (Japan Society of Obstetrics and Gynecology). Mother A decided to wait for the placenta to move upward. She felt "anxious" and that "there was nothing I could do," and she could not handle this situation. She was awakened to the perspective for the child in her womb through "disappointing… regrettable" <emotion>. However, after receiving the

news, she had a negative impression of the child as “something terrible” “residing” in her, and she used the expression of “surgery” for the induced stillbirth. Nevertheless, after going through the process of follow-up observations for “placenta previa,” her impression of the child became multi-layered. The negative impression of the child that was formed after receiving the news changed to that of a “baby” whom she talked to, saying, “we’re going out to play.” She began to feel the need to take care of herself as the “mother [of the older child],” and her attention went to taking care of herself. The narrative became mainly about herself and the child in her womb, and she began to talk about her affection for her child. Until this point, the narrative was about influences from and of the <external>; nonetheless, it changed to a narrative from and of the <internal>, such as the child in her womb and her body and her thoughts on her living as a “mother.”

The three weeks [during the follow-up observation] were precious to me. There were also psychological changes. As I said earlier, I was feeling that something troublesome was in my womb, but the placenta gradually moved up, and there was nothing I could do even if I was anxious each and every day. So, after all, for the sake of the child… I already knew that he would pass away, so I felt that I had to do something for him. Not like a death costume, but… to make a swaddle, preparations like that. Coincidentally, in a newspaper […], there was something about an activity where clothes were made because it would be sad if a stillborn child were naked. I saw it on a web search before, but… Oh, they even make clothes, kind of thought. I thought maybe I would make clothes too.

Through the physical process, she felt her psychological change and that this time was “precious.” It was extremely different from the emotional experience that she describes as “I think I was” calm when she heard the diagnosis. There was a shift from a somewhat objective perspective of “I think I was” to a perspective based on actual feeling. Moreover, regarding the “anxious” <emotion>, the narrative began with “there was nothing I could do” but shifted to being able to accept the situation, which she described as “there was nothing I could do even if I was anxious.” Here, she said, “I already knew that he would pass away,” speaking the first words of preparedness for the “death” of the child in her womb. This resulted in the initiative thought of “I had to do something” “for the sake of the child.” Subsequently, she came across <information> she previously obtained from newspaper articles and the Internet (in this case, information about making clothes for babies), and an <action> was created. The establishment of an <action> with the agency of caring for herself or someone, which failed until this point, was successful here. The “psychological change” transformed the child in her womb from “something terrible” “residing” in her to someone that should be cared for and given affection. She believed that she “had to do something” and that “it would be sad if [the] child were naked” and established the <action> of doing something for the child.

I thought about it in the same way as childbirth, but I asked [at the hospital] if I could see the child when he is born. I also confirmed those things. […] I confirmed that he would be treated as a person,

not as a thing, right. I was told, "Of course." I became mentally stable. It was okay, which was just my own sense of security, but… That, I confirmed. Yeah. I have attachment to the baby in my womb. At first, I thought it was a bomb, and there were times where I wanted to quickly drop it, but I ultimately felt attachment, and mentally as well… if I had done the surgery immediately afterward, then I would not be able to accept what I could accept, or something. I would accept it in my head, but I might not have been able to accept it deep down. Like, I was really accepting that I would birth a child in three weeks, or something. Mentally too, I could accept that I would birth a child. At first, I accepted it in my head, but I also think my feelings were different, and…

Notably, the words she was using regarding the induced stillbirth had changed around the time when she said that there was a "psychological change." When she talked about the time of the news or immediately after the news, she used expressions of "surgery" and "wanted to… drop it." However, the narrative after she spoke of the "psychological change" had expressions such as "childbirth" and "birth." "Surgery," where the subject is the physician, and she or the child in the womb is the receiving side, is an <external> action. Nevertheless, words such as "childbirth" and "birth" use Mother A as the acting subject. Furthermore, the child coming out of the womb was no longer referred to as a "dropped" child but as a child who would be "born," where she acknowledged the child with the mediopassive voice[1]. Mother A had an intellectual and emotional understanding, with the latter coming from "deep down"—a deep place <internally> within herself.

Additionally, the word "confirmed" was used three times with the physician. Previously, Mother A's agency was hindered, as seen in expressions such as "not clearly black and white" and "it won't go any further than that"; nonetheless, she overcame this at this point.

Before childbirth, when I thought about the next day, I would just cry... Lots of things happened, but ultimately, when I thought about the next day, I felt sad and began to cry. But I couldn't cry when there were other people... Since long ago, I wasn't the type to cry in front of people, like in front of my parents. And on top of that, if my [older] child is there, then it's that much harder to cry... It's easier to cry alone... Yeah. I delivered the next day [after being hospitalized], and when I first met the baby, I just really cried. [He was] 15 cm, 100 g, thereabouts... And, the head wasn't formed. And, sort of… that was that, so… was the head not there or there… the baby itself was bright red, and I couldn't really tell, but the nose and mouth and ears and hands… The fingers were all properly formed, and the shoulders were also stout, kind of… (laugh) <Maybe it was because he was a boy?> Yeah (seems happy), he was also similar to my eldest son. The eyes were not formed, he was not formed from around here [eyes], but… will he be formed or not formed… maybe he was not formed because it was a deformity, but… When I saw that, I felt pity, or… like… sorry… was the feeling. I was just crying.

At this time, Mother A's tone when talking about the baby was calm and somewhat happy. There was the shift from the existence of "something terrible" to "my baby," and he became "a baby as part of

the family" that "was also similar to [her] eldest son." As previously mentioned, the self-blaming narrative regarding the disease of the child in her womb, in which "[she] didn't want to blame [herself] too much" and "because…in [her] first trimester of pregnancy, I got my [older] child's gastroenteritis," shifted to the dimension of feeling "sorry." There was a subject to whom she wanted to convey "sorry." That subject was Mother A's baby. The child in her womb, whom she referred to as "child" until this point, except when she spoke to him about "going out to play," was referred to as a "baby" after the "childbirth." Mother A's world was established in the relationship with the deceased baby, and the structure was such that the acting agent was formed based on the relationship with the baby.

And I [visit his grave], it calms me down. Hmmm, I wonder what it is. Well… when I go... I gradually calm down, like… um, toward that child... I thought this the other day, but my husband wrote the stillbirth notification on the day I gave birth, and the next day, the funeral home took [the baby] to the crematorium and had a cremation done. And that next week, I received a physical examination. And you know how you go to the obstetrics and gynecology department to check your uterus? At that time, as they said, "They were entrusted with the cremation certificate," I received it. And, when I looked at it, it was a certification that said he was cremated at ○ o'clock. And, like, when I see that… like… maybe it would have been nice if I had gone after all… the cremation… until the end… really, it would have been nice if I had gone… is what I am thinking. That it would have been nice if we had all family gone for the cremation. There is also the fact that I couldn't even do that, and I wasn't with him at the cremation, and I felt sorry for him, he was alone.

The present progressive expression of "really, it would have been nice if I had gone… is what I am thinking." to the cremation contains the thoughts of a mother with the agency of wanting to do something for her deceased baby. The expression "I felt sorry for him, he was alone" emerged only because Mother A tried to adopt the baby's perspective, and the empathy for the baby can be seen there. Although she could not go to the cremation, by holding onto her <emotions> without being overwhelmed, she could perform the <action> of going to the grave for herself and her baby. Behind this was the definite mother-child bond that was formed over even if short period. The deceased baby can be openly talked about within the family; however, this expresses the fact that Mother A is open to the <external> world. She has two older children and is living her daily life, which includes many tasks. Nevertheless, it seems that the relationship with the deceased baby continues within Mother A and her family.

5. Discussion

To become actively involved in her experience deep down within her, it may have been necessary for Mother A to keep even her inevitably negative thoughts within herself. In a situation in which emotions cannot be experienced, the events that were told from a perspective external to herself shifted to narratives from an internal perspective. Experiences came to be accompanied by actual feelings, and

she became aware of her connection with her child. She faced events with actual feelings, and the process of birthing a dying child and accepting this in the "true" sense are linked. By the movement of her <emotions> in response to a situation, her agency was exhibited to control that emotion. When her <emotions> moved, she attempted to obtain <knowledge> in various dimensions, and she tried to regain the agency that she seemed about to lose. When the agency appeared in her relationships, the relationship between Mother A and the baby clearly emerged. Hashimoto (2004) stated that "supporting the encounter" is one of the important forms of care for miscarriages and stillbirths, and Mother A could "encounter" her baby. Furthermore, it is assumed that she opened herself to the "external" world and reconnected with it.

6. Conclusion

The data presented here are for a single participant, who participated under the framework of research. There may be a bias toward a person who is in a state of being able to speak about the subject. Moreover, although efforts were made to distance myself from preconceptions needed in phenomenological research, the limitations of confirming this framework of my understanding should be acknowledged.

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Note

1) The Japanese word Umareru (born) is considered a verb (media tantum) that can only be used in the middle voice.

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