

The lived experience of being born into grief

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Abstract

This study explores the meaning of the lived experience of being born into grief. Using a phenomenological hermeneutic methodology, informed by the writings of Martin Heidegger [1889-1976] and Hans-George Gadamer [1900-2002], this research provides an understanding of the lived experience of having been a baby when one or both parents were grieving (born into grief).

The review of the literature identified physical effects of being born when a mother was stressed but no literature was found which discussed emotional effects that a baby may incur due to stress or grief of a parent. The notion of grief was explored and literature pertaining to early childhood adversity reviewed as a possible resource for bringing light to how it may be for babies born into grief. The literature indicated that possible long term complications such as rebellious behaviour, poor relationships, poor mental and physical health, could be a result of early adversity. The literature on understanding effects of grief from a conceptual perspective, rather than from the lived experience perspective, provided a platform for this study.

In this study nine New Zealand participants told their stories about the grief situation they were born into and how they thought it had affected them. Data were gathered in the form of semi structured interviews which were audio recorded and transcribed verbatim. Data were analysed by identifying key themes and engaging in a hermeneutic thinking process derived from the work of Heidegger and Gadamer, and influenced by my own training and experience as a counsellor. Reading, thinking, writing and redoing reading, thinking, and writing was the method used to bring new understanding to the data. The findings of this thesis suggested that the experience of

being born into grief was complex and tended to remain hidden in the everydayness and taken-for-grantedness of people's lives. Four themes were identified; Taken-for-granted-Being-in-the-everyday, Vulnerability-in-the-everyday, Being-with Connectedness, and Wondering. Taken-for-grantedness-in-the-everyday was about how thought was not given to how parents' grief may have affected participants as babies, and how this may have had lifelong implications. Vulnerability-in-the-everydayness showed as ways that participants' lives had become vulnerable as a result of their birth situation. Being-with Connectedness was in response to connections or lack of connections of people, culture, and things that participants identified as being the way they were, possibly as a result of being born into grief. Being-with-wondering was as a result of wondering how life may have been different if they had not been exposed to the grief of their parents as babies. This study brings to the fore how being born into grief was for the participants and how having this experience may alter, influence, or implicate people's lives. Each of these facets of understanding were interwoven and overlapped as parts that formed a whole that was bigger than the sum of the parts.

The findings of the study have implications for health professional practice, service providers, and research. Being born into grief could be a phenomenon that accounts for unexplained childhood, adolescent and adult behavioural issues, sadness, stress, anxiety, ill physical or ill mental health, later in life.

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Attestation of Authorship

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.”

Signed: 

Date: 15/06/2018

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Finally I want to acknowledge the lives of my brother Christopher, and friends - Justin, Nicole and Glen, all of whom are sadly no longer with us; however their unfortunate life situations gave me impetus to embark on this study in the hope that other people's lives would benefit. I also acknowledge the recent sad loss of our wee granddaughter Emily and hope that this thesis may also be of help to her parents and any future siblings she may have.

With love, warmth, and gratitude I say thank you – every one of you.

This study was approved by the Auckland University of Technology Ethics Committee (ref no: 15/290 August 2015).

Glossary of Māori terms

Aotearoa: New Zealand, the land of the long white cloud

Hapu: Pregnant

Pouri: Grief

Tamariki Whangai: Child Adoption

Tangi: Funeral

Te Aroha: The love

Te Reo: Māori language

Waiora: Wellbeing

Whanau: Family

Chapter One: Introduction

A child is born

A child is born
Not a time to mourn
Will he feel secure
A special time to procure
Will he be depressed
His feelings mute to being expressed
Could he be assisted
If life tragedies had not existed
How will he relate
His happy mirror patterns too late
The meaning of emotional pain
Should not be all in vain
He needs love he needs care
Who will do it if a parent is not there

The focus of this study is how being born into grief may have an impact on people in their everyday life as they grow from being a baby through into adulthood. As the poem I wrote above suggests, generally when a baby is born it is a time of celebration; however, if parents are grieving or mourning this happiness may not be fully present. This may lead to the baby feeling the parental pain, lacking a smiling face to mirror and his/her needs not being met as they would if parents were not grieving. The study looks at the possible impact of how each of the participants became who they are, and how or why they function the way they do in their everyday life, as a result of early grief experiences. The impetus for this study lies in a wondering of how important it may be to identify possible impacts from being born into grief early in a baby's life in order to avert adversity later in life.

This introductory chapter discusses the purpose of the study, research benefits, selecting the methodology, pre-understandings and horizons, myself as researcher and the research process, my career, counselling in private practice and educating the counsellors. In discussing all of the above, the foundation for the study is revealed.

Purpose of the Study

The purpose of this exploratory, phenomenological study was to examine and subsequently interpret, through retrospective narrative, the lived experiences of people born into grief. The study aimed to uncover the experiences for people who endured affects from their parent/s grief or trauma around the time they were born. The study also aimed to explore how these affects played a part in mapping out their lives. The stories of the participants form the basis for the research.

The research question was: What is the lived experience of having been born around the time their parent/s were grieving? The focus of this study is on the meaning that people gave to their experience of being a baby during this tumultuous time and the impact this had on their life. The study explored the experience of nine New Zealand adults aged between 30 and 82 years, in order to uncover the participants' meaning of being born into grief. For the purpose of this study, the identified grief was related to a one-off event, occurring up the age of one, such as the death of a parent or sibling, parental ill-health, adoption or separation. This is as opposed to chronic grief such as would be experienced if the baby was born into ongoing domestic violence or poverty for example. Grief is a global, complex, and multifaceted phenomenon that is of concern to individuals and therapeutic clinicians around the world. Definitions of grief are given in Chapter Two. However, in defining grief, it is noted that as participants identified grief differently they had the autonomy to interpret their own situation as grief and were not confined by a literary definition.

The rationale and significance of this study related to personal and professional experiences, paucity of available research literature, and my perception

as a health practitioner regarding a lack of research knowledge of new born mental health. All of which led to an interest and passion in pursuing this research.

As both a counsellor and lecturer in counselling, I am focused on best practices, including continually gaining professional insights into new knowledge and understanding of people. Through working with clients and students I have wondered about the impact on babies when either or both parents were grieving a significant loss. However, in trying to understand more on this topic, I have found very little literature. There is literature pertaining to the effects of child abuse, the physiological effects on a baby when a mother is stressed during pregnancy, mothers with mental health issues, effects for children and adolescents when a parent dies, and grief itself. Yet, literature specifically about the effects of grief on unborn and new born babies and their subsequent mental and emotional growth into childhood is scarce. Thus the meaning is left unspoken and raises the question as to whether significant aspects of being born into grief remain hidden, silencing the phenomenon without further investigation.

Whilst exploring ideas for this study I came to the realisation that I, too, had experienced this grief. I was born subsequent to the stillbirth of a sibling and I believe my parents were still grieving for that child when I was born. My parents' grief was never really acknowledged until just prior to their deaths but the consequences of this silent grief were profound.

There are many forms of grief into which a baby can be born. One source of hidden grief could relate to being born on, or near, the date of a natural disaster such as that of Air New Zealand flight 901, a scheduled Antarctic sightseeing flight that crashed, killing all on board, on 28th November 1979. The unfortunate self-inflicted death of a friend's son prompted recall of visiting her with my husband, and hearing

the men discussing the horror of the Erebus crash while she and I sat on the floor gazing at the beauty of her new born son. We looked at each other as if to say ‘what about the baby’? This young man suffered from depression and, despite many interventions, he took his own life. This left me pondering how the effects from society’s grief may have affected him. Each year as he celebrated his birthday he was reminded of all the people that died that day. I have been unable to find literature discussing hidden grief in relation to babies born at the time of a disaster. I was also unable to find a participant who identified with this type of grief.

Further to the death of my friend’s son, within a year, I had two friends who had just had their second grandchild, both born into sad family circumstances. The mother of one baby was diagnosed with terminal cancer before leaving the hospital, and the father of the baby in the other family was diagnosed with terminal cancer within two weeks of the baby’s birth. Both these situations left me feeling devastated and concerned for all of them. The birth of a child is generally an occasion for great joy but I kept wondering: How is this going to affect these babies emotionally when the parents were dealing with their own illness and grief? These two families, therefore, influenced my decision to pursue this research knowing that even if the research could not be helpful to them personally, that it may be helpful for future babies and their families. Sadly, both of the parents who were diagnosed with terminal illness, just after their second child was born, have passed away during the writing of this thesis. They were part of the impetus for this research and thereby give me hope that in the future parents, children, and babies who have similar experiences, can be supported in even greater ways.

On nearing completion of this thesis the importance of this work was highlighted even more by another sad event. Our little granddaughter, Emily, was

born too early on the 24th September 2017, and sadly lost her battle with prematurity on 16th October 2017. Her mother and father gave her absolute love and the best chance in life they could, as did the amazing medical staff. We were all heartbroken and ached for the loss of this beautiful wee girl. She will be forever in our hearts. The grief of her loss will go on, although less intensely as it is right now, and any future siblings will experience life differently because Emily was here and was loved.

Below is a poem that I wrote to celebrate Emily having been with us.

Dear Emily
Miss Emmy Bee
Your tiny hands
Held fingers of
Mummy and daddy
Your tiny feet
Walked a million miles
The mountain too high to conquer
Too immense to surpass
You fought you battled
Your beautiful eyes gazed upon mummy and daddy
Their love reflected back to you
Your heart they kept
Safe and sound
To comfort you
For love did abound
You touched many far and near
In huge waves we all mourn
A wee cherub so dear
Too young to be born
Forever and ever you will
Live on in our hearts
Little Emily little girl
Your precious presence
As immense as can be
Te Aroha te aroha
Love love to you
And mummy and daddy too

Research Benefits

The anticipated benefits of this study were that it would aid families, health and educational professionals and researchers to have better understanding of the potential issues for babies born into grief. This would enable greater awareness of the

possible effects of early grief and thereby would be useful as a preventative measure from the impact of being born into grief. It may also elucidate an area of mental health for those adults who present with no obvious cause for mental health issues but who were actually born into grief. It was hoped that this knowledge would enable families and professionals to assist people who are born into grief with their life journey, to ensure their lives and relationships had healthy connections and healthy outcomes.

As noted earlier in this chapter, a gap in the literature exists specifically relating to this topic. Literature that discussed maternal illness or stress impacting on new-borns referred to physical effects but very little about the possibility of emotional effects (Solchany, 2003). It was therefore hoped that this research would add to the available literature and provide health and educational professionals with a knowledge base that informed their practice for the benefit of the person who was born at a time of parental grief.

According to the World Health Organization (2014), mental illness accounts for 15% of the total burden of disease in the developed world, with depression set to become the second leading cause of disability in the world by 2020. It was, therefore, of significance to start at the beginning of life to help alleviate and understand mental health disorders.

The personal life grief situations outlined above, and the lack of research and literature in this area, has influenced my decision to explore the topic, being born into grief. Hence the research question: What is the lived experience of having been born around the time parent/s were grieving?

Selecting the Methodology

A research methodology that was both suitable for the research question and resonated with myself as the researcher was sought. With a background as a counsellor, I was cognisant with listening empathetically and unconditionally to people's stories regarding their lives. This in turn helped people to uncover their own meaning of their life experiences. The baseline counselling approach that I used was that of client centred practice. Essentially, this approach, developed by Carl Rogers, believes that the client has, within his/herself, the answers to his/her issues (Geldard, 2011). Thereby the role of the counsellor is guiding self-discovery rather than directing. Counselling techniques also required integrating theoretical knowledge with practice and personal experiences. These experiences became inclusive of previous client stories. Seeking meaning in people's life situations was present in each consultation; as seeking understanding from people's lived experience of being born into grief was required from this research, hermeneutic phenomenology was chosen.

Hermeneutic phenomenology allowed insight into the everyday worlds of the participants' from their perspective. According to van Manen (1990) phenomenology is always a study of a real person, who, as an individual in social and historical life circumstances, sets out to understand an aspect of human existence. Van Manen's thoughts resonated for this study as the phenomenon may be invisible to those that have not experienced the pain but are real to those who have. It required me, as the researcher, to be excited by the research topic and to be committed to sharing the phenomenological experiences with others. It aimed at establishing a new way of thinking derived from the original experience; a turning to the phenomenon of lived experience where I re-learned to look at the world by dialoguing about the basic

experience of the world. As within a hermeneutic descriptive interpretive paradigm, the understanding for this research was deeply informed by the uniqueness of the participants' stories and the context in which they lived – what had already been and what was still to come. It was about their lived experience and yet, as an individual researcher, it was also about my life experiences and intuitions. With phenomenological hermeneutic methodology we are always inside the research (Smythe, Ironside, Sims, Swenson, Spence, 2008) and, undoubtedly, at some level the study was based on my life experiences. Thus, while resonating with the uniqueness of the participant the research also resonated with my stories and other human stories. As the multiple experiences of being born into grief were synergised they showed meaning beyond what was already apparent. Although I may have searched for an elusive hidden truth there was no one absolute meaning of being born into grief. The truth of the experience was unique to how each person experienced his/her life. It could be said, therefore, that the meaning of the experience, now the truth, lay between the lines. This was especially true as the telling of the story could not be replicated in its entirety. Therefore the memory of experiencing rather than the original experiencing became part of an interpretive journey in itself (Heidegger, 1962).

Heidegger [1889-1976] and Gadamer [1900-2002] were the two key philosophers that informed the methodology for this study. Phenomenological hermeneutics allowed the voices of people who had the lived experience of being born into grief to be heard, as it searched for the richness of human life. This methodology enabled people to express more fully who they were. The methodology also enabled me to maintain equilibrium with the passion and deep interest in the emotional aspects of people's lives that is part of my everyday life. Heidegger's

notion of ways-of-Being-in-the-world was a focus for understanding everyday experiences of the human life world. This inter-connectedness between the world and how individuals experience the world allowed for the person, his/her world, and the multiple realities of lived experience to be acknowledged through this research.

Gadamer's writing focused on historical understanding which in itself became a blend of the past and present, where language was at the very core of understanding (Gadamer, 2001). Without language there was no meaning. Thus phenomenological hermeneutics required that to understand the complex nature of 'being human' I must look at how people came to understand, and to do this I must first have some knowing on how people thought (Smythe et al., 2008). Language became a prerequisite of thinking which in turn was a prerequisite of understanding (Gadamer, 2001). I needed to use metacognitive skills to enable the interpretation to emerge in its highest capability.

Phenomenological hermeneutics was a good fit for me as I was non-judgemental in the realness of people's stories; which allowed me to be carried with them in the moment of their story, their authenticity, to build a relationship of trust. In listening to others' stories, my thoughts were free flowing, floating in the shared experience as a listener. I held the story, as you would a new-born baby, with gentleness, wonder, how would it be and how would it grow? What would it mean to others? How would it impact on others and would it be okay? This was also in keeping with my understanding which was gained through my lens as a counsellor which in itself was based in phenomenology.

Pre-understandings and Horizons

It needs to be acknowledged that hermeneutic phenomenology as a methodology required me to have an awareness of prior understandings and my own world view, which were attained by an accumulation of beliefs, ideas, thoughts, historical events, and professional and personal knowledge. In looking back (horizons) this history influenced both me as researcher and how I thought; and also what events have led to my way of being-in-the-world. Further to this, van Manen (1990) stated:

The problem of phenomenological inquiry is not always that we know too little about the phenomenon we wish to investigate, but that we know too much. Or, more accurately, the problem is that our “common sense” pre-understandings, our suppositions, assumptions, and the existing bodies of scientific knowledge, predispose us to interpret the nature of the phenomenon before we have even come to grips with the significance of the phenomenological question. (p. 46)

The purpose of this section was to elicit my own pre-understandings and horizons in relation to this study. This drew to attention what may have influenced this study from my personal experience; my experience firstly as a school teacher and subsequently as a counsellor and counsellor educator, and finally my knowledge and experience as a post graduate student. As a researcher, I was “always-already” being called to be uncertain in thinking (Heidegger, 1966; Smythe, 2005).

A presuppositions interview was conducted by a phenomenological researcher at AUT University, which helped elucidate anything that may have influenced me in regard to this study. Knowing how my own early life events had affected me gave me an openness to consider others’ experiences as important and relevant. Thus all lived experience was honoured and not judged allowing this study to capture what participants said from their own truth of their experience. In summary the key points from the interview were;

- As a child there was a split between my brother and father, and between my mother and myself, which I now, from my adult perspective, put down to my father doing a lot of the care of my brother as my mother was afraid to bond fully with my brother in case she lost him as she did her first born. This split, derived from unresolved grief, caused me a lot of unhappiness.
- Unhappy childhoods may cause many problems throughout life.
- Sometimes finding the root of depression or anxiety was difficult and hard to make sense of.
- Delinquent behaviour was often a result of neglect or abuse as a child.
- Children were often not considered in a grieving process.
- People lacked awareness of the possibility that babies and small children had emotions.
- People were unaware that something that happened very early in life may have affected people's lives.
- Pre language traumas were hard to express as an adult.
- People believed that you could be too young to remember.
- Even unconscious memories were stored.

Following the presuppositions interview, and due to dialogue with my supervisors, I endeavoured to 'bracket' my pre-assumptions, by having an awareness that my professional and personal knowledge would always still be present in my thinking. However, I endeavoured to listen without drawing or leading to conclusions. I believe I tried too hard which created an issue for me where I became afraid to draw on my own knowledge and experience. Thus while I was honouring participants and their uniqueness, I was not crediting myself the same beneficence of believing I was

worthy of thought, feeling, and interpretation of others' stories. In not allowing my full self to be present I created some personal self-esteem and self-belief issues. This probably also related to my own story of being born into grief. Eventually I overcame this by allowing my thoughts, both personal and professional, to have a voice within the research process.

The Researcher and the Research Process

To say a little more about myself. I was born in the mid-1950s at a private hospital in Mt Albert, Auckland. I am the youngest of four children but the second to be born alive. My eldest brother, Christopher, was born 11th October 1952, 9lb 4oz and had light brown kiss curls covering his head. He was perfect in every way other than having been strangled by his umbilical cord. My mother laboured on her own with the knowledge that her baby was no longer alive. I could only imagine that this would have been horrendous; especially coupled with the fact that it took seven years to achieve conception. In that era generally the deceased baby would have been taken away immediately but somehow my mother, who was not an assertive type of person, managed to hold him for quite some time before this happened. In fact, as Davidson (1977) said, "until the 1970's it was considered harmful for a mother to see and hold her dead baby, especially if the baby had been stillborn, or to plan and attend a funeral service" (cited in Livingstone, 1998, p. 146). My father never saw his stillborn first son, and of course there are no photos as that was not appropriate at the time. Baby number three, another son, miscarried a little over half way through the pregnancy.

Some researchers have described "the grief of a bereaved sibling as 'invisible' whilst other researchers indicate that the lack of acknowledgement about

the significance of the parents' loss may complicate surviving sibling's grief' (Kempson & Murdock, 2010, p. 738). My brother and I found this to be the case as only our mother spoke about Christopher and that was when we brought the topic up. We sensed that the topic was forbidden as it brought pain for our parents to discuss; yet while we did not know him, we still felt a presence, an unknowing, like a secret that you intuitively have some knowledge of. According to Rowe's (2007) study on sibling loss, even though the subsequent child did not know the deceased sibling, he or she had still been a part of the family and this loss still had an impact. For both my brother and I, we had awareness of an emptiness, our oldest brother missing. We had continuing bonds with, and meaning reconstruction around, our unknown sibling (Kempson & Murdock, 2010). We also experienced an unresolved lifelong grief in response to the loss of our sibling, a loss that lacked external validation. Such an absence of validation potentially contributed to a dialectic between the intrapersonal experience and the interpersonal experience of loss or, as referred to by Klass (2006), as a disconnection between inner reality and social reality. My brother and I were the forgotten mourners.

The consequences for me of the hidden grief included: anxiety, fear, attachment issues, separation problems and more. The consequences for my brother may have been a different type of bonding and less time with mum, and he was very socially shy. I think we were both quite subdued which I related back to our parent/s unresolved grief. I now attribute my own anxiety, fear, attachment issues, separation problems, and an empty feeling to the unspoken grief that my parents had. Kempson and Murdock (2010) described the grief experienced by a sibling as 'invisible' and that the lack of grieving by a parent, due to common misunderstanding of the significance of such a loss, could have a detrimental impact on the surviving siblings.

According to Neimeyer, Baldwin, and Gilles (2006) such losses require efforts to find meaning in the loss, to reconstruct one's identity in the face of being the survivor, and to attempt to find something beneficial that came as a result of that loss. This was certainly the case for me. My brother also wondered if he himself would have been born if Christopher had lived, which has caused him both pain and gratitude.

When her second baby, my living brother, was born, I suspect my mother was so scared and anxious that she would lose him that she prepared herself unconsciously. She spoke of being unable to breastfeed him, as she had no milk, although she had copious amounts for Christopher. She would prop the second brother up with pillows and give him a bottle, and she stated that at 9lb 4oz he was too heavy to hold. Dad took over a lot of the care of my brother and bonded hugely to him. I suspect from things said that he also suffered from guilt over the loss of Chris. Then when I was born my mother reacted differently again, still unable to breastfeed but able to hold me. As my father was busy with my brother he had very little to do with me. I was a colicky baby and cried a lot which would make him angry and I believe that I was probably afraid of him. Hence, every time he attempted to hold me I would scream – apparently this lasted for years. He often told the story how one day when he arrived home from work I ran towards him with my arms outstretched and he thought “at last she is coming to me”, but apparently I ran straight past and shut the door. He always told this story as though I was horrid but I believe it was the way he treated me which in itself was related to his bonding with my brother due to the death of Christopher. A splitting had formed within the family – mum and me, dad and my brother. This continued throughout our lives until dad became terminally ill five years after the death of mum.

Mum and I spoke of the loss of Christopher within weeks of her being diagnosed with a terminal illness. She died one week after the diagnosis so there were no more opportunities to discuss the loss further. She cried at the time and said she had never gotten over it. Further to this, Christopher did not have a funeral. He was placed in the coffin with a complete stranger, buried with that person and therefore rests in a grave that is unknown to us. Capitulo (2005), Hooyman and Kramer (2008), and Wretmark (1992) noted the importance for parents of naming and burying stillborn children as a way of trying to help them come to terms with and integrate the reality of their loss. This did not occur for my parents so they had no formal ritual through which to express their grief.

Three years after mum passed away I had my fourth baby. She too nearly died at birth through cord strangulation. It was only when dad was sitting holding her, soon after her birth that he cried for his own stillborn baby. The grief was double or even triple in a way, he was crying for Christopher, for mum, and for his wee granddaughter. This was the only time he referred to his pain of losing a son.

My Career

I graduated from North Shore Teacher's Training College in 1976 at 20 years of age. At 23 I had the first of four children. Whilst largely a stay at home mother, I continued my teaching career doing relief teaching. Once the children were all at school I returned to teaching full time. As had been the case earlier in my career, I had an affinity with students who had behavioural, emotional, or physical disabilities which was reciprocated by the students. Often I was given difficult children to teach with instruction from the principal "that if anyone could help them you can". In 1997 an incident happened in the school which required me to support a group of students

through a court case. The ramifications of this incident set the wheels in motion for me to embark on further study in order to achieve a career change which would ultimately lead to me following my passion; what I believed to be my 'call', of working with children and adults who had suffered life adversity. In 1999 I completed a Masters in Educational Psychology and in 2000 a Diploma in Counselling. During this time of study I returned to relief teaching in the secondary school and began counselling in the school while establishing a private counselling practice which is still current. In January 2011 my career pathway in counsellor education commenced.

Counselling in Private Practice

As a counsellor there have been times while working with someone with anxiety or depression where there seemed no obvious cause. Yet tracing their history to infancy I found that a parent had died, was very sick or seriously injured around the time of their birth or that the parents had separated. I considered that these early life events may have played a part in unexplained mental health challenges later in life.

I have worked alongside medical staff for many years and have found that many prescribe anti-depressants for mental health problems as a quick and comparatively cheap alternative to therapy. On the other hand, a few of the doctors I work with have a growing awareness that exploring the source of emotional/mental health problems helped achieve long lasting positive therapeutic results. Further, I recently heard a doctor speaking about a man who had lost both of his legs when he was just 11 months old. When asked if this early event would account for his anxiety in adulthood the doctor replied that it would not as he was too young to remember at the time. This way of thinking needs challenging as the importance of mind-body

connections is increasingly recognised (Etherington, 2003), emphasising even further the need for working with doctors who are commensurate, or willing to be so, to increasing knowledge on how early life experiences impact on mental health. The story the doctor told of the 11 month old baby also portrayed the need to inform health professionals, through research, of the possible impact that being born into grief may have had on physical and mental health issues.

Educating the Counsellors

As a lecturer in counselling and alcohol and drug degree programmes, I was passionate about giving the best possible knowledge and personal experience to students, helping them integrate their knowledge, personal and professional experiences, and advocating for them to contribute to community knowledge, destigmatisation and the importance of world health wellbeing. My intention was to empower students to not underestimate their contribution to society. My role enabled students to learn and value ongoing research. This also led me to undertake post graduate research of my own.

Conclusion

My combined life experiences, including family life, parenting, teaching career, counsellor educator and counselling private clients, all lead me to be passionate about this study. I believed that it was of great importance as there were many people who were born at a time when their parents were grieving. If consideration was not given to the possibility that the baby may also be affected by the parents' grief and that these effects may lead to long term implications, then an opportunity may be missed to address potential problems early and even prevent some problems from

occurring. Phenomenological hermeneutics was at the core of the research and helped reveal understanding of the research question regarding participants' stories of being born at a time when parent/s were grieving. The structure of the thesis is outlined below.

Structure of the Thesis

This thesis contains nine chapters. Chapter One, "Introduction" has formulated the basis for the research in relation to the purpose, my pre-understandings and horizons, what disposed me to select hermeneutic phenomenology as the research methodology and the research method.

Chapter Two, "Literature Review" contextualises the study by providing knowledge that was known and thought to be relevant to the developmental stages of early life and the effects of disruption at this stage, and connected with mental health and relational issues found in adulthood.

Chapter Three, methodology, describes the philosophical ideas of Heidegger [1889-1976] and Gadamer [1900-2002] which provided a framework for this research and gives an overview of the philosophical notions relevant in guiding and informing this study.

Chapter Four, "Method" describes the method used for participant selection, data collection, type of analysis used for interpretation of the data, and discusses rigour and trustworthiness.

Chapters Five to Eight presents the findings of the experience of being born into grief. In chapter five the theme of taken-for-granted-in-the-everyday is presented and explains how being born into grief affected the participants' everyday life; both in their personality development and events such as vocation which participants

stated were determined, at least partially, as a result of their birth situations. Chapter six presents the theme of vulnerability-in-the-everyday and explains how the participants perceived they were vulnerable in many aspects of their lives. Chapter seven reveals the theme of connections that participants believed occurred as a result of being born into grief. Most, but not all, of the connections discussed were around significant relationships. Chapter Eight presents the theme of wondering that participants had expressed as a result of being born into grief. Many of these wonderings focus on ‘what if’ and how ‘life may have been different’ for them if their birth situations had been more normal like other people they observed.

Chapter Nine, “Discussion” brings forth understanding of participants’ experiences of being born into grief, as uncovered in this study. This chapter considers what the findings of this study might mean for those babies who were born at a time when parents were grieving and what it might mean for professional health providers. Implications for further research and mental health interventions are discussed, along with limitations of this research.

Chapter Two: Literature Review

Introduction

The means of reviewing the literature needed to be positioned and congruent with the chosen research methodology of hermeneutic phenomenology which called forth an interpretive approach, the key of which was to provide context and provoke thinking (Smythe & Spence, 2012). Within hermeneutic phenomenology the literature review also needed to consider language as a way of giving words to experience. This was opposed to a more traditional way of reviewing literature as an evaluative report of information that described, summarised, compared, clarified, and evaluated the literature.

In order to portray an interpretative approach, by providing context and provoking thinking, this literature review contains three main parts. The first section considers the etymology, definition, and the language of grief. The second section, psychological concepts and theories of grief from a Western perspective, helps position this study within the context of what is already written and known about in regards to psychological concepts of grief in general and how that relates to the phenomena of being born into grief. The third and final section, early adversity and possible implications, explores the context of what is known about babies' and children's early exposure to adverse events and thus forms the rationale for the need for this study. Each of the three parts refers to theories and empirical research. At times the theories inform the empirical research and other times the empirical research is the derivative of the theory. Each give rise to understanding of the other and, in so doing, contribute to the overall understanding of how things might be experienced for a baby born into grief.

The literature review positioned the study in the context of the current literature and current understandings and made it possible to take this already knownness of the lived experience to another level of assimilation. In order to gain understanding, around the topic of grief and early life adversity, I systematically reviewed a range of articles and books, and gathered together salient allegories of being born at a time when parents were grieving. Literature from psychology, counselling, and philosophy have been included in this review which has helped elucidate, more fully, how we understand the meaning we give to events in our lives. Literature was gathered and sought from the beginning of this research journey through to the conclusion. These resources represented Western understandings of both grief and the meaning we assign to it.

The review was a process of looking for what was relevant and thinking about what was written to find meanings that were already present in the texts. As the literature review was ongoing, it helped bring new relevant information to the research which gave increased understanding of the phenomena. The understanding was added to through the language of the texts which were written in the shared context of the phenomena.

Thus, what the texts communicated was beyond the isolation of one person to another, and acknowledged the voices of many and their shared knowing. This shared knowing fits well with Heidegger's phenomenological perspective that communication cannot be understood purely when messages are exchanged from one singular person to another. Heidegger would point out that:

such an account treats language as a context-free code and it leaves out the essential fact that linguistic communication is possible only on the background of a shared world and what one communicates about is an aspect of that shared world. (Dreyfus, 1991, p. 221)

Further to this, “If it is true that man finds the proper abode of his existence in language- whether he is aware of it or not- then an experience we undergo with language will touch the inner most nexus of our existence” (Heidegger, 1959/1971, p. 57). The language of grief is somewhat near to us in our life experiences. In ‘Being’ we all experience grief, possibly many times throughout life as grief is found in many situations and at varying levels.

Grief

Etymology and Definition of Grief

Information for this section, etymology and definitions of grief, and the following section, psychological concepts and theories of grief from a Western perspective, was drawn from previous knowledge and texts that have been used in my training as a counsellor and in gaining a masters degree in psychology. Resources were also used from planning and teaching counsellor trainees about grief as a component of their degree.

Loss in general is part of life and therefore grief is implicit to life. It is therefore important to have some shared understanding and concern about grief. In this shared concern Gadamer (1975/2004) referred to caring, thinking, doing, contemplating theories of understanding, and making use of language as key factors for understanding experience. Through language, as seen in words that define and describe grief and look at the implications of grief, we gain some understanding of what the lived experience means. Some people will have been, and further people will always be, born at a time when their parents were grieving; but historically the meaning of this for the baby has lain hidden in a taken-for-granted way. The possible short and long term impact for the baby has not been considered. The key to

understanding how this lived experience may be, according to Heidegger (1959/1971), is through the analysis of the language, from words through to sentences that describe the experience itself. Two lines in a poem by Stefan George (cited in Heidegger, 1959/1971) exemplify that without words we have nothing

So I renounced and sadly see:
Where word breaks off no thing may be

When naming the word, we enable the effect of language and communicating with others to have reciprocal benefits of connection (Gadamer, 1975/2004). The life of language becomes unified with meaning, which is fundamental to 'Being-with' and understanding others.

Therefore, in accordance with phenomenological hermeneutic study, it is relevant to look at the etymology of the language and words we use as it is only when something is named that we can give meaning to it. This understanding of being born into grief is made clearer when we consider the etymology and definition of the word grief.

The word grief comes from the Latin word 'gravis' which means weighty, painful, and important. From 'gravis' developed the Latin word 'gravare' which means to make heavy, to burden, to load, or oppress (Online Latin Dictionary). The anglo-French 'grief' also comes from 'gravis' and is defined as heavy, painful, and important. In the early 13th century grief was defined as; hardship, suffering, pain, bodily affliction from Old French *grief* "wrong, grievance, injustice, misfortune, calamity", from *grever* afflict, burden, oppress, from *gwere-* (*1*) "heavy". Meaning "mental pain, sorrow" is from c. 1300 (Online Etymology Dictionary). The word refers to carrying a burden, as in the English word grievance which means a complaint, protest, objection, injustice, even an accusation. A person who is so

burdened can be deemed to be aggrieved. The burden then can be the death of a significant person, loss of power, social status, respect, prestige, loss of future and so on (Klass, 2014).

The construct of grief has widened from referring just to loss through death to include many different kinds of losses. In the Western world most researchers and counsellors have followed Erich Lindemann in understanding grief as a process that takes place in the individual psyche. Prior to the middle of the 20th century grief was a more general word; often used interchangeably with the word mourning. By the beginning of the 21st century the concept of grief had narrowed and a distinction between grief and mourning was made to define grief as an individual psychological process, primarily an emotional response to loss (Klass, 2014). Mourning on the other hand was seen as a public display or social expression of grief shaped by the beliefs and practices of a given society or cultural group (Strobe, Hansson, Schut, & Strobe, 2008).

Further, Rosenblatt (2012) articulated that the psychological definition of grief is grounded in a particular culture and is therefore not given the same meaning across all cultures. Many languages have no word for grief as we know it in English. An example of this is that until recently, Chinese languages, of which there are many but predominantly Mandarin is spoken, had no word for grief and used an old word *bei shang* which denoted only the emotion of sorrow or sadness (Chow & Chan, 2006). In responding to death Chinese expressed *filial piety* which is a core cultural value and so grief was unable to be separated from this overall value; much in the same way grief, as an individual emotional response, is a core value in the developed West (Klass, 2014). For the indigenous people of Aotearoa New Zealand, Māori, Te Reo is spoken and the word for grief is *pouri* which means; to be dark, sad,

disheartened, mournful, sorry, remorseful, in the dark, and not understanding.

Needless to say, while not all cultures have a word that defines grief there exists a universal biological response to stress that is caused through loss (Horwitz & Wakefield, 2007). Accompanying these biological responses are thoughts which can then be expressed by language and convey understanding in individual reality, social reality, and cultural meanings of grief. Without language and the meaning we give it, little understanding, other than by facial expression or physical posture, can be gained about how a person is feeling.

While the concept of grief has existed as a phenomena before it was named, in the early 1300s enough conscious attention was given for it to be named. The history of the word gave it meaning in a way that was communicable with others and allowed the language of grief to have a context.

In a contemporary Western context the Oxford Dictionary defines grief as intense sorrow especially caused by someone's death. It is a natural response to any loss and is the emotional suffering one feels when something or someone the individual loves is taken away. Theorists, Hooyman, and Kramer (2008), defined grief as the physical, psychological, and social reaction to the loss of someone or something important and represents the particular reactions that a person experiences while in a state of loss or bereavement.

In summary, the history of the word grief and contemporary understandings identify that the word grief comes from Latin, followed by anglo-French as being heavy, painful, and important, to now include losses of many different kinds. Understanding was also subject to change according to the culture in which it was experienced. Furthermore, although the language of grief may differ, the experience is still often expressed through body language and therefore has some universality.

For this study, grief is considered to be any kind of significant loss experienced by the parents of the newborn, but in particular loss of a sibling, familial loss, adoption and parental separation. The second section of this chapter considers how grief is understood in terms of Western psychological concepts.

Psychological Concepts and Theories of Grief from a Western Perspective

Discussion of the psychological concepts and theories of grief is important as it forms a baseline from which to gain further understanding of the complexities of grief. In this section the psychological grief concepts of: understanding grief from an adult perspective, societal myths about grief, stages of grief, disenfranchised grief, vicarious grief, complicated or complex grief, impact of complicated grief, and how we understand grief from a child's perspective are all discussed. These concepts are all derived from a theoretical base with the most prominent theorists on grief being Lindemann (1994), Bowlby (1980), Kubler-Ross (1969), Worden (1996), Rando (1993) and Deuch (1937). More recently, Pomeroy and Garcia (2009) have added to the theoretical knowledge of the psychological concepts of grief.

How We Understand Grief from an Adult Perspective

In its most universal sense grief is the emotion we associate with loss. Mourning is another term that is associated with grief and has often been used interchangeably with the term grieving (Rando, 1993). Grief is not necessarily just about death, although it is the most dramatic grief (Parkes, 1996). We experience grief or loss in many situations – a relationship breakup, illness, loss of work, loss of meaningful things, separation from loved ones, moving house, loss of community, moving countries, loss of power, loss of physical wellbeing, loss of youth and so on. The list

is endless. Further, as Doka (1987) noted, dramatic change can cause the grieving person to experience grief reactions just as deeply as those that are bereaved.

We all experience grief at some point in our lives and working through this grief is as personal and individual as a fingerprint. There is no right or wrong way for an individual to experience and work through grief; each person must do it in his/her own way and in his/her own time (Geldard & Geldard, 2011). To survive grief is to do what is best for the griever at the time.

However, as Pomeroy and Garcia (2009) stated, there are Western societal myths about grief which include:

- You should get over the loss and move on with life as quickly as possible
- A person should not talk about his/her grief in social settings
- Grief should be avoided
- Something is wrong with a person who cannot hide their emotional responses to grief
- You shouldn't talk about a deceased person in case you make the mourners unhappy
- Distractions from the grief experience are beneficial
- There is a prescribed set of emotions that everyone should experience
- There are set stages of grieving
- Grief should be time limited. (pp. 11-12)

Further to this, historically, within western culture, grief was not something that was acknowledged (Pomeroy & Garcia, 2009). It was more a case of 'well that happened, get over it and move on'. This cultural attitude probably led to the origin of the myths listed above and the belief that they were not myths but in actual fact the truth. Even today some people still follow these beliefs. However, research and greater understanding have lead many people, within western cultures, to become enlightened with greater knowledge of what grief is. To aid in allaying these myths it is important to consider what normal grief is.

Normal grief encompasses a broad range of feelings and behaviours that are common after a significant loss. According to Worden (1996) and Stern (1985) people undergoing a grief reaction may experience some or all of the following phenomena associated with: feelings, physical sensations, cognitions, and behaviour. Feelings include sadness, anger, guilt and self-reproach, anxiety, loneliness, fatigue, helplessness, shock, irritability, despair, yearning for what is lost, emancipation (freedom), relief, and numbness. Physical sensations are experienced as hollowness/nausea, tightness in the chest, tightness in the throat, over-sensitivity to noise, sense of unrealness, breathlessness, weakness, lack of energy, dry mouth. Cognitions may be disbelief, confusion, preoccupation, sense of presence (lost person feels near), and hallucinations (auditory and visual), sense of incompleteness. Finally, behaviours involve sleep disturbance, appetite disturbance, absent mindedness, social withdrawal, dreams/nightmares, avoidance of reminders of lost person, searching, sighing, restless activity, crying, visiting places, or carrying objects as a reminder the lost person. These are all considered normal reactions to grief that may be experienced by people, particularly in the acute period of grieving. During and subsequent to the acute period of grieving a person may experience stages of grieving.

Stages of Grief

Various stages of grief have been proposed by researchers including Lindemann, Bowlby, Kubler-Ross, and Worden. All of these researchers, except Worden, expressed that there were varying stages that needed to be experienced in order to manage and work through grief. Worden, on the other hand, believed there were certain tasks that needed to be achieved in order to attain homeostasis. Lindemann,

Bowlby, Kubler-Ross, and Worden did, however, agree that grieving was a process that occurred over time, not just something that happened immediately.

Lindemann (1994), a German-American author and psychiatrist who specialised in bereavement, believed there are three stages of grief; firstly the mourner must relinquish the attachment to the loved one, secondly he/she must re-adapt to life without the presence of the loved one, and finally the mourner must establish new relationships with others. Lindemann claimed that these stages of grief will unfold naturally and thereby restore the bereaved person to renewed optimal functioning. On the other hand, Bowlby (1980) who worked as a psychiatrist in a Child Guidance Clinic in London in the 1930s, where he treated many emotionally disturbed children, identified four stages of grieving. The four stages of grief identified by Bowlby were: 1) the mourner experiences numbness and denial, 2) yearning and searching as the mourner begins to confront the loss, 3) feelings of disorganisation and desolation, and finally 4) gradual movement toward reorganisation. Kubler-Ross (1997) was a Swiss-American psychiatrist, a pioneer in near-death studies, who designated five stages of grief; 1) denial and isolation, 2) anger, 3) bargaining, 4) depression, and 5) acceptance.

Rather than stages of grief, Worden (1996), a fellow of the American Psychological Association renowned for his work on child bereavement, recognised a task-oriented framework of grief that included accepting the reality of the loss, working through the pain of grief, adjusting to an environment in which the deceased is missing, emotionally relocating the deceased and moving on with life. All of these researchers add valuable insight as to how working through grief may occur. The theory of stages has relevance so long as there is awareness that the stages may not be linear and the grieving person can revisit stages that appear to have been worked

through (Kubler-Ross, 1969). The theory of task orientation Worden (1996) could be seen to cover the stages whilst having a more generalised practical application and understanding.

Theorists, Worden (1996) and Bowlby (1980) agreed that as grief subsides, attention begins to shift to the surrounding world. They go on to say that the mourner begins to accommodate the deceased in time and space transforming the relationship from a physical presence to an inner remembrance and that motional energies become more available for reinvestment elsewhere in everyday activities, responsibilities, new goals, companionship, and love of others. There is no answer as to how long grieving may last. It may remain acute for several months to a year or longer (Geldard & Geldard, 2011). It is normal for grief to revisit throughout life when triggered by various events especially as there may be many regressions and progress may be slow (Kubler-Ross, 1969). In order to work through loss and grief and accommodate to a life without the person or object it may be helpful to find meaning in the loss, to reconstruct one's identity in the face of being the survivor, and to attempt to find something beneficial that came as a result of that loss (Neimeyer, Baldwin, & Giles, 2006). The idea of accommodating loss through accepting that survivors must eventually move on with their life and live without the deceased was challenged by Walter (1996) who declared that survivors want to keep the deceased in their lives and that the purpose of grief is to enable the living to integrate the memory of the dead into their ongoing lives. Accommodating the memory of the deceased person is achieved through connecting with others and having conversations with others who knew the deceased (Pomeroy & Garcia, 2009).

However, if grief is seen more as a cultural response, then stages or tasks have not been seen to have convincing empirical validity (Klass, 2014). It is

relatively recently in history, during the 1900s, that grieving has been seen as a process; as opposed to something that happens, that you just move on from as though it never existed in the first place. This may be especially true if the grief cannot be openly acknowledged and therefore becomes disenfranchised.

Disenfranchised Grief

The notion of disenfranchised grief is defined as “the grief that a person experiences when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported” (Doka, 1989, p. 4). Examples of this type of grief are; miscarriage, abortion, stillbirth, murder, death of a prisoner, suicide, some stigmatised illnesses such as AIDS, and some types of cancer such as lung or prostate. Disenfranchised grief is identified as occurring in three main situations: when the relationship is not recognised by society, when the loss is unrecognised, and when the griever is unrecognised (Pomeroy & Garcia, 2009). The latter is often the case with children or sometimes people with developmental disabilities, as they are frequently the forgotten mourners. This could also be the case with multiple births where a baby may survive when another or others have not. The parents, or society, may feel that they need to be grateful for having a survivor and therefore not have room to mourn the loss.

From Attig’s (2004) perspective, disenfranchised grief discounts and dismisses opportunities for the griever to fulfil grieving tasks. Further to this Doka (1989) purported that to grieve is a human right and those that do not sanction this right lack empathy and wield power inappropriately, depriving individuals of their chance to mourn loss and grieve in a healthy natural way. Degroot and Tennley (2017) encapsulated this thinking by saying a loss is still a loss, and grief results

from that loss. When a loss is not acknowledged a person may be left thinking that he/she has no right to feel the way he/she does, or to share his/her pain with others. Hence, while grieving will still occur, no support can be given. The griever is left to get over the grief and move on with life. Similar can probably be said for vicarious trauma in that if it is not recognised then support cannot be given.

Vicarious Trauma

Vicarious trauma, also known as secondary trauma, is usually referred to as occurring for people such as police, counsellors, doctors, and social workers who engage empathetically with other people. However, vicarious trauma can also be considered in a broader sense as indirect exposure to trauma through a first-hand account or narrative of a traumatic event (Zimering & Gulliver, 2003). The experience of vicarious trauma is akin to experiencing grief first-hand as the stages of grief are still experienced.

Often times, grief – especially if it is disenfranchised, vicarious, or unresolved – is complicated. Being born into grief may, in many cases, give rise to being born into complicated grief situations. The next section will explore the notion of complicated grief.

Complicated or Complex Grief

Complicated grief is defined by Lichtenthal, Gruess, and Prigerson (2004) as “enduring psychological and/or physical dysfunction and deviates from expected and culturally sanctioned grief reactions” (p. 658). In comparison Pomeroy and Garcia (2009) gave indicators of complex grief which, whilst being similar to normal grief, occur in extreme both in intensity and in length of time that they endure:

Hypersensitivity to experiences of separation and loss, hyper arousal and over activity aimed at suppressing anxiety related grief issues, anxiousness about death of self and/or loved ones, prolonged, excessive, persistent and unrealistic idealisation about the deceased or relationship to the deceased, tenacious obsessions and rigid compulsions about the deceased and the loss, prolonged lack of emotional expression or feeling regarding the loss, avoidance behaviours in social relationships due to fears of further loss, engaging with substance abuse or other self-sabotaging behaviours, post-traumatic stress related symptoms, such as numbness, alienation, depersonalisation, and affect flooding, prolonged and chronic depressive symptoms such as anger, irritability, and hopelessness. (p. 86)

Complicated or complex grief can occur in situations where there is suddenness and lack of anticipation, violence, mutilation and destruction, a degree of preventability, multiple deaths, or personal encounter with death involving survival. Circumstances likely to lead to complex grief include: “suicide, homicide, stigma related illness, violent crime, natural disasters and terrorism” (Pomeroy & Garcia, 2009, p. 85). Individuals who experience complex grief may exhibit both life-enhancing and life-depleting responses to the loss.

There are many implications that may arise when grief is not acknowledged or worked through, all of which may accrue dire symptoms or manifestations including extreme anxiety, depression, and post traumatic distress disorder (PTSD).

Impact of Complicated Grief

Complex grief can affect many areas of functioning including cognitive, emotional, behavioural, physiological, social, and spiritual. To gain a clearer understanding of complicated grieving it is helpful to look at these areas separately, even though as part of being human they are all interwoven. Impairment of cognitive functioning, as a result of complex grief was identified by Pomeroy and Garcia (2004) who found

that intrusive thoughts and images may interrupt daily activities and cloud perceptions of normal events.

Complex grief may give rise to emotional functioning displayed through many of the symptoms associated with PTSD such as hypervigilance, numbness, dissociation, hypersensitivity, emotional lability, terror, irritability, guilt, emotional flooding, and rage (Pomeroy & Garcia, 2004).

Additionally Pomeroy and Garcia (2004) and Neimeyer et al. (2006) found that individuals experiencing complex grief may display different behaviour repertoires on a continuum ranging from controlled to expressive, which are excessive. Controlled individuals may work hard to maintain internal control of emotions and external control of behaviours. In an effort to avoid or minimise distress they may engage in compulsive behaviours such as substance abuse, gambling, excessive working, shopping, or eating. The controlled mourner may appear to be coping well on the outside. Individuals may respond with excessive behaviour by publicly mourning loss and displaying erratic behaviours in work, social, and familial settings, for example they may talk about the death event repeatedly, exhibit restlessness, cry excessively, and/or display boisterous behaviours such as swearing, shouting, or laughing. Complex grief can also affect social functioning. When someone suffers from grief he/she may find that people are initially supportive but that, in time, support tends to wane often leaving the person feeling isolated and alone (Pomeroy & Garcia, 2004). Thus, by definition, complicated grief may occur depending on the circumstances of the death, the number of deaths involved, the relationship of the mourner with the deceased, the pre-death physical and mental functioning of the mourner, previous history with loss and trauma, social and familial support following the death, and other stressors

occurring during bereavement. Whether grief is normal, vicarious, disenfranchised, or complex its impact may differ for children and this difference may be further emphasised depending on the age of the child. It is therefore important to gain some understanding of grief for children in different developmental stages.

Understanding Grief from a Child's Perspective

In accordance with the possibility that babies born at a time when their parents were grieving may also have been grieving, and that there is no way of resolving the grief a baby may experience, it stands to reason that this grief may have continued throughout their life. With this possibility in mind, it is important to have some understanding of how childhood and adolescent grief has its own complications, features, and stages. According to Baker, Sedney, and Gross (1992), child and adolescent grief is distinct from adult grief due to differences in mental and emotional capabilities, coping skills, and children's needs for caregiving from adults. Children and adolescents often experience a renewed sense of grief as they mature through adolescence and adulthood, as if each developmental stage brings a new recognition and insight into the personal meaning of loss (Corr, Nabe, & Corr, 1994). This reliving of grief at various developmental stages suggests that the initial grief may be experienced over and over across the life span. This is especially so if the grief has gone unnoticed and unresolved. Most likely there was a taken-for-grantedness that the child was too young to experience grief or possibly even too young for his/her affective cognitions to be active.

The adjustments the child must make may significantly affect the child's emotional outlook and create major disruptions for the child. Authors such as Lindmann (1994) and Bowlby (1980) identified that there can be a wide range of

normal responses to loss; but Worden (1996) suggested that experience and environmental situations will play a major role in how the child ultimately adjusts to the loss. This is particularly the case if a child has lost a parent. A child bereavement prospective study of 36 families with children aged between 6-17 years, who lost a parent, found that during the first two years after the loss a significant number of children (33%) were identified as having risk for high levels of emotional and behavioural problems (Worden, 1996).

Furthermore, Draper and Hancock (2011) used secondary data from the National Child Development Study of children born across England, Scotland, and Wales in a single week of 1958 who had lost a parent to death prior to the age of 16, and identified that a child who has experienced the death of a parent is vulnerable to a variety of concerns, including grief, distress, and dysphoria. Additionally, one in five parentally bereaved children was likely to develop a psychiatric disorder. They also found that parentally bereaved children were significantly more vulnerable to delinquent behaviour than those who had not experienced parental bereavement. There is further evidence from Worden (1996) that individuals who have lost a parent by death, when children, were more likely than others to suffer periods of extreme emotional distress during early adult life.

Bowlby (1980) further concluded that there was an increased incidence of childhood bereavement among adults referred to a psychiatric service. Studies of childhood bereavement have been conducted with young children who have lost a parent to death, as opposed to babies who have lost a parent. If such bereavement is so for a child, it is quite possible that it is also true for a baby experiencing significant loss.

The importance of transferring these findings to the possibility that babies may suffer in the same way and have similar consequences as adults is even greater now as mental health issues are reported to be rising in the population (Ministry of Health, 2014). Therefore, we must consider all possible causes and work towards preventing mental health issues from escalating.

Developmental Stages and Grief

To gain greater understanding as to how mental health issues may arise from experiencing grief, it is of value to consider how children are affected in each developmental stage. Cognitive, social, and emotional development limits children in being able to fully internalise concepts regarding death. According to Pomeroy and Garcia (2004) there are five base concepts to be understood in regards to death. The first is universality of death – all living things die. The second is the finality of death – the deceased does not return. The third is coming to terms with the termination of the person's thoughts, feelings, and physical functioning. The fourth is the ability to comprehend the reason for death; and the final core abstraction is the ability to mentally and emotionally conceptualise the post death experience of the deceased.

If the loss of a parent or caregiver occurs from birth to two years the infant may be left feeling insecure. As Bowlby (1980) noted, attachment disorders often begin to develop during this time and can interfere with social, emotional, and cognitive development. Children of this age find it difficult to manage stress in their environment and changes in their daily routine. They may exhibit excessive crying, writhing, rocking, biting, and other anxiety related behaviours (Norris-Shortle, Young, & Williams, 1993). The child may even feel abandoned which, according to Masterson (1988), can lead to relationship difficulties as an adult. Further to this

Bowlby (2006) posited that infants as young as six months experience grief reactions resembling those seen in adults. Developmental grief reactions of two to five year olds are described by Norris-Shortle et al. (1993) as unique to this age group in that the child may think that death is temporary and that the deceased person may be sleeping or temporarily gone somewhere else and therefore death is not permanent. They may display feelings of sadness, anxiety, insecurity, irritability, and anger. According to developmental theorists (Piaget & Inhelder, 1972) a child up to the age of 10 years predominantly still functions at an egocentric stage believing that the world revolves around him/her and due to this he/she may believe that somehow he/she has caused the person to leave him/her. Some children at this age may act as though nothing has happened; conversely, others may exhibit regressive behaviours such as bed wetting or excessive clinging. Some children may even act out the loss in play about death as a way to express feelings. In contrast Pomeroy and Garcia (2004) purport that at 6-9 years of age children are gaining understanding of the finality of death and may even develop fears associated with their own death or death of surviving parent. This may lead to feelings of insecurity which may be evident if the child does not want to separate from someone looking after them. They may act hyperactively, aggressively, be disruptive or become withdrawn or sad. They may experience difficulty sleeping through the night or have nightmares, and their behaviour may regress to a younger age (Pomeroy & Garcia, 2004). At 9-12 years children understand that death is final and happens to everyone and that it leads to changes over which they have no control. They may worry that the person looking after them will die and these fears may be heightened by physical and hormonal changes which are occurring at the same time (Pomeroy & Garcia, 2004). This age group may also have difficulty controlling their feelings and feel different and

isolated within their peer group, which may compound the problem as it is at a time when belonging to the peer group is a vital development stage.

All stages of development have their own difficulties when experiencing grief and death but 13-19 year olds have some distinct problems. They may resist openly grieving as they need to appear strong, in control of their emotions, and not different to their friends. They can be reticent to discuss topics that make them feel vulnerable. In avoiding negative emotions, risk-taking behaviours and defying authority may evolve in order to mask their pain. The impact for adolescents may be made worse by difficulties in allowing others to communicate with them and support them – to allow others to enter their inner world. Due to this being a self-absorbed stage the person may feel connected to the cause of death and feel he/she could have prevented it, potentially exacerbating strong feelings of sadness, loneliness, confusion, fear, guilt, and anxiety (Corr, Nabe, & Corr, 1994). They may become easily distracted, experience eating and sleeping disturbances, perform better or worse at school, and display strong lability. Their self-concept may diminish and they may experience PTSD symptoms. However, some people deny the reality of the loss for months or years and often display greater or lesser maturity and growth as a result of the loss.

Impact of Grief for a Child

Although the grief situations may differ, all potentially have an impact on the baby. However in extreme loss, such as the death of a parent, studies by Bendiksen and Fulton (1975), Bowlby (1980), and Worden (1996) showed that individuals who have lost a parent by death when a child are more likely than others to suffer periods of extreme emotional distress during early adult life which can even lead to referral to a psychiatric service. Research by Worden showed that girls who lose mothers and

boys who lose fathers fare more poorly than if it was opposite sex loss. Sometimes it is the lead up to the death that causes more problems and sometimes factors subsequent to the death such as, “breakup of the family home, frequent changes in caregivers, changes in family roles, the grief of the surviving parent and the arrival of a step parent” (Bowlby, 1980, p. 298). Thus children and adolescents have been found to be made vulnerable by the death of a parent.

Having an awareness of ongoing or long-term effects from early childhood grief was considered in the 1930s when Deutch (1937) observed a link between childhood losses and emotional difficulties in adult life. She also considered that people may suffer personality difficulties or even episodic depression if loss in childhood had not been mourned. However, these findings have not been considered in relation to neonates; rather, emphasis has been given to physical side effects of the new-born.

Grief may be normal through to complicated; regardless, grief goes through stages or task completion. Grief is experienced differently for children depending on the developmental stage the child is at. Due to the many permutations of grief there can be similarities of effect that are observed when child adversity has been experienced. The third part of the literature review considers the implications of children experiencing adversity, with the assumption that being born into grief may also constitute experiencing adversity.

Early Adversity and Possible Implications

As a counsellor and counsellor educator it was important to search scientific literature pertaining to mental health. As this research was about showing that mental health of babies matters and has significance just as child, adolescent, or adult mental

health does, then it was important to include literature pertaining to neurological development and how early adversity may effect this development. Thus the final section of the literature review, early adversity and possible implications, discusses theoretical concepts of babies' and children's early exposure to adverse events, the possible impact of grief on neurological development, the possible impact of interference of attachment and how it impacts relationships, possible implications for behaviour and health.

I searched peer reviewed literature using the following data bases: CINAHL Plus with full text and Medline via EBSCO host. As a health professional I restricted the search to health related data bases as this was the context or horizon that I felt was most suitable for health research. Initially I read abstracts for an idea as to whether the content of the article was relevant. At times I also sought further articles notated on the article reference list. The focus was on literature published in the last 20 years, from 1997 to 2017, but there were times when I considered older literature, especially in regards to recognised theorists in the psychology field as it still held relevance in the present. I accessed supplementary sources directly from the internet, most of which were helpful, but discarded some as not having reputable writers or publishers. In searching the literature, key words, chosen for their relevance to the neonatal period, included but were not limited to: attachment, bonding, mirror neurons, grief, relationships, stress/anxiety, behaviour, neurology, prenatal, postnatal, maternal mental health, emotional affect, infant health, postnatal depression, postnatal complications, and child abuse.

Babies' and Children's Early Exposure to Adverse Events

A literature search pertaining to early adversity and possible implications found literature regarding the effects of child abuse (Perry & Szalavitz, 2010), physiological effects on a baby when a mother is stressed during pregnancy (Currie & Widom, 2010; McCorry, Brito, & Viding, 2011), mothers with mental health issues (Ministry of Health, 2014), effects for children and adolescents when a parent dies (Worden, 1996), and grief itself (Pomeroy & Garcia 2009). However, literature specifically about the effects on babies and their subsequent mental and emotional growth into childhood is limited. It is important to consider the possible impact on neurological development that being born into grief may have as this may be experienced as trauma, and much work has now been done on the impact of trauma on brain development (Ziegler, 2002; Perry & Szalavitz, 2010).

The Possible Impact of Grief on Neurological Development

Perry and Szalavitz (2010) recognised that prenatally and during the first few months of life babies' brains are vulnerable to life experiences. From the moment of conception to the end of life, we each engage in a unique dance of connection, but at birth infants' brains are considered to be more malleable and vulnerable than they will ever be outside the womb (Perry & Szalavitz, 2010). The impact of adverse situations may give rise to brain alterations of emotional affect which in turn can alter, both in the short and long term, life, relationships, work, and way of 'Being' . From the very beginning of life a baby requires others to help manage stress through the socialisation process (Bowlby, 1980), which is of significance for the important development of empathy and mirror neurons, which are specialised neurons that "mirror" the actions and behaviour of others (Rajmohan & Mohandas, 2007). Being

born at a time when parents are grieving, the enchantment of birth, the excitement of a new life beginning, although not destroyed may be altered by the painful knowing that this baby has been born into a family that cannot solely focus on their new born. Despite the family grieving, it is hoped that the joy of having a new baby shines through regardless of the contextual hardship (Crowther, 2014).

In order to gain greater awareness of how babies may be affected by early grief some understanding of the brain development of traumatised children is required. With advanced technology it is now possible for scientists to study neurology of the child's brain through functional Magnetic Resonance Imaging (fMRI) and Positron Emissions Tomography (PET). In doing so the effects of specific environmental events may be able to be tracked and measured. Furthermore, the ways in which the brain compensates and responds to adversity may also be monitored.

According to Ziegler (2002), the brain has the capacity to store and remember events prior to being able to recall them; hence, events prior to language may have an effect on the brain and the person's interaction of mental and emotional processes that form building blocks for future wellbeing. The brain, therefore, has the ability to strengthen some connections and eliminate others for a specific self-directed purpose and ultimately that of survival. Clearly events prior to language are harder to recall and to put into words but that does not mean they are not stored and remembered, even possibly unconsciously. Therefore events that happen early in life may still impact throughout life.

As Ziegler (2002) indicated:

At birth the brain has approximately 100 billion neurons, or brain cells. These cells interact and communicate with each other to form 1000 trillion synaptic connections by three years of age. In fact, the child actually has a full complement of neurons by 24 weeks gestation, long before birth. (p. 27)

Thus the importance of considering the effects that stress or grief, caused by such things as: physical illness, mental illness, suicide ideation, considering adoption, domestic violence, poverty, and close familial death, that a woman experiences during pregnancy and/or around the time of birth may affect the developing foetus or baby.

The notion of the impact of early adversity is supported by Currie and Widom (2010) and McCorry et al. (2011) who suggested there may be negative impacts on neuroanatomy and neurofunction resulting from early adversity, such as exposure to maternal stress in utero, child neglect, child maltreatment, and otherwise impoverished environments. This thought is further reinforced by the knowledge of Perry (2001) who stated “biochemical processes are disrupted or altered during development by intrauterine substance use, neglect, chaos, attachment disruptions, or traumatic stress causing the development of the brain to be compromised” (p. 21). The literature pertaining to a baby being exposed to impoverished environments only focuses on physical consequences, and therefore creates a gap in the literature as it does not consider the possible emotional implications that may arise as a result of early impoverished environments experienced in the neonatal period.

Additionally, Perry and Szalavitz (2010) stated that “the gifts of our biology are a potential not a guarantee as with so many other human potentials present at birth, empathy and love require specific experiences to develop” (p. 5). For individuals to reach their potential the environment needs to give them as much positive opportunity as possible and this requires parents to be as happy and healthy as they can. When a baby can connect to his or her mother “the brain rapidly adapts and by the second day of life the baby can recognise his or her mother by sight which is even more significant as sight is the last sense to develop” (Zeigler, 2002, p. 16).

Therefore, if this is the case, as all other senses are active, the baby is already relating to the experiences of touch, smell, taste, and hearing, all of which will be creating connections or possible disconnections. The environment into which the baby is born will undoubtedly effect these connections or lack thereof. Whether the environment is secure and happy or affected by adversity is important for how the senses are stimulated (Perry & Szalavitz, 2010).

Once the sense of sight has begun the activation of mirror neurons begins, which are essential for the baby to form healthy bonded relationships (Zeigler, 2002). This early bonding is considered vital (Bowlby, 1980), both in the present and for future relationships. Mirror neurons are also necessary for learning empathy, a fundamental component for a healthy value system and the foundation of trust (Perry & Szalavitz, 2010). Basic mirroring is the very beginning of being able to see the world through other people's eyes and is the foundation block for building empathy (Bowlby, 2006). This also enables the making of social connections, and thereby gives the power of human relationships to both heal and harm (Perry & Szalavitz, 2010). The ability for a baby to smile soon after birth is one of the first visible precursors to empathy; however the baby needs a smiling face to copy and, in doing so, activate positive mirror neurons (Zeigler, 2002). Feeding and holding a baby is the perfect opportunity for the interaction of mother and baby to experience synchronising mirror neurons as the crying and smiling responses of the baby commence and involve communication patterns (Burns, 1986). To take this thought into a broader sense, morality also depends on empathy and our ability to see the world from other peoples' points of view, and this starts with mirror neurons (Perry & Szalavitz, 2010). In other words without the positive activation of mirror neurons and acquisition of the ability to feel empathy for others, as people interrelate in

society they may do so without morality. As a result society at large suffers. This may not at first glance appear relevant to being born into grief but there may be a possibility that, depending on how adverse the situation is and how it is dealt with, the consequences may sit on a continuum of possible implications. Consequently, mirror neurons enhance attachment and bonding, create empathy, and act as a protective factor in interrelating with others.

Other-infant reciprocity, this ‘serve and return’ between a child and an important adult in his or her life, is now considered fundamentally necessary for neural wiring (Brazelton & Cramer, 1991) and “the most essential experience in shaping the architecture of the developing brain” (Rose, 2012, p. 56). This to and fro interaction between mother and baby and connection of mirror neurons begins the foundation for language as it creates a pattern of communication.

While a baby may be smiled at, the baby may also experience painful expressions when its parents are grieving. Such expressions may be mirrored and even assimilated as their own. Herman (1997) stated that “a secure sense of connection with caring people is the foundation of personality development and when this connection is shattered, the traumatised person loses her or his basic sense of self” (p. 57). The ‘caring’ people need to be in a positive mental state to maximise the potential for the baby’s healthy sense of self. In addition, certain brain structures, including the corpus callosum, hippocampus, amygdale, and hypothalamus, as well as the related functions of memory and stress arousal regulation, are particularly sensitive to the caregiving environment (Teicher, Andersen, Polcari, Andersen, Navalta & Dennis 2003). This sensitivity of a caring environment may be compromised when parents are grieving, giving rise to having an impact on

important brain structures which may alter emotional wellbeing, memory, and stress arousal, causing emotional difficulties in life.

Thus, the first key relationship, optimally mother and child, shapes the neural systems of the stress response to allow self-regulation (Bowlby, 1980). This key relationship does so because the brain regions involved in relationships are the ones that modulate the stress response and allow empathy, and although they develop together these systems are interdependent and are a significant key to human connection (Perry & Szalavitz, 2010). Strong healthy attachment appears to be the key to mitigating harm that may be experienced by a young baby whose brain is both malleable and vulnerable (Zeigler, 2002).

The Possible Impact of Lack of Attachment and How it Impacts Relationships

Bowlby (1980) considered secure attachment vital for developing healthy relationships and having the ability to sustain secure relational connections. This notion is reinforced by Perry and Szalavitz (2010) who stated “Interactions with the primary caregiver are the earliest most fundamental experiences that shape the brain. They serve as a template that moulds future responses to human contact” (p. 16). Due to poor attachment, problems in the development of the stress response system, which is responsible for good self-regulation, can interfere with the development of social and emotional functioning as the brain’s capacity to change with experience influences the way the baby/infant perceives and responds to the world (Perry & Szalavitz, 2010). Clearly there are many reasons why good secure attachment, early in life, are essential for healthy relational and functional outcomes, especially as the learning from early attachment becomes transferable to adult relationships throughout life (Bowlby, 1980). It is possible when investigating the causal effect of

poor relationships to trace an historical pattern of poor relating back to early childhood adversity (Anda, n.d.), which suggests that babies who are not born into optimal conditions of parents focused loving attention may also display poor relational behaviour as adults. This too may be retrospectively traceable.

Longitudinal studies of risk and adaptation show the strong relationship between early childhood attachment to later development and functioning in areas that include adult attachment status, adult relational competence, communication styles, psychopathology, PTSD, and reliance on the help of others when distressed (Slade, Grienberger, Bernbach & Locker, 2005; Sroufe, 2005). Clearly the potential implications of poor or disturbed attachment are huge. This is another important reason for trying to understand the implications of being born into grief.

Bonding is of great importance and “Failing to experience normal bonding changes the oxytocin system which can have terrible consequences, particularly with regard to the ability to find comfort and pleasure in loving and being loved by others” (Perry & Szalavitz, 2010, p. 133). Normal bonding may not be possible when a parent is experiencing grief. Perry (2010) noted that if a child’s caregivers are unresponsive or threatening and the attachment process is disrupted, the child’s ability to form healthy relationships during his or her life may be impaired. It would be very hard to be fully responsive to a baby’s needs when a parent’s functioning is compromised through grieving, thus relationships may not be optimal.

The importance of bonding is discussed further by Klopfer (1971) who believed that oxytocin is the hormone of maternal love which facilitates parent/child bonds and seems to be critical in wiring babies’ stress systems. It is also the substance that connects stress relief, relaxation, and calm with the baby’s specific caregivers. Again, if a mother’s life is not functioning optimally one might assume

that oxytocin is not released as it otherwise would have been. To reinforce this idea of mother love Burns (1986) asserted that during infancy the child needs secure love and attention preferably from the mother or at least a stable relationship with one person which will enhance the relationship for both child and carer. For human beings the most critical stage of early development in our environment is the creation of a primary attachment figure, which is usually the mother (Bowlby, 1980). If the mother of the baby is stressed, depressed, or ill and unable to give consistent care the baby may not even know who her/his mother is, especially if others are tending the baby's needs. As indicated by Perry and Szalavitz (2010) bonding takes intensive repetition and if babies do not get care from the same few people over and over, oxytocin cannot wire unique attributes to give comfort. The general positive association between human contact and the pleasure on which it relies will simply not be made if the bonding process is disrupted (Neimeyer, Baldwin & Giles, 2006). It could, therefore, be assumed that failure to satisfy enough of the baby's needs due to ill health, grief, death, or emotional absence could well result in maladjustment of the baby.

Relational difficulties are considered in the literature which shows loss of security through familiar smell, voice, and touch can cause a baby grief (Braxelton & Cramer, 1991) and that "losses associated with the adoption experience may predispose individuals to relational difficulties, including a sense of insecurity" (Feeny, Passmore, & Peterson, 2007, p. 32). This suggests that these harmful effects may transfer to other situations of perinatal grief placing the individual at greater risk of depression, as opposed to an assumption that babies born into grief may also be at greater risk of relational difficulties and a possible sense of insecurity. Regardless as

to whether a relationship is healthy or not mirror neurons will be activated (Zeigler, 2002). If life experiences are good this will be mirrored as will poor life experiences.

Mirroring Behaviour

Babies in a nursery cry when other babies cry as they are not able to distinguish themselves as separate entities. This mirroring of other babies also suggests that babies will feel distress when their mother is distressed. It seems apparent to me that babies with stressed mothers may also be traumatised. This is especially so as maternal stress has been found to be associated with increased offspring anxiety and depressive-related behaviours (Joplin, & Vrkleviski, 2017). Furthermore, maternal postpartum depression (PPD) exerts long-term negative effects on infants (Ohara & Swain, 1996). The mechanisms by which PPD disrupts emotional development are not fully clear but infants of depressed mothers display less social gaze and increased gaze aversion (Feldman, Adi, Parient, Kanty, & Gilboa-Schechtman, 2009; Joplin, & Vrkleviski, 2017). Due to mirror neurons it is possible that emotional maladjustment may be transferred from depressed mothers to their infants.

Many types of trauma can have devastating effects and “extreme experiences throughout the life cycle can have profound effects on memory, affect regulation, biological stress modulation and interpersonal relatedness” (Van der Kolk, 2000, p. 19). The crucial associations between positive human interactions, reward systems, and the stress response networks are the neurobiological glue for future healthy relationships and are the core of why empathy matters. Difficulties with empathy or misperceptions of another’s feelings may cause problems in communication, relationships, and society (Brandt, Perry, Seligman, & Tronick, 2014). Inability to show empathy and perceive other’s feelings are also considered key elements of

many psychiatric and neurological conditions like autism, depression, and antisocial personality disorder (Perry & Szalavitz, 2010). This finding may be transferable to what may happen when a baby is born into grief and may be an insight to further understanding this phenomenon.

So much in the brain requires appropriate exposure at the right stage of development to function optimally and extreme stress can interfere with this. In fact Szalavitz and Perry (2010) have stated that “extreme stress tends to make all mothers less affectionate toward their offspring” (p. 132) and that when stress response networks are activated in small, moderate doses, they become stronger building resilience; but in large, irregular, or extreme doses development can be interfered with. Again this points toward the possibility of a continuum of effects based on the severity of the adversity. This early connection, or lack thereof, may have profound ripple effects.

Hence, the key to early connection has been found to be powerful enough to affect genes. Meany (2005) conducted experiments with rats and found that rats who had been licked more, a life giving necessity for rat pups, were on the whole more affectionate, more relaxed, and less startled than their counterparts who received less licking from the mother. Even rat pups taken from non-licking mothers and given to mothers who were licking their own babies showed greater signs of nurturing. It seemed it was the mothering style rather than genetics that was actually changing the brain. This helped Meany develop a whole new world of science called ‘epigenetics’, the study of heritable changes in gene function that do not involve changes in the DNA. Due to epigenetics “The way that a mother treats her baby early in life literally affects which DNA gets transcribed and, therefore, the physiological path the baby’s brain and body will take” (Perry & Szalavitz, 2010, p. 129). It is apparent that our

personalities are not just genetic but are affected by the environment we are brought up in, making it even more important that we nurture babies born into grief in a way that ensures they are not deprived of opportunities for early secure attachment to be established with a significant adult. Further to this Perry and Szalavitz (2010) commented: “What Meany’s work showed in detail was that a baby’s early environment determines how and even whether certain important genes will be expressed throughout his life” (p. 129). This epigenetic work gives further rise for concern as we consider the possibility that it may not only be the babies who are born into grief who suffer but without remedial work their own children may also suffer from the possible effects and implications. Generation followed by generation may be altered. Another concern, which starts to link early childhood adversity with possible delinquent behaviour, was also apparent in Meany’s study of rats. He found that rats that lacked affectionate loving were more susceptible to finding comfort from drugs. Meany’s study of rats, which were not able to receive the required interactive nurturing parenting, provides us clues as to how things may be when a human parent is not able to fully nurture her baby.

This brings us back to further impacts on brain development as a genetic potential. As Perry and Szalavitz (2010) found the implications here were profound.

Childhoods can change the brain in predictable and sometimes devastating ways. The most troubling are the alterations in the connections among oxytocin, dopamine, and pleasure. These connections reflect fundamental human capacities of the ability to take joy in loving and being loved, and the ability to find happiness in pleasing others and being pleased by them and therefore by connection with them. The changes caused by disturbances in early attachment physiologically make social interactions less attractive, less pleasurable, and less comforting. (Perry & Szalavitz, p. 134)

As adverse childhoods can alter the brain in devastating ways it would seem apparent that babies whose basic emotional needs are not or cannot be adequately met are

more likely to be at risk of struggling to find happiness or form and maintain healthy relationships in life. This of course could have a spin-off of causing difficulty in every aspect of childhood and adult relating in life, which can also have a flow on effect to other generations. Thus, as Laible (2006) stated, “family life provides children with a rich variety of emotional experiences on which to base their growing social understanding and relationship schemes” (p. 647). These rich life experiences are crucial as a foundation for allowing healthy relationships to form throughout life. These relationships are inclusive of not only family and friends but wider society as well, thus enabling the survival of humankind.

In considering relationship connections Perry and Szalavitz (2010) posited:

the fact that stress is regulated by social systems has tremendous implications for everything from medicine to politics to business to economics – and these make empathy essential for the survival of humankind. Since humans are a social species, this special mother-child dance is only the first of many, but is the model that sets the rest of the relational machinery in motion. (p. 16)

Babies require secure attachment from the start of life to ensure that brain development is optimal in order that important life factors, such as being able to satisfactorily relate to others in the world, are not compromised causing, at times, devastating effects.

Implications for Maladaptive Behaviour

Implications for maladaptive behaviour are included as grief can be experienced as trauma (Staudacher, 1987) and trauma may be seen as developmental origins of behaviours such as aggression (Tremblay, Hartup & Archer 2005). Further to this, there is an association with delinquent behaviour and a range of debilitating issues such as anxiety, depression, and anger which may elucidate some of the responses to bereavement or other traumatic life events. A study of eight young offenders, attending an inner USA city youth offending programme, who had experiences of

traumatic life events, by Paton, Crouch, and Camic (2009), found that all the young offenders had early traumatic life experiences. The adverse childhood experiences index, which is a childhood trauma-based screening tool developed in the medical field, was also found to be indicative of risk of becoming a young offender (Wolff, Baglivio, & Piquero, 2017). As human behaviour is complex, there are a number of determinants, including attachment, intrauterine experiences, environment, genetics, and epigenetics which all contribute to the way in which the child functions relationally (MacKinnon, 2012). If offenders were found to have had traumatic experiences early in life it is possible that babies born into grief, who have also suffered trauma, may be at risk of becoming offenders.

A case study of a young man, Ryan, who raped and humiliated a girl with special needs who attended the same school (Perry, 2010) illustrates how lack of secure attachment can be problematic. To all intents and purposes Ryan appeared to have everything going for him. He came from a wealthy family and had all the ‘boy toys’ and ‘gadgets’ he desired, was good at sport and of above average intelligence. In assessing him Perry (2010) found that Ryan had been cared for by 18 nannies by the time he attended school. Each time he had bonded to and learnt the familiar smell, touch, and smile of the nanny, his mother had become upset that he preferred the nanny over her and so she had fired each nanny for being too involved. Thus from Ryan’s perspective he had been abandoned by 18 ‘mothers’. He had learnt that there was no real safety in becoming attached to a person. This resulted in Ryan’s relational part of the brain becoming stunted and functioning abnormally; his “capacity for empathy being underdeveloped and immature (he was selfish), it was disorganised (he got no pleasure or soothing from reciprocal social interactions), and ultimately, it was non-functional (he was incapable of being empathetic)” (Perry

2010, p. 127). This young man's stress response system was damaged and it would have become too painful for him to bond to people. In this situation, babies tend to bond to things, as Ryan had clearly done, deleting the capacity to feel empathy for people. A terrifying, extremely stressful environment had been created (Perry, 2010). An environment that does not meet enough of the baby's needs may negatively impact the baby's ability to bond with others, show empathy or even relate in a caring compassionate way.

Further impacts such as disorders of conduct, personality, language, cognition, and physical growth have all been found to occur in children with serious disturbances in their early family life (Burns, 1986). In addition, Murphy, Paton, Gulliver, and Fanslow (2013) found that children can experience violence that their mother experienced from before they are born and immediately after birth which are times of heightened risk. It has been recognised that babies experience their mothers' emotions through the secretion of biochemical hormones therefore both bodies feel the stress (Kluny & Dillard, 2014). Indeed, pregnancy is a time where every thought, emotion, and feeling that a mother feels is transmitted biochemically to the baby, which can affect the baby's development (Wilson & Peters, 2013). It therefore stands to reason that the grief that babies can be born into may start prior to birth. Examples of this include grief due to: bereavement, poverty, physical/sexual/ emotional violence, fear of losing the baby, thoughts of adoption and so on, all of which may happen while the mother is still pregnant.

Implications for Health

Both short and long term health problems may develop when a child is exposed to intensive and prolonged stress which can additionally lead to health problems later in life. The Adverse Childhood Experiences (ACE) study, conducted by the American

health maintenance organisation Kaiser Permanente and the Centers for Disease Control and Prevention, had over 17,000 participants. Findings by Middlebrooks & Audage, (2008) report that children who experience abuse, neglect, or household dysfunction, namely mother treated violently, exposure to substance abuse, exposure to parental mental illness, separation or divorce, or having an incarcerated household member, are at risk for the following health outcomes: alcoholism, chronic obstructive pulmonary disease, depression, foetal death, illicit drug use, ischemic heart disease, liver disease, risk for intimate partner violence, multiple sexual partners, sexually transmitted diseases, smoking, suicide attempts, and unintended pregnancies. These adverse health outcomes exponentially increase with an increased number of risk factors. These findings were also similar to those of the Dunedin Multidisciplinary Health and Development (DMHD) study conducted with 1000 men and women in New Zealand which has spanned 45 years. In the DMHD study it was found that the 20% of the population who had suffered adversity in the first 10 years of life made up 80% of the country's health and social costs (Chisholm, 2017).

Further to this, worldwide about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression. As a result of the mother not being able to function well the child's growth and development may be negatively affected (World Health Organisation, 2014). Post-partum depression in the mother is known to increase psychopathology (Verbeek, Bockting, van Pampas, Ormel, Meijer, Hartman, & Burger, 2012), create difficulties in regulating emotions (Silk, Shaw, Skuban, Oland, & Kovacs, 2006), interfere with interpersonal relationships (Carter, Garrity-Rokous, Chazen-Cohen, Little, & Briggs-Gowan, 2001) and cause problems with physiological systems that underpin stress management and social affiliation (Walker, Deschamps, Mai, Salzman, Richard,

2004). Thus, pregnancy as a significant biopsychosocial transition period can bring with it vulnerability to mental disorders which could impact on babies' wellbeing. Sometimes this is exacerbated if a woman has already been on medication for mental health reasons and decides to stop taking it during pregnancy (Ministry of Health, 2014).

The third and final section of the literature review, early adversity and possible implications, has explored theoretical concepts of: babies' and children's early exposure to adverse events, the possible impact of grief on neurological development, the possible impact of lack of attachment and how it impacts relationships, possible implications for behaviour and health. The literature identifies that the brain of a child who experiences early adversity differs from that of a child who has not had adverse experiences, leading to difficulty displaying empathy, difficulty in forming relationships, delinquent behaviour, and poor physical and mental health. This in turn is felt at a systemic level effecting the individual as well as family and society. The literature also referred to the effects being present in future generations. Much of this material was gained by empirical research which, in turn, lead prominent researchers such as; Bowlby (1980), Perry and Szalavitz (2010), Brazelton & Cramer (1991), Burns (1986), van der Kolk (2000), and Meany (2005) to create theories that relate to the impact on child development for children who experience adversity.

Conclusion

Exploring and reviewing the literature has enabled me to reveal many and varied dimensions that show themselves in relation to grief. Literature relating to neonatal elements, as well as grief and meaning, were reflected on as a way of showing what

has influenced my understandings and discussion around the possible meaning of being born at a time that parents were grieving. Although there were gaps in the literature review in regards to exploring babies' mental health, or indeed even the possibility that their mental health may be effected by the environment into which they were born, the literature search clearly identified that the foundation of sound relationships, acceptable behaviour, and mental and physical health are created during the prenatal and postnatal period. The lack of literature pertaining to early mental health is key to the rationale that research into being born into grief should be undertaken.

The experience and understanding connected to being born into grief has generally gone unnoticed. This is especially so as grief was, initially, poorly understood, and in some cultures no word existed to capture the notion. Originally grief was seen as relevant only to death but was then more broadly accepted to include many different situations of significant loss. Grief was explored from a Western worldview which still maintains myths inclusive of which is that grief is something you should just get over and move on from. Prominent grief theorists; Lindemann (1994), Bowlby (1980), Kubler-Ross (1969), Worden (1996), Rando (1993), and Deutch (1937) contributed ideas of stages of grief, tasks of grief, grief through the developmental stages, and types of grief, all of which have assisted understanding of grief from a Western perspective and thus helped distil some of the myths formally considered as truth. There are many scholarly publications that provide in-depth information about grief and loss but none provide information pertaining to babies and how they might be affected by their parents' grief.

In considering the notion of experiencing early adversity and possible implications, literature was found around the physical effects of pre and neonatal

adversity but very little about the emotional affects. Neither was there literature that explored the phenomena of the lived experience of being born into grief. However, there is a great deal of literature around early childhood adversity which was helpful in informing how these effects may be relevant to the neonatal period and that the experience of grief may have similar effects. Well known author Bowlby (1980) stated “there is now extensive literature of parental loss during childhood, due to losses of any kind, not only death” (p. 301). The literature on effects of loss with children is increasing but as yet has not reached back as far as emotional affects for babies. This is of course made more difficult as we cannot know what a baby is thinking or how he/she is experiencing something. What was clear from the literature was that experiencing childhood adversity could certainly be a predictor of social and health issues later in life.

Reviewing the literature enabled the text to become a partner in my journey of thinking and writing. The literature review uncovered what already existed. It also, at times, initiated doubt which gave way to further thinking. This thinking evolved yet further to draw more insightful interpretation of the phenomenon. In hermeneutic terms the language in the literature did indeed show something ‘as’ something (Smythe & Spence, 2012). The something in the literature review revealed that there was the possibility that babies born into grief may be at risk of life implications just as other forms of child adversity are known to be. It is unknown as to whether these effects from parents’ grief render the child more susceptible to problems ahead but it is possible that they do.

Being born into grief is a sensitive subject and it is not to say, by any means, that babies born into this situation will be detrimentally affected to the extent described above; rather an awareness of the possibility of at least some of the

proposed associated problems would enhance the care that is taken of the infant and help families and health professionals understand the worldview of babies, children, adolescents, and adults. The literature reviewed suggests babies will be potentially more vulnerable as a result of early bereavement/trauma and thereby more prone to react, especially with further loss, with detrimental life implications. These possible implications expand further if we consider that it is not just the death, loss, or trauma itself that plays a part in detrimentally affecting the child but the lead up to it, the anticipated loss of family members, possible changes in caregiver, and emotional effects of bereavement/loss/trauma on the parent.

Further, the current state of science is sufficient to mark these early years as the most pivotal for human development in terms of lifelong health and wellbeing, learning, neural development, and healthy relationships throughout life (Brandt, 2014). Thus it is important to consider that every child must be provided with five essential ingredients for optimal development in all domains, but especially 1) mental health: a safe, healthy, and low stress pregnancy; 2) the opportunity and ability to “fall in love” and “be in love” with a safe and nurturing adult; 3) support in learning to self-regulate; 4) support in learning to mutually regulate; and 5) nurturing, contingent, and developmentally appropriate care (Brandt, 2014). Without these foundational experiences, children are at risk for developmental, relational, and behavioural difficulties, and are therefore presumably at increased risk for mental illness. As “the quality of the infant-parent and child-parent relationship is the best predictor of outcome for any child” (Brazelton, 2014, p. xv) it is important to begin developing relationships early in the life of the child. This is of particular importance as “infants shape and are shaped by relationships with their parents and other important adults in their lives” (Brazelton, 2014, p. xv). We also know, through the

literature, that attentive, attuned and responsive interactions with others can buffer and heal the impact of traumatising experiences (Perry & Szalavitz, 2013).

This understanding was portrayed in essence within this chapter which showed meanings of grief as unique, neurology as potential, secure attachment as a necessary factor, and possible implications for behaviour and health. The literature review presented an argument which points to the findings, but it could never be definitive nor complete. Health professionals and families would benefit by being mindful of the possibility that people born at a time when their parents were grieving may indeed show a menagerie of different effects including the possibility of no effect at all. The literature gaps reinforce the need for this study as many babies are born into grief. With the literature review in mind the following chapter describes the philosophical notions that guided this study adding greater meaning and understanding.

Chapter Three: Methodology

Introduction

Within this chapter the context of the study will be explored in keeping with the philosophers and philosophical notions of Heidegger [1889-1976] and Gadamer [1900-2002] who are the two philosophers whose work underpins this study.

Ontology, the study of what there is in the world, and epistemology, the study of how you know it, will be discussed. The aim is to highlight the notions that have guided both my thinking and the processes that were developed while conducting this study – not to give an entire overview of their work. Heidegger's views on phenomenology and the meaning of his notions of 'Being', of Being-in-the-world, of Thrownness, and of Horizon will be explored. Seeking meaning, fore-structures of understanding will also be discussed. Gadamer and the importance of language and the hermeneutic circle will be explored.

Other theorists were relevant, such as Merleau-Ponty (1962) and Giorgi (1985), however their methodologies were more of a descriptive psychological approach than interpretive. Their theories focused on behaviour, biology and structure rather than listening to the true essence of experience. Merleau-Ponty (1962) and Husserl (1970) also discuss the concept of reduction or bracketing in the sense of putting your own bias aside, whereas Heidegger (1962) insists that one cannot bracket in this way, one's bias is always with us and always influencing us. My approach to phenomenology is consistent with Heidegger's thinking as I wanted to examine the unique lived experience of each participant, which both enriches and enhances the professional and personal experiences I brought to the research. Lived experience research cannot be replicated by another researcher, as it can be in empirical research, such as with Merleau-Ponty (1962) and Giorgi (1985). Furthermore,

following Merleau-Ponty (1962) was not appropriate for this study as he believed that intentionality is the total meaning of the object or the idea but I hold the view that it is more than what is given in the perception of a single perspective. Further to this, hermeneutic phenomenology is not an empirical analytic science (van Manen, 1990), which is in keeping with my personal belief that people's own experiences are as unique as fingerprints.

Finally, linking phenomenology and counselling will be discussed in this chapter.

This chapter will justify the use of the methodology of phenomenological hermeneutics in the realm of everyday lived experience. This phenomenological hermeneutic methodological approach underpins my research, professional, personal style and life view; and makes way for other voices with similar narratives to be heard as the participants' narratives include, yet go beyond, the telling of their stories. Further, I saw the potential for this methodology to answer questions unanswerable through other methodologies such as grounded theory and case study, as the meanings and openness to possibilities found in the lived experience could only be revealed within phenomenological hermeneutics (van Manen, 1990).

Epistemology and Ontology

Heidegger moved away from epistemology and epistemological questions, the knowing in the world, into opening up an ontological understanding of the way of 'Being-in-the-world'. He was interested in the nature of 'Being', and in how we are becoming 'Being'. Therefore 'Dasein' signifies the ontology of being human. An ontological view of 'Being' is the dwelling place, the place of contemplation, of Heideggerian phenomenology. Heidegger's approach to phenomenology "emphasised a need to understand 'Being', especially the ways in which humans act

in, or relate to, the world” (Gutek, 2004, p. 88). In this way, Heidegger originated a phenomenological approach that was centrally ontological in which “the most significant order of reality is meaning, not matter, and in which meaning is organized according to aesthetic principles instead of the principles of formal logic” (Polkinghorne, 1988, p. 159). The notion of Dasein pertains to the unity of existing as human.

Heidegger had a conviction that “epistemology is not a viable means for getting to the bottom of what our suffering is about and conceived philosophy as a therapy with the purpose to heal the soul” (Thompson, 2004, p. 12). Heidegger (1996) also wrote, “Phenomenology is our way of access to, and the demonstrative manner of determination of, what is to become the theme of ontology. Ontology is possible only as phenomenology” (p. 31). Gadamer was concerned with the essence of epistemology in his study of language; along with how the world discovered knowledge, the theory of knowledge, where knowledge comes from and how it develops. Through epistemology, Gadamer brought light to Heidegger’s ontology. Both philosophers’ thoughts create the philosophical underpinnings relevant to this study.

Philosophical Underpinnings

This study originates with an inquiry as to what is the lived experience of being born at a time when parents were grieving. The aim of the study was to seek to understand the life experiences in the context of the person’s birth and understand how that influenced his/her life journey. The interpretive paradigm allowed for understanding the world from the individual perspectives people brought to their existence. Therefore, meaning was made from the participants who told their stories, from my understanding through the multiple lens of researcher, counsellor, counsellor

educator, and personal experience, and ultimately what was gained through analysing the data. Meaning will also be made from the reader who has yet another interpretation based on his or her life experiences and horizons.

Heideggerian phenomenology had appeal for me as it was congruent with my way of being-in-the-world as a person, a counsellor, and counsellor educator. I was drawn to Heidegger's work as it focused on everyday life in the world and allowed for an emphasis on metaphor and poetry. Such creativity, according to Blattner (2006), supplanted logic as a way of understanding 'Being'; that in turn opened the possibility of new ways of thinking and exploring fundamental aspects of 'Being' in everyday life. Therefore, while I had some previous experience of the phenomenon, I was able to look at the phenomenon of other peoples' experiences. In doing so, I became aware of, and at times overwhelmed with, the language and complexities of phenomenological hermeneutics. On reflection my fore-sight had been blinkered to aspects of the methodology that appealed to me and initially I was not daunted by what I did not know that I did not know. At times though, coming to the realisation that there was so much more to know was quite overwhelming, so I broke the learning down into manageable themes and subthemes. It is through writing these separate themes and subthemes that greater understanding of the whole, as it pertains to the study, was gained. Prior to gaining greater understanding of hermeneutic phenomenology it became imperative to firstly consider Heidegger himself as a person as the context and origins of his philosophy bring forth controversial reflections as to his suitability as a humanistic philosopher (Wilberg, 2004).

Heidegger the Person

Martin Heidegger [1889-1976] was born in the rural south German village of Messkirch and came from a background of small farmers and craftsmen. Following high school he became a Jesuit novice and attended Freiburg University in 1909 on a church scholarship to study theology. After only two years he changed his study to philosophy, albeit he was particularly interested in spiritual philosophy. In 1913 he graduated from Freiburg and went on to work with Husserl but by 1920 they went their separate ways in part due to Husserl being Jewish and the incompatibility of Heidegger becoming affiliated with the Nazi party. In 1923 Heidegger became an associate and then full professor of philosophy at the University Marburg. In 1927 he published his greatest work “*Being and Time*” which was translated into English in 1962. Heidegger’s academic career continued to blossom and he succeeded Husserl as professor of philosophy at the University of Freiburg. At the end of World War Two, Heidegger was banned from teaching due to his Nazi involvement.

As researchers we too must consider the moral suitability of following Heidegger’s philosophy. Holmes (1996) argued Heidegger’s fascism is inherent in his philosophy and that at no point before, during, or after the war did Heidegger condemn Nazism or the human misery it unleashed. Neither did he denounce Hitler, the Nazi leadership, its theorists or its doctrines, or show any regret for his own association with Nazism. Thus Heidegger’s silence was seen to be indicative of indifference to the atrocities of Nazism. Further, Farias (1989) also condemned Heidegger for his involvement with fascism which he believed was not a temporary aberration but that Heidegger had prepared for his involvement earlier than first thought and that he continued following Nazism longer than was publicly known. The implication of this is that Heidegger linked key notions in his philosophy to

fascism and the values of fascism are antithetical to mainstream values and aspirations of the humanities which include such services as nursing and counselling.

However, while Heidegger's political beliefs harvest a great deal of controversy they still need to be seen in the historical political context of the era. At the time Germany went through a huge depression where people were dying on the streets and Heidegger's fabric of life was being peeled back layer by layer taking him right back, leaving him experiencing basic humanity. In this way it was non-volitional, he was thrown into a situation not of his own making. Keep in mind also that his affiliation with the nationalist Nazi party was prior to what we today commonly think of in regards to the atrocities that happened between Germans and Jews. In understanding his beliefs in the social and political context that he was writing and working, it is possible to put the negative association with the Nazi party into a past perspective and work with the challenge of his complex beliefs and writings.

My focus is, therefore, about his notions of 'Being' and 'Being-in-the-world' which I find to be humanistic, honourable, and of value. These notions focus on the human experience which resonates with the way I engage in the world. Clearly, regardless of Heidegger's political stance, he was a great thinker and it is therefore impossible to disavow Heidegger's thinking; it is too useful and too influential to be marginalised (Rothman, 2014). Furthermore, Steiner (2000) believed that Heidegger must be judged on his contributions to philosophy and not a personality flaw in his character, and that his personal failing was considered to be an entirely different matter to his philosophical merits. It is his philosophical thinking and writing that I find thought provoking and justifiable as a grounding for this study. To gain greater

understanding of Heidegger's philosophy requires gaining greater understanding of phenomenology.

Phenomenology

Phenomenology emerged at the end of the 19th century. Edmund Husserl [1859-1939] was considered to be both the founder and central figure of the phenomenological movement (Cohen & Omery, 1994), and the father of phenomenology (Cohen, 1987; Koch, 1996; Polkinghorne, 1983; Scruton, 1995).

Husserl believed that phenomenology was the study of the lifeworld, the world as we already experience it pre-reflectively, rather than how we consciously cognitively analyse it, which often includes what is taken for granted or common sense (van Manen, 1990; Husserl 1970).

The philosophy of phenomenology focuses on how one gains knowledge of the world (epistemology) as one experiences concrete realities (Grenz, Guretzki, & Nording, 1999). Originally it was thought to be the conscious use of one's mind to allow the essence of the phenomenon to present itself (Duckham & Schreiber, 2016). This evolved to not use conscious intention to gain understanding but to use actions of observing and collecting data pertaining to people's experience of their lifeworld phenomena and to focus on their lived experience. Husserlian phenomenology is essentially the study of lived experience in the lifeworld (van Manen, 1990). The lifeworld phenomena of this study is that of being born at a time when parent/s were grieving. Husserl spoke of the lifeworld in order to stress the solidness of human encapsulation within reality (Hornsby, n.d.).

The methodology of hermeneutic phenomenology uncovers what lies hidden and illuminates essential meanings in our lived experiences that may be taken for

granted. It is interpretive, focusing on bringing to the surface meanings of lived experiences (van Manen, 1977). Conjunctively, Heideggerian phenomenology, which had its beginnings in Husserlian phenomenology, focuses on 'Being'; as opposed to focusing on solving or theorising. The aim of hermeneutic phenomenological research is to, as far as possible, go back to the original experience, prior to theorising about it, and to bring to "light the meanings woven into the fabric" (Rainguber, 2003, p. 1155) of the experience because this enables understanding of human life (van Manen, 1990). With this understanding of phenomenology it is possible to proceed to a deeper understanding of the combined works of Gadamer and Heidegger through looking at hermeneutic phenomenology.

Hermeneutic Phenomenology (Gadamer and Heidegger)

For both Husserl and Heidegger the work of phenomenology is a work of unfolding, explicating, laying out the implicit fore-structures which make explicit experience possible (Caputo, 1987). Lebenswelt (lifeworld), the everyday world in which we live in the natural taken for granted attitude is according to Heidegger (1962) always there and brings to the fore what is hidden and generally taken for granted, whereas. philosopher Merleau Ponty (1962) says the lifeworld must be studied separately. For Heidegger, the lifeworld is imbedded in the participants' everyday being-in-the-world (Heidegger, 1962). The fore-structures are our pre-understandings of our way of being which is the starting point for 'Being' and begins the circular movement of hermeneutic phenomenology. Heidegger (1966) noted that Husserl's interpretation of phenomenological research, as a way of showing what we are up to, largely deals with our interpretation of existentialism as the main theme. What is generally meant as existentialism is the existence of an individual as a free and self-determining

individual (Oxford dictionary). Husserl and Heidegger's interpretation of what it is to be human differ; Husserl was concerned with human beings as "knowers" whilst Heidegger viewed human beings as concerned with a way-of-being in an already existing world (Annells, 1996). So in the existing world there is a beginning before the beginning, a context, a memory, generational, and era influences, which all bring something to shape the experience of the phenomenon. It is the art of putting into words the interpretation of the phenomenon that already exists. It is the here and now and found in the moment.

It was stated by Blattner (2006) that "Heidegger conceived of himself and Jaspers as philosophical revolutionaries aiming to overturn the abstractions and ossifications of the philosophical research of the previous generations" (p. 5); therefore Heidegger and Jaspers were able to provide a new way of seeing and researching the world. A way that is as unique to the researcher as it is to the research and the research participants. Gadamer, who was taught by Heidegger and sought to build on his ideas, went on to develop Heidegger's philosophies by arguing that "understanding is an adventure and that it expands our human experience and our world horizon" (Siebeck, 2004, p. 88). Our understanding of our world involves both looking back and looking forward as part of knowing and accommodating new knowledge. Thus epistemology is ongoing.

Gadamer's hermeneutics is the theory and practice of the phenomenological interpretation. Gadamer (2001) suggested that when a text is saying something which needs to be interpreted and assimilated, hermeneutics finds its place. Gadamer (2001) also suggested that hermeneutic (interpretive paradigm of text) phenomenology needs to be "practiced...descriptively, creatively – intuitively and in a concretising manner...concepts ought to come forward in movements of thought springing from

the spirit of language and the power of intuition” (p. 113). The lived experience is of importance as it is an authentic description that is relevant specifically to that person and is able to be captured in language which, in itself, is both arbitrary and interpretive. We bring our whole selves into the inquiry, everything unconsciously and consciously that has made us who we are and even that which is yet to come.

Gadamer contended that “the question that prompts an answer is in itself an answer to another question” (Eberhard, 2004, p. 92). In this way the questioning and answering is circular and therefore alludes to no definitive end as is the case with the hermeneutic circle. There is no absolute predefined answer as “there is no proving and disproving in hermeneutics but only a certain letting-be-seen in which we find (or fail to find) ourselves in the account” (Caputo, 1987, p. 81). Somewhat like peeling back the layers of an onion, the more layers that are peeled the deeper the understanding becomes. Gadamer (1975/2004) suggested that: “a person who seeks to understand must question what lies behind what is said. If we go back behind what is said then we inevitably ask questions beyond what is said” (p. 333). This enables us to gain a more full appreciation of the person’s lived experience through the eyes of that person rather than our assumptions about that experience. Heidegger also challenged us to make the leap that will take us to the place where thinking resides, the place of difference, and to go with readiness and willingness to listen (Smythe, 2012). In doing so, tacit knowledge becomes more visible allowing us to have insight into another person’s experience of the world. This in turn allows the opportunity to deepen our understanding of the phenomenon.

Whilst one can show how things appear through phenomenology, to actually hold and describe that appearance is always an interpretive process (van Manen, 1990). Heidegger put it succinctly when he said “our investigation itself will show

that the meaning of phenomenological description as a method lies in interpretation” (Blattner, 2006, p. 30). As a researcher, the interpretation is not claiming to be an exact evidence based scientific exploration but one that engenders thinking, opens a conversation about possible understandings, with the findings being tentative, suggestive, and mere possibilities. Thinking itself is an interpretive act and, as Heidegger suggested, it already has a mood and we are drawn to particular parts of the story; we notice what matters to us (Smythe, 2012). According to Heidegger, ‘mood’ [*Stimmung*] makes a substantial contribution to the sense that we have of belonging to a world. Our moods may change but we are always in some kind of mood, and what might seem like the absence of mood is actually the presence of an inconspicuous mood. Being in some mood or other is, according to Heidegger, a fundamental — existentials of Dasein (Ratcliffe, n.d.). In other words, mood is essential to ‘Being’ in the world – without mood is to be without ‘Being’. So our thinking then is based in mood, and the mood affects the language we use to describe the experience.

Hermeneutic phenomenology offers a way to interpret what lies within the language used to uncover what is being said beneath the spoken words. The intent is to provide a research report that engages people to think and question further implications of the participants’ stories, whether this is for greater self-knowledge, empathy, understanding, curiosity, or to align to professional practice. To manage this in a way that is commensurate with Heidegger’s philosophy is to gain some understanding of the notions that I consider of particular relevance to this study. When I first embarked on designing my research question suitable for this methodology I was not particularly familiar with Heidegger’s notions. However, as I gained more knowledge of Heidegger these relevant notions began to appear. It was

through engaging in the methodological process that I began to see ‘Being’, Dasein, ‘Being-in-the-world’, thrownness, and horizons, as notions that stood out as appropriate for the research question of the meaning of being born into grief. These notions came to the fore as participants began to work out who they were (Dasein) and how their way of ‘being in the world’ was, and that they had no choice about their birth situations (thrownness), and it was in reflectively thinking about how there life was and how it is now (horizons) that things began to make sense for them. Other notions such as ‘death’, ‘possibility’, ‘caring’, ‘finitude’ and ‘thingingness’ were also considered, but were not found to be as fitting for the current research as ‘Being’, Dasein, ‘Being-in-the-world’, thrownness, and horizons.

Heidegger’s Meaning of ‘Being’

The meaning of ‘Being’ was Heidegger’s main philosophical focus throughout his life work. He wanted to attempt to understand the nature of ‘Being’, in other words what it means to ‘Be’. His life work is based on the fundamental unanswerable question, what is the “meaning of Being?” (Heidegger, 1927/1962).

The meaning of ‘Being’ is left somewhat open and subject to each person’s experience of it; but, ‘Being’ is central to being human and being human can only be so in the world with others (van Manen, 1990). In Heideggerian terms, ‘Being’ is not an object or a thing (Inwood, 1999) but a phenomenon and the nature of that phenomenon is that it is not clear or obvious but hidden within an indecipherable concept of what it is to be a human being. When the hidden concept of Heidegger’s ‘Being’ is referred to in this text it will be written as thus, with a capital, to distinguish it from the ordinariness of a human being or of being something. Using a capital B is the ontological difference as the word being with a little b is an entity and

as such is the object of scientific investigation as well as our ordinary perceptions: trees, houses, tables, feelings and so on; whereas the capital B recognises their temporal dimension that 'Beings' necessarily exist in time, in a temporal flux of past, present, future and is bigger than the psyche or self (Thomson, 2004). 'Being' in this way must, therefore, be in the context of 'Being' with others in-the-world.

Being-in-the-world and Dasein

Heidegger believed that a unique characteristic of being human is about existing with others in the world which gives us an insight into our existence by seeing it with others. Heidegger named "studying intentionality by disentangling the mind's representation from both the objects it represents and from the psychological states that do the representing as phenomenology" (Blattner, 2006, p. 2). That is, we understand how we see the world which is only an interpretation of how it really is, based on our knowledge or cognition. Thus this is a "founded" or derivative mode of Being-in-the-world and all modes of our experience and activities are derivative forms of this Being-in-the-world (Blattner, 2006). Alongside this, we are studying time before, present and future, and 'Being there' in the context of the individual's own world, a phenomenon which Heidegger called 'Dasein'.

He used this term Dasein, Being-there, to describe a being open and intrinsically related to the world (Sheenan, 2000). We are able to reflect our own existence through the existence of others which is an important part of Dasein, particularly in relation to this study. The world becomes the context in which we exist and Dasein cannot be separate to it.

The German word Dasein means "existence", but in Heidegger's use it more specifically refers to the understanding of 'Being'. Heidegger described Dasein as

Being-in-the-world (*In-der-Welt-sein*). He said, people are always in the world, interacting with it, influenced by their mood and generally concerned about 'Being' (Sheenan, 2000). Blattner (2006) added to this world of Dasein by explaining that Heidegger believed that Dasein is a with-world and being-in is being-with. We exist in the world with others and through this comparative existence gain understanding of our own 'Being'. In this way the world is the context in which we find ourselves existing and Dasein is essentially part of this existence not separate to it.

Dasein is disclosed through language, the art of talking and hearing, and through this discourse understanding about our way of 'Being-in-the-world' is gained. As Heidegger's main interest was to raise the issue of 'Being', we, as human beings, attempt to make sense of our capacity to make sense of who we are in the world. In trying to make sense we have an awareness that existentially we are not able to see human life – like the mind or soul, a surgeon cannot cut it out. It is not a thing but rather a way of being. Heidegger believed that 'Being' was both more and less than the soul (Strathern, 2002). It is about who we are, our inner soul, but it is also about how our soul interacts with other people and how it reacts to events in our lives. It also means that 'Being' existed regardless of or even before the soul developed. Whilst the concept of human life itself is not visible it can be seen as a performance or act of being which contemporaneously exceeds the properties that we can list about human life (Harman, 2007). What we see from human life is not the soul but the actions that are carried out by human beings as they live their lives. The soul, like thinking, remains hidden until the actions give it meaning. So as ontology is the philosophical study of the nature of being, becoming, existence, then Heideggerian phenomenology interprets the ontological nature of 'Being-in' as the fundamental human essence of Being-in-the-world (Dreyfus, 1991) – those who were

born into grief as 'Being' human in Being-in-the-world, their world and exponentially our world. 'Being' is therefore in the context of 'Being-with-others'. You cannot 'Be' in isolation. It is in comparison to others that we gain a sense of who we are now and who we were when we were born.

Blattner (2006) spoke of only having an ontology after we have explored modes of 'Being' in order to know what counts as a mode of 'Being', based on our own knowing of our mode of 'Being'. Thus our Dasein is also our 'Being'. In a circular way, understanding of our self is gained through understanding others. So ontologically we move back and forth between our understanding of the parts of what it is to be a human being and our understanding of being a human being as a whole, using our self as a frame of reference. We are already, consciously or unconsciously, familiar with this frame of reference for 'Being' and it is only by being-in-the-world that we are able to find meaning and understanding. In this case the meaning and understanding of what it is to be born at a time when parents are grieving. Further to this, as Strathern (2002) stated, "Heidegger's meaning of being, is that Dasein is the entity which each one of us finds in the fundamental assertion: I am" (p. 43). The participants reveal, through their stories that emanate from comparison with others, the 'I am' of who they are due to being a baby at a time their parent/s were grieving. We can deduce that human life is already meaningful (Heidegger, 1962) before we attach our own meaningful meaning to it; it just is how it is. Interpretation that we give to life, therefore, becomes both relevant and irrelevant. My interpretation of the phenomenon of the person who is born into grief is largely irrelevant compared to the interpretation of the person that experienced the phenomenon. Therefore Heidegger's meaning of interpretation is able to guide the process of uncontaminated understanding:

Interpretation, for Heidegger, means explicit understanding, making sense of something as something – primitively entities as entities, that is, as Being. According to Heidegger then, the question of the meaning of Being, the question concerning what we understand when we understand entities as entities, presupposes some general account of our ability to understand anything explicitly as anything. (Carmen, 2003, p.12)

So in order to understand being born into grief, is first to realise that this is a real phenomenon and as such must have meaning. This phenomenon of being born into grief is immersed and embedded in a world of relationships with the lived experience. The phenomenon is in itself an entity and therefore as ‘Being’ we will only come to understand something of the meaning when we seek the unrevealed ‘Being’. In order to understand this phenomenon we must be able to understand it as it is; that is, ‘being born into grief’. Further to this understanding is the knowledge that is based on the individual who identifies his/herself as being-that-entity and who already has an understanding of what that means for him/her. Whilst we have a pre-ontological, which is gut or intuitive, understanding of ‘Being’ which according to Blattner (2006) is largely embedded in the way we go about our lives, ontology itself is an attempt to put our practical understanding of ‘Being’ into words. Being born is always open to thrownness of ‘Being-in-the-world’. Something can happen to which no thought has been given but once it has happened it will always be a part of our ‘Being’.

Thrownness

In the case of being born into grief there is a ‘thrownness’ of an unexpected event that breaks through the ordinariness of ‘Dasein’, which is always thrown in some way and reveals hidden insights or meanings of people who are engaged in the world.

Blattner (2006) stated:

what Heidegger means by ‘thrownness’ is that we are subject to life, that it burdens us in the sense that we cannot extricate ourselves from caring about it...at any given moment we are always attuned to and disposed in the world. (p. 78)

Steiner (1978) also referred to ‘thrownness’ in that human beings are thrown without knowledge or choice into an existing world that will still exist after they are gone. It happens as it happens and is already there before we even notice it. The circumstance of the world that the participants are thrown into is in existence regardless of the individual, his/her family of origin, culture, society, historical or linguistic context (Blattner, 2006). So for Heidegger, being-in-the-world is being-with-the-world and the world into which we are ‘thrown’ is subject to rules, stigmatisation, expectations, beliefs, values, morals and roles, amidst other confines (Heidegger, 1962). It will be shown in the findings chapters that some of these confines have led to ways of ‘Being’ for the participants. It is through being-with and relating to others that we begin to learn who we are and what we perceive is expected and allowable for us. Our own doing both supports and restricts us in moving toward truly ‘Being’ and our own true potential. We are born into a world in which we have had no say. The circumstances, family, culture, and context are already there and we just become a part of that. We may be thrown into a world of love, stability, and caring or thrown into a situation of chaos or anything in-between. Much of this is only revealed as we look back and contemplate all that has occurred. The notion of horizons sheds light on how we come to see from this contemplative state of ‘Being’.

Horizon

According to Gadamer (1975/2004) the horizon is “not a rigid boundary but something that moves... and invites one to advance further” (p. 247). It is usually a

vantage point from which one has a “range of vision that includes everything that can be seen” (Gadamer, p. 313) and can thus view certain matters, ask and answer appropriate questions (Inwood, 1999). It is the ability to see the past, present and future from where you are standing.

As such “the horizon of the past, out of which all human life lives, is always in motion” (Gadamer, 1975/2004, p. 315). It moves with us as we move. We each have an horizon which enables us to see beyond what is directly in front of us. It enables the person to compare and contrast the distant from the near and decide what is of importance both in the present and the past. Our horizon enables us to see the past in terms of our own ‘Being’, and when we achieve this we will have established our own historical horizon (Smythe, 1998). Further, there is an ongoing tension or dance between past and present. The present can only be how it is because of the past. Understanding is always the fusion of these horizons supposedly existing by themselves (Gadamer, 1975/2004). Our own horizon is how we see our world from our own point of view, how it has been looking back, and how we foresee the future. So to understand the participants’ stories we must stand in our own horizon while trying to also stand in theirs. In this way, our way of Being-in-the-world, our Dasein, is shaped (limited and enabled) by our horizon, as is that of the participants. From standing in horizon I was able to identify relevant notions and explore them from a philosophical view, thus enabling meaning to come to the fore.

Seeking Meaning

People are naturally disposed to experience their world as meaningful (Wilson, 2015) and this meaning is embedded in feelings, practices and cognitions. Van Manen (1990) postulated that in doing phenomenological research we are involved in

studying the way that a person experiences or understands his or her world as real or meaningful. In phenomenology there is an overarching idea that meaning is embedded in human existence (Dickleman, 2005). Further to this:

Heidegger asserts that present things get their meaning out of future purpose. That is, because humans are always living into and out of their possibilities, they have an investment in themselves, other things and other people. Humans are concerned and have concerns. Therefore, they are always interpreting their experiences in light of these investments and concerns. (Johnson, 2000, p. 143)

Being embedded in who they are in the context of themselves within society enables people to understanding meaning in their own life. Meaning, through the description of feeling an experience, is able to be shared through language or discourse as the key element. Within this research, seeking meaning will be the need to analyse the text of the interviews through engaging in the hermeneutic circle. The meaning will be established through interpretation of the stories, and is therefore not contingent on global meaning or interpretations. The research will not be asking why but will be seeking to understand how, reflectively, the person experienced life; what meaning can be derived from this to better inform parents, caregivers, family, and health professionals.

However, as van Manen (1990) said:

to do hermeneutic phenomenology is to attempt to accomplish the impossible: to construct a full interpretive description of some aspect of the 'lifeworld', and yet to remain aware that lived life is always more complex than any explication of meaning can reveal. (p. 18)

The 'lifeworld' is the world as we experience it pre-reflectively as opposed to how we conceptualise, categorise, or reflect on it (van Manen, 1990); or, in other words, the world as immediately or directly experienced in the subjectivity of everyday life, as sharply distinguished from the objective "worlds" of the sciences (Encyclopaedia

Britannica). When asking adults who were born into grief about their experiences, the lived experience will be heard as their perception of the phenomenon, their awareness of the effects of being born into grief. Notwithstanding, the interpretive lens of the researcher is one of courage, informed by all of one's understandings drawn from life experience to make sense of the meaning inherent in the story (Symthe, 2011). It is also about gaining vision, what Heidegger calls '*augenblick*'. While doing so, it is imperative to keep in mind that "the quest of hermeneutic interpretive phenomenology is to return as closely as possible to the primordial experience, that is, the un-worded 'Being'" (Smythe 2011, p. 42). What is meant by the primordial experience is the experience in its most original or pure state, uncontaminated by further happenings or thoughts. In returning to this original state we can uncover what Heidegger called the primordial truth, that which is not dependent on the truth of judgments and assertions but on the world-disclosive function of our basic familiarity (Blattner, 2006). The primordial truth can be seen as a space made available for the phenomenology of being born into grief to be seen amidst all the other happenings in life. Thus it is a study of meanings known in phenomenological terms as 'intentionality'. To gain further understanding it is important to look at understanding itself.

Fore-structures of Understanding

Heidegger (1988) described our ready-made understanding in three ways: Fore-having (advance understanding), fore-sight (imagining how it might be), fore-conception (the ideas we bring). Fore-having comes from our understanding of previous knowledge based on everyday interpretation. Our fore-sight is what we imagine and believe the future will be like, and our fore-conception is an

interpretation that has already been predetermined (Dreyfus, 1991). Fore-having, for this study, comes from my life experiences including circumstances around my birth, teaching children with behavioural, academic, or emotional issues and counselling stressed, depressed, or anxious people. The participants' fore-having comes from the thrownness of their lives and with the experiences and knowledge they have had throughout life. Fore-sight was how I imagined it might be for others to be born into grief. The participants' fore-sight comes when they compare their way of 'Being' to others in the world and wonder how they might have been different as a result of their being born into grief. Fore-conception was how I was 'called' to do this study as a realisation that there was likely to be more going on here than first thought. This in turn led to the research question and an overall wondering. Participants also spoke of a wondering about their lives and believed within themselves that their early experience played a part in shaping them and their lives in a way that was a result of this experience. To understand this more fully we need language. It is through language that we have insight into the meaning of the participants' experience.

Gadamer and the Importance of Language

Gadamer [1900-2002] developed hermeneutics which originated in biblical and legal fields and is now used more broadly as a means to bring understanding to the text. Hermeneutics inquires into the meaning and significance of human understanding by exploring the language of the text. In hermeneutic phenomenology language is vital as it is essential for all human thought. Gadamer (1975/2004) believed that when we explore 'Being' we come to understand that 'Being' underlies everything and makes language possible. He said that hermeneutics includes grammatical and psychological interpretation; it is concerned with understanding texts, with

highlighting what seems important. According to Gadamer (2001) “A conversation has a spirit of its own and the language in which it is conducted bears its own truth within it – i.e., that it allows something to “emerge” which henceforth exists” (p. 401). Language is the medium in which substantive understanding and agreement takes place between two or more people. The hermeneutic situation is not the same as a conversation between people but it is a means by which the text, which is enduringly fixed expressions of life, speaks through the other partner, the interpreter who gives it meaning (Gadamer, 1975/2004). The meaning we give to language is set in our interpretation of our past combined with our present, that is our horizon, our Dasein, and it is from hence we gain understanding. The interpretation we make of the participants’ textual stories is always bound up in our own experience and it is through language that we gain meaning.

Phenomenology enables the effects of the phenomenon to be seen while hermeneutics enables these affects to be articulated in a meaningful way through expressing the lived experience of the participant. The lived experience is meaningful and relevant to each individual as “there is no proving or disproving in hermeneutics but only a certain letting-be-seen in which we find (or fail to find) ourselves in the account” (Caputo, 1987, p. 81). Language helps us to let-be-seen that which is first either taken for granted or hidden with the ordinariness of the everyday; only through engaging in the hermeneutic circle as a dance with language that meanings are revealed.

Hermeneutic Circle

For Heidegger, the circle evolved from the belief that “every interpretation arises from a prior project or prior understanding” (Grondin, 1999/2003, p. 80). We

constantly link new thoughts with our previous knowledge and thereby search to gain new understanding. Therefore, our presuppositions and thought projections are both a condition of our understanding. We know what we know and we think this knowing combined with new ideas will create a certain outcome. To mitigate our assumptions, the notion of the hermeneutic circle enables the researcher to constantly move from fore-understandings to future understandings reducing the risk of presumptuous interpretations. An awareness of our own knowing versus our interpretation on the research data is distinguished. Thus there is a pervading need to trust the process, to write, rewrite, read, and reread; as to read in a hermeneutic way is to be attuned and engaged (Smythe & Spence, 2012). Interpretive phenomenological research and thinking cannot be separated from the textual practice of writing or the interpretation of the text itself. The writing, based on the data, leads to a discussion that articulates the individualistic meaning, sometimes hidden in the text. Thus the hermeneutic circle is formed and becomes a part of 'Being', a mode of interpretive thinking (Dickelmann, 2005). It allows the text to speak in its own way. It is being questioned by the text and in turn questioning the text. This mode of dialectical conversation allows the texts' 'truth' to be seen (Gadamer, 2004). It has no beginning and no end and constantly moves from one part to another as new understandings are gleaned.

To understand any given part the whole needs to be examined and to examine the whole requires examining the parts. In other words some understanding of the whole is gained through examining the individual parts and conversely the understanding of the individual parts is gleaned through examining the whole (Schleiermacher, 1998). This is accomplished in a dynamic, non-linear mode of thinking which shows the way to expanding understandings as the meaning that lay

hidden in the text is uncovered. The overall objective is to glean from each participant's subjective experiences notions of how the phenomenon of being born into grief might show up for those people born into grief. It is acknowledged that this study is not an end point; rather, one part of many parts that helps make up the whole and yet this whole will become in itself a part of another whole yet to be progressed. The hermeneutic circle also requires going back and rereading or reading further about hermeneutic phenomenology philosophy. "The circular movement is necessary because nothing that needs interpretation can be understood at once" (Gadamer, 1975/2004 p. 197). Within this circular movement is a bounce between phenomenology as a methodology and phenomenology as a basis in counselling. Drawing a link between the two helps the reader to understand the lens by which the data are interpreted.

Linking Phenomenology and Counselling

Carl Rogers [1902-1987] is considered to be the father of client centred counselling skills. He regarded the core counsellor conditions as: empathetic, non-judgemental, and congruent and shortly before his death he added the presence of the 'I' 'thou' relationship between therapist and client as being essential as well (Corey, 2012). In addition, Synder (1982) said of Rogers that his concept of phenomenology was essentially regarding concern with a form of experience. When considered in an historical phenomenological context, counselling is about experience of unity and wholeness of the client (Synder, 1982). This thought is compatible with that of hermeneutic phenomenology where it is the lived experience that counts. It is the person as 'Being' where the parts of that 'Being' come together as a whole that is greater than the parts combined. The counsellor, through focused listening, must help

bring the parts together to form more than the whole as it stands. The counsellor suspends objective judgement in order to dwell in the experience of the client. However, a counsellor, with Rogerian training following Heideggerian philosophy, will value and recognise his/her own subjective understanding of a phenomenon (Duckham & Schreiber, 2016). The counsellor will look for themes within stories about the client's lived experience while incorporating core counselling conditions. Through these stories the counsellor gains some understanding of what is meaningful or true in the client's world. This is part of a counselling core condition of being non-judgmental and assuming a position of not knowing how it is for the individual client.

According to Heidegger (2010) "one can only really understand a phenomenon by engaging in, or understanding, one's true interests in the world" (p. 11). Thus, the counsellor, who follows Heidegger's philosophy, attempts to understand how 'Being-in-the-world', is for the client. In a similar manner a counsellor not following Heidegger's philosophy still attempts to understand the client from the client's expression of how life is for him or her. It is about the client's interpretation of his/her life events. As Rogers (1959) argued we behave as we do because of the way we interpret our situation. In reality this means that the client is an expert about his/herself and his/her lived experience is what counts, not how the counsellor perceives those experiences. From a historical phenomenological context, though, perspective is seen as the development of what is perceived, of what the world is (Snyder, 1982). This perspectival experience is solely that of the individual and with the absence of any one already made 'real world' the validity of any individual's perspective is absolute. The individual is thus integrally linked to the perceived world and significantly affects that which is perceived (Snyder, 1982). Due

to this, prior notions are deliberately set aside with the knowledge that this can never fully happen, in order to try and understand the client's context and meaning in his/her world, from his/her perspective. The process of bringing to light the client's subjective meaning is attained through the use of empathy (Rogers, 1951), the most fundamental core counselling skill.

Whilst hermeneutics concentrates on the phenomenon rather than a hypothesis about the phenomenon, safe practice counselling requires the counsellor to have theoretical knowledge of a possible hypothesis as to why a client is feeling how he/she is and what this might mean therapeutically. Therefore, some prior knowledge must be inherent regardless of attempting to explore the phenomenon without bias. One example of a number of situations requiring prior knowledge is suicide. A counsellor must address any concerns when a phenomenon is such that increased suicide risk is a known possible outcome. This, along with other examples, requires a good counsellor to look at the data presented and ascertain his/her own competency in working with the client. It is therefore not possible to completely use phenomenology in the realm that Heidegger suggested as the client's wellbeing may be compromised. So whilst phenomenological and hermeneutic approaches seek to remove a priori of theoretical assumptions (Jackson & Patton, 1992) it is not always ethically possible to put aside theoretical perspectives in counselling. However, counselling itself can be seen as a process of meaning making (Patton, 1984) of the client achieving congruence between one's self-concept and various life experiences (Rogers, 1959). It is through this changing of self-concept that a position of psychological wellbeing is achievable. The client centred concept relates well to Heidegger's notion of Dasein where the person's 'Being' progressively changes. It is not a linear process but one that is built upon layer by layer. This process is akin to

hermeneutic analysis wherein clients' life stories are thought and written about, as the counselling process revisits such things as increasing the clients' awareness of their own strengths and abilities to change things in their lives.

Rogers (1959) believed that humans have one basic motive, that is the tendency to self-actualize – i.e. to fulfil one's potential and achieve the highest level of 'human-beingness' (McLeod, 2007). This human 'Beingness' fits well with Heidegger's notion of Dasein. Wilberg (n.d.) quoted Heidegger who said "You cannot cure a single human being, not even with psychotherapy, unless you first of all restore their relation to Being" (p. 1). This is precisely what counselling attempts to do by helping the client see his/herself in relation to others and to the world; hence there is a synthesis between methodology and counselling. It is in being human that life is experienced uniquely by the client, requiring counsellors to have an awareness of assumptions and hypothesis as not necessarily resonating with the client's own truth about his/her life. The underlying theories to which a counsellor subscribes, may not be congruent with the client's lived experience but will, even with the best of intentions, still influence professional and personal meaning making. However even in the practice of counselling, somewhat similar to Heideggerian phenomenology, the counsellor is obliged to validate the interpretative meaning his/her client's gives of their inner experience. According to Wilberg (2004):

Heidegger's thinking is important to counselling as it is based on a philosophy of listening. Thinking itself is a form of listening and listening is a fundamental dimension of 'Being'. "Listening, for Heidegger, is essentially linked to what in German is called Dasein and Mitsein – 'being there' and 'being with'. To listen is above all to really be there for another human being and not to withdraw behind a role or set of listening techniques. It is to really be with that person and to make contact with their essential 'Being'. (p. 113)

This quote resonates with the essence of good counselling, which goes beyond a technique to be fully there, to be present, for the client. To put all else that is on the

counsellor's mind aside to fully focus on the client's needs in the moment. In the here and now. When we are fully there "we hear, not the ear" (Heidegger, cited in Wilberg, n.d., p.1). So the counsellor listens from his/her whole 'Being' and with his/her whole body.

Heidegger (1962) believed that thinking is a listening that brings something into view that was hitherto not heard of. Such thinking occurs in counselling when we help someone to see things clearly or differently. Their own new thoughts/connections are brought into view. They gain new insights and, in so doing, further find and understand themselves.

However, understanding is an ongoing process which cannot be absolute and, building on this concept, is the contention that the counsellor must work from a position of naïve inquirer of the client's own knowing. Therefore, it can be said that hermeneutic phenomenology cannot provide a monolithic philosophy or approach to counselling. There must be an interaction between hermeneutic thinking and the counsellor's belief about the randomness of Being-in-the-world. Phenomenological hermeneutics provides an insight allowing conceptualisation of counselling as the intertwining of philosophies to bring together parts of the whole. This dialectic between the parts of the philosophies and the phenomenological counsellor continues throughout the process of counselling and researching human lived experience. However, it needs to be said that not everyone agrees that they work well together.

Heidegger himself criticised the simplicity of causal explanation, especially in Freudian psychoanalysis in his Zollikon seminars (lectures he gave to psychiatrists and psychiatry students (Meynen & Verburgt, 2009), saying there was more to mental health than the event that caused the problem. Heidegger purported that the human being is essentially in need of help because he is always in danger of losing

himself and of not coming to grips with himself (Meynen & Verburgt, 2009). That is, that he loses who he is in-the-world and therefore life can lose its meaning.

Grünbaum (2004) also argued that a hermeneutic account of therapy does a minimal amount to explain unconscious motivations and possible original sources of problems. Therefore hermeneutic understanding from a scientific point of view gave much too little explanatory weight to “meaning” and connections between unconscious motives, on the one hand, and overt symptoms on the other. Further to this “critics of psychoanalysis hold onto the hope that human science should be modelled on physical science and/or evolutionary biology” (Thompson, 2004, p. 10). Therefore, it may be difficult for some critics to understand why Heidegger decided to root his philosophy in ontology, the study of ‘Being’, rather than in epistemology, the study of knowledge, and thereby discard epistemological questions in favour of the fundamental question of what human existence is about. Regardless of these criticisms, Heidegger’s ideas have been influential in psychology and counselling therapies, especially as counselling is considered a form of phenomenology based on a humanistic view point. As Thompson (2004) noted “people saw in Heidegger’s work a humanistic alternative to Freud’s penchant for theory” (p. 15).

Bridging the worldview between therapy and phenomenology is ultimately about one’s ontology. What one believes to be true, leads to specific ways of going about knowing and perceiving the world, that is epistemology (Duckham & Schreiber, 2016).

My worldview as a counsellor is that counselling is phenomenological. Counselling must be a combination of the ontological study of ‘Being’ and the epistemological study of theoretical knowledge pertaining to counselling. Importantly, though, as counsellors we must consider what has happened in a

person's life and how he/she has interpreted what has happened and the impact this has had on him/her. The same experiences may cause different implications for different people but for each client the truth is in how it is for him/her. It is only through a background of theoretical knowledge, focused listening, imagining how it is for the client and displaying unconditional regard and empathy that we, as counsellors, can gain some understanding of our clients' way of 'Being'.

Conclusion

In this chapter I have described the philosophical notions which guided this study. In particular this study drew on Heidegger's ontological notions of 'Being', 'being-in-the-world', thrownness, and horizons. Seeking meaning and fore-structures of understanding were explained, as was Gadamer's epistemological importance of language and the hermeneutic circle. I have linked phenomenology with counselling to give an understanding of how the two concepts and worldviews must operate in the same field of inquiry for myself. I have explained how this research methodology maintains equilibrium with the passion and deep interest in the emotional aspects of people's lives that is part of my everyday life. Listening to people's stories is paramount in my world as a counsellor enjoying the process of people evolving and understanding their 'Being' in the world. The very being of human nature intrigues me both in the client's world and how the privilege of being a part of this impacts my own world. Phenomenological research gives rise to empathetic understanding and deepens our understanding and hence our compassion, compared to the mechanistic goals of behavioural and, to a large degree, analytic approaches to predict, control and prove. I realise the research is a beginning, perhaps elucidating and bringing to mind what is already known, but ultimately having a positive impact for all who

partook in the phenomenological study whether as participants or those that come after.

The study will be used to elucidate subjective experiences and interpretations (Kempson & Murdock, 2010). It will give understanding which gives us our “sight” which Blattner (2006) stated is Heidegger’s metaphor for intelligence. It is, therefore, through our understanding of personal lived experience and thus with exploring the person’s relatedness to the phenomenon that we have capacity to make sense of the phenomenon in the world of being born at or near a time when parent/s were grieving. As the world is a shared horizon of understanding whereby we gain understanding, through possibilities in the space of phenomenon and of ourselves it makes what we do mutually intelligible (Blattner, 2006). By gaining in-sight into the lived experience of being born into grief, hermeneutic phenomenology can expand thinking and highlight the need for awareness and possible change in social and health systems.

This methodological chapter gives rise to how the philosophical base has guided the development of my own process of gaining understanding (epistemology), regarding the phenomenon of being born into grief (ontology). It was essential that this research endeavoured to venture into human experiences which were conducive to understanding and gaining meaning from the reality of others. The discourse in this study comes both from pre-reflective and reflective thought. This is conducive with Heidegger’s description of phenomenological reflection as following certain paths of thinking towards a clearing where something could be shown, revealed or clarified in its meaningful meaning (1996). In the following chapter I describe how this philosophical foundation has guided the understanding and development of the research method.

Chapter Four: Method

Introduction

This chapter describes the way in which I undertook the research into gaining understanding of being born at a time when parents were grieving. The method was informed by the philosophical underpinnings of phenomenology, hermeneutics, and counselling theory. Phenomenology does not advocate a prescribed step by step recipe for research. Prescribed rules, strategies, and ways of doing take something away from the genuine inquiry into how participants relate their experience of the phenomenon. Therefore, as Smythe (1998) stated:

to talk of method in conversation with Heidegger is not to talk of a set of prescribed steps, but to uncover the understandings that are within the heart, within the knowing, within the thinking, within the doing, within the happening. (p. 98)

Thus the flow was fundamentally lead by naive inquiry into the participants' stories and stayed within the tenets of phenomenological inquiry. I was engaged in the dance between listening, reading, writing, and thinking about the phenomenon prior to, during, and after the collection of stories. This dance of seeking understanding and meaning enabled me to respond to the process as it happened rather than how it would have been if prescribed steps were required. In this chapter I discuss the research method used including: ethical approval for the study, recruiting and selecting participants, consent, confidentiality and anonymity, data collection, data analysis, study participants' demographics, the principles of phenomenological hermeneutic inquiry drawn upon, and finally how issues of trustworthiness were addressed.

Principles of Phenomenological Hermeneutic Inquiry

Heidegger's notions were used as a philosophical background to analyse and identify relevant themes, to identify patterns in the literature and in participants' narrative accounts. The thematic approach used followed the thinking of Van Manen (1990) who saw phenomenological themes as; the needfulness or desire to make sense, the sense we are able to make of something, openness to something, and the process of insightful discovery. The work of Gadamer was used as the basis for putting meaning to the literature, the participants' accounts and the themes that emerged collectively. Thus this phenomenological study examined through retrospective narrative how some people have experienced early grief, and has described the lived experience, as a consequence, of these research participants.

The hermeneutic circle starts with the idea that this research has meaning and is significant. Thus my own experiences, which have led to the idea, were important when relating concepts of pre-supposition or bias in interpreting the work. A reflective journal was kept and a pre-suppositions interview took place, which also became part of the hermeneutic circle. Journaling helped elucidate feelings, personal responses, and bias. It documented an on-going self-critique and appraisal of the research process. It tracked the combined journey of the participants' stories, and my experiences, allowing supervisors to also track the journey and thereby add validation to the interpretations that evolved. Whatever I wrote in the journal enabled me to reflect on what came from me, historically and experientially, and what came from the participants. The journal tracked listening to participants' stories, reading transcripts, crafting narratives, thinking, writing, rewriting, interpreting, questioning, reading and rereading, supervision, being part of a Heideggerian reading group, our Heideggerian colleague support group, and integration of the reading of

philosophical and content literature. Therefore, reflective journal writing enabled the metacognitive process of thinking about what I am thinking about and allowed the meaning from the participants' stories to be gained. I found journal keeping immeasurably helpful.

As Gadamer (1975/2004) suggested, the researcher needs to be aware of what guides understanding and anticipation of the research findings, and therefore the language used within the narrative acts as a middle ground between understanding and agreement, between what is written and what is thought. This creates a process that is dynamic and circular in nature. Thus a hermeneutic circle was created where the thinking and writing were dependent on each other and the whole became more than the sum of the parts and both the parts and whole were dependent on each other. I needed to trust the process, to write, rewrite, read and reread, as to read in a hermeneutic way is to be always attuned and engaged (Smythe & Spence, 2012). Interpretive phenomenological research and thinking were not separated from the textual practice of writing. The writing, based on the data, lead to a discussion that articulated the meaning of the phenomenon of being born into grief. The assumption that 'Being' was situated in a temporal context and that understanding a person's lifeworld emerged through exploration and dialogue were drawn on, along with the idea that meaning was shared through language that disclosed the everydayness of being-in-the-world. These findings and interpretations were discussed with both supervisors who journeyed the research process with me.

Ethics

Ethical Approval

Ethical approval was sought and granted by the Auckland University of Technology Ethics Committee (AUTEC) in August 2015 (Appendix A).

Gaining Informed Consent

Written informed consent was obtained from each participant in a discussion prior to commencing the interview. Consent forms are stored in the supervisor's office at AUT and will be destroyed after 6 years. The process of identifying and interviewing participants occurred over a six month period from September 2015 to March 2016.

Confidentiality and Anonymity

Self-chosen pseudonyms were assigned to all transcripts. One participant chose to keep his/her real name; the participant's real name was only known to myself. Further to this the transcriptionist signed a confidentiality agreement and was asked to only type the first letter of the person's name if it was used during the interview. Thus while it was agreed that identifying names may be used during the taping, the transcriptionist would remove these and any other identifying details during the typing.

The computer files of the digital data, transcripts, stories, the list of pseudonyms, and all correspondence with the participants were password protected. The signed consent forms were known only to me and to my supervisors, and stored in the primary supervisor's office where they will be kept for six years and then be shredded. All other data will be deleted after six years.

Exclusion and Inclusion Criteria

Exclusion criteria included friends, family, clients, current students, and anyone who was in crisis. On commencing the interview process an extra exclusion criteria was added that the type of grief needed to be a one off event as opposed to a chronic situation, such as domestic violence or poverty, as it was not possible to decipher between the effects of being born at a time that a parent was grieving and other ongoing life events. AUTECH noted the change to the exclusion criteria (Appendix B). This criterion was added after conducting a trial interview where the participant had been born into a family of domestic violence. It was not possible to distinguish between the implications of the grief experienced and ongoing domestic violence effects. Another difficult decision was to eliminate one of the participants whom I interviewed as her grief situation was that her mother was disconnected due to having suffered ongoing sexual abuse prior to her birth. Whilst there was a host of life implications for this participant that I felt added a richness of relevant information to the research, particularly in regards to connection and lack of connection, again it was not possible to distinguish between events around the birth or ongoing subsequent events. It was with reluctance and a sense of losing valuable participant contributions that I eliminated these stories.

After the inclusion and exclusion criteria were met, and as I pursued the quest to explore the meaning of being born into grief, I kept in mind an awareness that I was interested in a variety of grief situations from a mix of participant experiences.

Cultural Considerations

I am a mature, New Zealand born woman, with a background in teaching, counselling, and counsellor education. I therefore have considerable familiarity with the social and cultural context of New Zealand people.

While this research did not target Māori participants, being conducted in New Zealand it was acknowledged that consultation with Māori colleagues relating to cultural sensitivity would be sought if needed. Consultation with Māori colleagues relating to cultural sensitivity occurred prior to commencing the study, which ensured that my awareness of Māori protocol was commensurate with cultural requirements. The consultation did not change the research process and ongoing consultation was not required. Cultural concerns did not arise and therefore further cultural advice was not sought.

The design and practice of this research was implemented by valuing the principles of the Treaty of Waitangi, which is an ethical framework which reflects ethical understanding of Māori and European and addresses inequalities within our society creating equitable partnerships in the interaction between the participants and myself. The Treaty of Waitangi is “New Zealand’s founding document which was meant to be a partnership between Māori and the British Crown. Although it was intended to create unity, different understandings of the treaty, and breeches of it, have caused conflict” (Orange, n. d.). Today efforts to honour the Treaty mean being aware of and working with the principles of partnership, protection, and participation which come from establishing equitable partnerships between Māori and Pakeha. Therefore, this study sought to work by these principles to benefit Māori and non-Māori participants equally as all people are subject to the possibility of being born into grief.

Principle of Partnership

One of the tenets of partnership, as described by the Waitangi Tribunal (2001), is working together to mutual benefit and advantage. The principle of partnership between the participants and I required consultation, equality, honesty, and empathy. Prospective participants received information regarding the research and were given the opportunity to discuss with me and have questions answered about the project prior to giving informed consent to take part in the study. The research encouraged mutual respect with an emphasis that the stories provided by the participants actually belonged to them and that I felt privileged and honoured to hear the participants' stories. Further, the nature of hermeneutic phenomenology supports open dialogue and a listening attitude whilst maintaining a focus on the participants. This methodology allowed the participants time to consider their experiences and what those experiences meant to them without the pressure of structured questions. Participants were offered a copy of the summary of findings on completion should they wish to receive it. All of these considerations were observed in order to work collaboratively in partnership with the participants.

Principle of Participation

Subsequent to gaining informed consent, the role of the participants was to share their stories of being born into grief in a one on one, single face to face interview. The stories they provided were condensed which highlighted the true essence of what they were saying and were sent back to them to ensure that the story had been captured according to how the participant wished it to be portrayed. The condensed transcript was confirmed, for accuracy, by each participant. This enabled partnership and participation between the participants and myself. The participants did not

influence the nature of the research, its aims or methodology, but the stories they told were of great importance to the overall content of the written thesis.

Principle of Protection

The principle of protection, including values and protecting cultural needs, especially that of doing no harm was enacted in that: participation was purely voluntary and the participants were able to withdraw themselves or any information they had provided for this research at any time prior to the completion of data collection. The participants were given an opportunity to review the condensed transcript of their interview and the re-crafted stories, and make comments and suggestions on their contribution if they felt that the meaning they had intended had not been clear. They were also offered the opportunity to access three follow up counselling sessions, at AUT, should that be required as a result of the interview. None of the participants required follow up counselling. All participants were treated with respect and assured of anonymity.

Recruiting and Selecting Participants

Approval was granted, by the ethics committee, to recruit between 8 and 12 participants. Inclusion criteria included: being an adult, over the age of 20, living in New Zealand, being born at the time of close familial death or terminal illness, subsequent to a sibling death or the utero death of a twin, after miscarriage, adoption, during a major disaster, parental separation or parental stress while in utero, or any other participant interpretation of grief. The participants in this study were two males and seven females aged between 34 to 82 years, living in urban and rural settings in New Zealand. Two participants identified as Māori, one Canadian, one American,

and the other five as New Zealand European. The two participants who identified as being Māori declared that they had no specific cultural needs having been brought up in a European context. Whilst this study is about being born into grief, the original idea for it was to include babies who experienced grief prior to the age of one. One participant was eight months old when her father died so whilst she was not born into grief she experienced significant grief as a baby.

Some participants initially felt that they had nothing to contribute as they could not remember babyhood and did not feel their parents' grief had an impact or effect on them and therefore did not change their life. According to van Manen (1990) the connection of the phenomenon with how their life is now did not speak to them and therefore could not be seen. This 'not speaking' shows itself in the participants' stories. This thinking was exemplified by Ben who announced that he had been born into grief but that it had no effect on his life. Ben was born a twin and went on to recall details of life without his twin allowing the covered-up-ness to unveil itself. He revealed a new connection between himself and the loss that he had experienced. In doing so he painted a picture of a man who was sensitive, thoughtful, and deeply moved by his emotional memories; and for much of the interview he had tears rolling down his cheeks.

Participants were recruited through posters, flyers, letters to doctors, letter box drops, Facebook, and snowball effect (Appendix C; poster). Professional and personal networks were also used. Once participants made contact, I discussed the research project with them. During this conversation, the purpose of the research and the nature of the participants' involvement in the research were outlined. After the initial contact was made I sent prospective participants, via email, a copy of the participant information sheet (Appendix D), the consent form (Appendix E) and the indicative

questions (Appendix F). The participants then contacted me again to indicate their agreement to be interviewed. An appointment was made, at the participant's agreed time and place, to commence the interview. Prior to starting the interview, a discussion was had which included the participant's expectations, confidentiality and anonymity of the participant's contribution, processes for checking the stories, and the process for receiving a copy of a report of the thesis at the conclusion of the research.

A concise form of participant information is offered in Table 1 (p. 114), which includes participants' pseudonym, age, gender, ethnicity, grief situation, and age at which the participant encountered the grief situation.

The participant ethnicities do not fully reflect the bicultural and multicultural nature of New Zealand but none-the-less there was diversity of New Zealand European, American, Canadian, and Māori. I believe that it is important in New Zealand to have a representation of indigenous people in research and this was achieved. However, in saying this, most of the participants identified with the Pakeha culture which was informed by Victorian beliefs, inclusive of which is not showing or connecting with emotions. Pakeha culture tends to be individualistic where people are territorial and keep to themselves; whereas Māori have a more collectivistic culture and are more communal. Stories from Sophie, Ben, Kelly, Mary, and Elise tended to show the Pakeha culture, while Tracy and Oscar's stories tended to be founded in the more collective Māori culture. Cassandra and Hazel's stories bring yet another cultural dimension to the stories.

Table 1: Participant Information

Pseudonym	Age	Gender	Ethnicity	Occupation	Grief Situation	Age when grief occurred
Sophie	49	Female	NZ European	Full time mother	Mother's brother and father died	Brother died just before birth and father just after
Hazel	40	Female	American	Mother	Adoption	Was 2months and 2 days when adopted
Tracy	34	Female	Māori	Director	Parental separation and adoption	Utero, birth and early childhood
Kelly	51	Female	NZ European	Counsellor	Twin died in utero	Utero and birth
Ben	72	Male	NZ European	Retired engineer	Twin died at birth	Birth
Cassandra	71	Female	Canadian	Retired counsellor	Adoption	Was adopted at 6 weeks
Elise	45	Female	NZ European	Domestic CEO home schooling mum	After miscarriage	Utero and birth
Oscar	54	Male	NZ Māori	Engineer Innovative team leader	Adopted to replace deceased child and to be playmate for sibling	Utero and birth
Mary	82	Female	NZ European	Retired	Father died in accident when she was 8 months	8 months

Were There Enough Participants?

Ethics approval was gained to interview 8 to 12 participants. It was in consultation with my supervisors, and in keeping with the chosen methodology, that it was decided that nine participants provided sufficient data with which to work. The size of the sample was based on the nature of the question and the method used rather than any predetermined recommended optimal sample size (Morse, 2000). I would have liked a greater diversity of grief situations to explore; however that was not to be and those that were given allowed me to gain the richest of the phenomenon.

As a hermeneutic phenomenological study the truth was not about numbers of participants but the participants and other readers being able to resonate with the stories that were told. At the conclusion of the study a thank you card and small gift voucher, of which participants had no previous knowledge, was sent to the participants along with a summary of findings.

Data Collection

This research used semi-structured interviews with nine New Zealand adults, aged between 34 and 82 years, who were born at the time of close familiar death or terminal illness, subsequent to a sibling death or the death of a twin, adoption, parental separation or parental stress while in utero, after miscarriage, and having a terminally ill sibling. Interviews were conducted in a mutually agreed location that was convenient for the participant. Participants were put at ease in regards to the interview by having received a copy of the questions prior to the interview, so that they were mentally prepared, and by being assured that there were no right or wrong answers – that their personal story was what was of importance. I was authentically attentive and interested in their story.

Specifically, the study aimed to answer the research question: What was the lived experience of having been born around the time their parents were grieving?

Indicative questions included:

1. Tell me about the grief that was happening around the time you were born.
2. What it was like for you to be born into this grief?
3. How have early life circumstances affected you?
4. Tell me about growing up. What was that like?
5. What effects has this had on you as an adult? Can you give me an example?
6. Can you tell me a story?
7. In what ways might your life have been different?
8. What helped you?
9. What wasn't helpful?
10. Do you have anything else you would like to add?

Indicative questions were given to the participants prior to the interview as a guide only. During the interview the questions were not necessarily referred to while the participant told their story. The questions therefore were open and thus able to be personally interpreted by the participants rather than constricted to my thinking or bias.

The purpose of a phenomenological interview is to gather thick descriptions of everyday experiences (van Manen, 1990), in this case, experiences of those born into grief. Interviews took place in my clinical office, at AUT, and in the homes of the participants. Each interview lasted from 50-80 minutes, and in each case the interview rapidly appeared to have a life of its own (Gadamer, 1975/2004) such was the enthusiasm of the participants.

I was relaxed with the interview process as I found it to be quite similar to an initial counselling consultation in that I sat and listened without interruption to the story as it was told. Occasionally I asked open questions or reflected back what the participant had said in order to encourage further conversation. The interview techniques were of great importance to ensure that I got as close as possible to the participants' lived experience and the meaning they had given to it rather than the preconceived meaning I could have made of it, while also ensuring that the story was as full and detailed as possible (van Manen, 1990). The interviews came to an end when the participants indicated that they really had nothing more to offer. I found the stories that people told both interesting and moving. It was as though people had never had the chance to previously tell their story and make their own connections in regard to what it meant in their life. The participants spoke with vibrancy and passion. Each person had an openness to the interview and through this it illustrated that each conversation was "uniquely itself" (Smythe, Ironside, Sims, Swenson & Spence, 2008 p. 10). The interviews were audio recorded using a laptop, no secondary device was used.

Transcribing the Interview

Interviews were transcribed verbatim by a professional transcriptionist who signed a confidentiality agreement (Appendix G). I transcribed the first two but found it very time consuming and so the professional transcriptionist was employed to complete the remaining transcriptions. Each transcribed interview was returned to me within two days which meant that my first reading and re-crafting of the story, as suggested by van Manen (1990), occurred when the interview was fresh in my mind. After reviewing the transcript for each interview, it seemed unnecessary to return for a

second interview as the stories contained clarity and sufficient detail to capture the significance that the participant wished to portray. During the audio taping of the interview some participants used identifying names of other family members or identifying geographical details in their stories. These identifying items were removed either during the transcribing or later during the re-crafting of the stories.

Re-crafting the Story

After the transcription of the interview was completed I began the process of re-crafting the story. Re-crafting required the removal of fillers, such as um, yeah, repetitious words, chronological ordering of the events in the stories (Smythe & White, 2017). The stories were re-crafted into readable units, not changing meaning but tidying grammar and removing distractors (Caelli, 2001). Initially each interview was re-crafted and worked with separately. In order to avoid pre-conceived ideas or assumptions, accounts of specific lived experiences and/or retrospective perceptions of experiences were derived from the transcripts. The stories portrayed interesting concepts towards the phenomenon and were an opportunity for participants to reflect on how the grief situation may have affected and influenced their journey through life. The re-crafting of stories and identifying themes was broken into seven stages. These stages evolved as I worked within the hermeneutic circle which meant that some of the stages were revisited, thereby realistically meaning that for some of the participants there were more than seven stages. In keeping with hermeneutic phenomenology, there was no set structure as there is with Giorgi (1985), the hermeneutic circle enables a revisiting of the data in the form of thinking, writing and reading multiple times until the interpretation emerges. A set procedure would be less conducive in allowing the lived experience to be revealed in such depth.

The first stage began with transcribing the interview. Stage two involved the initial reading of transcripts to remove superfluous and repeated words such as mmm, yeah, that's right, and words that were repeated such as then I, then I, yeah and, yeah. I also tidied the grammatical structure of the sentences and again removed sentences that had been repeated. I wrote a summary of the overall stories as stage three. Writing a poem to capture the essence of the participants' whole set of stories, as is in keeping with Heideggerian and Hermeneutic phenomenology, was stage four. Stage five was identifying and naming the stories, while stage six involved grouping the stories under the same subtheme, as some participants moved from subtheme to subtheme and back again. Thus in the following reading I ordered the stories so that each was complete and captured all that the participant had said on that topic. Reordering also included placing each participant's stories in a chronological order. I reiterate that these stages were not structured; the purpose of identifying the stages was to explain more succinctly to the reader the process that evolved whilst working with the data.

As each transcript contained a number of stories I felt it was important to distinguish one story from another by giving each story a title as identification. Stage seven involved identifying sub-themes. At this stage I felt that it was appropriate to return the re-crafted story to the participant for his/her verification. Only the odd detail was changed and otherwise the participants agreed to the re-crafted stories being an accurate representation of what they had said.

Data Analysis

The following steps were followed in the process of analysis:

- description;

- summary and poem giving an overall recollection and some understanding of the stories;
- deepening the story layer by layer;
- identification of sub-themes that emerged for each participant;
- sub-themes were then identified and grouped across all participants;
- developing overall themes from the groupings;
- making meaning from the themes and data; and finally,
- the inclusion of philosophical underpinnings relevant to the themes.

The hermeneutic circle was a constant process of reading, thinking, discussing, reflecting, and writing to allow meaning to be revealed (Gadamer, 1975/2004). As suggested, the analysis of the data was not linear as many steps were revisited many times allowing for new insights to emerge.

Description, Summary and Poem

I wrote a description and summary for each participants' stories, followed by a poem. These steps helped me come to terms with the overall essence of the participants' life journeys and how their stories reflected possible implications that may have arisen due to being born into grief. A poem was written to encapsulate core ideas from the stories in an attempt to help elucidate themes. I found writing a poem for each participant kept me connected with the deep and spiritual feeling that moved me. The connection remained with me as I listened, read, thought, and wrote. A connectedness with the meaning of the experience was felt deeply. A kind of rhythm of life, an ebb and flow. Writing poems evoked new thoughts and feelings (Richardson, 2002) which gave a wholeness to the everydayness of participants' words. The essence of the participants' stories were captured in poetry. In writing the poems I felt a closeness, an empathy and understanding for the people and the stories

they told, and I aimed to convey the depth of all that I had heard (examples are given in Appendix H). The poems were not included in the text as they were not intended to inform the reader of results but were intended to help deeper my interpretation and to be a gift to the participants.

Exploring the Layers of the Story

I attempted to enlarge my understanding by moving from a description to find deeper meaning in the form of analysis. To do this I tried to write about what was underneath the title I had given the story. An example of this is a story I called ‘anxiety’ where I tried to make the connection between with being born into grief by asking what lay underneath anxiety? I was looking for ‘what was the story about?’ and ‘what was the story telling me about the participant’s experience of being born into grief?’ I became immersed in thinking about and writing about the story. After a number of attempts, I found it helpful to print the story, glue it into my journal and then just write spontaneous thoughts that emerged. I became aware that much of my writing was coming from the theoretical base of my learnings in psychology and counselling. I tried to shift away and look at the stories without this possible bias but my learnings are part of who I am and cannot be separate to me. This made it very hard to deepen the analysis in a Heideggerian way. Whilst my supervisors were not involved in the data interpretation per se, I consulted with them about this difficulty and we decided that as I could not separate my learnings from myself it was best to carry on but make it very clear that my way of analysis has to be acknowledged as coming through the psychological and counselling lens. As Vagle (2014) stated “When humans experience the world they, again, find themselves in the experience” (pp. 20-21). Phenomenological writing, of each of the stories, occurred therefore in

the tension of my lived experiences of the phenomenon and my evolving awareness of my own presuppositions. I endeavoured to use the kind of humility that occurs when we try to stop being so certain of what we know and think (Vagle, 2014); where we just let go and let the text show its own meaning.

Developing Themes

As I delved deeper into the analysis I gave thought to the emerging sub-themes relevant to the overall theme. Subthemes were identified by identifying recurring words that were descriptive of the content of the story. I began grouping the individual participant stories under sub-themes. I moved stories between sub-themes on a regular basis as they seemed to fit more in one than another. Sometimes this also meant moving them back again or changing the sub-theme. Once I had identified sub-themes in all of the participants' stories, I then began to look across all of the stories collectively to try and identify sub-themes that were common to others. During this time the idea emerged for me that I had the beginning of three separate themes (everydayness, connection, and wondering). To explore this further I took three large pieces of paper and headed them up as follows: everyday way of being, connectedness, and having a wondering. I found that I was able to allocate each story to one of these three themes. Some stories after being situated under one theme seemed to be better suited to another; and again sometimes I moved them back. Further, as I started to write each theme I found that sometimes I needed to swap stories to another theme. At times this became so confusing that I even found I had included the same story under more than one theme. As each story was analysed further it became clearer as to which theme was the most appropriate.

Making Meaning

Making meaning from the stories and identifying sub-themes was an ongoing process within the data analysis. Going back to the notions of Heidegger and further engaging in the hermeneutic circle also gave further elucidation. Each time a story was read greater clarity was gained, deepening the meaning. It required trying to put myself in the participants' shoes; sometimes this was achieved by relating their story to my own and sometimes by just imagining how it must have been for them. My counselling knowledge also came into play even though I attempted to put that role aside in order to understand each participant's unique lived experience. Blattner (2006) stated in reference to Heidegger's point that "all modes of our experiences are determinate forms of being-in-the-world" (p. 43); we therefore cannot isolate our experiences as separate to ourselves but rather they are part of ourselves. Thus, for the individual participant, the meaning of the effects of his/her grief differed from others as it is being-with themselves. The participants were able to offer insightful reflections and thus share their stories of what they considered to be their meaningful experiences. As Vagle (2014) suggested "when one studies something phenomenologically, one is studying a phenomenon and the intentional relations that manifest and appear. One is studying how people are connected meaningfully with the things of the world" (p. 27).

I discovered through reflecting on these stories that I could relate to them, and found them very moving and confirming in regards to the importance of the research into this particular phenomenon. Van Manen (1990) suggested that

the author recognizes that one's own experiences are the possible experiences of others and also that the experiences of others are the possible experiences of oneself. Phenomenology always addresses any phenomenon as a *possible human experience*. It is in this sense that phenomenological descriptions have a universal (intersubjective) character. (p. 58)

I learnt that in the telling of their stories the participants recognised significant connections between their early life experiences and how they presently were in the world.

Inclusion of Philosophical Underpinnings

The hermeneutic process of analysis continued with rereading and rewriting thoughts about the hidden meaning of the stories. I began to include the philosophical literature focusing on the writings of Heidegger and Gadamer. For me this was quite an exciting time, not just with the inclusion of the philosophical basis but the formulating of the themes. This phase enabled me to make steady progress in formulating the findings chapters. The interpretive analysis and connecting with philosophical notions was, however, by no means complete. This part of the interpretive process really reflected the flesh of the whole. Finding and refining the backbone required several more months work. The hermeneutic circle kept on spinning creating a spiral of ever growing depth. During this time some of the writings of Heidegger were removed and placed into the methodology chapter. This opened a clearing to look at the data again and make new connections with themes and notions. Heidegger's notions of 'Being', thrownness, Being-in-the-world, horizons, and possibilities began to emerge. As these emerged within each of the findings chapters I reread the participants' stories and my interpretations and noticed where the notions were showing as relevant. I interwove these notions into the interpretations and, in so doing, managed to gain deeper meanings.

In this hermeneutic phenomenological inquiry I was immersed in the research process. I dwelt in the research inquiry as a lived experience (Gadamer, 1975/2004; Heidegger, 2010). The research process oscillated between being confusing,

frustrating, enlightening, exciting, rewarding, learning, knowing, not knowing, wanting to give it all away, and being on a productive roll. Shifts of these sorts sometimes happened within the time frame of minutes, days or weeks. Hence the research itself was a lived experience and proceeded in a manner like a “being-given-over to some quest” (van Manen, 1990, p. 37). The research question was almost constantly on my mind and frequently on my lips. I thought, talked, and slept dialogues pertaining to the phenomenon under study. Much of my thinking and inquiry into what were the hidden meanings occurred whilst driving, gardening, and at times drawing. I have included in Appendix I a copy of a drawing that I did whilst contemplating ‘connection’. Although my thinking was about the findings chapter on connection, I was also thinking about the connection between myself and my children (my youngest daughter had requested a hand drawn picture from each of us for a birthday gift). The picture depicts a kereru (wood pigeon) and the karaka tree. As the tree is dependent on the bird to defecate the seeds in order for more trees to grow, the bird is dependent on the berries of the tree for nourishment for the purpose of survival. I contemplated how we are all dependent on our connections to others in order to survive.

Each of these steps was further informed by monthly supervision and discussion with my supervisors. Most months I also met with colleagues where we discussed our progress and difficulties, giving each other support, sharing resources and sharing knowledge that we gained in regards to the process. Regular attendance of Heidegger reading group meetings where other phenomenological hermeneutic researchers gathered to discuss Heideggerian articles or book passages, also helped to deepen understanding of the philosophical underpinnings.

The steps above were not always linear and many were revisited and refined as is customary with the hermeneutic circle. None of the data analysis would have been possible without the valued and generous input from the participants themselves.

Trustworthiness

In this phenomenological hermeneutic research trustworthiness and rigour are needed which substantiates the work of the philosophers to which this methodology originated, alongside substantiating the research process and maintaining integrity with the participants' truth. This is, especially so as "Qualitative methods are frequently viewed as failing to achieve or to make explicit rules for achieving reliability, validity, and objectivity – criteria of adequacy or rigor in scientific research"(Sandelowski, 1986, p. 27). To make clear trustworthiness and rigour Annells (1999) referred to discrete criteria to use when evaluating trustworthiness of phenomenological research. I have chosen to use the four criteria of Annells'; an understandable and appreciable product; an understandable process of inquiry; a useful product; and an appropriate inquiry approach.

Is this an Understandable and Appreciable Product?

The first of Anells (1999) criterion refers to the product of the study being understandable and of interest. This was of particular importance, as a comprehensive literature research revealed gaps in the knowledge base. Further to this, professionals and families in grief are busy and often preoccupied so the study needs to capture their attention, be meaningful, and readily readable to give worth. It must resonate with the individual reader. To check for understanding and appreciable

interest, conversations were held with potential participants, participants themselves, clients, peers, colleagues, supervisors, and family. Smyth et al. (2008) and van Manen (1990) suggested that the trustworthiness of the research is shown by the researcher engaging in everyday conversations to test out ideas with others who show an interest in the phenomenon or who have personal experience of the phenomenon. The journey of managing this study was transparent and laid open to all whom I had discussions with. I keenly took into account feedback from others.

Was there an Understandable Process of Inquiry?

The second criterion by Annells (1999) relates to having a clearly auditable trail of the research process which leads to the analysis described in the findings chapters, thus showing how I came to the understandings I did based on a logical, credible, and understandable process. Lincoln and Guba (1985) also proposed that the steps of the research must be clearly identified and therefore auditable as a criterion of truth in qualitative research. To this end I kept an extensive journal that was both reflexive and content based and followed the path of the doctorate study, which enabled others to audit the overall process. The journal included supervision notes, Heideggerian reading group notes, Heideggerian support group notes, writing, thinking, notes from articles and books, and general organisation of thoughts.

In keeping with an understandable process of inquiry, I needed to be consistent with the philosophical underpinnings that guided this study, and ensure that the perspectives of the participants were clearly represented in order to add credibility (Fleming, Gaidys, & Robb, 2003). Therefore every consideration was taken to whole-heartedly listen to the lived experience narrative of each participant in its uniqueness. Thus the meaning the participants gave to their stories was far more

relevant than any meaning I could give. It was the participants' perceptions, of their experiences, that were sought rather than an absolute truth; especially as "every human experience is viewed as unique, and truth is viewed as relative" (Sandelowski, 1986, p. 28). Whilst it is acknowledged that the stories we tell of our lives, constructing narratives that link our past and present in order to make meaning in the present, are influenced by and linked to collective stories and myths of society as a whole (McAdams, 1993), they are still unique to the participant. In Heideggerian terms, the narrative acts as a middle ground between a search for understanding and agreement between the story and the interpreter (Regan, 2012).

The truth value in this qualitative research was found in the human phenomena of the lived experience of being born into grief and how it was perceived by the participants. Every effort was made to have an awareness of my own assumptions and discover the meaningfulness of the participants' lived experience through their own voice. As part of hermeneutic methodology, I held back from attributing my meaning to the participants experience and continued to seek the hidden phenomena of the implications of being born into grief. It is noted that "the researcher's own experience of reading and understanding are important when relating concepts of pre-supposition (bias, fore-structure), intersubjectivity, authenticity (being reflective), temporarality (time affecting understanding/emotion), tradition and history (culture) to interpreting the written word" (Regan, 2012, p. 287). Checking back with the participants by giving them a copy of their re-crafted story enabled me to discern what was coming from them and that my interpretations of what they were saying was correct. In addition, a presuppositions interview was held to illuminate any bias. Supervisors were also alert to examining my thinking and writing to further ensure that the participants' voices were heard above and beyond

mine. Therefore the findings articulate a synthesis of what the participants described. Articulating this process, as Fleming et al. (2003) suggested, adds a standard of trustworthiness related to the process rather than simply to the conclusions of the report.

Is the Research a Useful Product?

Annells (1999) third criterion is in regard to the usefulness of the study where the study needs to show that it has the potential to impact theoretically or in a practical way. It is my belief that this study will be helpful in both the theoretical and practical sense and, in so doing, will also fill a gap in the literature. The information gained should inform health professionals and people in society who encounter the phenomenon of being born into grief. Professionals and families should have more awareness of the possible implications of babies experiencing implicit grief through that of the parents and, with this in mind, early intervention should be possible.

Did the Research have an Appropriate Inquiry Approach?

Annells (1999) fourth criterion refers to the appropriateness of hermeneutic phenomenology for this study. This methodology was congruent with my professional work and the way I perceive the importance of the meaning that people give to their life experiences. It offered a way to inquire about the meaning and the lived experience of the phenomenon being studied. The methodology informed the question being asked and the research process itself. I have declared my own pre-understandings throughout the thesis, describing how I remained open to and welcomed new understandings and possibilities as they arose during the course of this study.

Complementary to all of the above, the reader is invited to “audit the events, influences and actions of the researcher” (Koch, 1996, p. 178).

Conclusion

This chapter described the way in which I undertook the study into the lived experiences of being born at a time when parents were grieving. In keeping with a hermeneutic phenomenological methodology the study was led and informed by the participants’ stories. In this chapter I discussed the research method used including: ethical approval for the study, consent, confidentiality and anonymity, recruiting and selecting participants, data collection, data analysis, demographics of the study participants and the principles of phenomenological hermeneutic inquiry that I have drawn on, and finally how issues of trustworthiness were addressed.

This chapter, outlining the method used, validates how the truth value of qualitative investigation resided in the discovery of human phenomenon and experiences as they were lived by the participants rather than in the verification of a priori conceptions of those experiences (Sandelowski, 1986). In the following four chapters I will present the findings drawn from the participants’ stories.

The findings chapters introduction

Drawing on the participants' insights and descriptions of themselves, and explanations of their lived experience, the next four findings chapters 5, 6, 7, and 8, will uncover understanding of being born at a time when parents were grieving. Each chapter is informed by philosophical underpinnings that reveal aspects of the interpreted meanings of the implications of the participants' birth situations. The revealings are an expression of the openness from the participants and, whilst the notions may resonate for others, they remain unique to each participant. Thus the stories illuminate the complex temporal nature of the lived experience. There is no prescription to say that because life is this way for one person that it will be the case for all, especially considering that preconceived ideas of what another person's life is like are not adequate to understand the personal lived experience of being born into grief, or for that matter any other lived experience. Each lived experience is unique as is the significance that is given to it by the individual who has experienced it. Many people, however, may identify aspects of their own experience from the knowing they gain through others' stories. The four findings chapters, and within these the subthemes, cannot be seen in isolation from each other, as the participants' stories are interwoven life experiences intersecting as parts of the self that constitute the whole.

In the first findings chapter, 5, the participants' stories come together under the theme of Taken-for-granted-Being-in-the-everyday. The theme captures how the participants perceive their own way of 'Being' was influenced by what was going on around them. The second findings chapter, 6, conveys the theme of vulnerability and portrays how, in their everyday, participants experienced vulnerability which lead to avoiding or managing certain situations. The third findings chapter, 7, explores the

theme of connection and portrays participants' experiences in terms of their connection with significant others, objects, beliefs and places. The fourth and final findings chapter, 8, is about wondering, particularly how things could or could not have been if the participants had been born into a different situation.

Chapter five: Taken-for-Granted-Being-in-the-Everyday

Introduction

This chapter, the first of the four findings chapters, shows how ‘being in the everyday’ discloses something of the hidden phenomenon of being born into grief. The subthemes within the chapter are taken-for-granted acceptance, not acknowledging grief, acting out, pragmatism, and caring for others. Having been born at a time when parents were grieving is seldom considered when we look at how we are in the everydayness of life. Drawing on Heidegger’s notion of revealing the phenomena I am challenged to look at what lies beneath the everydayness of taken-for-grantedness, what in this theme discloses something of the hidden phenomenon. In doing so I must peel back many layers of the stories to search for and reveal what is already there. Thus, accordingly, the stories offered in this chapter show how ‘Being-in-the-everyday’ discloses something of the hidden phenomenon of how life was mapped out after being born at a time when parent/s were grieving. The notions of Dasein, thrownness and taken-for-grantedness are discussed in the philosophical underpinnings in accordance with Heidegger’s views relevant to ‘Being’ in the everyday.

We may not think about how we are ‘Being-in-the-everyday’ as we go about our daily routines; yet there is a real possibility that our daily lives in the present are indeed influenced by what came before. So the very beginning of our lives may have impact at the time we initially experience them and have a long lasting ripple effect for all or much of what is to come. Thus it is possible that an event can predispose to another event which in turn influences another. As each event is influenced by a previous one a familiar pattern or run of events can emerge throughout a lifetime that are all dependent on previous events. It therefore makes sense that the complexity of

effects from being born at a time when parents were grieving may change ways of 'Being' for life but may also be easily overlooked and remain hidden. The relationship with the world in the every-day-ness of being born into grief is likely to be hidden, disguised, or covered up in the everyday way of 'Being', giving little consideration to the phenomenon of being affected by grief early in life. In the everydayness, sub-themes of acceptance, not acknowledging grief, acting out, pragmatism, and caring for others were all taken-for-granted. The notions were not thought about in relation to being born at a time when parents were grieving and yet these sub-themes, derived from the participants' stories, reveal ways of 'Being' that may have evolved as a consequence of the participants' early life experiences. There was an acceptance from the participants that they had little or no life experience and no opportunity to acknowledge the grief. Not acknowledging the grief manifested in actions of acting out, taking on responsibility, and being pragmatic. This way of 'Being-in-the-every-day' was also seen for some participants as taking on caring roles.

Philosophical Underpinnings

At first glance it may be that people are considered to just be the way they are because that is who they are. But is who they are who they would have been if their early life had not been subject to the connections that they made about their life, due to implications brought upon them by grief? In keeping with this concept of being who we are due to experiences we have had, van Manen (1990) stated "the human being not only stands in a certain conversational relation to the world – the human being really is this relation" (p. 116). This is our way of 'Being' which Heidegger (1962) called 'Dasein':

This way of Being is everything we talk about, everything we have in view, everything towards which we comport ourselves in any way, is being; what we are is being, and so is how we are. Being lies in the fact that something is, and in its Being as it is. (Heidegger, p. 26)

The participants' 'Being-in-the-everyday' covers over the effect of what lies hidden from the experiences which occurred at the beginning of life. In taking for granted who they are, without questioning why they are who they are, an acceptance of this 'Being' becomes the norm. As Heidegger, (1953/2010) said; "average everydayness constitutes the ontic immediacy of this 'Being', it was and will be *passed over* again and again in the explication of Dasein" (p. 43). In the everyday, the historical facts associated with a participant's birth situation is not thought about as something that has influenced who he/she is, but has become unremarkable in describing why the person is the way he/she is. I reiterate that the lived experience is unique to each individual even though the phenomenon of being born into grief itself is not unique. It is therefore imperative to interpret everydayness in the uniqueness of the individual participant as he/she reveals it.

In becoming who you are, an element of acceptance is required. It just is what it is, although possibly hidden or overlooked. Participants did not have a choice about the birth situation into which they were born. Heidegger terms this 'thrownness'. Things happened and with a knowing that if these things had not happened, if circumstances had been different, then so too life may have been different. The thrownness of the birth situation created other possibilities of thrownness in the present. These situations of thrownness can generate obstacles to overcome or, in some instances, joyousness to celebrate the good that can come out of adversity. Thus "'Thrownness', refers to the sheer 'That it is' of Dasein, and indicates the 'facticity' of handing over to its 'That it is and has to be'" (Inwood,

1999, p. 218). It just is how it is. Dasein's facticity is the factuality, of the fact, of this way of being-in-the-world (Blattner, 2006). The fact is that these participants were born into grief and have therefore been thrown into a birth situation that is shrouded with grief. The grief experience is distinctly about a way of 'Being' as opposed to being a thing that happened. Further to this, Sheehan (2015) stated that Heidegger believed that "ex-sistent human Being does not encounter itself as something just out there in the world.... As thrown it has been thrown *into ex-sistence*. It ex-sists as an entity that has to be as it is and as it can be" (p. 144). There was no choice about birth circumstances for the participants as they were thrown into 'Being'. Thrown into their existence. Sheehan reiterated this, saying "the *Da* of *Dasein* is interpreted as openedness in the sense of man's being *thrown-open*, brought into one's openedness but *not* of one's own accord" (p. 137). The participants, and in most incidents the participants' parent/s, had no control over their life situation. This lack of control begat a sense of acceptance without question. Life just is what it is. The possibility of being born into a different situation did not exist and therefore the thrownness into the birth situation became part of the history as to how the participant came to 'Be' in the world.

The phenomenon of interest in this research, of being born into grief, is about something within the self. The grief itself is covered over by presenting on the outside no knowledge of the inner grief. So in its every-day-ness there is nothing to alert us to the hidden phenomenon of being born into grief and the ordinariness becomes a taken-for-granted presence. Further, while phenomenology is not describing something that is self-evident but seeks to discover or bring into view that which is hidden or concealed in the realm of the ordinariness of everyday life, in covering over something in its ordinariness it is typically taken-for-granted (Wright-

St Clair, 2008). In the ordinariness of everyday life participants have taken-for-granted some aspects of their life without giving conscious awareness as to why some things are the way they are.

The following subthemes help to elucidate this taken-for-grantedness, in its everydayness, by portraying sub-themes of; acceptance, not acknowledging grief, acting out, responsibility, problem solving and caring, to reveal what was originally hidden aspects of their way of 'Being-in-the-everyday' as a result of being born at a time when parent/s were grieving. Participants spoke of how in the everyday they just got on with life but they also spoke of how their everyday life was affected by the grief they were born into and how ways of 'Being' related back to their birth situation.

Taken-for-Granted Acceptance

For many of the participants there was an acceptance of the grief situation they were born into as just being the way it was. It was just taken-for-granted as everyone went about their every-day life. This acceptance is shown by the participants not questioning, at least not until later in life, if then, why things were just the way they were. The acceptance shows through by just carrying on in life.

Ben, who is now in his 70s, was born a twin but his brother died at birth. The loss of Ben's twin became taken-for-granted and thus hidden from everyday life. He was expected to just carry on as a singleton after being jointly conceived and sharing his mother's womb; yet, had his brother survived they would have shared so much more than just a birthday. Ben spoke of the lack of recognition of his twin.

I knew I had a twin brother but apart from that it was never mentioned. Never. Not even when it came to my birthday, when you think about it, it was my birthday and nothing was mentioned about James. It didn't really register

that I was a twin. Well because there was never much said about it, it just goes out the back of your mind.

At the time of birth there is no way of explaining to a baby that his twin had died. There is no way that a baby has the comprehension of understanding. Neither would a child comprehend on an intellectual level that someone is missing. It is not surprising that as a young boy, it did not register for Ben that he was a twin. Even the concept of a twin would not register. Something as significant as the loss of being physically close to someone else surely must have some sort of impact both at the time and for all time. Ben lost the physical touch of that other human being. His twin was there and then he was gone. Ben's parents must have grieved at the time but naturally Ben has no conscious recollection of this either. Had his brother lived, Ben would have been exposed to different feelings and emotions from his parents. There was an acceptance and taken-for-grantedness that fate could not be changed and perhaps a thought that no good would occur by talking about the lost twin. While it was never a secret that was suddenly revealed later in life there was a knowing all along that something was missing; yet it was not ever spoken of. Hidden but present at some level.

There was no room in everyday life to dwell on what was not being said. He would have gone about his day as a singleton because that was the reality. His parents no doubt thought about his twin, especially on Ben's birthday. Ben seemed surprised that James was never even mentioned on their birthday. Possibly his parents were sheltering him from their grief because they certainly would not have forgotten that James had existed. It was possibly taken-for-granted that everyone would just remember him in their own way. It is only in looking back that Ben now realises that the lack of existence of his twin was hidden. As an adult the existence of James was brought to his mind as Ben had an awareness of missing a shared life and,

with that, a shared birthday. With the awareness of adulthood, the hiddenness of James would have emerged creating an opening for him to know that part of who he is was not a singleton after all but a twin. However, there was always an element of it not being okay to talk about the grief and loss. Ben learned to cope with grief in a way that seemed acceptable to other people and to show only the feelings with which the adult world seemed comfortable. The concept of being a twin left him wondering how life may have been different but the everyday taken-for-granted reality for Ben was that his life was lived as a singleton. Ben accepted that he had lost a twin brother and that one just got on with life; however, a double acceptance emerged for Ben that whilst he grew up as a singleton he was in essence still a twin.

As we gain an acceptance of who we are we move into knowledge of the possibility of who we could be. For Ben this was being a twin and then, through fate, becoming a singleton. Our Dasein, who we are, has to exist in order to make it possible for the thrownness to be the base for *projection*. The base of who we became as a result of the early situation. We need to know our own self and life situation before we can begin to understand the projected self we are becoming. According to Heidegger (1962) “in projecting, project throws possibility before itself as possibility, and as such lets it be” (p. 141). So ways of ‘Being’ become available, but whilst this makes it appear as though there are options of ways of Being, and therefore life possibly could have taken a number of different paths, it takes the path it does regardless. This was the case for Ben in that the reality of having to accept that he had a twin brother came to him as he grew and made sense of the loss, but he also knew that nothing could change this reality or how he lived with it. However, after thinking back and bringing awareness to the fore, he could not go on treating

the situation as if nothing had happened but had to accept this knowledge into his way of 'Being'.

Another example of acceptance of the taken-for-grantedness, was revealed in Oscar's story of how he was adopted (whangai) at birth by an abusive woman to replace her deceased child. It was taken-for-granted that his biological mother would give up her newborn child because she was instructed by an elder to do so. This was normal practice in the whanau (family) Māori culture in which Oscar was conceived. In growing up Oscar too accepted, without question, that this was the way it was.

At the time I, I didn't consider that it was grief. That was just the norm. I mean you're young and you don't really know. I was adopted into a whanau (family) that was very dysfunctional to replace their son who died in an accident and to be a playmate for the surviving sibling. My natural mother was at the tangi (funeral) and she was hapu (pregnant) with me. So as soon as my adoptive mother saw that, she went and made the deal with my natural grandmother to adopt me as soon as I was born. Which is how it was done back in those days. So my natural mother had no say over where her baby went. So on the way home from the maternity hospital, I got dropped off. As you find out things you realise they are weird.

When he was an adult, Oscar gained some insight and understanding into the grief into which he was born. As a small child Oscar would not have realised that he was adopted to serve a purpose in replacing another child and being there to be an instant playmate, more like a commodity rather than a treasured child. He did, however, have an acceptance, a taken-for-grantedness of the situation. He explained that was *how it was done for his people in that day* but he also stated that it *was weird* and he found it hard to understand. It may have appeared that his adoptive mother wanted him not for himself but to fill gaps created by the death of her son. When Oscar said he was dropped off on the way home from the maternity hospital it seemed like he was being dropped like a parcel at the door. So, while he was on the way home he never reached what would have originally been his real home, instead he was placed

into his adoptive mother's home. His role appeared to be as a replacement child. This may have led to him being confused as to who he really was. In his every-day-ness Oscar was initially unaware of his significance in life for his family. For him, he was a son and a brother and he accepted this without question. Furthermore, while we do not understand how a baby makes sense of his/her world what we do know is that Oscar was abruptly separated from his biological mother and her familiar smell, voice, and touch. This must have had an affect on Oscar and he would have been exposed to a great deal of stress right back to the time of the tangi (funeral). His birth mother, while pregnant with him, was told she had to give up her baby against her wishes which would have been extremely distressing. Further, he would have been exposed to his adoptive parents and sibling grieving. The baby had no say, the baby's mother had no say. It was all just taken-for-granted. In accepting this Oscar also accepted that his upbringing was the way it was and did not question that it could have been different.

Oscar's everyday life also included being hit regularly by his mother so that that too was taken-for-granted as being normal and was just accepted as such.

The hidings that my sister and I got we also thought were just the norm and that it was because we were naughty kids. My sister got beaten worse than me and got told it should have been her that died. We were too scared to be naughty though. In hindsight, you realise that it was the alcoholism that my mother was experiencing, at the time, as a way of coping with her grief. Her behaviour affected us of course. So, this was the grief that was happening when I was born but I didn't recognise it as grief at the time.

Oscar's mother treated him and his sister as though they were not as good or as valued as the deceased son. It appeared that Oscar's mother was not coping with life, grief, or with being a mother. Perhaps she tried to escape her feelings with alcohol use which led to her being abusive. Oscar and his sister were not and could never be the deceased child. Neither could they measure up to the memory of that child. Being

abused and witnessing the greater abuse of his sister, which can also have as deleterious effects as direct abuse, would have left Oscar feeling very insecure not knowing what would precipitate another beating and when that would occur. As a recipient of abuse, Oscar lived with his mother's unpredictable behaviour not realising that her abusive behaviour was about her alcoholism and grief, not him. He just seemed to accept this. Being born into grief and the way in which the parents deal with their grief can impact many facets of a baby's life. These facets are often taken-for-granted and not considered in terms of harm that may be done to a baby thrown into a situation. Oscar accepted the treatment, including the hidings he received, as being what he and his sister deserved – he had come to believe that they were badly behaved children. He also accepted his adoptive mother for who she was and how she behaved towards him. This was how it was for him.

Taken-for-Granted Not Acknowledging Grief

Many participants spoke about just getting on with life. In the following stories there is a certain amount of being resigned to the lack of acknowledgement of grief. If it remained hidden then maybe it did not even exist. You moved on regardless. For Ben the grief was also hidden and put aside except on special occasions.

You would go and see family graves every now and then, on birthdays and at Christmas, with the exception of James's grave, and put flowers on the graves. Apart from that you didn't worry about it, everybody moved on and if mum and dad did have a lot of grief they never showed it. We all knew but because there was no grief shown everybody just carried on the way they normally did. The loss of my twin has come back to me lately because my god daughter died aged 32 or 33 but developmentally she was more like 12. I found this really hard. I don't do grief well.

As far as Ben recalls, grief was not shown by Ben's parents after the loss of his twin brother. Whilst graves were visited at significant times, with the exception of James',

in everyday life the deceased were not talked about. Visiting the graves was the appropriate time and place to share memories. Other than that you just carried on. Ben found it hard to put his everyday grief aside and save it for these occasions. The recent loss of his goddaughter opened emotions that had been firmly shut down bringing up thoughts and perhaps unresolved grief about his twin brother. He found it hard to deal with his grief about his goddaughter because in his mind she was just a child like his brother, both were vulnerable and taken before their time. Moving on from the loss was just what you did in his family. It was taken-for-granted that the person had passed away and that you did not show grief. It may have also been taken-for-granted that everyone was expected to grieve and have thoughts of the lost one in their own way and in private.

Sophie, who was born just after her mother's brother died and just before her mother's father died also found that you just moved on and that the grief was hidden and not talked about.

Grief wasn't talked about. Once or twice as kids one of us said something to mum about her father or brother and I remember her being teary but even then it was just like you knew not to talk about it. You just had to suck it up and move on.

As the grief in Sophie's family was not talked about it was almost as though it was bad or thoughtless to talk about the deceased. As Sophie said, "*you just had to suck it up and move on*". Clearly it brought her mother pain to bring up the deaths making it even more abhorrent to do so. It was like an unspoken loral to keep quiet. This in turn ensured that Sophie learned to grieve in silence, or even that it was not okay to grieve at all. You had to take it in your stride and not let it be a part of everyday life. In Sophie's family grief was taken-for-granted and was not acknowledged, this was the accepted way of 'Being'.

Both Ben and Sophie's stories point toward a common occurrence of not talking about the deceased or even death itself, perpetuating the myth that it makes things worse to do so. Being born into grief was taken-for-granted in that it was the way it was. Nothing could change what happened around the time of birth and probably no one would have considered that the parent/s' grief may have had an influence on the baby at the time. The grief and not acknowledging the grief was the taken-for-granted way of 'Being'.

Taken-for-Granted Acting Out

Some participants' spoke of others not realising that problems had occurred for them as a result of the grief situation into which they were born. Tracy encountered behavioural problems as she grew up which she puts down to her birth situation where the man at her birth was not her biological father but the relatively new partner of her mother.

I was acting out, rebellious at quite a young age of 10-11 years old. Showing signs of not giving a damn. I was 13 when I got moved in with my birth father because of my behaviour. I was arrested, when I was 14. As a kid I was so aware of how I saw things very differently to others and I tried to explain it to my parents and they never got it. It is crazy actually and it just seems like there has been this cycle of poor behaviour as I've grown up. I do believe a lot of that goes back to my birth situation. I even think that as a baby I knew. It seems to have unfolded like that through my teenage life. I went to a number of counsellors when I was young. One said that I was suffering from abandonment and feeling undervalued, as a result of my biological father not being my father at birth. I see and I feel deeper than others and everything I do is kind of by feeling or intuition. I sought love from anyone, everywhere. I just know when I reflect back on the behavioural cycles I've gone through since birth that they all stem from the mixed up emotional attachment that I had as a baby and my way of feeling deeply.

Tracy was born into a different family situation than what she would have been if her mother had not left her father and re-partnered with another man. As a result of the

grief of her mother leaving her husband for another man, Tracy felt that from the beginning her way of 'Being' was different to her parents and that this difference led her parents to not understand her and to punish her as though she was bad not just different. She felt they did not appreciate her difference. It seems that there may have been a lack of attachment at birth that had caused this lack of connection; for to 'Be' in the world we must 'Be' with others, you cannot 'Be' in isolation (Heidegger, 1962). Tracy's deep, painful feelings were unable to be expressed and so it is possible that she acted out the pain giving physical reference to inner turmoil. This acting out appeared to be a cry for attention and a wish to be valued for who she was rather than who her parents wanted her to be. After all, Tracy was thrown into this situation which was not of her own accord.

Even in counselling it was recognised that she was a child that needed greater understanding and to be valued more. At the time, Tracy probably could not recognise that her problems stemmed back to not feeling that she belonged in that family. However, she believes that even as a baby she knew something was wrong – an isolation and feeling of not 'Being-with-others' who were like her. As an adult it all started to make sense to her and she was able to identify fundamental differences between herself and her parents. Tracy was so desperate for love, understanding, valuing, and attention that she sought it anywhere, everywhere, in whatever shape or form she could get it. While, as a child, Tracy may not have been able to understand why she intuitively felt so different and why she felt so angry with the world, as an adult looking back she attributes her life patterns and problems directly to her birth situation and the grief her mother experienced through leaving her husband and re-partnering whilst being pregnant. This helped Tracy make sense of her feeling that early in her life something had not been right, leaving her with the original feeling of

not belonging and possibly grieving too. Her acting out, in the everyday, was taken-for-granted as being poor behaviour rather than attempting to gain any understanding of what lay beneath or drove the behaviour. It is possible that Tracy's everyday way of being was to act out her pain, to rebel at life itself. She believed her behaviour is a direct result of growing up unhappy which she also believed was a direct result of being born into grief.

Taken-for-Granted Pragmatism

Some participants believed that they were pragmatic as a result of the grief situation into which they were born. Oscar retold how he was pragmatic and, from a young age, took on a lot of responsibility around the farm. He considered that the grief his mother suffered when he was a baby led to her not being physically or emotionally available to him. In Oscar's story it highlights how he learned from a very young age that in order to survive you just had to get on and do things yourself.

Mum wasn't available. I think it was the result of her still grieving for the loss of her first boy and dad got real crook. So, I had to milk the cows and run the farm. But it's quite interesting because with selling cream to the butter factory, the cream cheque all went into dad's bank account, so I didn't have any access to any money but what I found was because we had chooks I used to sell the chook eggs to the Four Square guy and then I'd get a credit and I could get bread and butter. Then there's this old lady up the road who made these awesome sponge cakes. So, I used to trade her bottles of cream for her sponge cakes. We had cows, sheep and pigs. So, one time I went out and killed a sheep for the deep freeze. That was the first time I killed a sheep. I learnt to be pragmatic and take responsibility. Even right through at high school it was the same as I had to be responsible for my own learning whilst running the farm. Despite this I got A passes. I'd been accepted into the air force and so I wasn't going to be living around home which meant I had to be responsible for selling off the livestock and the farm up because dad was too crook to manage it.

As a result of Oscar's mother not being available in everyday life, Oscar had to be pragmatic and take on responsibility beyond his years. Despite all of the

responsibility he was a high achiever at school and was driven to survive and do well. If he did not do the things he did no one else was going to do it. In some respects he was possibly robbed of his childhood encountering and managing adult tasks so young. Through his life circumstances of not having his mother available he had learned to be resilient, to keep going, and to survive. Without his mother being physically or emotionally available to take care of him he had to grow up quickly and take on responsibility both for his own survival and that of his dad's. To do all of this he had to be pragmatic, use his brain, be self-disciplined, and have the ability to organise his daily life productively. He grew and achieved out of adversity. Had Oscar not been born into grief he could have expected to have the freedom that most children experience in the school years to be a child and be supported in school studies. Instead he had had to take on adult responsibility in supporting his ill father. If his mother had not been so distanced by her ways of trying to cope with her grief she may have been available to take on the role of looking after the ill father and managing the farm needs, instead Oscar had to do it. It was just taken-for-granted that he would manage all that was required for survival, his own growing up and studies. At the time he just got on and did things but looking back he realises that it was a lot to expect of a child.

While Oscar was pragmatic in getting on with life in the form of taking on responsibility around the farm, Hazel believed she is pragmatic in the sense of being a great problem solver which may ultimately be the result of the grief situation into which she was born. Her mother gave birth to her in a home for unwed mothers and, having given birth, was required to leave the home, leaving the baby in the care of other pregnant women and nuns. While Hazel's physical needs of being fed and changed would have been met it was without the emotional bond of a mother.

Problems of hunger and warmth were solved by others without becoming emotionally involved. Hazel's grief context may have led to a way of Being-in-the-world as pragmatic and able to solve problems quickly as illustrated in the following story from Hazel.

I have found over time that I am very different from a lot of people and think that may be because of my mother's grieving and leaving me as a baby. It's just, I'm not a worrier. I'm not saying I don't get stressed because I do. You know if you have an exam or a medical test, well just take the damn test and worry about it when the results come in. Why would you worry about it? There's nothing that's going to serve your purpose to worry about something. I have a really pragmatic attitude and I like problem solving. Everyone comes to me if they have any problems in life because I can just quickly see a way forward for them. It's just really clear to me. I do offer ideas and advice and they say, 'I hadn't thought about that' or 'I didn't think about doing it that way'. I love making decisions and I love being pragmatic with problem solving. Nothing ever really bothers me as I said you just have to deal with it.

The connection to the grief that was experienced around the time Hazel was born may have led her to put emotions aside when tackling problems and just have a knowing that a solution can be found because that was possibly how it was when she was a baby. As a baby somebody took care of her physical needs at some point. Possibly due to this Hazel is not a worrier. She allows things to take a natural course and unfold as they do, as they probably did when she was a baby in the unwed mothers' home. She sees no point in worrying about something. She just gets on with things. She has a pragmatic attitude and enjoys problem solving. She believes she can see the answer to problems very quickly. Her mind does not get cluttered with all the 'what if's' hence finding solutions is clear to her. Hazel's way of Being-in-the-world is in how she deals with things in life. There seems to be an innate or unconscious knowing that a solution can be found. Maybe Hazel has an unconscious memory back to being a baby where her needs were met by strangers.

There also seems to be an innate knowing that getting stressed about a problem does not help which may suggest that crying as a baby did not get your needs met. It would appear that Hazel's early life was managed by others rather than an attentive attached mother or one care giver. Or it may be that her birth mother had that attitude too. She had no choice about giving birth and having the baby adopted and may have just got on and done what she needed to do. So, it is possible that problem solving without emotion seemed to also ensure survival. All of these things are possibilities as to how Hazel's first few weeks of life may have been for her and as to why she became very pragmatic in her everyday life. Hazel just takes it for granted that problems have straight forward solutions and so there is no need to bring emotion into it, you just deal with the problem.

Taken-for-Granted Caring for Others

It was interesting to note that some of the participants reflected that part of their 'Being' was to be a caring person as a result of the grief situation into which they were born. They believed that they had empathy as part of the pain they had experienced and that through their own grief they were drawn to helping others. This was portrayed in many participants choosing roles in their everyday life that were contingent with caring; counsellors, stay at home mothers, and community workers.

For some participants, 'Being' in the world is about 'caring', so their 'Being' is visible to others as who they are. It is not just that they care for others, it is bigger than this as a way of 'Being'. In looking back it becomes clearer for the participants as to why they made the career choices they did. Initially what called them to their vocation was not clear to them but became apparent and they were able to see a connection between their birth situation and their chosen vocation, in their way of

caring for others, a notion that Heidegger referred to as 'horizon' in that a baseline became visible in which to move forward from. They were about 'caring'. As

Inwood (1999) stated:

I do not first decide who I am and then decide what to do; I wait to find who I am from what I do, from the world around me.....But it makes these options possible by having opened up the horizon and field from which something can be expected. (p. 78).

Kelly, who lost her twin brother in utero, chose as a way of 'Being' a career as a counsellor. She cared about helping and protecting others.

I prefer one on one work with clients. Am I trying to save one because I couldn't save my twin? I love to facilitate groups more so than be part of the group. Do I like to be in charge? Or do I need to protect others? I tend to feel empathy more for the weaker clients, ones that had a hard beginning in life. They are very important to me. I find it fascinating as to how a mother client really feels after losing a child and often relate it to understanding my own mother's loss. I believe one of my dominant threads 'loss' through witnessing the weakening and finally death of my unborn twin created a strong desire to protect the weakened. Having now taken the opportunity to look back on my journey I am truly convinced and profoundly amazed that the very beginning of my life seemed to have such an impact on who I have become in my life.

We do not know how a baby thinks but Kelly gives us an insight into the possibility that the baby is aware of what is happening in his/her immediate environment. Now, as an adult, Kelly has a need to protect others and seeks to 'save them', possibly because she was unable to save her twin brother. As Kelly prefers to work one on one with people and would rather lead a group than be part of a group she may feel vulnerable and unsafe in the group setting as a result of originally being one of two babies. Kelly's experience of becoming a singleton may have left her feeling unconscious fear about losing others around her. She may even fear that others are not safe if she is part of the group. At least as the leader of a group she is not only able to help others but also has some control. She could ensure that others are

protected, which may help to ensure her own survival; just as she was the lead twin surviving to the end of the pregnancy and through the birth process. In her counselling work Kelly finds she has a stronger connection with weaker clients which may reflect the connection that she had with her non-surviving twin brother. In Kelly's world, as a baby, weakness led to death. Empathy also increased for those who had a hard beginning in life which she may have experienced due to her mother's grief and her own loss of the twin who had been growing next to her. This may be because she is still grieving herself and still trying to save others; both for the value in 'saving them' and to help compensate for the loss of her twin brother. It may also be a way of trying to understand her loss, his loss, and her beginning. She may even feel responsible for his death or guilt that she survived and he did not.

Working with mothers who have lost a child gives Kelly the opportunity to explore and gain greater understanding of how it must have been for her mother. It appears that Kelly's work as a counsellor is both enabled by and enabling her understanding of her own beginnings in life. She seems attracted to, and passionate about, her personal work around the loss of her twin. Her work is part of who she is not just what she does and being a counsellor appears to be, at least partially, about fulfilling unmet needs of her own and not wanting others to suffer as she has. She portrays the need to understand, to protect, to have empathy, and to save others. Her soul, like her thinking, remained hidden until her actions of 'care' gave it meaning. It has been taken for granted that her caring nature is just who she is rather than as a result of being born into grief. Kelly, on reflection is able to relate her caring back to grief experienced due to the death of her twin brother. Caring for others is taken-for-granted as Kelly's way of 'Being' but as she thinks about reasons for her way of

‘Being’ thoughts about her ‘caring’ are revealed that bring her understanding to the fore and the taken-for-granted shows itself.

In the case of Tracy who was born after her Cook Island mother left her biological Māori father for a Pakeha man. She feels that she was born into the wrong ethnicity and wrong place. She also felt that her mother sold out for material benefits and a better lifestyle at the neglect of emotional benefits. Her story reveals how the thrownness of life created a clearing to find ‘caring’ meaningful and pivotal in a chosen vocation. Whilst at first her choice of work as a community based manager was taken-for-granted, on reflection Tracy directly related her work to her birth situation and transferred what was important to her to current and future situations. In doing so she can live out what matters to her by working from her inherent life values of putting people before financial gain; in other words her authenticity.

Tracy said,

Going through what I have gone through I can see how the holistic view on things can really influence a situation or assist with behavioural changes, which is what I love trying to work with, or problem solve around. It’s really shaped me as a professional in what I do, when I’m consulting. I actually look very deeply at the issues, rather than just at the numbers. I look at the emotional and spiritual drivers behind it and how we can impact behaviour change by reaching people at a deeper level.

Tracy’s passion is in regards to helping people enjoy better lives and she endeavours to accomplish this through her work. She is not interested in monetary gains for herself or any other business but really wants to make a difference for people. She believes her ‘caring’ evolved from the emotional harm she experienced through feeling like her mother made a decision about life based on what was materially best rather than emotionally right. The burden, bewilderment, and annoyance that Tracy carries drives her to honour her value system of doing what is right for people before

material gain. Her mother's actions did not make sense to Tracy; hence in attempting to put the world right, she appears to be trying to heal and make sense of the harm that she has experienced. There is a huge depth to how strongly she feels about this. Tracy's values of people are at the core of importance. The rewards are in making a difference for people, not making an income out of people.

She is unable to separate her inner emotional and spiritual 'Being' to just a person in a work related role. Her role, which had just been taken-for-granted needs to encompass who she is as a person holistically. When she looks back she believes that this deep seated way of being began as a result of the lifelong discomfort and feeling that she did not belong in the family into which she had been born. From the surface aspect of taken-for-granted Tracy looked deeper and found she was passionate about making a real difference in people's lives – deep down – not just applying a temporary fix to a much deeper problem. Rather than the colloquial ambulance at the bottom of the cliff she works with people to prevent the crisis from occurring. Teaching and helping people to have control in their own lives and being able to gain transferable skills to help them with future problems is paramount to Tracy at an emotional and spiritual level. Sheehan (2015) explained Heidegger's notion of 'Being' is that the living thing is not thrown or appropriated into just any possibilities. "Most basically it is an enabling of *itself*, in the sense that it is the very possibility of becoming its own future-possible self" (Sheehan, p. 140). This was very apparent with Tracy as she does not value gaining at the cost of hurting or using someone else's misfortunes but values authentically caring about people at a deep level. Like Kelly, at first Tracy took it for granted that she was the way she was but, when she gave it further thought, she had the realisation that her way of 'Being' as 'caring' stemmed back to her birth situation.

The above stories have revealed what matters for the participants in regards to acceptance, not acknowledging grief, acting out, pragmatism, and caring, being taken-for-granted in their every-day-life. The analysis of the participants' stories has brought their way of 'Being' to the fore as a direct consequence of being born into their particular grief situation.

Conclusion

In this, the first of the four findings chapters, the theme of taken-for-granted-in-the-everyday was explored. This theme uncovered how in life many things are taken-for-granted, lie hidden, and not given much thought until something brings our reflective thinking to the fore. It is a way of 'Being' that 'just is' until revelations as to possible reasons of why that is, challenge the taken-for-grantedness. This chapter revealed five subthemes. The first was acceptance, which portrayed this was just the way it was. By just accepting the grief situation life carried on and no thought was given to how parents' grieving may have affected the baby. The second subtheme was not acknowledging grief by just getting on with life. By not acknowledging the grief no one sought help or recognised how disruptive grief can be to everyday life. The third subtheme, acting out, was seen as poor behaviour rather than an indication of emotional upset. Acting out could have alerted parents to question underlying problems. The problems may have gone back to the situation of grief at birth and be a result of implications from experiencing early adversity. The fourth subtheme, pragmatism, showed up as taking on adult responsibility as a child and in problem solving without complications of emotions. Being pragmatic may have been an indicator that getting on with things is how you deal with life stressors. Finally the fifth subtheme of 'caring' was as a way of 'Being' in life leading to choosing careers

that involved caring for others. Having experienced being born into grief may have made participants more empathetic to the needs of others or may have even been a way of trying to correct what had been hurtful to them as babies.

The subthemes, combined, shed light on the taken-for-grantedness of just Being in the everyday of how life 'is' when one is born around the time that parent/s are grieving. Generally, this meaning or understanding is not immediately apparent and remains hidden until one contemplates life as being different due to this experience. It is not until they looked back that the participants thought that maybe they are that way because of early life experience. They identified elements of their way of being which they could contribute to their own thrownness around the time of birth. Their birth situations and the grief that surrounded them was not of their own making and they had no choice in regards to the events that made it be as it was. In discussing their 'Being' in the everyday they found that many of these things are pivotal to who they are in the world, especially when they compare themselves to others to whom they are or are not connected. Their individual characteristics, personality, and way of 'Being' were all portrayed by stories they told which they deemed relevant to their personal grief situations. Heidegger's notions of Dasein, 'Being', and thrownness, sat behind these stories and added to the phenomenal interpretation of taken-for-grantedness in 'Being'-in-the-everyday; thus illustrating who the person is when thoughts and stories are interwoven revealing hidden meanings of past, present, and future ways of 'Being'.

The next chapter demonstrates stories that reveal how being born into grief brought a certain vulnerability to the fore as a way of 'Being'.

Chapter Six: Vulnerability in-the-Everydayness

Introduction

In the context of being born into grief some participants have identified as being vulnerable. This vulnerability shows itself in different ways for different people. In sharing their experiences of being vulnerable in the everyday, as a result of the grief situation that arose around the time of the participant's birth, we are invited to see how vulnerability shows itself. The subthemes related to the theme of vulnerability were identified and emerged from the participants' stories. The subthemes were: vulnerability in avoidance of stress/fear, vulnerability of the fear of death, vulnerability in switching off/avoidance, vulnerability in lacking resilience, and vulnerability in not trusting themselves or others. In this chapter, the philosophical notions underpinning hermeneutic interpretations to be discussed include; mood, affectivity, attunement, and reference to Dasein.

Philosophical Underpinnings

Philosophical underpinnings relevant to this chapter take into account the concept of vulnerability from the perspective of the participants. Purdy (2004) defined human vulnerability as "a highly dynamic process of openness to circumstances that positively or negatively influence individual outcome" (p. 32). To be vulnerable is to live life being more fearful of some situations than most other people because, historically, we have already had a negative similar experience. According to Vatne (2017) the definition of vulnerability includes both antecedents (what is prior to), the openness itself (the susceptibility), and the consequences (harm, loss). This makes us more vulnerable as we have already suffered harm in similar situations. Spiers (2000) considered that the individual's own recognition of vulnerability relates to his/her

own self-perception and personal challenges in everyday life that define vulnerability individualistically or uniquely to that person. Vulnerability is a way of 'Being'-in-the-world for some participants; yet for others it may not be. With this way-of-being vulnerable, anxiety is often experienced. Anxiety, as a result of vulnerability, can leave the participant not able to fully enjoy or engage in some life situations, which subsequently leaves him/her feeling discomfort in his/her lifeworld. Not feeling at home in the world inevitably changes the equilibrium of how we feel and experience the world.

This experience is unique for each person in his/her interactions in the everyday. Elpidorou and Freeman (2015) noted, "Our everyday experience is permeated by a multitude of affective experiences: of ourselves, of others, and the world around us. For the most part, emotions, moods, feelings are present proximally and forcefully" (p. 661). We experience these feelings intensely and they become part of our way of 'Being'. They play a part in ruling our life and we come to accept this as 'Being'; we are who we are and for the most part this remains unquestioned and taken-for-granted. However, when we reflect on our feelings, in this case vulnerability, we are able to attribute meaning to what was formally hidden.

Elpidorou and Freeman reinforced this idea, stating

Affective experiences are meaningful. They are revealing of certain features of situations in which we find ourselves (social or otherwise). On account of this revelatory dimension, affective experiences can shed light on the valence of situations; they can be informative of how to act in certain contexts, and they can give us guidance as to how to live our lives ... affective experiences are also revealing of fundamental features of our own, human, existence. (p. 661)

In being human, our experiences are meaningful, most especially to ourselves, particularly when it comes to affectivity. Each experience has an element

of uniqueness and whilst we might think we understand how an experience is for someone else, in reality we can only imagine what it is like.

The significance of what we experience in the world is secondary to how we experience the world. Thus, we may see vulnerability as a meaningful type of ‘mood’, “the way in which the mood is disclosed is in the way we turn toward or turn away from a situation” (Heidegger, 1962/1993, p. 174). Hence the vulnerability seen in the participants’ stories has often not been recognised until they discovered an awareness of the relationship between their birth situation and how they behaved in certain situations.

A deeper understanding of the phenomenon of vulnerability is gained when we consider Heidegger’s (1962/1993) philosophy of Being-in-the-world. Heidegger proposed “that a person’s openness to the world is always constituted existentially by the attunement of a specific state of mind or mood in relation to others, such as emotions, perceptions, memories, and fantasies, in the engaged practice” (p. 176). This way of Being-in-the-world, as in vulnerability, is not so much a real physical experience as it is a way of thinking about that experience. Therefore, the state of mind renders some of the participants to be vulnerable in certain situations and not others. Vatne (2017) commented that:

Heidegger explains that the interpretation of a state of mind is grounded in something we grasp in advance, a kind of fore-conception. One example given is that a state of mind of fear must be understood as something we fear could happen to us. (p. 199)

The participants certainly spoke of many fears and anxieties that they had. As Blattner (2006) posited “anxiety/death does not strip away false identities and get us in touch with who we really are, but rather it strips away ontological distortions and gets us in touch with how we are” (p. 160). We are who we already are and how we are is circumspect or not, as the case may be. Further, Blattner said of Heidegger that

“we are always already attuned to and disposed in the world” (p. 78). We are always already looking for, or attuned to, confirmation of what we already believe about ourselves. Again, this can be an unconscious searching and in turn an unconscious finding.

The following stories reveal how vulnerability has been an everyday-way-of-‘Being’ for many of the participants. The participants show how some situations are avoided as a survival strategy and some are just taken-for-granted as a way of ‘Being’. The first of these subthemes is vulnerability to avoiding stress/fear.

Vulnerability – Avoiding Stress/Fear

For some participants being vulnerable to stress/fear showed up in relation to avoiding certain situations. At the time of birth, fear or heightened adrenaline would have been a common reaction from parent/s who were grieving. As babies, some participants believed they were exposed to these conditions. Participants commented that they think this fear and adrenaline would have been present due to the situation into which they were born or thrown. This was not of their making but as a result of what was occurring for their parents at the time.

Not liking an adrenaline rush or experiencing fear was spoken of by Elise. Elise was born into a situation where her mother had multiple stresses, including having had a previous ectopic pregnancy, defending a court dispute, and caring for a terminally ill child during her pregnancy. Elise believes that stressful or excitable situations that increase her adrenaline take her back to an early time when her mother was pregnant with her and under a lot of stress. She feels that the adrenaline rush she would have experienced in utero from her mother is the origin of causing discomfort now in the present. She has grown intolerance to this sort of stimulation.

I don't like an adrenaline rush so I never put myself in places like adventure parks or anywhere I'm going to get an adrenaline rush. I think this comes from experiencing adrenaline when mum was stressed during the pregnancy. I do not like driving because my adrenaline goes too high. I was very scared of cars and roads and so the best way to avoid it was to not drive. Don't have lessons, don't go near it. I use to say I'm not interested in driving. That was a direct follow on from this wanting to avoid stress. It would have been my father, with whom I had no real bond, who would have taught me and again I didn't want to make myself vulnerable to him because we didn't have that emotional closeness to make it okay. So I preferred to think I don't like driving and I don't need to drive. So I avoid stress and I don't do vulnerable either. However, with having children, whom I home school, I think that's been the biggest thing to make me more willing to be vulnerable, more open.

Once Elise is aware that something may cause an increase in stress/fear she avoids it as much as possible – it has become a survival mechanism. Within this may be an issue of trust. Trust of her father, trust of safety in a theme park. Mistrust of others having enough concern for her wellbeing to keep her safe. Sitting with stress takes her to a place of discomfort and that triggers feelings that she consciously wants to avoid. In keeping with this notion, feelings of vulnerability leave her feeling unsafe. Due to the combined ill ease of vulnerability, especially while with her father, and the avoidance of adrenaline situations she chose never to learn to drive. There was nothing about driving that she could mentally endure, even though this meant losing the independence of being able to take her children on outings or to events. Simply the thought of driving caused an adrenaline rush. Elise's life has been curtailed; possible beneficial experiences are missed by this survival strategy of avoiding stressful/fearful situations.

Perhaps, home schooling her children, is about fear of what might happen if they are not close to her, thus the possibility of their vulnerability too is felt and to be avoided. Whilst they are near her the situation is predictable and they are not vulnerable to outside threats. Again, Elise gets to avoid uncomfortable stress

situations and uncomfortable possibilities and thereby maintain control of situations that could easily become out of her control and therefore risky. Elise believes that her avoidance of adrenaline and being vulnerable goes back to the time when her mother was pregnant with her and under tremendous stress herself. It makes sense to her that she feels this way in her everyday life because she believes she would have had an awareness of her mother's biological stress reactions when she was pregnant with her. As the feeling of an adrenaline rush probably unconsciously or even consciously makes Elise fearful she is not able to 'Be' a person who can accept adrenaline increase as a natural way of 'Being-in-the-world. For her it is fraught with the alert of danger, and not feeling safe in the environment. As a baby in utero she would have been exposed to adrenaline when her mother experienced stress therefore, it is possible that Elise equates everyday adrenaline rush back to this time. This may validate that Elise has an unconscious memory of discomfort as a baby in utero that is still affecting her today as an adult.

Cassandra speaks of how she dissociates in stressful situations and relates this problem of automatically mentally cutting off back to her birth situation where she was suddenly cut off from her birth mother and given up for adoption when she was six weeks old.

I think I can only guess what it was like for me to be born into this grief. You know I'm born into this grief of this woman. She cut off from her feelings because she had no choice. She's essentially had to give my father up but she does the right thing with me for six weeks, but how do you just give a six week old baby over to some other woman like that? I mean what did that do to her? What did that do to me? So, here's this baby that gets physically taken away to another city and nothing settles in quite the same way again. This is why I don't think I'm very grounded in myself. I think when big things happen e.g. operations, travelling etc. I think part of me slips away and I don't want to come back. I'm not even going to say it's dissociation because I don't even know what it is. I mean I have dissociative aspects to myself, like how I protect myself by being slightly outside of my body but this is

something quite different. I don't want to be here. It's been a theme in my life.

Cassandra also speaks of being vulnerable to avoiding stress/fear and how this caused her to switch off to feelings. Having feelings may exacerbate the knowledge that if we feel then we are alive, and if we are alive then we will surely experience loss.

Cassandra believes that her mother did the right thing for her for the first six weeks of her life. The right thing was to keep and nurture her as a baby. To be together – mother and daughter. She does not understand how anyone can give up their baby to another woman. She believes her mother must have cut off her feelings or dissociated when she gave her away and that this is why Cassandra cuts off when she is stressed or upset. She is vulnerable to feeling stress and upset. She feels like the early disruption to her life caused her to become blocked in life and to not be able to function physically or emotionally in a normal way. These things were not in her control, they are still not in control. The separation and the grief both her mother and herself must have felt was the beginning of her feeling unsettled in and throughout life. She imagines that as a baby she would have been very distraught and that things just shut down. She lost her roots. The shutting down, throughout life, may have been a form of protection from experiencing her feelings. Almost like a part of her had died when she was separated from her biological mother. From the time of separation until this very day when bad things happen she dissociates and drifts away, not wanting to return to the reality of a life that she does not enjoy as the experience is too painful. The possibility of not existing or being fully present encompasses much of her thinking. Even travelling seems to trigger uncomfortable feelings which she relates back to travelling away from her mother as a baby. The

part of her that was lost at separation always lies just below the surface, so further loss feels like a real possibility. This sadness and disconnection is part of her everyday life. Dissociation, became a way of 'Being' to avoid the vulnerability associated with uncomfortable feelings and to avoid Being-in-the-world with or without others. A pattern was begun early in life, as a result of being born into grief, which has continued throughout life.

Vulnerable to Fear of Death

Kelly, had a twin brother who died in utero prior to her birth. Kelly does not like sickness and tries to avoid it by carrying on beyond her capabilities when she is sick. She displays an aptitude of being fine and indestructible. During the pregnancy she believes she was indestructible for two reasons: first, she did not succumb to illness in utero and second, physicians not realising there was a live twin after her brother died performed a uterine cleansing procedure which she also survived. Kelly felt that if you give up you might die, so do not give up, and keep on going. Kelly's story portrays this determination in life and her avoidance of the possibility of death.

I feel that my brother gave up and so I am scared that if I don't push myself, I might die too. I do tend to push myself to the point where I have had chronic fatigue. I think I was always testing myself. That was really hard because the child comes out in you and you are more needy when you are sick. I believe that chronic fatigue and many other illnesses are a huge result of grieving. Chronic fatigue is awful, it is very frightening. You are walking in a dark place. You want to laugh and you want to have fun and want to do things but you can't and there is a sense of I'm not going to get well and I don't want my family to suffer like this with me. Being the one that I would sacrifice first I actually felt suicidal. It never would have happened but it was a feeling that anyone could have when they were that sick and couldn't see themselves getting better. I have, in my mind that I have to be completely well otherwise I worry what other people might think. I believe this thought goes back to my birth situation.

It appears that Kelly felt disappointed that her brother gave up. For Kelly you push yourself and do not give up on life – much as she was pushed out of the womb alive as compared to her brother. Maybe she has pushed so hard as a way of compensating for his loss, trying to live his life for him at the same time as living her life. At the time that she was ill she became very needy to the point that she was afraid she would always be like this and might ultimately die. This was a state that her twin remained in as he did not survive and so Dasein understood death through the experiencing of her twin's death. Kelly found being ill very frightening which was a kind of fore-conception that probably arose out of this fear. At one stage she felt so distraught that she might ruin everyone else's life that she thought about suicide, the possibility of her own death had become very near to her. She believed that she should sacrifice herself first before others suffered from her illness.

Kelly had a thought, that she believes goes back to her birth situation, that she must always be completely well otherwise others will know and will not get the full benefit of her 'Being' – just as she never experienced the full benefit of her twin brother 'Being'. Others need her and she needs to be there for them especially as she did not have the power to save her twin and so is determined to save others. Neither can she afford to be vulnerable to illness, like her twin, if she is to survive. There was an acceptance, though, that if you were that sick that you knew you would not get better then it may be acceptable to give up so that others do not suffer because of you. Through pushing herself Kelly felt like she was always testing herself, maybe even testing life itself, as to why she was a survivor. Why she had not given up. Through this testing, trying to find her own limit of endurance, she may have been trying to gain further understanding as to why she survived and her brother did not.

A fear of being vulnerable to death or not being perfect may have emerged as a result of her twin brother dying beside her in utero. 'Being' together in the womb, Being-with him, and then her twin dying right beside her, Being-without him, has an experience of being very close to experiencing death and so living with this fear and vulnerability became a way of Being-in-the-world for Kelly.

Sophie also experienced being vulnerable to death. She suffered from a lot of illness, the fear of which was compounded by the similarity of her illness to her mother's brother and father dying just before and just after her birth. This in turn created a fear of history repeating itself. Death as a possibility was very real. The vulnerability may have been hidden until Sophie had an awareness of it through the actions of engaging with it.

As an adult I developed OCD [obsessive compulsive disorder] around death and dying and I think that was because of what went on around me as a baby. I think I was born with this terrible, terrible fear of death that through my late 20s and 30s became really quite crippling and I think I created a battleground in my head. I had a lot of anxiety about it. The thought of dying was in my head all the time. I would be hanging out the washing and thought if I didn't do it right I would die. I couldn't even talk about my fear of death to my husband.

Finding out about the second tumour made the fear of death become unmanageable. It shook me to the core. I felt as though I suffered post-traumatic stress disorder from it, even after the results came back benign. All of this was a major interference in my life. I had an assumption that because my mother's brother died just before I was born and her father died just after I was born, it was going to happen to my family, particularly in relation to me having a six month old baby when I got the second tumour. I feared that because of what happened to me as a baby that history would repeat itself and I was terrified, tense, and anxious.

When Sophie was a baby there was a lot of death around her which may have created a fore-conception toward death. Even while in utero her mother would have been stressed and grieving with the knowledge that her brother was terminally ill. Sophie was born shortly after this significant death and just before another significant family

death. Her mother had been exposed to grief whilst pregnant with Sophie and in the neonatal period of Sophie's life. The vulnerability she felt had been hidden but was brought to the fore by engaging with thoughts of death.

Sophie grew to fear death so much that she designed rituals that she thought would keep her alive. Looking back she thinks that this overwhelming fear had been present from the time of her birth. It was like it had always been there, had always been present. I wonder how much awareness of death she had comprehended as a baby. Had this been absorbed into her psyche? The fear of death had become all-consuming and was always at the forefront of her mind. She was overwhelmed by thoughts of death and dying and yet was unable to share this fear with anyone. As a baby whatever awareness she had about death she would not have been able to share either. She was living in her own world of anxiety and fear as she would have been when she was a baby, which stopped her from fully 'Being'-in-the-world. All of this fear and anxiety was exacerbated when Sophie developed a second tumour and because she had a young baby, like her mother did when grief originally struck their family, she was even more consumed by vulnerability and the fear that history would repeat itself. With Sophie having suffered so much illness her everydayness was constantly focused around the fear of death. The process of living, itself, was influenced and structured by finitude. It was no wonder that she had become very tense, attuned, and anxious, especially as she felt unable to share these emotions with others. She battled alone with illness and the resulting emotional impact.

Sophie's way of Being-in-the-world was fearing death. Dasein understands death through the experiencing of the death of others, and death has been a reality all of her life. It is no wonder that the fear of death became huge, especially at times when she had a baby herself. Being born into grief may have created this cascade of

fear of death. Sophie experienced a lot of vulnerability as illness and death were a huge focus and part of her everyday life. Death had happened and could easily happen again.

Vulnerable to Switching Off/Avoidance

Elise, who was born after her mother had an ectopic pregnancy, tells her story of feeling vulnerable to switching off/avoidance. The doctor had told her mother ‘you’ve got one child, you won’t get any more’. As Elise says, she was the impossible miracle child that should not have been born and that her mother had stresses upon stresses leading up to her birth, including looking after Elise’s terminally ill older sibling. Looking back Elise believed these stressors left them both feeling vulnerable but they showed a charade on the outside of managing well.

I’ve mentioned my early life circumstances didn’t really affect me with the knowledge of the grief and stress that mum was under because she hid it. Her way of coping is to not show the world what she is feeling unless it’s happiness. So, her coping mechanism was to internalise everything and just deal with it herself as much as she could. She was practical, a supermum who did it all, because nobody else was going to do it if she didn’t do it and so her coping mechanism was always just focusing on getting it done. One of the biggest ways my mother, my sister and I coped is that we put up a guard. We have a face to project towards the world. We’ll open our homes to people, we’ll give food, we’ll give clothing, anything like that but it’s really hard to receive because in order to receive we have had to make ourselves vulnerable to someone or to the world. We couldn’t do that, we just have this wall here which says I’m safely on this side of the wall and my vulnerabilities will stay mine and I’ll just hide the fact that I have them.

Elise talks about trying not to show vulnerability, keeping it hidden, and just showing the façade of strength and happiness. Elise’s mother hid the grief and it seems that Elise did too. Even when Elise thinks back she cannot imagine that her mother would have shown her grief. She acknowledges though that it must have been there. If Elise’s mother managed grief by covering it up and being busy, it stands to

reason that because of the grief and stress she was experiencing she would have made sure that everything appeared fine around the time of Elise's birth. As a baby Elise may have also internalised her mother's pain. As she grew Elise took on coping mechanisms similar to her mother but where possible she avoided stress altogether. To let others see was, for Elise, making herself vulnerable; thus she carried on battling upset and fear on her own. Elise had learnt to internalise her own pain and appear as a superwoman just like her mother. It is possible that her mother's stress while she was pregnant with Elise transmitted stress hormones which, as a baby, made Elise uncomfortable. Hence, now when Elise experiences stress, it unconsciously takes her back to earlier times of discomfort. A baby is vulnerable to environmental influences as Elise would have been due to her mother's stress. All of these things were out of Elise's control; thus it stands to reason that as she grew Elise may have felt vulnerable when things were out of control. It is therefore understandable that Elise does not like feeling vulnerable and feels the need to try and control things in her life. She also learnt that if you had feelings that you did not like, by not acknowledging them, it somehow made them not real. By denying their existence you could just carry on, and nothing awful would happen. It was always safer to hide feelings. Her mother hid grief and so Elise also hid grief. Elise felt that as her mother was under so much stress during her pregnancy and after she was born that this stress was passed to her making her susceptible to everyday stress. In the everyday Elise puts on an appearance that all is well in her world as she does not feel safe to show her vulnerabilities to others.

Oscar, also speaks of being vulnerable to switching off. Oscar developed a type of dissociation which enabled him to survive and to thrive in his life.

I could actually focus on things and forget about the rest. The obsessive compulsive disorder that my wife says I have is around the detail that I get

into when I'm designing stuff. I mean I'm an engineer at the end of the day. I go into absolute detail but everything works and works first time. I think the situation of my birth and the abuse I experienced, is probably a lot of what it is. There's a whole bunch of stuff out there that you can't control and so therefore focus on the stuff that you can control and do a good job with it. The thing I tend to find is that I'm really good at focusing on things so much that I can be blind to other things going on. Even at work I do a lot of problem solving and if I've got my head in a problem I am totally focused. If I'm in the middle of something everyone can be talking all around me, and I just wouldn't hear a thing. I'm really good at switching off and focusing on something and I think that's probably a coping mechanism perhaps learned when I was small.

While Oscar's attention to detail, being able to focus, and switch off to distractions was out of a need to survive, it became a strength that enabled Oscar to be successful. It is most likely that this attention to detail which began as a default, as an escape through dissociation during stressful situations, became a gift and ability to focus enabling him to achieve. Thus, he developed or projected the ability to switch off as stress became too much with no more room to cope with abuse either endured or witnessed. As a result of being born into grief Oscar learnt to dissociate from things and people around him. This was beneficial in his work but may well have caused harm in relating to others in his life. His vulnerability was hidden until he recognised it in his actions of cutting off. He needed to be in control as a means to evade being vulnerable in life and as a means to survive. This cutting off enabled Oscar to maintain resilience. The next set of stories speak of being vulnerable to lacking resilience.

Being Vulnerable to Lacking Resilience

When Mary was eight months old her father was shot and killed in a hunting accident. In the everyday Mary was vulnerable to the mistreatment of others, vulnerable to naively finding herself in unwelcome situations, and vulnerable to not

being able to discern good people from bad. She felt that if she had grown up with her father alive to protect her and guide her, things may have been very different and that she would not have been vulnerable. Mary had to move in her teenage years which she put down to a result of not having her father. She felt that if he had lived her mother and herself would have had more stability and not been so vulnerable. When Mary was a teenager her mother remarried and as they lived in a very small house it ultimately meant there was no room for Mary to live at home. Leaving home left her vulnerable to the prey of others, especially as her social life experiences had been limited from being an only child, a fatherless child, to a child that her grandfather had tried to shelter from life.

I was pampered in those early years due to dad dying which left me vulnerable and lacking resilience to being able to stand up for myself. I always slept in the same room as my mother until she remarried and as the house was small I was sent to live with relatives where not only was I required to do many household duties but was also taken advantage of by my uncle. At 19 I married my first husband but he threatened my life. He had been out duck shooting and I refused to clean and pluck the ducks for him! So he got his rifle out and put a bullet in it. I did have the courage to leave him after that, I got out through the window one night with my baby daughter.

Another way that I felt vulnerable showed up in me never liking to be seen to dawdle. I always thought I had to be flat out all the time. All of this came about because we didn't have the security, we didn't have the protection. It would have been completely different had my father lived. I imagine I would have had brothers and sisters too to learn to fight and communicate with, to have social skills. My childhood would have been very different.

Mary had lived a sheltered life until her mother remarried. She was used to being so close to her mother that she even slept in the same room as her. However, as Mary's life situation changed she became separated from her mother to the point of having to live with relatives. In living with relatives she became vulnerable to being a household helper and falling victim to abuse from her uncle. If her father had not died they most likely would have still lived as a family under the same roof. Mary

needed to belong so she married and left home. She needed her own companion but she had so little life experience to make an informed decision on who would make a good husband and subsequently a good father. Due to being pampered by her grandfather and over protected as a child she did not have the world knowledge, resiliency, or experience to identify the flaws in a man who was supposed to love and protect her, not threaten her, but she was vulnerable to a man who showed her attention. Her vulnerability had been hidden until she engaged with the activity of facing her own death, something she could no longer avoid. It was totally believable for Mary that she could be shot as of course her father had been. The fear would have been huge both on a conscious and unconscious level. She also had a baby daughter who needed to be protected from suffering the same fate as her, to be left without a parent at a young age. History could have been repeated but Mary had the strength and gained resilience to escape and take her daughter with her.

If she had had siblings Mary may have been wiser to normal sibling rivalry and be practiced in surviving childhood disputes and therefore more socially discerning. Mary may have thought getting married could fill a companionable gap but she was once again vulnerable and at the mercy of others. Her vulnerability also showed in her conducting her everyday activities at speed. Mary feels that the reason she was always flat out in life was a means of protection from being at the mercy of others, especially as she had not grown up with the security of a father. She had found a way to keep herself safe by moving fast, maybe out of harm's way. Maybe to avoid really 'Being'. Maybe also to avoid pain or even the possibility of death. The impact for Mary of losing her father began a chain reaction of events leaving her feeling insecure and rendering her in situations where she was vulnerable and at risk from others. It is possible that the death of Mary's father predisposed her to being

vulnerable to other men and that her lack of normal socialisation life skills also made her vulnerable to not managing social situations in the way that other people who had been brought up with a mother, father, and siblings may have naturally managed and taken in their stride in the everydayness of life. The impact of losing her father had a wide spreading ripple effect that at first would not have been realised; but in looking back links can be made between things that happened and the initial grief of the loss of a parent.

Cassandra, as an adopted child, also felt vulnerable to lacking resilience especially in regards to her adoptive mother.

I was always an anxious, insecure sort of child who was teased at school. I didn't get that sort of reassurance and nurturing on a psychological level that I needed from my mother. In fact there was a sense of being sucked dry by her. I had to meet her needs on some level and I couldn't. She wasn't physically close and she was unable to really express herself. She was quite cold. She didn't mean to be. It wasn't something she wanted to be, she just was. When I was quite little I was always trying to get away from my mother because she kind of needed me to fill her up almost. I couldn't do it. My mother just didn't understand. As an adult I didn't want children, I was fearful about having a baby and I think that is because I didn't like my childhood very much. I really was a very unhappy child and I didn't want to be the kind of mother my mother was.

Cassandra felt that her purpose was to fill her mother up and thereby fulfil her mother's needs whilst her own needs were neglected; so much so that she felt she was always trying to get away from her mother. Cassandra became an anxious insecure child who did not get the nurturing and reassurance from her mother that she needed. As an only child she was even more on her own with her mother making herself unavailable to her emotionally. Where possible Cassandra avoided being with her mother as she lacked resilience in being vulnerable to her mother's needs. Rather than having a normal childhood, with normal parent child interactions, she had to be everything to her mother at the cost of her own happiness. Not being accustomed to

being with children she was an easy target for teasing once she had started school which was upsetting for her. She had not developed the resilience that other kids who had siblings had developed. She was vulnerable to meeting the needs of her mother and the teasing needs of kids. She spent much of her time crying and feeling powerless and neither did she feel she had the support of her mother. There is a strong disconnection here with Cassandra feeling her reason for being was to fulfil her mother's needs rather than receiving unconditional love. Rather than having been adopted out of love for a child it was more out of a need her mother had to be fulfilled. A misfit from the beginning. A baby in the wrong arms and not feeling she was where she belonged. An unhappy child without connection and without the resources to manage life at home or at school.

Cassandra did not want to have children because she was fearful of being a mother like her mother and she did not want to inflict that on another child. Had her childhood been happier she may have felt differently. She does not really understand why she was not a happy child but does seem to put it down to not having had the sort of mother she needed. Being born into grief possibly created in Cassandra's everydayness a sense that her purpose was to feel like she was a pawn; a pawn to make her mother happy and a pawn to be the recipient of other children using her to vent their own aggression. She was at all times vulnerable to meeting the needs of others. The unhappiness she experienced, ultimately as a result of being born into grief, also robbed her of the desire to have a child of her own. Again this vulnerability had remained hidden until she reflected back as an adult on how she was in the world with others. The affectivity disclosed the meaningfulness of her own complex world.

Being Vulnerable to Not Trusting Others/Self

Cassandra was born outside wedlock. Her mother fell in love and had a relationship with a married man. She had very much wanted the relationship to continue and to keep her baby but after six weeks and no likelihood of the relationship continuing Cassandra's biological grandmother insisted that she be given up for adoption to avoid the shame of having an illegitimate baby falling back on the family. Cassandra relates the depression that she suffered most of her life back to having spent the first six weeks of her life with her natural mother and then being torn away from her and given to a mother to whom she could not relate.

Thinking how it must have been for her and thinking how it must have been for me in the womb. This loving a man that she couldn't be with and that she wasn't going to be keeping the baby and I wondered why I struggled so much with depression in my life. I just had the sense that the impact of being born into grief is on such a deep level. It's sort of in your DNA. So, it feels quite subtle. I don't really want to be here you know and that's part of what the depression is about. I felt suicidal and had shock treatment. One time that I felt suicidal my mother, whom I thought didn't real care about me, remarkably turned back from a weeklong trip she was going on. She just sensed that I was in a bad space and a danger to myself. I never talked about it as I felt it was more my shame about being that helpless or being that depressed. I was very private about myself. I don't trust anybody, I don't even trust me.

Cassandra believes that it was sort of in her DNA to suffer from depression as she was born into a terrible grief situation. She has an extensive history of depression which she believes comes from her birth situation. She was admitted to psychiatric hospitals, had shock treatment and medication, and was suicidal. She remembers a time that she was suicidal and her adoptive mother turned back from her travels to be with her. Her mother's actions gave Cassandra the realisation that her mother did care about and love her, that there was some connection. However, Cassandra feels really bad about that because she could not feel it herself even though she had come

to these realisations. Her openness in-the-world was constituted existentially by the attunement she had to her state of mind, her emotions, perceptions, and moods. The disconnect and lack of bonding was considerable for Cassandra. Literature talks about the earlier that adoption occurs the better. A critical time of imprinting. Cassandra had been attached to her birth mother through pregnancy and the first six weeks of her life and was then suddenly removed to the care of another woman who was so different, no doubt sensory wise as well as in manner. This would have been hard to adapt to and may have also been a causal factor in Cassandra not being able to trust, not even herself. It may also be a part of her being able to survive alone and not relate to others. She was not 'at home' in her world and often flirted with the idea of death in order to remove herself from her ill-at-easeness. Cassandra felt shame about her mental health which may also have been residual or exacerbated from the shame her birth mother felt about having had her. The affectivity she felt both gave and took meaningfulness from her life. Cassandra's life experiences included shame, secrecy, not existing, and being depressed as a result of being born into grief; all of which lead to her being vulnerable to not trusting others or herself.

Conclusion

The above stories, within five subthemes, have revealed how participants have shown vulnerability in life. They have shown vulnerability in avoidance of stress/fear by not putting themselves in situations that they know will create stress or fear, vulnerability of the fear of death by being afraid that illness will lead to death, vulnerability in switching off/avoidance and cutting off feelings, vulnerability in lacking resilience and ending up in situations where they feel endangered, and vulnerability in not trusting others or themselves. They believe they avoid stress/fear,

dealing with feelings, and being vulnerable in their everyday life as a result of the grief at birth into which they were born and that what happened in utero and when they were born has led to these vulnerabilities. Their way of 'Being'-in-the-world, fears, emotions, moods, and fore-conception have been affected by these vulnerabilities. Reference to the philosophical notions of mood, attunement, and Dasein have been made as they underpin hermeneutic interpretations in this chapter and account for much of what has become known to the participants as 'Being' vulnerable. For the participants this knowing and possibility may be more highlighted than for those people who were not born at a time when parents were grieving.

Some participants experienced vulnerability as a fear of something. That something may ultimately, and perhaps unconsciously, have been a fear of death or loss. So situations were made vulnerable as an experience of this fear. It stands to reason that having been associated with the grief that parents experienced around the time of their birth may have put the participants closer to the experience of death/loss itself and thus made them vulnerable to fearing death/loss. Being vulnerable then may have come out of fear and the way in which fear/death/loss had been experienced. Thus a circular pattern of 'Being' vulnerable may have been established early on in life.

To be vulnerable may have made some of the participants susceptible to an awareness of not 'Being'. As participants have been thrown into the grief that their parents experienced, they may have an inner sense of death/loss experienced by others which in turn may make them closer to the experience of death/loss. Consequently, this may have given them greater awareness of the possibility of death/loss than those who have not had this early life experience of being born into

grief. The participants, therefore, may have been exposed to being beside those in death, dying, grief, or loss through vicariously experiencing the grief of the parents. The vulnerability, however, was generally hidden from the person until he/she saw it in his/her actions of either engaging in the situation or avoiding the situation.

The following findings chapter demonstrates how connectedness has been affected by being born into grief.

Chapter Seven: Being-with Connectedness

Introduction

In speaking of connection I am reminded of the Māori proverb Whakaatauki

He aha te mea nui I te ao
He tangata, he tangata
What is the most important thing in the world
It is people! It is people! It is people!

People and things are connected, and these connections are pivotal to the survival of life. Thus, people connecting to each other and identifying that they belong somewhere is of great importance. Often, this belonging is also found through connections to ‘things’ or places. The purpose of this, the third of the findings chapters, is to show how the participants’ experiences of people, places, and things are related to being born into grief. The overall theme is that of ‘being’-with-connectedness; the subthemes are: looking back for connection and looking forward for reconnection. These subthemes illustrate various important aspects of the overall theme of connectedness. The connection or lack of connection is presumed to be as a result of the grief experience at birth and often remains hidden in the everydayness of life. The participants are therefore thrown into or out of connections that are significant to them. The connection might enable them to be with others or the others may enable the connection, or the lack of connection might dis-able the participants in their everyday life and, in some cases, be the reason for reconnection with others. Further, the participants all experienced disconnection leading to searching for connection or reconnection. The work of Heidegger will be drawn on in this chapter to help elucidate how ‘being with’ connection or ‘being with’ reconnection gives significance to the meaning and understanding of being born into grief. Heidegger’s notion of ‘things’ will also be considered. In doing so the things that matter with the connection will be revealed and brought into the open.

Philosophical Underpinnings

Strathern (2002) reminded us that Heidegger believed “Being-with belongs to Being-in-the-world, which in every case maintains itself in some definite way of concerned Being-with-one-another” (p. x). Sometimes we are consciously with others; other times we are consciously or intentionally not with others. Whether we like it or not, the others that come and go from our lives have affected us at some level. Thoughts of them return, sometimes unwelcomed as events unfold in our lives. We are not able to fully isolate ourselves from the influence of these connections. People do relate to people for better or for worse and at some level we are always with someone. This being with is always shared with others and is fundamental to man’s very existence in the world and as “the world of Dasein is a with-world it stands to reason that being-in is being-with” (Heidegger, 1962). We cannot survive alone; there is always some dependence on others, especially as a vulnerable baby.

From the beginning of life we start forming connections with others. As Heidegger (1988) said “Dasein is with equal originality being-with others and being-amidst worldly beings. The world, within which these latter beings are encountered, is... always already a world which one shares with others” (p. 297). It is in the being-with others that we begin to learn more about ourselves, our possibilities and what it is that concerns us. ‘Being’-in-the-world-with-others Heidegger (1962) stated are “those from who, for the most part one does not distinguish oneself – those among whom one is to” (p. 154). Heidegger was not necessarily concerned with the dynamics of the relationship, rather he was more concerned with the influence of others on our ‘Being’ and how Dasein understands itself by ‘Being’-with-others (Braver, 2014). However, the dynamics of connectedness for the participants help

give understanding to how they are as people and how they relate to significant others.

The participants in this study show how their world has been affected by being with parent/s at a time when the parent/s world was in upheaval. They were therefore amidst the grief that was being experienced in their world and the world of others. It is the 'Being'-with-others which allows us to know better who we actually are and whether we are acceptable as that person. It is through 'Being'-with-others that we learn empathy and other essential life enhancing social skills. Social skills that allow connections to be made at some level ensure our very survival. Therefore, connection or lack of connection is of great importance in life as it maintains our very existence singularly and with others. Some participants also spoke of connections with 'things'. Heidegger referred to a thing as a *ding* and said that to describe something as a *ding* is to let it be what it is without interference and that *ding* implies something present-at-hand like a rock or a tree, this is opposed to something being useful, as in a tool (ready-to-hand) (Inwood, 1999). It stands to reason then that often the thingness of the thing remains concealed, forgotten (Heidegger, 1971/1975). It is only when the 'thing' shows as significant to us that we give it much thought. Further to this, according to Heidegger (1971/1975),

The thing things. Thinging gathers. Appropriating the fourfold, it gathers the fourfold's stay, its while, into something that stays for a while: into this thing, that thing. In thinging, it stays earth and sky, divinities and mortals. Staying, the thing brings the four, in their remoteness, near to one another. (p. 174)

Some participants, in speaking of connection to 'things', expressed how meaningful these things were. This is not in terms of the 'things' being objects but in terms of the 'things' being spiritually meaningful and present-at-hand and, as such, are heartfelt in relation to earth, sky, divinities, and mortals (the fourfold). This is not consciously thought of but is the nature of the connection with the 'thing'. Without

these significant connections with others and ‘things’ we may be at risk of not only mental illness but losing life itself. Being born at a time when parent/s were grieving may have been traumatic. Herman (1997) further suggested that when trauma is present, human relationships and attachments are at risk of making it difficult to form good connections.

Participants in this study reveal the importance of connections with significant people, places, and things; the occurrence of which they significantly relate back to the situation of grief that was experienced around the time of their birth. Some of these connections have been experienced by participants as helpful but some participants also refer to a lack of connection causing them concern. There are two subthemes; looking back which is about searching for connection. The second subtheme is about looking forward and finding connection or reconnection. All the time they are looking to be with others to understand themselves.

All participants began their wonderings from a place of disconnection. The original disconnections were from being with mothers, being with a twin, being with a culture, being with others or belonging. They were disconnected from life being how it normally would be if they had not been born into grief. As Olthuis (2006) said,

when the cords of connection, those lifelines of compassion that make up the fabric of life are frayed, broken, or cut, we are robbed of believing that we can truly be ourselves. By contrast, when new cords of connections are woven, our souls begin to stir, our hearts begin to sing, and we begin to hope that we can be in good connections with others and consequently become more truly ourselves. (p. 103)

It is with this in mind that the importance of connections for the participants is vital to their way of ‘Being’. The interpretation of these stories is once again seen through the counselling lens of who I am as a person.

Looking Back

The first subtheme is about looking back and how it is demonstrated is through the need to have someone special in order to show that the baby was loved, loveable, important, and noticed. It is also about understanding roots and where the person has come from. It is about the need to belong and searching to fill a gap of what is felt as missing.

The first story, from Sophie, illustrates the need to know, in looking back, that there was someone special who showed love and attention.

I was the first grandchild for my grandmother and I think that the arrival of a grandchild probably helped her with her grief. She spent a lot of time with me when we were in Scotland and I always felt that she was very warm, more so than my mother. So, from a young age there had just been this bond that I never had with Mum. You know you can look at photos and you can try to sense the nature of relationships and what's going on with people but you can't be sure. Whenever I saw my grandmother, well when I was little I just remember the feeling of her cuddles, I remember the warmth of it and everything that comes with that loving physical touch.

Sophie's grandmother had the grief of losing her son and husband but still appeared excited and uplifted by the birth of her first grandchild. She was able to 'Be'-with her and put aside her grief, indeed the arrival of Sophie seemed to help her grandmother with her grief. In 'Being'-with Sophie it appears that the grandmother gained comfort. The attachment and connection Sophie had with her grandmother meant a lot to Sophie. It was 'Being'-with her grandmother that enabled Sophie to 'Be'-in-the-world with others. Sophie was able to rely on her grandmother for emotional and physical connection allowing her to experience the love and care she craved from her mother. In looking back, she realised her grandmother had provided her with what she had needed but could not receive from her mother. The 'Being'-with connection she had with her grandmother was a way of compensating for the lack of affection

and attention she received from her mother. The care from her grandmother may have compensated for the lack of warmth she got from her own mother but at the same time may have personified the deficit of connection and 'Being'-with her mother. Looking back Sophie feels she may have been a delightful distraction from grief for her grandmother, enabling her grandmother to fill a nurturing gap, giving Sophie the emotional care she believes she needed as a baby. She believes they bonded as grandmother and granddaughter where she had not been able to have a mother daughter bond.

In this next story, Cassandra also tells of an inner knowing that there should have been a connection, a 'Being'-with someone that was not able to be. She made a connection between her adult life and the first six weeks of life which was centred on lavender. She drew comfort from her belief of an inner sense of knowing. Cassandra lived with her birth mother for the first six weeks of her life and was then adopted. In finally reconnecting with her birth mother in her 50s, via phone, she finally understood why she had always loved the look and smell of lavender. Her birth mother had bathed her, for the first six weeks of her life, with lavender soap. Cassandra shares her story of this inner knowing and disconnect due to the circumstances of her being born into grief. In looking back, she is trying to work out why she is who she is today.

It just feels a real gift that I had contact with my birth mother. She bathed me with lavender soap and the funny thing is I've always loved the smell and look of lavender. But I guess what makes the connection sort of spark for me is my own history of depression and dissociation and knowing that for my birth mother, she didn't really have a choice in those days in 1945 and in order to keep an illegitimate child she would have had to have support from her family and she didn't have that. Her own mother would not allow it. There was too much shame attached to unwed mothers and their families in those days. It would have been too hard for her and she couldn't have explained me. She couldn't have introduced me to anybody. She carried that secret until the day she died.

Cassandra found a connection as to why she had always loved the smell of lavender soap. In this connection lavender soap can be seen as a ‘thing’ or as Heidegger refers to it, a *ding* (Inwood, 1999). The ‘thinginess’ of the ‘thing’ remained hidden until the significance of it for Cassandra was revealed which helped her make sense of a lot of other ‘things’. This for her was validation that many of her thoughts or ways of ‘Being’ as an adult did indeed have a derivative in her early life experiences. It was in this revelation that, as described by Heidegger (1962) the gathering of the fourfold, of the coming together of earth, sky, divinities, and mortals was, albeit unconscious, but was clearly present. Her mother carried the secret of her birth until she died but that meant that Cassandra also was part of that secret. She was not able to ‘Be’-with her mother at all. The baby had brought shame and needed to be kept a secret, forever. Almost like she had never existed; was not even in this world. For Cassandra this early beginning explains why she has always suffered from depression and why she dissociates when she is stressed. She hints that her depression began when she was separated from her birth mother and as it could not be resolved remained with her throughout life.

There was a physical and an emotional disconnect. Her mother carried shame, maybe Cassandra did too. She could not even visit her mother in later life because she was still a secret and her mother would not have been able to introduce her to others. She could not ‘Be’-in-the-world-with her natural mother – the shame continued. Even without meeting they had developed a strong relational connection and at some level a ‘Being’-with each other.

Knowing more about the circumstances of her adoption and her birth mother helped Cassandra make sense of her life. Having spent the first 6 weeks of her life with her natural mother would have caused a lot of disruption for a young baby.

There had been a 'Being'-with and without warning Cassandra, as a baby, was 'thrown' into a 'Being'-without. As the world of Dasein is a with-world (Heidegger, 1962) it stands to reason that Cassandra would have been bereft in-the-world-without. In this time too her birth mother must have been experiencing a lot of stress and grief. In looking back, it was also highlighted for Cassandra that she had a lot in common with her birth mother. This also helped her make sense of who she is today.

I think the other thing that contributed to difficulties for me is that the woman who adopted me, who I regard as my mother, was probably the opposite to my birth mother and through talking to my birth mother I got a sense of emotionally and physiologically being more attuned or in tune with her. We both had similar hobbies, were both creative and both chose the same career in life. Whereas my adoptive mother and I were just on different vibrations and her way of being was so different from mine.

Finding out that she was innately more like her birth mother in her hobbies, interest, work, and way of 'Being' was a relief but also emphasised some of the reasons why she could not connect with her adoptive mother. She felt that her adoptive mother was probably the opposite to her birth mother and through talking to her birth mother she got a sense of emotionally and physiologically being more attuned or in tune with her. They had a connection; they were 'Being'-with each other in this connection.

Cassandra seems to feel that she was brought up by the wrong mother when she speaks of how her adoptive mother and she were just on different vibrations and her way of 'Being' was so different to her own; whereas she and her birth mother had many similarities. This knowledge completed things for Cassandra. It gave her roots, a sense of understanding and a remembrance of a time that she was where she belonged in 'Being'-with her mother and in the right place as a new born. It was after that that things did not seem to fit so well. Something was missing.

These next stories, in looking back, show an awareness of something missing and also show how two participants tried to fill the gap as a need to not be alone. The participants, Ben and Kelly, spoke of having a connection with an imaginary friend when they were little, which they both thought was enacting having their deceased twin be alive to play with. Kelly says,

I used to play a lot of imaginary games. So I had an imaginary friend. I couldn't self-play on my own. I had to have someone else imaginary to play with but I always won. We would play all sorts of games and I would always come first. It was just how it was. It didn't feel bad or like I was being mean.

This appears to be one of Kelly's ways of dealing with the loss of her twin. Her imaginary friend helped her to feel less alone. She had a need to 'Be' with someone. After all she had been sharing a womb with her brother so she started life 'Being'-with a companion. It may have been this companionable loss that made her unable to play by herself. She had a need for 'Being'-with which is always shared with others. In all her games with her imaginary friend she was always the winner. There was no elation or feeling of shame that she made herself the winner, it was just a matter of fact – just as it was a matter of fact that she was born alive and her brother was not. A type of winning that she had no control over. Re-enacting winning may have been an attempt to understand or to make it okay that she was the surviving twin. These memories have remained with her and as an adult she has attempted to make sense of them by looking back. An awareness of something missing and an attempt to fill that void, to take things back to how they were and should have been when she was 'Being'-with her twin in 'Being'-in-the-world. Similarly Ben tries to make sense of his imaginary friend giving rise to the thought that he may have been playing with his deceased twin.

Mum said I would sit outside and play by myself for hours on end with no problem. She said I might be doing one thing one minute and something

completely different the next. She always reckoned that I just talked to myself as though I was talking to somebody beside me.

Mum said that sometimes I would say ‘oh we can’t do that or we’re not allowed to do that’ or something like that. Dad was pretty strict I suppose. We knew our rights and wrongs and we tried not to get into trouble. Everyone has an imaginary friend at some point in their life though don’t they?

It appears that Ben had his own way of compensating for the loss of ‘Being’-with his brother by bringing him into his life, his world as an imaginary friend. In this way Ben was ‘Being’-in-the-world-with-others and, as the world of Dasein is a with-world, it stands to reason that ‘Being’-in Ben’s world is ‘Being’-with him. Ben seemed to have had an inner knowing and need to have his twin brother there beside him as he spent a great deal of time playing alone. He spoke to his brother and maybe used him as an unconscious check on behaviour enabling him to work out rules about what was and was not appropriate as part of his way of ‘Being’-in-the-world. It seems that he certainly missed his twin and having him as an imaginary friend made it possible for him to ‘Be’-with him, to have a connection, even though he was not physically there. However, ‘Being’-with, which is fundamental to existence, helped his twin still exist. Looking back he could imagine that if his twin had lived they would have got up to childhood mischief as siblings do. He sounded sad in saying this, showing an awareness of the loss that he had lived with due to not ‘Being’-with him. It was an everyday way of life for him to have an imaginary friend and he believed that it was normal and that everyone had an imaginary friend at some point in their life. Everyone needed to ‘Be’-with someone. The early loss continued as an emptiness of what might have been.

For both Kelly and Ben everyday play involved connecting with and ‘Being’-with an imaginary friend as ‘Being’-in-the-world which they believe was their way of attempting to connect and ‘Be’-with their deceased twin. This was quite possibly

their way of processing their grief and the grief into which they were born. They did not need to be told they had a twin as they always knew. This was quite likely part of the fourfold coming into the onefold where the earth, sky, divinities, and mortals all meet to create a knowing without needing to be told (Heidegger, 1962). It is present at hand as an ethereal 'thing'. They are both validating that as children they had a knowing that they were still 'Being'-with the twin they had been conceived with and that the loss held significance for them as a child continuously through to the present. They may have experienced long term unresolved grief which affected their early years and across their lifespan as they were not able to 'Be'-in-the-world with the other and share experiences. Whilst we can try and spare a child the pain of knowing he/she was a surviving twin, it would appear that it is quite possible the child knows intuitively anyhow and may still carry a sense that something is missing and that they were meant to 'Be'-with someone not on their own in-the-world. A child does not have the language to express this grief but is able to show, through play, that he/she has an inner knowing (Piaget & Inhelder, 1972) and is dealing with the loss in his/her own way. Kelly and Ben's parents would have been experiencing grief and it appears they too experienced both their parent's grief as well as their own. If their twin had lived, their lives would have been very different.

Another story of looking back, searching to understand connection in regards to the grief situation as a baby, is a story from Mary. Mary was only eight months old when her father was accidentally shot whilst on a hunting expedition. She speaks of how she has had difficulty throughout her life making and keeping friends. She believes the trauma of the loss, followed by consequences of that trauma, have been rudiment to feeling alone and yet wanting to belong, wanting to connect. Maybe she feared getting close to someone and losing that person. Mary also speaks of other

reasons that created isolation for her which are a consequence of losing her father so young.

Losing my dad changed perhaps not my character but definitely my personality. I'd just be more normal if he had lived. I always wanted to be part of the crowd, I still want to be part of the crowd. I'm not one of those tall poppies and I'm sure no one really notices me but I always wanted to be part of the crowd. Saying this though I'm petrified if I'm suddenly the centre of attention. During a conversation I will suddenly realise everyone's listening to me and I'll freeze. I relate this to my father dying. I think it's something that has affected my whole life and I think it's still affecting me. I don't have brothers or sisters and if dad hadn't died I might have had them and not been so socially shy. Maybe it relates to childhood, there's lots of memories, seen and not heard. I've always loved to see the family doing well and watch them, be a bystander rather than the one in the centre. I was amazed though that they made me head prefect at high school. I think someone must have thought there's some kind of potential there but I don't know, still to this day I don't think I was a great head prefect.

Mary feels that she is not normal due to the death of her father. Mary feels that the loss of her father was the reason she had difficulty connecting with others, after all she had a relationship of 'Being'-with him and when this was taken away she experienced difficulty in 'Being'-with-others-in-the-world. She believes that her whole personality was changed due to this early loss and she longed to be normal, be accepted by others, to belong. Whilst she wanted to belong to groups such as family and school friends, she hated being the centre of attention and yet she longed to be accepted. As 'Being'-with is always shared with others her 'Being' or Dasein was greatly affected. She did not even know how to 'Be'; if she was the focus, she would just freeze. All the time she had this dilemma between wanting to belong and not being comfortable if she was noticed. You cannot actually belong or 'Be'-with others if you are not noticed. Thus in not 'Being'-with she sought comfort in 'Being' an observing bystander. The fear of being the centre of attention may take her back to the time of her father dying when she may have been the centre of attention.

Alternatively, around the time that her father died so much attention may have been on the death that her babyhood slipped into the background. Either way she questions what the connection was. This, then, may have been a time when she was either 'Being'-with or not 'Being'-with; both situations could have led to Mary not truly 'Being'-in-the-world with others. Everyone else around her would have been in shock, perhaps frozen and caught up in their grief. Maybe she was the distracting focus at the time of her father's death, or she may have had more intense focus from the point of view of concern for the upbringing of a fatherless baby.

Mary speaks of being seen and not heard preventing her from 'Being'-with others. This may have evolved as a coping strategy for Mary or it may have been inherent in her upbringing as it was for many children of her generation. It perplexes her that at high school she was made head prefect. A role that makes one stand out in the crowd. She wonders what the teachers saw in her to select her as a leader that she did not feel herself. Her teachers could clearly see her as being more than capable of Being-with others but this was not how Mary experienced her life. The teachers at her school could see a tall poppy in her, so Mary must have had some kind of presence or quiet impact to be regarded as suitable for this role. Perhaps it was her unassuming way of 'Being' or 'Being'-with-others that was recognised. She does not believe that she was great at that role. To this day she still does not understand what potential they saw in her, especially as she still has difficulty 'Being'-with others. Clearly Mary did not put herself forward as a leader but she must have learnt, maybe through her observations of others, how to be in a group, how to 'Be'-with-others. She did not believe in herself but others believed in her. Being selected as head prefect showed that she did belong, that her 'Being' was shared with others, at least in the school culture. Yet it was not the sort of belonging she craved. She just wanted

to be seen as normal, not different to others. Being fatherless made her different to others.

Mary also mourns the loss of potential siblings which may have helped her feel more normal in 'Being'-in-the-world including, through sibling interactions, gaining experience in the ability to socialise and 'Be'-with-others. The grief of the loss of her father caused ongoing grief throughout her life. Her self-esteem also remained low throughout life. This lack of confidence in being part of a group and connecting with others may have led to difficulties in connecting with a partner. As mentioned in an earlier story, her first husband was violent, although she did ultimately connect and form a relationship with a man in the way that she had hoped. She was able to 'Be'-with him in a way that she had not been able to 'Be'-with-others which, in turn, finally allowed her to 'Be'-in-the-world. She had a place where she could belong and feel at ease. Looking back Mary felt as though the grief of the loss of a father as a baby altered the way she was in life causing lifelong concern and heartache. Losing her father so young, in reality, created a disconnection for Mary causing her to search for the connection of her way of 'Being' as a result of the grief. She was trying to make sense of how it was for her.

In looking back Sophie also tried to make sense of the connection between the grief situation she was born into and how this must have been for her as a baby in order to make sense of her connections in life now, especially in regards to her relationship with her mother. Sophie, as mentioned earlier, was born just after and just before family deaths that were significant to her mother. She believes that her mother, in suffering from these bereavements, was unavailable to her and therefore a disconnection was experienced. Sophie explains how she experienced this disconnection.

Mum and I, we love each other but we're not close. I feel a lot closer to my father than to my mother and I wonder whether it's because he picked up parenting thus forming that relationship with me, and the same with my grandmother as well because we were very, very close. Mum is still not a huggy, kissy, touchy kind of person. To me that's an absence of something.

I know that I'm not open in myself to her because she's very critical <laughs> so I learnt to close myself off to any kind of connection with her, not at an everyday level but I don't make myself invite deep, intimate conversation, put it that way. The feeling, if I reflect back, she wasn't kind of there emotionally. I don't remember her ever asking how my day was or just talking, having those kinds of conversations. I can't see how the deaths could not have influenced her. You would be devastated.

At the time of Sophie's birth it is possible that her mother was so caught up in her own grief that she was not able to manage everyday tasks of looking after a baby. It would appear that Sophie equates caring for the baby's needs as allowing for a mother baby bond forming. The doing of the physical needs creating a bonded relationship. Sophie does not have any memory of this closeness with her mother but has glimpses of it with her father and grandmother who both took an active role in her everyday care.

As Sophie tells her story I visualise a picture of her mother being in despair and alone, separated from relating or connecting to others, during Sophie's babyhood. There was no possibility of her 'Being'-with Sophie when Sophie was born, due to grief. This early lack of connection, or not 'Being'-with has continued in the relationship between Sophie and her mother; so much so that in trying to understand why, she looks back with wondering how it might have been for her when she was born, as though the beginning of her life created a template for life. The kind of relationship Sophie appears to believe a mother should have with her baby never even began due to the grief her mother was experiencing. It was as though the grief was bigger than Sophie being born and even bigger than Sophie

herself. If, as a new born baby, she could not bring her mother out of her grief to be with her and meet her needs, how could she ever expect it throughout life? Sophie's mother was not 'Being'-with emotionally but it seems like she was not 'Being'-with her physically either. There was a void in the mother baby relationship due to her mother's grief. Her mother never showed an interest about her everyday life which may have left Sophie feeling like she did not care about her at all. While Sophie's mother appeared isolated in her grief Sophie also felt that isolation in her relationship with her mother. Her 'Being'-with, which belongs to 'Being'-in-the-world, was disrupted leaving her not in-the-world as a joyous 'Being'. She may wonder why she was not enough to capture her mother's love by distracting her from her grief.

Had her mother not been all consumed by grief when Sophie was born they may have had a closer mother daughter relationship and Sophie may have felt as though 'Being'-in-the-world-with-others' created a safe and caring place to 'Be'. It is possible that gaining understanding through reflecting back has helped release Sophie from her own grief about the relationship by putting the cause on the original grief rather than not being loveable enough for her mother to override the grief to 'Be'-with her as unconditional love and care.

Disconnection was also experienced by Tracy. In looking back, she speaks of the importance of the connection with her culture that she came to discover and gain some understanding of.

I was born into this completely different environment that my spiritual being wasn't prepared for. My mum had been in a relationship with my birth father, who was her husband for 3-4 years. It was a neglectful and abusive relationship and so she found comfort in the arms of the man who employed her to clean his house. I feel like her trauma passed on down to me as a baby. I was born into this completely different cultural environment than you would have expected me to be brought up in. Housing New Zealand house, Māori father versus European step dad who owned his own business and home. This shaped me with all the cliché good middle class things. I reflect all the time,

on how things changed for me through growing up in an upper class suburb as opposed to where I would have grown up.

When I go to my birth father's land or marae I'm overwhelmed with spiritual feeling and it's lovely. I feel like I belong, like I'm at home. I didn't know my Māori or Samoan culture but I break down and I don't want to leave. All my trips are in the Islands or up North, because I need to get back there. I just feel like there's this pulling for me to go there. I'm at my happiest when I am at the beach, fishing, swimming and gathering shellfish. So looking back spiritually when I was a baby in utero and when I was first born I was in the wrong place. I just felt like I didn't belong.

Tracy believes and feels that even as a baby she had awareness that something was wrong. She had been deprived of 'Being'-with her culture and what 'Being'-with that culture in her life would have meant to her. She missed out on 'Being'-in-the-world of her culture, the 'Being'-with peace, 'Being'-with soul connection, that she found later when visiting her birth father's homeland, a marae, or going to the Islands. It was 'Being'-in-the-world in these places that she felt a connection, as though the pieces of the puzzle had been put together somehow and made her whole again. This connection and need to 'Be'-with her culture was so strong that whilst she cried she also felt happiness. She had a feeling of being home. She possibly had a sense of betrayal from her mother bringing her up in a 'better environment' from that which she would have been brought up in naturally. Her 'Being'-with her cultural and emotional needs was put aside for a higher standard of living and as a baby she had no choice in these matters. She was thrown into this life situation.

Tracy's mother's grief also involved being beaten when she was pregnant with Tracy. She had both the grief of having been treated so badly and that her husband did not provide for her children. She moved from a working class situation as house cleaner, for this other man, to the woman of the house. Just like Tracy she

would have been thrown into an unfamiliar environment of a different class to which she belonged. This ongoing grief would have had many effects on Tracy including feeling a disconnection with how her life was and how she feels it should have been. She has lived with this disconnection for most of her life and has always felt this sense of not belonging. When she looks back on her life she believes the disconnection started at birth and that her life would have been different if her mother had not experienced grief before and after she was born.

Through her birth situation her Māori roots and therefore her cultural identity were denied. The fourfold of earth, sky, divinities, and mortals was on a different plane to what would have been congruent for Tracy; it was not able to be without reference which was a constitute of Heidegger's notion of *ding* – the 'thing' of culture and spirituality. She was disconnected from all of the fourfold. Further to this Durie (2001) also said spirituality and culture play an important role and informs every aspect of life in Māori and as Tracy felt she was born into the wrong life situation, causing a disconnect with what should have rightfully been hers culturally, she was not able to 'Be'-with this connection. To begin with Tracy would not have had a conscious awareness of this disconnection; however, having developed a relationship with her birth father in her teenage years she experienced her Māori culture by 'Being'-with him. As a result, she was able to look back and reflect how her birth situation had enforced her lifelong feeling of not belonging in-the-world. She came to realise she had been born in the wrong circumstances and was thereby cut adrift from 'Being'-with her cultural needs. Furthermore, living in a white upper class suburb Tracy, being Māori, would have been in a cultural minority at school, which would have further impacted the feeling of not belonging and not 'Being'-with-others in a world that is always shared with others as a life necessity.

It was only when Tracy was in touch with her Māori culture that she found peace and the sense of belonging that she so desperately required, which had been missing at birth replaced by grief. As Tracy made sense of the impact of her birth situation her cultural identity was initiated which then developed and became a natural part of her. As life continued she reconnected with parts of herself that had been severed from her. This deep cultural connection that she was probably born with had lain dormant for much of her life. She had been like a fish out of water but then found the ability to connect and reignite parts of herself, particularly in regards to the fourfold, to form a whole. Tracy's early experiences have played a critical part in how she felt growing up; yet despite missing parts of how things should have been for her she was, at some point, able to 'Be'-with cultural connection regardless. Although this story is predominantly looking back it also connects with the second theme of looking forward as Tracy reconnected with her cultural identity and this connection is now part of her looking forward

Looking Forward

The second subtheme demonstrates the need to make connections and be connected with others. It is also about reconnecting and finding that sense of belonging. In looking forward participants have come to accept that how life is now is how it will continue to be going forward into the future.

In looking forward Mary finally found that sense of belonging, when she met and married her second husband. At this point she knew that she had always been looking for a connection of this type with someone to make her feel whole. This enabled her to find her identity. Sadly, though, she cut off her old life as though she was beginning life again. Her life has a series of stages, beginnings and endings, each

stage distinctly different to the last but with underlying themes of personality that consistently crept through. Perhaps when her father died life as she knew it was cut off and was started again with major differences. The re-start, coupled with feeling unable to sustain friendships due to the consequences of her father's death; left her without lifelong friends.

Eventually I married a lovely man who had a lovely nature but he wasn't good with money. So we bought and sold quite a few properties and the outcome of all of this is that I have never had any long standing friends, I haven't any life time friends. When I got married, I'd changed, I just left my previous life behind which was a foolish thing to do but that's what I did. Well I had the social life that I longed for but they were his friends, they weren't my friends. I didn't have any close friends because my whole life has been broken into fragments. My husband being the lovely nature he was adopted my daughter. He had this ability to love everybody. Then he and I adopted a little girl which was a great, great thrill.

Finally Mary's life became more lovingly comfortable. Finally she belonged, she was able to 'Be'-with-others-in-the-world – a loving husband, his good friends, and two children. Two daughters must have felt wonderful as opposed to how life was for her growing up as an only child and not able to 'Be'-with siblings. She and her husband were able to give their children something that she had mourned, so they would not miss out as she felt she had. They had a more normal upbringing with others. However, Mary still felt like she had no friends of her own. As a baby unable to articulate her feelings of loss when her father died would have left her alone in her own baby world, maybe this sense of aloneness of not 'Being'-with others even as an adult takes her back in reflection to this early grief. Somewhere along the way, desperate to have a happier life, she had left her friends behind in order to move on, to move forward. Having had a taste of 'Being'-with she had chosen to 'Be'-without in order to search for happiness in another place. Leaving sad and possibly bad memories behind also meant severing the past completely. In some ways Mary has

the ability to cut out parts of her fragmented life. This is possibly a survival mechanism, one that quite likely started way back when her father was killed. Shut out the bad and start anew, so many beginnings. Mary clearly feels that her life was very different from others due to her father's death. Quite naturally she would not have known anyone else whose parent had been shot in a hunting accident and so right from the very start she felt different, abnormal, and this feeling continued throughout her life.

Marrying and 'Being'-with a lovely man made her much happier but she still longed to belong and 'Be'-with a group of friends that were hers. In order to leave her fragmented life behind and try to be normal she had to sacrifice the good with the bad. She found love in 'Being'-with her husband and her children. She had a family and to a degree this felt complete in 'Being'-in-the-world. A turning point where the loss of her father had less significance for her as she finally found the love of another man; perhaps a man like what she thought her father would have been had he lived. It is possible that Mary has an unconscious memory of being loved by a man, her father, and that the connection with her husband has helped heal the pain of her father loss.

As a baby Mary would not have understood where or why her father had gone but she would have known he was missing, that he was not in her world, that things were different to how they had been and she certainly would have experienced her mother as being sad and therefore unable to fully 'Be'-with her. In looking forward Mary was able to find connection in her life.

In looking forward Kelly also found a connection that was ongoing with her deceased twin. She believes that her life has delivered both negative and positive connections and ways of 'Being' as a result of the grief into which she was born. In

identifying this, her connection with her brother is ongoing as she connects life experiences with him; while Kelly laments the loss of 'Being'-with her twin she has a great awareness of the ongoing connections with him.

I think that anything positive or negative in an in-depth way has stemmed from the loss of my twin. That's the root of it for sure. Incredibly, it's just a sense that I have. It's how it is. I think human nature makes us tend to focus quite heavily on the negative sometimes and perhaps the negative becomes a little too over powering. So my knowledge around my life has been searching and learning without a guide which can be a bit dangerous.

Kelly contributes anything positive or negative that has any depth to being the result of the loss of 'Being'-with her twin. In this way there is a connectedness to him in all that she does. The loss of her twin still has a major influence on everyday events regardless of whether these events are good or bad. However, sometimes the negative becomes over powering and she feels that this has been due to a lack of direction in dealing with the loss. Her grief clearly has not been identified and worked through in a way that enables some sort of closure or peace. Whatever happens in life Kelly can relate back to not 'Being'-with her twin who died or is not present. It seems that Kelly makes decisions, the way she thinks or feels about things, and believes that she is different to whom she would have been if her twin had lived. Kelly seems to be searching for answers, referring to it possibly being dangerous to even look. The answers she comes up with are more intuitive and guess work than definitive absolute answers. It is impossible to know how things would have been different for her. 'Being'-with or more realistically 'Being'-without her twin is clearly a big part of her life as she is able to connect all that happens in her life, in her lifeworld, back to the loss of him. Kelly has a strong connection with her twin as part of her everyday life. She has an ongoing awareness of his existence that has

persisted over time into adulthood. Thereby the grief she was born into has carried on in life.

Cassandra found in looking forward a reconnection with her adoptive mother which enabled her to be with her at the time of her mother's death as the following story reveals.

At the end when she was unwell and demented and ended up in a very nice rest home, I went back three or four times just to be with her and that was good. I did things for my mother and when she died she had an accountant who was looking after her affairs and he made it very easy for me to go out to Canada. She was very organised, everything else was totally organised but not that. She had told me that she wanted to be cremated and scattered in the Straits. So I said well I'm going to come back, I'm going to come and I'll do her funeral, which I did. I really wanted to do this. I really had to do this for my mother. That was a real closure for me in doing what she wanted. We never seemed to really get on so I never really got it right with my mother. There was always something wrong. I organised a little funeral service and she was cremated. I went out to the Straits on a boat and scattered her ashes and it was lovely. I released carnations and it was perfect. It was like I was still trying to get it right for my mother and it was the right thing. It was what she wanted. I felt 'you took me when I was born and I'm sending you back'.

Finally Cassandra became aware that she must have had some connection with her adoptive mother because she felt pleased that she carried out her mother's wishes for her funeral and scattering of her ashes. Maybe she felt she had finally been able to get it right, to 'Be'-with her mother. Whatever it was it helped create a peaceful closure for Cassandra. Her statement 'you took me when I was born and I'm sending you back' may have been unconsciously expressing that she felt she had been taken, robbed from her mother. The feeling of 'being'-with the wrong mother had always been present for Cassandra and had left her feeling bad that she felt this way. It was not about her mother so much as the lack of 'Being'-with her biological mother. Breaking the connection with her birth mother hindered the ability to connect and 'Be'-with her adoptive mother. The spirit of the baby may have been broken in breaking the original mother baby bond. Somehow, regardless, she had

rebonded with her adoptive mother but this bonding was not the same as bonding with her birth mother. Ultimately, 'Being'-with her adoptive mother had difficulties as did 'Being'-without her birth mother.

Like Cassandra in looking forward, Oscar also finally found a connection with his adoptive mother at a time when she neared death.

I did hold a grudge against mum for quite a few years because she just used me as a babysitter and treated me badly but I finally made up with her just before she died. The grudge was about the behaviour and really what made me change my opinion about my mother was when I had to walk home that night when I was 11. Up until then, you know it didn't matter what she did. Up until then everything was what I thought was normal. That's when I decided this is not what I wanted, this is not normal. So that's when I suppose I took the rose tinted glasses off and started having a real look. I thought I had a connection with her but I didn't. Later on in life I reconnected with her but by that stage she was very old. She died in hospital when she was 76 and I hadn't seen her for years. My sister said, 'well you'd better go and see your mum, I don't think she's going to last long'. I said, 'alright I'll track her down'. I eventually found her and went in and saw her. I looked at her and she was in a room on her own, all plugged into these machines and she was just this little wee brown shrivelled up person. She died about two weeks after that. I probably would have felt a bit guilty if I hadn't gone to see her.

To begin with Oscar accepted his mother because he did not know any different and so 'Being'-with her was all that he had and knew. For much of his childhood he thought that what happened in his life was normal and happened in everyone's life. This was how it was in-the-world. It was not until he was 11 and babysitting for her boyfriend's kids that the rose tinted glasses came off. He came to the realisation that he was not 'Being'-with his mother; that in fact he was 'Being'-without her and he could not take any more of the way she treated him. He made a stand and walked away. This changed his whole relationship with her. However, his disconnect and being okay to 'Be'-without her was challenged when she was elderly and hospitalised, a part of him came to terms with her way of 'Being'. He visited and observed her as a frail terminally ill old lady. Her nastiness had gone as had her

power to hurt him. She just was in his heart his mother. It would seem that this visit completed something for Oscar, maybe he felt some forgiveness for her behaviour. He was pleased to say goodbye and let the resentment go and be free to 'Be'-in-the-world. Oscar felt that his difficulty in connecting with his adoptive mother was more about the way she treated him than the grief of losing a child, from which she was suffering. However, it would appear that this unresolved grief played a part in why she treated him so badly. Her behaviour was a possible consequence of her grief which subsequently lead to Oscar disconnecting and 'Being'-without her. Oscar felt that he did not grow up with the kind of unconditional love one would hope for from a mother.

Conclusion

In this, the third of four findings chapters, my intention was to show through some of the participants' stories how 'Being'-with connections or 'Being'-without connections arose due to the implications created through the grief situations in to which participants were born. From this the subthemes of 'looking back', searching for connections and 'looking forward', finding connections or reconnecting were revealed as the lived experience of being born into grief.

The hermeneutic interpretations and philosophical notions of 'Being'-with and 'things' help to reveal the impact of these connections or lack of, between people, places, and 'things'. The notion of Dasein is what makes humans unique in that they can think about themselves and think about who they are in relation to others. It also means that they can think about themselves in the context of their past and in terms of where they are going. This thinking happens within a split second continuously and often unconsciously. It is only when participants reflect back that

they are able to make sense of the connections or lack of connections that they experienced.

Connections were made between themselves and others, birth mother, grandmother, adoptive mother, partner, the deceased, objects, the sea, and culture. If they had not been born into grief the participants may not have all experienced disconnection, their mothers probably would have been joyful and not grieving. This would have made their mothers more available, life would have been easier without the implications that arose due to the grief and connections would have just happened naturally. The participants may not have felt the need to look back to make sense of their life and they may not have needed to look forward to connect or reconnect in order to find out who they really are.

As the participants are not in this world alone it is when they compared themselves with others that they gained further knowledge or understanding of themselves. The connections they created helped them to understand their situation or, if they have understood their situation, the connections helped them move forward. Some of these connections reflected ongoing grief and some brought closure to unresolved grief. Participants were thrown into these connections or out of them as a result of the grief that was happening around them at the time they were born. The following and final findings chapter is about the participants wondering how life might have been different for them if that had not been born into grief.

Chapter Eight: Wondering

Introduction

In the previous three chapters, the notions of everydayness, vulnerability, and ‘Being’-with or without connection have been uncovered in relation to the meaning of the experience of being born near or at the time when parent/s were grieving. In this, the final findings chapter, the theme of ‘wondering’ will be explored with its underlying subthemes of: wondering about others, wondering about possibility in life being different, and wondering about ‘Being’. These subthemes are discussed in relation to Heidegger’s notions of Dasein, horizons, possibility, projections, questioning, and understanding. This chapter will enable the showing of being born at a time of grieving and thus reveal things that participants may have had an inner knowing of but had not consciously related to their own way of ‘Being’. This is especially true as being able to wonder about our own existence as we exist in the world is a unique characteristic of human beings (Heidegger, 1962).

Philosophical Underpinnings

In understanding the concept of wondering it is helpful to note that Adams and van Manen (2017) have stated of Heidegger that he describes wonder as a mood or “basic disposition- one that transports [us] into the beginning of genuine thinking and thoroughly determines it” (p. 783). The participants had many genuine wonderings about their way of ‘Being’ in life. It is important, here, to recall that the term Dasein is used by Heidegger (1962) to describe the unique human characteristics of reflecting upon and wondering about our existence. In order to manage life a baby needs to be socialised through imitating others and gaining life experience until he/she begins to do what one does for-the-sake-of whatever it is

one is, that is as already projecting possibilities (Dreyfus, 1999). When participants reflect back to the beginning of life there may be a realisation confirming that

Dasein is thrown into the mode of being of projecting. To project throws possibility before itself as possibility, and as such lets it *be*. As projecting understanding is the mode of being of Dasein in which it *is* its possibilities as possibilities. (Heidegger, 1962, p. 141)

Thus, we live into meaning-giving possibilities (Sheehan, 2015). What Heidegger and Sheehan are saying is that it is a natural part of 'Being'-in-the-world that gives us the ability to ponder the 'what ifs' in life and, by so doing, we are able to project our thoughts and way of 'Being' in different ways and reflect on the various possibilities that arise. Thus the possibilities of life are as they are after being born into grief; yet with the possibility of being different. This creates a wondering as to how various events have led to what is and what could have been and therefore the questions of 'why' or 'what if'?

Heidegger (1962) explained this further in saying that Dasein can understand itself initially and for the most part in terms of the world. Therefore understanding is gained when different possibilities in the world are considered as viable options. In the general sense understanding of the self is a collective knowledge of who we are in relation to others-in-the-world. By comparing and reflecting on who we are in relation to others we gain an understanding of who we are in the process. Therefore, we can only gain a wondering because we observe others or ourselves as different and this difference may be due to our individual personal situations. Further, Reed (2008) stated, "the past and the future show itself in the present as we continually think about the past and the future" (p. 113). This we do in comparison to others. Inwood (1999) also postulated that "the 'ecstases' of past, present and future are each a 'horizon', not definite things and events but an indefinitely expansible field

in which things and events are located” (p. 99). In essence, it is looking at highlights of ourselves in our uniqueness and unique horizons in comparison to others in the world and wondering about the present and the future based on our past experiences which in turn has mapped or influenced the present and will thus impact the future.

“Heidegger refers to horizon as being a vantage point from which one can view certain matters, ask and answer appropriate questions” (Inwood, 1999, p. 99). The term horizon refers to a looking back and it is in looking back we can ponder how ‘Being’ has become. Heidegger has the view that we act within who we are in the present, unconsciously aware that a background of bodily, personal, and cultural practices are always present (Annells, 1996; Lavery, 2003). While our historical horizon or our historically affected consciousness is shaped by the past, the shape of our future becoming is also limited and enabled by our horizons, past and present (Crotty, 1998; Diekelmann, 2005). Thus being born into grief gives an historical horizon from which we wonder about the present and future.

As Heidegger has introduced the idea of a space of possibilities that constrains Dasein’s range of possible actions without in any way determining what Dasein does, he is referring to a subset of all things that are logically or physically possible in a situation. The participants have wondering about possibilities that are neither logically or physically possible (Dreyfus, 1999) but are presented with intentional conscious need of understanding. The participants’ need of understanding is a way of ‘Being’ as a mood or disposition, unique to humanness (Heidegger, 1962) but as far out of reach as if it was not ever available as ‘possibility’ in time. Thus to be human one is always in the process of becoming who he/she, Dasein, living into or out of possibility and continuing doing so into the future. It helps to make sense then of the meaning of being born at a time when

parents were grieving being revealed in relation to the possibilities that are shown or withdrawn in 'Being'-in-the-world, not in isolation but with-others, that have been illustrated in participants' stories about their wonderings. Things that have happened can never be undone and never not affect us. However, by projecting how things will be in the future some choices can be made to heal harm and move forward, creating even more possibilities than are currently known to be available.

The wondering that the participants speak of gives knowledge that understanding needs to be gained in order to change or accept both 'what is' or 'what if' and 'what is to come'. In reflecting on their own situations of grief in early life wondering becomes a way of 'Being'. There are many questions left unanswered and, as time evolves, many more questions come to light. As the stories unfold it is revealed that the wondering of participants frequently comes from how did this grief affect me, and how might life have been different? The interpretation of the following stories, as in previous chapters, are seen through my lens which incorporates my way of 'Being' as a counsellor. The first theme, wondering about the others, incorporates wondering 'what if' and 'what would my twin have been like'?

Wondering About the Others

For Ben and Kelly the wondering 'what if' belongs to 'what if my twin had lived'?

This in turn leads to a wondering about why that twin died and they survived.

Kelly's story and reflections describe her thoughts on this.

Maybe I just starved him (laughs). Sometimes I think I am too hard on myself and maybe I blame myself a little bit which stems back to that guilt when I found out that the umbilical cord deteriorated. Obviously it wasn't my fault, wasn't anything to do with me, but it's something you were told when you were very little and you think oh gosh.

At some level it appears that Kelly has a wondering as to whether her living sacrificed her brother and caused foetal demise. Kelly may even have felt that it was because of her that he did not survive. Did he sacrifice himself for her survival? She may have felt fearful that what happened to her twin could happen to her. Maybe thinking that if she had died her twin would have survived or even that she was never meant to be either. As a child when she was told why her brother died she had a fear that she had starved him. The adult logical side of her understands that it was not her fault that he died but the inner self still feels some guilt and upset. This not knowing and wondering creates unresolved guilt feelings regardless of logical explanation as to why her twin brother died. In remaining, the feeling is projected in other aspects of life as some of her other stories have revealed. She is left with this sense that her living may have been at the cost of her brother dying and her brother dying has caused her much pain throughout life. Kelly's historically affected consciousness, which began in relation to being born into grief, is shaped by what she has known in the past, by the horizon from which she views herself and the situation. In the uniqueness of the story Kelly's disposition has genuinely been triggered by her way-of-being-in-the-world. Her way-of-being is as a survivor in the past, present, and undoubtedly the future too.

Ben also has some wondering regarding why he survived and his twin did not.

My twin brother only lasted about a day. He was actually bigger than me and I was the last one out. I wasn't born until about 2 hours after him. My parents never really said why he didn't survive. I was only 3lb.3oz and I spent the first 6 months alone in Karitane, a place for sick babies, because I was so small.

Ben's brother was bigger, was the leader by being born first, and as second born twins are often known to have more complicated births surely that should put his

twin in a less vulnerable position and at better odds of survival. Further, Ben was a sick baby so it seems like he is saying logically it should have been him to die not his older brother. Ben lost his twin, the leader, the older brother.

It must have been difficult for Ben as a baby to have been growing so close physically to his brother but then after birth being permanently separated from his brother and then his mother, as he needed special Karitane care. This separation was for six months, so presumably Ben was not well. I imagine that the loss of attachment to his twin and then separation from his mother has probably had a large impact on Ben throughout his life. Regardless, he just accepts what happened and does not reflect so much on the loss of his twin but more the pragmatic aspect of how things were. While he ponders why he survived and his twin did not, he just carries on as that was the only option and something over which he had no control. He was thrown into a situation in which he feels lucky to have survived all that he did. The horizon for Ben, looking back, was complicated by the grief situations and contexts; therefore his historically affected consciousness has been shaped by being born into grief. He has had a wondering as to how these various events have affected him in his every-day-life.

Kelly and Ben both wondered why they survived and their twin did not. They also had a wondering as to what their twin would have been like and how their own lives may have been different with their brother beside them. The next two stories are shared to illustrate wondering about what their twin would have been like and how it would have been 'Being'-with them. Ben speaks of wondering about his deceased twin.

When you've lost a brother you don't know at that stage how you would have been together. We might have been completely different and yet we might have been very similar and done the same sort of things and got on really well. I thought about what it would have been like in some aspects

and then in others when you think, well it never happened so you just flag it and accept that he wasn't there, so there was no point in thinking about it. It's not until you get older that you really think about it. When I got older I wondered what it would be like with two of us. It probably would have been bedlam. I could get into enough trouble on my own without two of us. In some ways it brings sadness when I think about it. I had an older and younger sister but for 10 years I was the only guy, I would just go and do my own thing but it felt like something was missing.

Ben, as an adult, looks back from his horizon and wonders, sometimes with sadness, what it would have been like to grow up with his twin. He has an awareness of emptiness and talks about being alone. Ben's aloneness is as a result of affectively recognising something missing. He could have had a mate to share his life with, to play with. It sounds like he laments the lack of his twin brother and the company of a male sibling especially as he had an older and younger sister. He missed out on the male companionship he would have had, playing boys games together. He imagines that he and his twin would have got up to mischief together and regrets the fact that they did not have this opportunity. His wondering determines how life is in its actuality. He has an acceptance that this was just how it was but he has always carried a feeling of loss. Ben genuinely wonders was he who he was truly meant to 'Be' if he had not always carried this invisible grief throughout life. It sounds as though there was a certain loneliness playing and getting into trouble on his own. In saying this maybe he is trying to justify that it was okay to not have his twin. There is no doubt that Ben's life would have been different if his twin had lived and Ben himself probably would have been different too. His 'Being'-in-the-world was meant to 'Be'-with-others in the form of a twin brother. Further to this, as he always felt like something was missing, the effect of living with that feeling would not have weighed heavily on his heart if his twin had survived and he may have experienced greater joy in his life.

Next is Kelly's story of wondering what her twin would have been like and how it would have been if her twin had lived.

I'm always wondering what my brother was like and how he looked. I was always trying to imagine his face, would he be like other family members, would he have been that way or would he have been this? I had a lot of need to know how he looked physically as well as how he was emotionally. Would he have been more needy than me or what would life have been like for him? I wonder that maybe it was too hard for him to cope in this world. It's just that I sort of sensed that he wasn't strong enough. To me there is a slight spiritual side as well that I tend to look at that maybe he just didn't want to be here.

Kelly continuously tries to imagine what her brother would have looked like and what his personality would have been like. She wonders if they would have been alike or different, if they would have got along or not. In Dasein there is always a multitude of questions that can only be rhetorical as the grief she was born into occurred in relation to no possibility. Her twin brother never came to 'Be'-in-the-world. This left Dasein thrown into the mode of 'Being' as projection, as 'Being' alone without him in her world. She feels that he may not have been emotionally strong enough to cope with the world. She felt that she gained an insight to him and what it would have been like for him from a psychic. She is grateful for this knowing and feels that it fits with how she thought he would have been. She had already projected this thinking as a possible way of 'Being' and it made sense for her.

I went to a psychic once, just for fun and she said, 'your twin is here and he really leans on you even now and that he couldn't come into this world because it's really difficult or too traumatic to cope as a male'. So I found that interesting and fascinating. It validated some of the things I was thinking as well. I also feel really special and unique that I had a twin. I've always missed my brother. I don't even know him but I miss him and I do think he was just not able to cope. Maybe that's because my dad struggled as well. He was incredibly sensitive, loving, and kind but people took advantage of this. So maybe I compare him with my lovely dad and wonder if that was what he would have been like and then I compare him with my

son. I'm pretty sure he would have been a joker, had a sense of humour but I think he would have suffered as well mentally, coping. Maybe being the female baby my emotional side was stronger.

Kelly wonders if her brother would have been like her dad who seemed to get hurt through his kindness and caring personality. In describing her brother it is like she did know him. It is like he is a real person who has lived within their family. A person you could still meet today. This is not to deny that he was real, because he clearly was, but he did not make it to full gestation and therefore never lived interactively as part of the family. Kelly has created his personality and even his looks based on other male family members. She has done her best to bring him to life and to give him life such is her sorrow that she was left without him. In doing so she reveals thoughts of him that are past, present, and future as quite separate horizons. Kelly believes that women, in her family at least, are emotionally stronger and feels that if she had been a boy that she may not have coped either; that it's harder for males. This sounds a little like she is forgiving him for leaving her. Thus just the fact that he was a boy put him at risk and therefore she feels lucky that her gender was probably why she survived. This again comes from a horizon field of the past and present.

Whilst Ben was more accepting of his twin dying as being "just the way it was and that you just move on", Kelly continues to question and feel the loss, the hole in her heart.

The following subtheme considers possibility that life may have been different if the participants had not been born into grief.

Wondering about Possibility of Life being Different

Cassandra feels her current life may have been different if the context around her birth had been different; but she also thinks that maybe it was all meant to be as it was, to make her be who she is right now.

You wonder what ways your life might have been different. Why did I get depressed and suffer from constipation, especially when travelling? I mean to others my life probably seemed okay. I just think the world just was the way it was.

I don't know if it could have been different. I mean I don't think I could have stayed with my birth mother, it probably would have been a disaster, really. She would have been so deeply ashamed of having an illegitimate child. It would have been horrible growing up with that kind of shame.

Cassandra spent her whole life not feeling attached or connected to her mother and really without any idea why. In the horizon of looking back it appears that Cassandra feels like her life changed in a negative way once she was separated from her birth mother. Even illness such as depression and constipation she puts down to the circumstances into which she was born. She could not understand the huge depression she suffered from throughout life. On the surface her life seemed okay but deep down something was wrong. She attributes her problem of constipation to being taken away from her birth mother; she becomes blocked up, unable to function. When she travelled away from her birth mother there was much stress associated with the separation. Throughout life whenever Cassandra travelled or when stressful things happened she suffered from constipation. I think Cassandra feels that each travelling event takes her back to the first time she travelled as a baby, to a new land with a new mother. Parts of her become unable to function.

Things may have been different for Cassandra but she also thinks that maybe it was all meant to be as it was, to make her 'Be' who she is right now. Even if she had been able to stay with her birth mother she feels that it would have been

damaging to grow up with the shame of being an illegitimate child. This created a wondering as to the events surrounding the grief into which she was born and led to her thinking that ‘what if’ she had stayed with her birth mother life-in-the-world-with-others may not have been ideal either.

The next story tells of how Sophie had a wondering as to how her life may have been different if she had experienced a loving mother. Sophie’s mother was grieving, at the time Sophie was born, for the loss of her brother and then father which Sophie believes may have contributed to her mother not being warm and loving.

Life may have been different if I’d had a nice loving mother to grow up with and it might have made me more confident as a person because I think growing up I was painfully shy. I really felt like a fish out of water a lot of the time. Looking back I never felt as supported as I would have liked to be. If you’ve got a good, strong family base, I think it’s a platform that you can engage with the world from and you feel this thing behind you that you can fall back on. I don’t think I felt that with my mum. I very much felt like I was on my own. I think all of this makes me independent.

Sophie has given thought to a number of things in regards to how her mother was with her as a baby and subsequently growing up, and wonders as to how much of this was due to the grief her mother experienced when she was a baby. Sophie was contemplating feelings she has now with feelings she imagined she experienced through her mother when she was born. These thoughts may have transferred from this early time suggesting that the memory of her mother’s upset has remained present, even if it was unconsciously, as she grew up. Things may have been different if her mother was not grieving and had been more available to her.

In standing in her horizon she is looking back and searching for practical answers to things that have caused her emotional pain: lots of questions, possibilities, and lots of uncertainty. Sophie wants to gain understanding and insight

into why life was how it was in not feeling close to her mother. She believes that her mother being emotionally unavailable to her contributed to her being independent but lacking confidence. Feeling different to others due to the lack of mothering support left Sophie wondering how her life may have been different if the birth situation had been different.

Sophie's mother would have been grieving, due to the death of her brother, while Sophie was still in utero probably causing stress on her as an unborn child. Without this early stress her life may have been less stressful and her connection with her mother may have been better.

Elise speaks about the miracle of her conception and the possibility that if her mother had not miscarried prior to her conception she may not have been born at all.

If my mother hadn't had an ectopic pregnancy I wouldn't have been here because she was only ever going to have two children. So my life would have been thoroughly different! The doctors told her she could not get pregnant again so it is amazing that I was conceived at all. She really, really wanted to have two girls and I've always wondered whether the ectopic pregnancy was a girl or a boy and if it was a girl how much like me she would have been.

Life circumstances of her mother having had an ectopic pregnancy led to Elise being born and she wonders about the possibility that she may not have been born if her mother had not lost a baby, especially if that baby had been a girl. Elise had taken her life for granted but in looking back she has many questions about her existence and the loss of a sibling, the sacrifice of which gave way for her conception. Her parents grieved for the loss of a child and possibly feared losing Elise too which may have been carried by Elise throughout life as a life giving force. She may not have existed if the former pregnancy had not failed.

This second subtheme has considered possibility in regards to the possibility that life may have been different for the participants, if they had not been born into grief. The final subtheme of wondering relates to Dasein and way of 'Being' in regards to needing someone special in life; possibly as a means of replacing the lost person and as a way of 'Being' in the world in the pragmatic sense.

Wondering about 'Being'

Kelly wonders if losing her twin is why she always had to have someone special to whom she was close; first a friend and then her husband.

I have always felt that there was something missing. There is a sense of loss or a sense of something that needs to be filled and I noticed it in that I liked to have a best close friend. I had a childhood girl friend at 4 and we were really close. I probably was a bit closer than she needed to be. We went right through school together. Our culture, our religion were the same then when we got to high school we had a fall out and it was just the end of the world for me. Even now I don't think I ever got over it. I really grieve for that friendship. I love my own space and my own time, but I think there is a need to have a really important person in my life. So I sort of wonder is that connected to having lost my twin because for others it doesn't seem so important. It just seems like more powerful for me when I compare with other people. My intuitive feeling is that I relate that to the loss of my twin brother.

Kelly has always felt the need to have someone in her life that is close to her, to have a special connection with, and it appears that she is constantly searching for this, possibly to fill the hole in her heart created by the loss of her twin. Initially it was a childhood friend and when they had a falling out she was devastated and feels like she never really got over it. She relates this to the loss of her twin brother which she has also never got over. This need for a special person in her life may be to replace her twin or repair her grief. Her sadness for herself and her twin brother has created an everlasting feeling of great loss. Due to sharing their

mother's womb she feels like they were connected physically and emotionally. She grieves for not having known her twin. When Kelly compares herself with others-in-the-world she feels that her need for someone special in her life is greater than most people. It is both a need to be close to someone and a need to compensate for her loss by trying to remedy what is missing. The grieving for her twin continues in her everyday life, year upon year. She searches everywhere almost as though she believes that if she searches hard enough she will find him. Contemplating the past Kelly also has ambivalence to a future that is already relevant in the present.

From Kelly's horizon she was able to view a number of matters and ask herself pertinent questions to help her come to terms with her wonderings. Hazel also reveals a story from her horizon in wondering what life was like for her. Her way of 'Being'-in-the-world gave her the ability to wonder 'what it was like for me' and how this affected her 'Being'.

So looking back on what I surmise the situation was when I was a baby, I think that's why I started the whole pragmatic thing, I just deal with it as it comes and get on. You grieve and get over it. You get excited and get over it, move on. Maybe my biological mother had a lot of grief but my adoptive parents were so excited to have me. I always felt really loved and cherished and I always knew I was adopted and was proud of it. I've never felt different. It was like that's my family. I think I have been born into the grief with the in utero stuff but even though I never saw my mother again afterwards I was still being loved by people. I was born into grief but they changed it from grief to intense love. I think too of the stress my baby must have been born with but she slept well through the night so maybe it didn't affect her too much.

The yard stick Hazel uses to measure whether a baby is experiencing stress is pragmatic in that she decides that as the baby slept well then it was okay. This is a physical measure rather than an emotional one. She could have looked at how early the baby smiled, emotionally engaged, or laughed. Happiness, survival for Hazel, appears to be dependent on pragmatic matters.

Indeed Hazel states that she thinks her way of 'Being' comes from her birth experience that if you just get on with things, move on, then you survive. Her adoptive parents' excitement and joy of having her as a baby may have helped her build resilience to the despair she may have suffered as a baby. She was proud to have been adopted. It was just what happened and because she was adopted she was able to grow up, she was given a life by her adoptive parents. Feeling loved and cherished enabled her to feel like she belonged in the family. Hazel believes she was exposed to grief in utero and when she was born, and also realises that it must have been painful to be separated from her birth mother. It was a grief experience but Hazel feels her adoptive parents changed it from grief to intense love.

Conclusion

The three subthemes, in this the final findings chapter, wondering about the others, wondering about possibility of life being different, and wondering about 'Being' reveal how participants view their lives. In looking back many participants have a number of wonderings about the effects that have been caused from being born at a time when their parent/s were grieving. This wondering that many participants had about their very existence and as Dasein is with horizons is, as Heidegger (1962) stated, is a unique characteristic of human beings. The subthemes reveal stories illustrating the hidden meaning of wondering about 'what if' things had not happened that way, what lost siblings would have been like, why am I the way I am, what was it like for them as a baby and how might life have been different? In wondering, participants project possibilities as possibilities. In reflecting upon the way their life possibly was, and currently is, some understanding is gained but many more questions remain unanswered or are indeed unanswerable. Many

participants have just accepted that things were the way they were, things happened and could not be undone but they are still left wondering if they had not been born into grief then things would have been different with their lives and their very way of Being. To end this final findings chapter I share the poem below which sums up how wondering was for the participants.

Wondering

things happened
they cannot be undone
questions unanswered unanswerable
what if, was I, did they
how might life have been different
only this way of Being is known
the past prediction of the future
wondering wondering
possibility as possibilities
complexity abounds
intertwined mood, pain, grief
looking back
to when life began

Chapter Nine: Discussion

Introduction

This final chapter, the discussion, will bring together the lived experience of being born at a time when parents were grieving as was interpreted from the participants' stories of everyday life. Findings will be compared and contrasted with what is already known from the literature. I acknowledge that there has been an ongoing process of oscillating between knowing and not knowing as is customary when working within the paradigm of hermeneutic phenomenology, Heidegger and Gadamer, and the hermeneutic circle (Smythe et al., 2008). The understanding of being born into grief, from the horizon of my understandings, was highlighted and shared in order to challenge and inform the phenomenon. It was shown that the phenomenon of being born into grief was open to many possibilities as understandings of past, present, and future were revealed. That is not to say that this uncovering of the experience of being born into grief was absolute; horizons change over time and for different individuals. Further, the phenomenon of being born into grief required me to see it as independent and yet interconnected with many situations, which in turn gave rise to new parts making up the whole. This whole was made up from the combination of the themes of: Taken-for-granted- Being-in-the- Everyday, Vulnerability-in-the-everydayness, Being-with-Connection, and Wondering. In combining the themes they became greater than the sum of the parts. The coming together of the whole was in looking back and making sense of how awareness of the past brought sense to the present.

The participants who gifted their time and stories to this study all identified as having been born at a time when their parents were grieving. That is, they were born into grief. What was important to them was revealed. Participants expressed that

what they had experienced was merely taken for granted by others around them but, in reflecting on their own stories, they generally had a realisation that these early events had great significance, including that they too were experiencing grief. Thus there were layers of grief experienced. The participants' stories held a beauty of their own. In the listening I was privileged to hear and have an opportunity to grasp the significance of each story. In inviting the participants to take part in this study I took part in a journey with them as they explored their everydayness, vulnerabilities, connections, and wonderings. I remain feeling honoured to have shared in this journey. The themes and subthemes that emerged from the stories are shared in each of the four findings chapters (5-8).

In bringing together the findings from the literature and the participants' stories, I indicate what I consider may be implications and limitations of this study, and make possible recommendations for professional practice. I also discuss possible recommendations for further research.

Engagement with the Methodology

In coming to terms with gaining an understanding of Heidegger and Gadamer's notions, I have had moments of elucidation when I have been able to say this is what Heidegger means by 'Dasein', by 'Being', 'Being-in-the-world-with-others', of the 'four-fold', of 'horizon' and 'thrownness'. It was this learning, of being an interpretative phenomenological researcher, which created an opening for me to find broader and deeper understanding about the phenomenon of being 'born into grief' as described by the participants. In doing so, the participants' way of 'Being' was revealed and better understood by both themselves and me as the researcher. In addition, the phenomenological method which has been described as letting be seen

what discloses itself (Strathern, 2002) allowed what was not immediately apparent to either myself or the participants to be shown.

The German word *Lichtung* sums up the understanding of the phenomenon well, as it means to shed light upon the clearing to show up what lies hidden beneath what is immediately apparent (Inwood, 1999; Strathern, 2002). What is revealed is always about what the light illuminates, bringing to the fore enlightenment or understanding, and yet, simultaneously, there is a darkness curtaining what we do not see. Illustrative of *Lichtung* was Heidegger's analogy of a plant (cited in Sheehan, 2015), which resonated with me in relation to the participants' stories. Heidegger told the story of how a plant begins with its roots and a stem out of which emerge leaves, followed by a bud, then flower, and finally fruit. The plant creates new possibilities at each stage of growth; yet it continues to remain a plant throughout the transformation. Thus it continues to be being-ahead-of-itself and yet always is a *return to itself*. The participants had their roots in being born into grief and as they grew through the developmental stages, parts of themselves emerged, created through the various pathways that their life journey took. Somehow in the making sense of who they are, they still remain as they are. Having a wondering if their personality traits and ways of being were in relation to being born at a time of parental grieving, they also had an inner knowing that there was a possibility that things could have been different but that life just was what it was.

Summary of the Findings

I have uncovered a number of experiences of being born into grief. The research showed that participants felt being born into grief had altered who they would have been, that some of them had difficulty making or understanding relational

connections, some of them had everyday difficulties in regards to mental and physical health, and many felt vulnerable in varying situations. Some participants felt like they were always searching for something that was missing, possibly always grieving. The findings of the research may have implications for health professional practice, service delivery, and further research. Being born into grief could be a phenomenon that accounts for unexplained sadness, stress, anxiety, physical or mental ill health later in life. These experiences cannot be the only possible experiences but they do give an indication of how it might be for others. Whilst the findings chapters are presented linearly they cannot be viewed as standing alone, each chapter overlaps in ways that draw them together in unison. The purpose of this section is to summarise the key ideas from each of the findings chapters.

In the first of the findings chapters, the participants' way of 'Being' and way of 'Being-in-the-world' was illustrated by talking about their everydayness. The participants' stories came together under the theme of 'Taken-for-granted-Being-in-the-everyday', which was about how they felt their parents' grief had affected them in their everyday lives. The theme captured how their own way of 'Being' had been assimilated from what was going on around them. The subthemes that emerged took into consideration what the participants said about how they got on with life. The participants' own questioning of their way of 'Being-in-the-everyday' was able to show what they considered was the reason for the present way of 'Being'. It was standing in their own horizon that enabled them to gain this understanding.

In their everyday, many participants experienced vulnerability, which may have led to how they were in the world. This is portrayed in the second findings chapter and the theme of 'vulnerability in-the-everydayness'. From the participants' stories, being born into grief appeared to render them vulnerable to a host of

situations that they believed they would not have been vulnerable to if they had been born in different circumstances. The findings revealed that participants believed they were predisposed to experience fear in certain situations, especially at times when they had no control. The participants had no control over the situations into which they were born (thrown) and many of them felt that they had no control in being vulnerable.

The third findings chapter brings to the fore the experiences of participants in terms of their connection with significant others, objects, culture, and places. This is captured in the theme of 'Being-with-connectedness'. The connections spoken of by the participants were woven into who they were as a person as a way of 'Being'. Participants described connections that were good or important, but they also referred to a lack of connection in some instances. 'Looking back' and 'looking forward' emerged as sub-themes that revealed these connections.

The fourth findings chapter theme was about 'wondering'. The stories brought to the fore a sense of questioning by the participants about how things would or would not have been if they had been born into circumstance without grief. There were many wonderings including: what if the events of grief had not occurred, and questioning how their lives may have been different if that had been the case, and even, at times, wondering if they would have existed at all.

Literature and Themes

I will now discuss the themes that have emerged from this study and compare them with the literature. This discussion will reveal similarities and differences and highlight how insights gained contributed to understandings of the experience of being born into grief.

Being-in-the-Everydayness and Taken-for-Grantedness

Grief from a Western point of view was historically seen to be something that happens and is moved through (Kubler-Ross, 1969). Little thought was given, by grief theorists, as shown in the literature review, to the impact of unacknowledged grief and little thought has been given to how grief might be experienced as a baby. It is possible that babies could suffer from complicated/complex grieving which is described by Lichtenthal, Greuss, and Prigerson (2004) and Pomeroy and Garcia (2009) as deviating from expected grief reactions in that endured psychological or physical dysfunction may occur in extreme intensity and/or length. Discussion of Western societal myths by Pomeroy and Garcia (2009), also confirmed that it was considered inappropriate to grieve openly. However, in contrast, Degroot and Tennley (2017) and Neimeyer et al. (2006) said that grief should be openly grieved as it is still a loss. They highlighted that when grief is not acknowledged openly it is difficult to find meaning in loss.

The literature pertaining to grief by Worden, (1996), Bowlby, (1980), Baker, Seden and Gross (1992), and Corr et al. (1994) discussed the effects for each developmental stage for children and how they experienced grief differently to adults. However, no research or consideration was dedicated to the infant developmental stage. Even research around adoption (Purvis, Cross, & Sunshine, 2007) did not consider that the baby probably would have been exposed to feelings of grief and the impact this would have on them. There seemed to be a taken-for-granted attitude in the literature that a baby was too young to know what was going on and therefore must have been too young to feel anything or be affected. In fact, Briere (1992) spoke of a baby not having a memory as the prefrontal cortex is not developed enough to do so. However, all participants reported that they felt their

parents' grief had affected them as babies and the effects still had an impact today. It would seem that babies may experience a form of implicit memories that are triggered through other life events.

Some of the participants explained that they believed that their emotional and physical health were interwoven and that they developed psychological and physical conditions as a result of being born into grief. This was the case for: Tracy, Kelly, Elise, Hazel, Sophie, and Cassandra who spoke of implications for themselves in the forms of acting out, ill health, poor mental health, being vulnerable, and difficulty connecting in relationships. They also spoke of having suffered from: stress, dissociation, constipation, depression, suicide ideation, tumours, and chronic fatigue. They wondered if these illnesses were in direct relation to the grief and loss experienced by their parents and possibly also experienced by themselves at the time of birth. The possibility that some medical conditions may in fact be the result of grief rather than actual ailments was consistent with the work of Middlebrooks and Audage (2008) and Pomeroy and Garcia (2004). Many later in life health related problems such as: heart disease, eating disorders, alcoholism, depression, and chronic diseases as being the result of being exposed to stress early in life were also identified by Middlebrooks and Audage (2008). Cassandra and Oscar shared stories of dissociating in the world by extracting themselves from those around them and cutting off to everything that was going on. Dissociation, as a way of coping, allowed their external life to continue; however, there was an internal cost. The idea of dissociation is supported by Kalsched (1996) and Brenner (2003) as both a coping mechanism and a survival strategy. Cassandra also relayed her experience of feeling suicidal and not really wanting to be in the world. Kelly, who was unable to cut off from the ways in which the grief affected her, worked at 'Being' everything to

everyone in her world until she depleted all reserves and suffered from chronic fatigue. Kelly connected the chronic fatigue with having been exposed to grief at birth.

Acting out was identified by Paton, Crouch and Camic (2009) and Wolff, Baglivio, & Piquero (2017) in their studies of young offenders who they had found had all had early traumatic life experiences. Behaviour issues were illustrated in a story from Tracy who stated that she was rebellious and regularly acted out. These stories, from the participants, are indicative of the possibility that they themselves suffered from complex/complicated grief as a result of being born into grief and that acting out was a result of not managing their stress. Lichtenthal, Gruess, and Prigerson (2004), Doka (1989), and Attig (2004) have suggested there is risk of complex/complicated grief if the grief is such that social stigma is involved, which discounts and dismisses opportunities to grieve. For the participants, their situation may have been made worse as their grief was unseen or unidentified from the time of being a baby. It seems that early experiences of grief and the impact on health is worthy of further investigation. It is possible that other people did not consider that as babies, the participants may have been affected by what was going on around them; there would have been a 'not knowing' of the root cause of some of the baby's way of 'Being' as he/she grew. In this not knowing, support would not have been sought or given. Neither would it occur throughout life in normal social connections to seek out anyone else also affected by being born into grief in order to gain support or understanding. It is possible that as grief reactions of a baby may not have been considered, then the participant may have had ongoing grief reactions throughout developmental stages. This may have further added to the possibility of participants suffering from complex grief in later life.

In complex/complicated grief, thoughts may have turned from what was considered normal functioning to becoming obsessive or maladaptive. Many participants, but in particular Sophie, reported doing things to excess which may have been indicative of behaviour being affected by complex grieving. Elise and Kelly spoke of avoiding adrenaline provoking situations and over achieving or not allowing people to see their vulnerability. This is consistent with research from Briere (1992) who suggested that if people did not actively avoid situations, distress may occur bringing with it triggers of unpleasant implicit memories.

In the everydayness and taken-for-grantedness, the importance of bonding or secure attachment could have been overlooked. The long term implications of insecure bonding evident in the literature include interference with social, emotional, and cognitive development (Bowlby, 1980), child abuse, neglect, or maltreatment (Perry & Szalavitz, 2010), anxiety related behaviours (Norris-Shortle, Young, & Williams, 1993) or a sense of abandonment (Masterton, 1988); however, there was no literature to suggest that babies born into grief may have also been more at risk of these implications.

Being born into grief may in fact be found to be on the same continuum of implications found in the adverse childhood experiences study (Anda, n.d.). The literature regarding the impact of child adversity on child development by prominent researchers such as: Bowlby (1980), Perry and Szalavitz (2010), Brazelton (1975), Burns (1986), van der Kolk (2000), and Meany (2005), while potentially relevant, was found to not comprehensively include implications for babies exposed to parental grief as a possible relevant precursor to problems in life. This highlights a gap in current understandings of the effect of grief on a baby, especially as Zeigler (2002) noted, that the brain has the capacity to store and remember events prior to

being able to recall them. All participants reported events around their birth that were possible akin to those of stored implicit traumatic memories of events. In addition, their parents, who were grieving, may have been visually upset, which through the activation of mirror neurons as described by Perry & Szalavitz (2010) would have been transferred to participants when they were babies. As Burns (1986) indicated, synchronising of mirror neurons involves a complex set of communication patterns. For the participants, these communication patterns were likely established at the time their parents were grieving and the situation may have played a part in creating brain pathways that were altered, and therefore made it difficult to establish more healthy ways of 'Being'. This study, therefore, is important as a vehicle to begin to explain, from the perspective of those who have experienced being born into grief, what generally lies hidden; the possibility that babies are potentially affected neurologically and emotionally from being exposed to grief at such a young vulnerable age.

In summary, participants' stories of being born into grief revealed that their everydayness had been altered by their birth circumstances. For many, their physical and mental health, along with their way of 'Being-in-the-world' had been affected. These findings are in keeping with what the literature indicates about complicated and vicarious grieving: Worden (1996), Pomeroy and Garcia (2004), and Neimeyer et al. (2006), Lichtenthal et al. (2004), Doka (1989), and Attig (2004); and implications of early child adversity: Bowlby (1980), Perry and Szalavitz (2010), Brazelton (1975), Burns (1986), van der Kolk (2000), and Meany (2005) and Taylor, Bradbury-Jones, Brekenridge, Jones & Herber (2016). The existing literature does not specifically include research on babies who may be affected by vicarious grief, or complex/complicated grief or loss as a baby, but through the participants' stories it is

evident that they may have been affected; thus creating a foundation for ongoing difficulties throughout life.

Vulnerability-in-the-Everydayness

The second theme, vulnerability in-the-everydayness, included subthemes of vulnerability in: avoiding stress/fear, fear of death, switching off/avoidance, and lacking resilience. In particular Elise spoke of avoiding stress, Sophie spoke of fear of death, Cassandra spoke of switching off, and Mary spoke of lacking resilience. Empirical research by Currie & Widom 2010; McCorry et al., (2011) has proven that there is intrauterine transference of stress hormones, meaning that unborn babies also experience stress in some form when their pregnant mother does, regardless of the fact that they are not capable of expressing these feelings. In keeping with Schultz et al. (2014), Perry and Szalavitz (2010), Currie and Widom (2010) and McCorry et al. (2011), participants who had experienced maternal stress – Sophie, Hazel, Tracy, Kelly, Cassandra, Elise, and Oscar – reported that they had suffered from anxiety and depressive related disorders in their lives. Once a baby is born, it has been shown that if he/she is ill or intubated and physically unable to cry, there are indicators such as grimacing, flailing limbs (Johnson, 2009) and so on that alert medical professionals to the baby experiencing levels of discomfort or stress. As it is possible to identify when a baby is physically uncomfortable then surely it is also possible that there is an emotional reaction to pain or stress too.

Vulnerability particularly affected Kelly, Cassandra, and Elise who told stories of being vulnerable to emotional stress, which in turn they felt led to physical and mental ill health issues. Inclusive of this was Hazel's story about the

vulnerability to fear of illness and death which meant she avoided many situations and lacked resilience in others.

Mary also felt vulnerable which showed in her always rushing, as though she was being followed or chased. Again Mary recognised, on reflection, that she felt that this way of 'Being' was as a result of her father dying and the unresolved grief she experienced. Like many of the participants, Elise did not want to be seen to be vulnerable or affected by the early grief she had experienced. To let people in to see the real Elise was 'not okay'. Fear rendered her vulnerable and affected her way of Being-with-others. Aspects of generalised vulnerability are supported by literature from Perry (2010) and Paton, Crouch, and Camic (2009) who reported early trauma causing people to feel vulnerable in stressful situations. For the participants, their reference point was themselves, in isolation, and from this aspect they lacked understanding as to why they were vulnerable or avoided situations until they made a connection back to the time of their birth and the grief that had been present.

Being-with-Connection

The third theme, Being-with-connection, included the subthemes of 'looking back' and 'looking forward'. The participants looked back at their birth situations to make sense of their relationships and connections in their lives. This is supported by Bronfenbrenner (1979) who proposed that when connecting with others, a child's development should be considered within the context of the system of relationships present in their environment across time. Heidegger's (1962) notion of phenomenally, we know ourselves through 'Being-with' others, personifies the need to be 'with-others'. In looking back participants were able to question the connections they had experienced.

Implications of parents' grieving were seen to occur for all of the participants as they disclosed a disconnection of relationship at some level, which caused suffering. The idea of disconnection was supported by Jordan (1995) who noted that disconnection from others was one of the most crucial causes of human suffering. Due to parents' grieving it may not have been possible for participants to have a good connection from the start. This idea is also supported by Olthuis (2006) who discussed there being an essential need to find good connections to ensure healthy development and healthy living. Tracy, Kelly, and Cassandra spoke of searching for and trying to understand their relational connections in order to feel a sense of belonging.

For these participants born into grief, connections to things, places, and people were altered or sometimes missing altogether leaving a gap, affecting relationships, and even affecting wellbeing. This was particularly so for Tracy who described her sense of belonging in regards to finding and becoming a part of her Māori culture. It was only when she connected with her culture that the feeling of loss made sense to her. Cassandra told a story of her lack of connection to her mother and how this left her feeling alone; and how later in life, in her fifties, she connected with her biological mother and felt less isolated and more complete. Sophie, on the other hand, commented on how her lack of connection with her mother led to stronger connections with her father and grandmother. These connections may have helped Sophie in being able to form other relationships and build resilience in life. These mis-connections left some participants vulnerable in their everyday to relational and emotional difficulties.

Connections with people, particularly the mother, and connections with places and culture were all important to the participants and were potentially damaged or altered as a result of the grief and loss into which they were born. This is supported by Bowlby (1980) and Zeigler, (2002) who considered early bonding as vital for good

neurological and emotional growth in order to form strong connections throughout life. As parents were managing and displaying their own emotions, their babies' bonding may have been compromised. Through lack of connections with others and with culture, participants' sense of belonging and identity may have been affected. This may have led participants to search for connections to validate their own existence.

Being-with-Wondering

The fourth, and final, theme of 'Wondering' included subthemes of: wondering about others, wondering about the possibility of life being different, and wondering about 'Being' itself. Many questions were left unanswered for participants, leaving them with a wondering about things that had happened and the ensuing effects. They had a wondering as to how their life might have been if they had not been born into the grief situation. Cassandra wondered if her depression was a result of the grief into which she was born, while Sophie wondered if she would have been more confident. From wondering how life might have been different some participants even wondered if they would have existed at all, as was the case for Elise. These wonderings have also been referred to by Kempson and Murdock (2010) who discussed a child being born subsequent to the loss of another child and the implications this can cause.

Elise, Ben and Kelly all suffered the loss of a sibling. According to Rowe's (2007) study on sibling loss, even though the deceased sibling was not known to any subsequent child, he or she had still been a part of the family and this loss had an impact. Further to this, Kempson and Murdock (2010) described the grief experienced by a sibling as 'invisible' and that the lack of a parent acknowledging grief, due to a common misunderstanding of the significance of such a loss for a baby, can have a detrimental impact on the surviving sibling who has continuing

bonds with and meaning reconstruction around the unknown sibling. Ben and Kelly, in particular, wondered how life would have been different if their twin had lived. Kelly even thought that anything in her life that was either deeply positive or particularly negative was as a result of the loss of her twin. Kelly also expressed that she has always felt like she had been searching for something that was missing in her life. Ben also described feeling as though something was missing in his life and tried to compensate by having an imaginary friend. Their enduring lifelong grief appeared to lack validation. Such an absence of validation potentially contributed to a dialectic between the intrapersonal experience and the interpersonal experience of loss or, as referred to by Klass (2006), as a disconnect between inner and social reality.

In the case of participants who were the surviving sibling, they became the forgotten mourner. According to Neimeyer et al. (2006) such losses requires efforts to find meaning in the loss, to reconstruct one's identity in the face of being the survivor, and to attempt to find something beneficial that came as a result of that loss. Kelly, Elise, and Ben voiced many wonderings in this regard.

Literature on the replacement child (Brenner, 2012) and hidden mourners (Kempson & Murdock, 2010), goes some way to acknowledging emotional implications for surviving babies/children whose parents had lost children before them. Oscar, in particular, was pained by the thought that he was a replacement child for the child that his adoptive mother had lost in a car accident.

In being born into grief so many questions were left unanswered for the participants. The wonderings came out of a need to fill a gap, to find missing pieces so that they could more fully understand themselves and their place in the world. The participants were left feeling incomplete. These wonderings were reported to have, at times, interfered with acceptance of their way of being in life.

The implications from this study emerge from the bringing together of the literature and the interpretations from the participants' stories. Consideration was given to the implications of this study in relation to professional practice and service delivery, and for parents and children.

Recommendations from this Study

This study has shown that the understanding of being born into grief, due to parents grieving, is complex and generally not thought about until a person is given the opportunity to look back over his/her life and wonder how it was for him/her as a baby and what effects his/her parents' grieving may have had on him/her. The findings have a number of implications for therapeutic practice, both for the wellbeing of the client and for best practices in therapy and health services.

Recommendations for Professional Practice

- Professional intervention may benefit from considering the client, in context, from prior to birth to the present. Professionals would also benefit from being aware that clients may have experienced grief from prior to birth and that the effects of this may still be impacting them as adults.
- There needs to be awareness that things that have happened within the family system and the greater macro-system may in fact have impacted on the client as a baby and thereby may have given rise to implications for poorer mental or physical health outcomes.
- Therapeutic consultation may benefit by including: loss of previous children, other significant mortalities, parental separation, maternal health issues, personal or environmental disasters, and significant stresses around the time of birth.

- Children may benefit if teachers are trained in recognising and working with children who present with poor learning ability or poor behaviour as being possibly indicative of mental health issues (that may include being born into grief).
- It would be beneficial for counsellors to be available at primary through to secondary school levels, not just at secondary school level which is currently available in New Zealand, who are aware of the range of causes of mental health and behavioural issues and can assist the child or refer appropriately.

Recommendations for Service Delivery

- As New Zealand is a bi-cultural country with multi-cultural groups it will be important to include cultural applications and consideration in working with early grief and loss, some of which may be complex and multi-layered. Specifically service provision needs to take into account the principles of the Treaty of Waitangi that guide healthcare practice in New Zealand: partnership (working together collaboratively), protection (ensuring safety and enhancement of waiora wellbeing), and participation (active involvement by all parties) (Herbert & Morrison, 2007); and fit within the framework of good professional service delivery that is an integral part of New Zealand health legislation (Skinner, 2005).
- Many ethnic groups (Māori, Pasifika, and Chinese) often live in extended family situations which are able to offer greater support enabling babies born into grief to have more protective factors of family connectedness. Adoption (tamariki whangai) in Māori families is normalised, expected, and accepted (Durie, 2001); however, potential adverse outcomes for a baby or young child

in any away-from-parent placement need to be considered and the child's wellbeing protected (Feeny, Passmore & Peterson, 2007). This could be enhanced through sharing knowledge uncovered by the current study.

- It would be beneficial for services to be provided to support grieving parents and help them provide appropriate care for their babies when grief at the time of birth is identified.

Recommendations for Parents and Children

- Western societal myths about grief and beliefs that babies are too young to be affected by events need to be challenged, as not having a conscious memory or language to describe an event does not mean that the event has not had an effect.
- The public may benefit by bringing to light possible detrimental implications for babies who are born into grief through a website, seminar, book or articles.
- Parents and children who have experienced grief and loss around the time of birth may benefit from having an awareness that physical or mental illness may have a root cause that goes back to early grief and loss.

In this section, recommendations from the study were considered in relation to professional practice, service delivery, and parents and children. If these recommendations were followed it would help ensure that the public, educationalists, and health professionals may be able to offer support and advice to aid in the prevention and treatment of mental health issues that may arise due to having been born into grief.

Strengths and Limitations of the study

In concluding this study there is a knowing that this is but the beginning of new understanding with much more that could be done. Clearly there are many more voices that could be heard and many more meanings uncovered. Further engagement in the hermeneutic circle would illuminate greater understanding and reveal more of what I do not know that I do not know. This section will acknowledge limitations of the study.

The findings in this study relate directly to the participants and are not necessarily representative of the many possible other experiences that could be uncovered by hearing the voices of others who were born at a time when their parents were grieving. Just as not all voices could be heard, neither were all grieving situations heard. One particular situation that I would have liked to have heard stories about was that of being born around the time of a disaster. I believe this is a pertinent area to pursue and gain understanding of, as many disasters occur nationally and internationally affecting hundreds or even thousands of people. Voices from people who were born at a time when their parents were experiencing chronic grief such as: domestic violence, poverty, premature birth and aftermath of sexual abuse are also of great importance.

The ethical principle of exclusion criteria also did not allow for students I taught, clients, friends, or family members to share their stories, some of whom strongly wanted to participate. There were many rich sources of information that I would have liked to include but was ethically prevented to do so. Regardless, I was always mindful of the unable to be told stories and included them in my thinking and reflections.

In considering the choice of methodology for this study I felt drawn to hermeneutic phenomenology as a way of exploring what was meaningful for me. The greatest attraction of this methodology was that I felt that it was important to hear the authentic voice of others and to honour this as their experience giving validity to how they were as a person. I strongly believe that the truth of an experience is in how the individual person feels about the experience. I was also drawn to the possibility of using my own creativity for the purposes of interpretation and understanding. I like words, poems, pictures, and metaphors, all of which are valid resources within this methodology. These two aspects of personal authenticity and creativity for me make sense and are heartfelt in a way that a clinical preordained methodology cannot be. However there may have been limitations to my own interpretation of hermeneutic methodology as a counsellor. Heidegger at times criticised counselling as a causal and objectifying approach to understanding the 'human being' which was counter to gaining meaning from getting as close to the person's 'Being' as possible through exploring the lived experience. This limitation was mitigated in my study by attempting to listen without judgement or preconceived analysis to the stories of the participants. This was supported by my journaling and self-reflection on my own horizon and the use of the presupposition interview and supervision.

Recommendations for Further Research

Of great importance is the need for researchers to continue exploring and adding to the literature base on potential lifelong effects of being born into grief. This will, in turn, give rise to greater understanding and knowledge around the emotional effects and related elements experienced by babies and infants.

Specifically, there is a gap in knowledge around the effects on infant and their subsequent development of being born into grief. Further research could be conducted exploring what the lived experience is in the areas not covered by this study including, being born to a mother/father/family/whanau impacted by grief and loss related to: poor mental health, addictions, living in poverty, sexual abuse, premature birth, family violence, or how it is for a baby who was born during a disaster, as a means of gaining greater understanding of mental health development of babies.

Further research that focused solely on a specific ethnic group, such as Māori or Pasifika, and how the effects of being born into grief affected them would also be advantageous and bring different and unique understanding to cultural differences of being born into grief.

Ongoing research could also extend and expand knowledge about how the notions identified in this study could be incorporated into health workers' practice and how this could influence practice and understanding of the importance of mental health of babies, children, adolescents and adults who had begun their life born into grief.

Finally, if as predicted, by 2020 mental illness will be second only to heart disease (WHO, 2014) as the reason for poor health, then it is even more essential to widen the research around babies' early mental health to help prevent mental health issues as adults.

Conclusion

The study journey began with asking “what was the lived experience of being born at a time when parents were grieving?”. Enfolded within the question was the

assumption that the phenomenon of being born into grief exists, but in the everyday life is normally unspoken of. In the beginning I was unsure as to where the research would lead but I had an overwhelming assumption that this was an important topic to research. During the journey I was led by the philosophical foundations of hermeneutic phenomenology. The richness of this research rests with the stories that were told to me by the participants, supported by the comments that clients, friends, family, and colleagues made regarding their intrigue and personal anecdotal experiences. It made sense to others as it had to me. Interpreting the spoken words of the participants was in the mode of hermeneutical engagement. The thinking, about the experience of ‘being born into grief’, was by way of a phenomenological reflection of the parts that together constituted more than the whole. It illuminated the significance of being born into grief, something which is generally left hidden in the darkened shadow of life as being taken-for-granted. On reflection, being born into grief is a common occurrence and yet is an extraordinarily complex multi-layered phenomenon.

This study has confirmed how complex being born at a time when parents are grieving is, much more so than I had originally imagined. Through this study it has been uncovered that the experience of being born into grief is firmly situated in the context of life and each experience of this phenomenon is unique to an individual.

Ultimately, the lived experience of being born into grief for the participants was revealed. **Most** felt it had altered who they would have been, that they had difficulty making or understanding relational connections, they had everyday difficulties in regards to mental and physical health, and felt vulnerable in many situations. **Most** also felt like they were always searching for something that was missing. This rendered them stuck in the grieving process because originally they

had no knowing that their parents' grief had affected them and that they too in turn had suffered loss and needed to grieve. It is possible that that being born into grief could be a phenomenon that accounts for unexplained issues later in life.

Finally, it is hoped in some small way that the participants in this research benefited by gaining an understanding of their experience and thereby had an opportunity to integrate this into their lives.

References

- Adams, C., & van Manen, M. (2017). Teaching phenomenological research and writing. *Qualitative Health Research*, 29(6) 780-791.
<https://doi.org/abs/10.1177/1049732317698960>
- Ambrose, J. (n.d.) *Traumatic grief: What we need to know as trauma responders*. Retrieved May 30, 2015, from <http://www.ctsn-rcst.ca/Taumaticgrief.html>
- Annells, M. (1996). Hermeneutic phenomenology: Philosophical perspectives and current themes in nursing research. *Journal of Advanced Nursing*, 23(4), 705-713. <https://doi.org/10.1111/j.1365-2648.1996.tb00041.x>
- Annells, M. (1999). Evaluating phenomenology: Usefulness, quality and philosophical foundations. *Nurse Researcher*, 6(3), 5-19.
<https://doi.org/pdfplus/10.7748/nr1999.04.6.3.5.c6084>
- Anda, R. (n.d.). *The adverse childhood experiences study: Child abuse and public health*. Retrieved March 18, 2017, from www.preventingchildabuse.org
- Attig, T. (2004). Disenfranchised grief revisited: Discounting hope and love. *OMEGA*, 49(3) 197-215. <https://doi.org/abs/10.2190/P4TT-J3BF-KFDR-5JB1>
- Baker, J., Sedney, M., & Gross, E. (1992). Psychological tasks for bereaved children. *American Journal of Orthopsychiatry*, 62(1), 105-116.
<https://doi.org/10.1037/h0079310/abstract>
- Beijers, R., Buitelaar, J., & de Werth, C. (2014). Mechanisms underlying the effects of prenatal psychosocial stress on child outcomes: Beyond the HPA axis. *European Child Adolescent Psychiatry*, 23, 943-956.
<https://doi.org/10.1007/s00787-014-0566-3>

- Bendiksen, R., & Fulton, R., (1975). Death and the child: An anterospective test of the childhood bereavement and later behaviour disorder hypothesis. *Journal of Death and Dying*, 6(1), 45-59. <https://doi/10.2190/8BMG-5ALY-MLE-71M6>
- Blattner, W., (2006). *Heidegger's Being and Time*. London, UK: Bloomsbury Publishing Plc.
- Bowlby, J. (1980). *Attachment and loss: Volume III: Loss, sadness and depression*. New York, NY: Basic Books.
- Bowlby, J. (2006). *A secure base*. London, UK: Taylor and Francis.
- Brandt, K., Perry, B., Seligman, S., & Tronick, E. (2014). *Infant and early childhood mental health. Core concepts and clinical practice*. Virginia, MN: American Psychiatric Publishing.
- Braver, L. (2014). *Heidegger thinking of being*. Cambridge, UK: Polity Press.
- Brazelton, T. B., & Cramer, B. (1991). *The earliest relationship: Parents, infants, and the drama of early attachment*. Cambridge, MA: Ingram Publishing Services.
- Brenner, A. (2012). *The replacement child in search of itself*. Retrieved October 3, 2012, from <https://www.psychologytoday.com>
- Briere, J. (1992). *Child abuse trauma: Theory and treatment of the lasting effects (Interpersonal violence: the practice series)*. Thousand Oaks, CA: Sage Publications Incorporation.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development*. London, UK: Harvard University Press.
- Burns, R. (1986). *Child development. A text for the caring professions*. Canberra, Australia: Croom Helm.

- Caelli, K. (2001). Engaging in phenomenology: Is it more of a challenge than it needs to be? *Qualitative Health Research*, 11, 273-278.
<https://doi.org/abs/10.1177/104973201129118993>
- Capitulo, K. L. (2005). Evidence for healing interventions with perinatal bereavement. *The American Journal of Maternal Child Nursing*, 30, 389-396.
Retrieved from <https://ovidsp.tx.ovid.com>
- Caputo, J. D. (1987). *Radical hermeneutics: Repetition, deconstruction, and the hermeneutic project*. Bloomington, IN: Indiana University Press. Carmen, T. (2003). *Heidegger's analytic: Interpretation, discourse and authenticity in Being and Time*. Retrieved November 21, 2015, from <https://books.google.co.nz>
- Carter, A., Garrity-Rokus, F., Chazen-Cohen, R., Little, C., & Briggs-Gowan, M. (2001). Maternal depression and comorbidity: Predicting early parenting, attachment security, and toddler social-emotional problems and competences. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40, 18-26. <https://doi.org/10.1097/00004583-200101000-00012>
- Chilsom, D. (2017, February). *Finding the key to successful ageing*. North & South, 37-49.
- Chow, A., & Chan, C. (2006). Bereavement care in Hong Kong: Past, present and future. In C. Chan & A. Chow (Eds.), *Death, dying and bereavement: A Hong Kong Chinese experience* (pp. 253-260). Hong Kong, China: Hong Kong University Press.
- Cohen, M. (1987). A historical overview of the phenomenologic movement. *Journal of Nursing Scholarship*, 19(1), 31-34. <https://doi.org/10.1111/j.1547-5069.1987.tb00584.x/...>

- Cohen, Z. M., & Omery, A. (1994). Implications for research. In J. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 136-156). Thousand Oaks, CA: Sage.
- Corey, G. (2012). *Theory and practice of counselling and psychotherapy*. Belmont, MA: Cengage Learning.
- Corr, C., Nabe, C., & Corr, D. (1994). *Death and dying life and living*. Belmont, MA: Brooks/Cole.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. NSW, Australia: Allen Unwin.
- Crowther, S. (2014). *Sacred joy at birth: A hermeneutic phenomenological study*. Unpublished doctoral thesis. AUT University, Auckland, New Zealand.
Retrieved from <http://autresearchgateway.ac.nz/handle/10292/7071>.
- Crowther, S., Ironside, P., Spence, D., & Smythe, L. (2016). Crafting stories in hermeneutic phenomenology research. A methodological device. *Journal of Qualitative Health Research*, 27(6), 826-835. Retrieved from <https://doi.org/full/10.1177/1049732316656161>
- Currie, J., & Widom, C., (2010). Long-term consequences of child abuse and neglect on adult economic well-being. *Sage Journals*, 15(2), 111-120.
<https://doi.org/10.1177/1077559509355316>
- DeGroot, J. M., & Tennley, A. V. (2017). Disenfranchised grief following a traumatic birth. *Journal of Loss and Trauma*, 22(4), 246-356.
<https://doi.org/10.1080/15325024.2017.1284519>
- Deutch, R. (1937). Absence of grief. *Psychoanalytic Quarterly*, 6, 12-22. Retrieved January 12, 2018, from [onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)2167-4086/issues](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2167-4086/issues).

- Diekelmann, J. (2005). The retrieval of method: The method of retrieval. In P. Ironside (Ed.), *Beyond method: Philosophical conversations in healthcare research and scholarship* (pp. 3-57). Wisconsin, PA: University of Wisconsin Press.
- Doka, K. (1989). *Disenfranchised grief: Recognising hidden sorrow*. Toronto, Canada: Lexington Books.
- Draper, A., & Hancock, M. (2011). Childhood parental bereavement: The risk of vulnerability to delinquency and factors that compromise resilience. *Mortality*, 16(4), 285-306. Retrieve October 16, 2017, from <https://doi.org/10.1080/13576275.2011.613266>
- Dreyfus, H. L. (1991). *Being-in-the-world: A commentary on Heidegger's Being and Time, Division I*. Cambridge, MA: The MIT Press.
- Duckham, B. C., & Schreiber, J. C. (2016). Bridging worldviews through phenomenology. *Social Work & Christianity*, 43(4), 55-67. <http://eds.b.ebscohost.com>
- Durie, M. (2001). *Mauri ora: The dynamics of Maori health*. New York, NY: Oxford Press.
- Eberhard, P. (2004). *The middle voice in Gadamer's hermeneutics: A basic interpretation with some theological implications*. Tübingen, Germany: Mohr Siebeck
- Ehlerington, K. (Ed.). (2003). *Trauma, the body and transformation. A narrative inquiry*. London, UK: Jessica Kingsley Publishers.
- Elpidorou, A., & Freeman, L. (2015). Affectivity in Heidegger I: Moods and emotions in Being and Time. *Philosophy Compass*, 10(10), 661-671. <https://doi.org/10.1111/phc3.12236>

- Encyclopaedia Britannica. (2017). *Life-world philosophy*. Retrieved June 15, 2017, from <https://www.britannica.com/topic/life-world>
- Farias, V. (1991). *Heidegger and Nazism*. Philadelphia, PA; Temple University Press.
- Feeny, J., Passmore., & Peterson, C. (2007). Adoption, attachment, and relationship concerns: A study of adult adoptees. *Personal Relationships*, 14, 129-147. <https://doi.org/10.1111/j>
- Feldman, R., Adi, G., Parient, C., Kanety, H., Kuint, J., & Gilboa-Schechtman, E. (2009). Maternal depression and anxiety across the postpartum year and infant social engagement, fear regulation and stress reactivity. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48(9), 919-927. doi.org/10.1097/CHI.0b013e3181b21651.
- Fleming, V., Gaidys, U., & Robb, Y. (2003). Hermeneutic research in nursing: Developing a Gadamerian-based research method. *Nursing Inquiry*, 10, 113-120. <https://www.ncbi.nlm.nih.gov/pubmed/12755860>
- Gadamer, H. G. (1975/2004). *Truth and method* (J. Weinsheimer & D. G. Marshall, Trans.; 2nd ed.). London, UK: Bloomsbury. (Original work published 1975).
- Gadamer H. G. (2001). *Gadamer in conversation*. New York, NY: Yale University.
- Geldard, D., & Geldard, K. (2011). *Basic personal counselling* (7th ed.). London, UK: Sage Publications.
- Giorgi, A. (1985). Sketch of a psychological phenomenological method. *Phenomenology and Psychological research*. A. Giorgi (ed.). Pittsburgh: Duquesne University Press.
- Grenz, S. J., Guretski, D., & Nordling, C. F. (1999). *Pocket dictionary of theological terms*. Downers Grove, IL: Intervarsity Press.

- Grondin, J. (2003). *The philosophy of Gadamer* (K. Plant, Trans.). Chesham, UK: Acumen Publishing Limited. (Original work published 1999).
- Grünbaum, A. (2004). *Psychoanalysis at the limit. Epistemology, mind, and the question of science*. New York, NY: State University of New York Press.
- Gutek, G. L. (2004). *Philosophical and ideological voices in education*. Boston, MA: Pearson.
- Harman, G. (2007). *Heidegger explained: From phenomenon to thing*. Chicago, IL: Open Court.
- Heidegger, M. (1959/1971). *On the way to language* (P. D. Hertz, Trans.). San Francisco, CA: Harper Collins.
- Heidegger, M. (1962). *Being and time*. (J. Macquarrie & E. Robinson, Trans.). Oxford, UK: Blackwell. (Original work published 1937).
- Heidegger, M. (1966). *Discourse on thinking* (J. Anderson & E. Freund, Trans.). New York, NY: Harper & Row. (Original work published 1959).
- Heidegger, M. (1971/1975). *Poetry, language and thought* (A. Hofstadter, Trans.). New York, NY: Harper and Row.
- Heidegger, M. (1988). *The basics of phenomenology* (rev. ed.). Bloomington, IN: Indiana University Press.
- Heidegger, M. (2010). *Being and time* (J. Stambaugh, Trans.). New York, NY: State University of New York Press. (Original work published 1953).
- Herman, J. (Ed.). (1997). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*. New York, NY: Basic Books.
- Holmes, C. A. (1996). The politics of phenomenological nursing. *Journal of Advanced Nursing*, 24(3), 579-587. <https://doi.org/10.1046/j.1365-2648.1996.22719.x>

- Hooyman, N. R., & Kramer, B. J. (2008). *Living through loss: Interventions across the life span (Foundations of social work knowledge)*. New York, NY: Columbia University Press.
- Hornsby, R. (2015). *What Heidegger means by being-in-the-world*. Retrieved November 4, 2015, <http://royby.com/philosophy/pages/dasein.html>
- Horwitz, A., & Wakefield, J. (2007). *The loss of sadness: How psychiatry transformed normal sorrow into depressive disorder*. New York, NY: Oxford University Press.
- Husserl, E. (1970). *The idea of phenomenology*. The Hague, Netherlands: Martinus Nijhoff.
- Inwood, M. (1999). *A Heidegger Dictionary*. Malden, MA: Blackwell.
- Jackson, A. P., & Patton, M. J. (1992). A hermeneutic approach to the study of values in counseling. *Counseling and Values*, 36(3), 201-208.
<https://doi.org/10.1002/j.2161-007X.1992.tb00788.x/...>
- Johnson, M. (2000). Heidegger and meaning: Implications for phenomenological research. *Nursing Philosophy*, 1, 134-146. <https://doi.org/10.1046/j.1466-769x.2000.00027.x/abstract>
- Johnson, R. (2009). Caring for intubated newborns: Analgesia and sedation. Collaborative discussions between the Ospedale Pediatrico Bambino Gesù and the Mayo Clinic. *Paediatrics and Child Health*, 19(Suppl. 1), 15-17.
<https://doi.org/10.1016/j.paed.2009.05.034>
- Joplin, S., & Vrkleviski, L. (2017). Emotional anaesthesia: A cognitive-behavioural treatment of prolonged grief in a client with complex comorbidities-the importance of reintegrating attachment, memory, and self-identity. *Bereavement Care*, 36(1), 25-32.

- <https://doi.org/10.1080/02682621.2017.1305048>. Jordan, J. V. (1995). Relational awareness: Transforming disconnection. In J. Joran (Ed.). *The complexity of connection* (pp. 47-63). New York, NY: Guilford.
- Kalsched, D. (1996). *The inner world of trauma: Archetypal defenses of the personal spirit*. London, UK: Routledge.
- Kempson, D., & Murdock, V. (2010). Memory keepers: A narrative study on siblings never known. *Death Studies*, 34, 738-756.
- <https://doi.org/abs/10.1080/07481181003765402>
- King, M. (2001). *A guide to Heidegger's Being and Time*. New York, NY: State University of New York Press.
- Klass, D. (2006). Continuing conversation about continuing bonds. *Death Studies*, 30, 843-858. <https://doi.org/abs/10.1080/07481180600886959>
- Klass, D. (2014). Grief, consolation, and religions: A conceptual framework. *Omega*, 69(1), 1-18. <https://doi.org/pdf/10.2190/om.69.1.a>
- Kloper, P. (1971). Mother love: What turns it on? *American Scientist*, 59(4), 404-407. Retrieved June, 16, 2017, from <https://www.americanscientist>.
- Kluny, K. & Dillard, D. (2014). Babies remember: preserving wholeness with prenatal bonding and self-care. *International Journal of Childbirth*, 29(4), 32-38.
- Koch, T. (1996). Implementation of a hermeneutic inquiry in nursing: Philosophy, rigor and representation. *Journal of Advanced Nursing*, 24, 174-184.
- <https://doi.org/10.1046/j.1365-2648.1996.17224.x/abstract>
- Kubler-Ross, E. (1969). *On death and dying*. New York, NY: MacMillan Publishing Company.

- Laible, D. (2006). Maternal emotional expressiveness and attachment security: Links to representations of relationships and social behavior. *Merrill-Palmer Quarterly*, 52(4), 645-670. Retrieved June 15, 2016, from www.wsupress.wayne.edu/journals/detail/merrill-palmer-quarterly
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3), 21-35.
<https://doi.org/abs/10.1177/160940690300200303>
- Lichtenthal, W. G., Creuss, D., & Prigerson, H. (2004). A case for establishing complicated grief as a distinct mental disorder in DSM V. *Clinical Psychology Review*, 24, 637-662. <https://doi.org/10.1016/j.cpr.2004.07.002>
- Lincoln, YS. & Guba, EG. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.
- Lindemann, E. (1994). Symptomology and management of acute grief. *American Journal of Psychiatry*, 101, 141-148.
<https://doi.org/abs/10.1176/ajp.101.2.141>
- Livingstone, C. (1998). *Psychological perspectives on pregnancy & childbirth*. London, UK: Harcourt Brace and Company Limited.
- MacKinnon, L. (2012). The neurosequential model of therapeutics: An interview with Bruce Perry. *The Australian & New Zealand Journal of Family Therapy*, 33(3), 210-218. Retrieved July 18, 2017, from [onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1467-8438](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1467-8438)
- McAdams, D., (1993). *The Stories We Live by: Personal Myths and the Making of the Self*. New York, NY: Guildord Press.

- McCorey, E., De Brito, S., & Viding, E. (2011). The impact of childhood maltreatment: A review of neurobiological and genetic factors. *Journal of Front-Psychiatry* 2(48), 1-4. <https://doi:10.3389/fpsy.2011.00048>
- Mcleod, S. (2007). *Carl Rogers*. Retrieved March 24, 2017, from <https://www.simplypsychology.org/carl-rogers.html>
- Masterton, J. F. (1988). *The search for the real self: Unmasking the personality disorders of our age*. New York, NY: Free Press.
- Meany, M. (2013). *Epigenetics: When the environment modifies the genes*. Retrieved July 18, 2017, from <http://www.douglas.qc.ca/info/epigenetics>
- Merleau-Ponty, M. (1962). *Phenomenology of perception*. London: Routledge & Kegan Paul.
- Meynen, G., & Verburgt, J. (2009). Psychopathology and causal explanation in practice. A critical note on Heidegger's Zollikon Seminars. *Medical Health Care and Philosophy*, 12, 57-66. <https://doi.org/10.1007/s11019-008-9137-z>
- Microsoft. (2018). *Gerar Toye*. Retrieved June 15, 2017, from <https://www.bing.com/images/search?view=detailV2&ccid=bam3wbs2&id=65E1F8CF9050052BE84D1B7417C46EC3CCFF5B68&q=gerar+toye&simid=608000077210651604&selectedIndex=39&ajaxhist=0>
- Ministry of Health. (2014). *Manatu hauora*. Retrieved February 24, 2017, from <http://www.health.govt.nz/our-work/mental-health-and-addictions/mental-health>.
- Middlebrooks, J., & Audage, N. (2008). *The effects of childhood stress on health across the lifespan*. Retrieved February 24, 2017, from <https://trove.n/a.gov.au/version/30636855>

- Murphy, C., Paton, N., Gulliver, P., & Fanslow, J. (2013). *Understanding connections and relationships: Child maltreatment, intimate partner violence and parenting* Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland.
- Neimeyer, R. A., Baldwin, S. A., & Giles, J. (2006). Continuing bonds and reconstructing meaning: Mitigating complications in bereavement. *Death Studies*, 30, 715-738. <https://doi.org/10.1080/07481180600848322>
- Norris-Shortle, C., Young, P., & Williams, M. (1993). Understanding death and grief for children three and younger. *Social Work*, 38(6), 736-742. <https://doi.org/10.1093/sw/38.6.736>
- Ohara, M., & Swain, A. (1996). Rates and risk of postpartum depression-a meta-analysis. *International Review of Psychiatry*, 8(1), 37-54. <https://doi.org/abs/10.3109/09540269609037816>
- Olthuis, J. H. (2006). *The beautiful risk: A new psychology of loving and being loved*. Portland, OR: Wipf and Stock Publishers.
- Online Etymology Dictionary. (2017). *Grief*. Retrieved August 23, 2017, from <http://www.etymonline.com/index.php?term=grief>
- Online Latin Dictionary. (2017). *Gravare*. Retrieved November 1, 2017, from <http://latindictionary.wikidot.com/verb:gravare>
- Online Latin Dictionary. (2017). *Gravis*. Retrieved November 1, 2017, from <http://latindictionary.wikidot.com/search:site/q/gravis>
- Online Maori Dictionary. (2017). *Pōuri*. Retrieved November 20, 2017, from <http://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=Pouri+>

- Orange, C. (n. d.). *Treaty of Waitangi*. Retrieved June 7, 2017, from <http://www.teara.govt.nz/en/treaty-of-waitangi>
- Parkes, C. M. (1996). *Bereavement: Studies of grief in adult life* (3rd ed.). London, UK: Penguin Books.
- Paton, J., Crouch, W., & Camic, P. (2009). Young offenders experience of traumatic life events. A qualitative investigation. *Clinical Child Psychology Psychiatry* 14(1), 43-62. <https://doi.org/10.1177/1359104508100135>
- Patton, M. J. (1984). Managing social interaction in counselling: A contribution from the philosophy of science. *Journal of Counselling Psychology*, 31, 442-456. Retrieved May 16, 2017, from <https://www.researchgate.net/journal/0022-0167>
- Perinatal & Maternal Mortality Review Committee. (2013). *Ninth annual report of the Perinatal and Maternal Mortality Review Committee. Reporting mortality*. Retrieved from <https://www.hqsc.govt.nz/assets/PMMRC/Publications/Ninth-PMMRC-report-FINAL-Jun-2015.pdf>
- Perry, B. (2001). *Infant and early childhood mental health*. Arlington, VA: American Psychiatric Association.
- Perry, B., & Szalavitz, M. (2010). *Born for love*. New York, NY: Harper Collins.
- Philosophy. (2015). *Martin Heidegger*. Retrieved October 16, 2015, from <http://www.philosophy-index.com/heidegger/>
- Piaget, J., & Inhelder, B. (1972). *The psychology of the child*. New York, NY: Ingram Publisher Services.
- Pomeroy, E., & Garcia, R. (2009). *The grief assessment and intervention handbook. A strengths perspective*. Belmont, CA: Brooks/Cole.

- Polkinghorne, D. (1983). *Methodology for the human sciences: Systems of inquiry*. Albany, NY: University of New York Press.
- Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences*. Albany, NY: University of New York Press.
- Purdy, I. (2004). Vulnerable: A concept analysis. *Nurses Forum*, 39(4), 25-33.
<https://doi.org/10.1111/j.1744-6198.2004.tb00011.x/abstract>
- Purvis, K., Cross, D., & Sunshine, W. (2007). *The connected child*. New York, NY: McGraw-Hill Education.
- Raingruber, B. (2003). Video-cued narrative reflection: A research approach for articulating tacit, relational, and embodied understandings. *Qualitative Health Research*, 13(8), 1155-1169. <https://doi.org/pdf/10.1177/1049732303253664>
- Rajmohan, V., & Mohandas, E. (2007). Mirror neuron system. *Indian Journal of Psychiatry*, 49(1), 66-69. Retrieved January 5, 2018, from <https://doi.org/10.4103/0019-5545.31522>
- Rando, T. A. (1993). *Treatment of complicated mourning*. Chicago, IL: Research Press.
- Ratcliffe, M. (n.d.). *Why mood matters*. Retrieved June 15, 2017, from <https://www.scribd.com/document/194993620/Heidegger-Mood>
- Rose, R. (2012). *Life story therapy with traumatized children: A model for practice*. Philadelphia, USA: Jessica Kingsley Publishers.
- Reed, K. (2008). *Resituating the meaning of occupation in the context of living*. Unpublished Doctor of Health Science thesis, AUT University, Auckland, New Zealand. Retrieved February 15, 2017, from <http://aut.researchgateway.ac.nz/handle/10292/398>

- Regan, P. (2012). Hans-Georg Gadamer's philosophical hermeneutics: concepts of reading, understanding and interpretation. *Meta: Research in Hermeneutics, Phenomenology, and Practical Philosophy*, IV(2), 286-303. Retrieved May 3, 2016, from www.metajournal.org/articles_pdf/286-303-regan-meta8-tehno.pdf
- Richardson, L. (2002). Poetic representation of interviews. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context & method* (pp. 877-891). Thousand Oaks, CA: Sage Publications.
- Rogers, C. (1951). *Client-centered therapy: Its current practice, implications and theory*. London, UK: Constable.
- Rogers, C. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science* (pp. 184-256). New York, NY: McGraw-Hill.
- Rosenblatt, P. (2012). The concept of complicated grief: Two lessons from other cultures. In M. Strobe, H. Schut, & J. van den Bout (Eds.), *Complicated grief: Scientific foundations for health care professionals* (pp. 27-39). New York, NY: Routledge.
- Rothman, J. (2014). *Is Heidegger contaminated by Nazism?* Retrieved June 17, 2017, from <http://www.newyorker.com/books/page-turner/is-heidegger-contaminated-by-nazism>
- Rowe, D. (2007). *My dearest enemy, my dangerous friend: Making and breaking sibling bonds*. New York, NY: Routledge.
- Sandelowski, M. (1986). The problem of rigor. *Advances in Nursing Science* 8(3), 27-37. Retrieved February 18, 2016, from www.ovid.com/site/catalog/journals/576.jsp

- Schleiermacher, F. (1998). *Hermeneutics and criticism and other writings* (A. Bowie, Trans.). Cambridge, UK: Cambridge University Press.
- Scruton, R. (1995). *A short history of modern philosophy: From Descartes to Wittgenstein* (2nd ed.). New York, NY: Routledge.
- Sheehan, T. (2015). *Making sense of Heidegger. A paradigm shift*. London, UK: Rowman & Littlefield International.
- Silk, J., Shaw, D., Skuban, E., Oland, A., & Kovacs, M. (2006). Emotion regulation strategies in offspring of childhood-onset depressed mothers. *Journal of Child Psychology & Psychiatry* 47(1), 69-78.
<https://doi.org/10.1111/j.1469-7610.2005.01440.x>
- Slade, A., Grienberger, J., Bernbach, D. & Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment and Human Development*, 7(3), 283-298.
<https://doi.org/10.1080/14616730500245880>
- Smythe, E. (1998). *'Being safe' in childbirth. A hermeneutic interpretation of the narratives of women and practitioners*. Unpublished Doctor of Health Science thesis, AUT University, Auckland, New Zealand. Retrieved September 1, 2017, from <https://mro.massey.ac.nz/handle/10179/2395>
- Smythe, E. (2005). The thinking of research. In P. Ironside (Ed.), *Beyond method: Philosophical conversations in Healthcare research and scholarship* (pp. 223-258). Wisconsin, PA.: University of Wisconsin Press.
- Smythe, E. A., Ironside, P. M., Sims, S. L., Swenson, M. M., Spence, D. G. (2008). Heideggerian hermeneutic research: As lived. *International Journal of Nursing Studies*, 45(9), 1389-1397. Retrieved August 27, 2017, from <https://www.journals.elsevier.com/international-journal-of-nursing>

- Smythe, E., (2011). *Qualitative Research in Midwifery and Childbirth: Phenomenological Approaches*. New York, NY: Routledge.
- Smythe, E., & Spence, D. (2012). Re-viewing literature in hermeneutic research. *International Journal of Qualitative Methods*, 11(1), 12-25.
<https://doi.org/full/10.1177/160940691201100102>
- Smythe, E., & White, S. (2017). Methods of practice: Listening to the story. *Physiotherapy Theory and Practice*, 33(6), 462-474 <https://doi.org/10.1080/09593985.2017.1318989>
- Snyder, D. M., (1982). Some foundations of counselling and psychotherapy from a phenomenological perspective. *International Journal for the Advancement of Counselling*, 5(2), 95-107. <https://doi.org/10.1002/j.2164-4918.1982.tb00688.x/pdf>
- Spiers, J. (2000). New perspectives on vulnerability using emic and etic approaches. *Journal of Advanced Nursing*, 32(3), 715-721. Retrieved October 15, 2016, from [onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1365-2648](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-2648)
- Sroufe, L. (2005). Attachment and development: A prospective longitudinal study from birth to adulthood. *Attachment and Human Development*, 7(4), 349-367.
<https://doi.org/10.1080/14616730500365928>
- Stanford Encyclopaedia of Philosophy. (2011). *Heidegger*. Retrieved June 15, 2017, from <https://plato.stanford.edu/entries/heidegger/>
- Steiner, A. (2000). *The case of Martin Heidegger, philosopher and Nazi*. Retrieved June, 15, 2017, from <https://www.wsws.org/en/articles/2000/04/heid-a04.html>
- Steiner, G. (1978). *Heidegger*. Sussex, UK: The Harvester Press Limited.

- Stern, E. (1985). *Psychotherapy and the grieving patient*. New York, NY: Harrington Park Press.
- Staudacher, C. (1987). *Beyond grief: A guide for recovering from the death of a loved one*. Oakland, CA: New Harbinger Publications, Inc.
- Strathern, P. (2002). *Heidegger in 90 minutes*. Chicago, IL: I. R. Dee
- Strobe, M., Hansson, R., Schut, H., & Strobe, W. (Eds). (2008). *Handbook of bereavement research and practice: Advances in theory and intervention*. Washington DC, WA: American Psychological Association.
- Taylor, J., Bradbury-Jones, C., Brekenridge, J., Jones, C., & Herber, O. (2016). Risk of vicarious trauma in nursing research: A focused mapping review and synthesis. *Journal of Clinical Nursing*, 25, 2768-2777.
<https://doi.org/10.1111/jocn.13235>
- Teicher, M., Andersen, S., Polcari, A., Andersen, C., Navalta, C. & Dennis, k. (2003). The neurobiological consequences of early stress and childhood maltreatment. *Journal of Neuroscience and Biobehavioral Reviews*. 27(1 & 2) 33-44. [https://doi.org/10.1016/S0149-7634\(03\)00007-1](https://doi.org/10.1016/S0149-7634(03)00007-1)
- Thomson, G. (2004). The role of being and experience in Freud's unconscious ontology. In J. Mills (Ed.). *Psychoanalysis at the limit. Epistemology, mind, and the question of science* (pp. 1-30). New York, NY: State University of New York Press.
- Tremblay, R., Hartup, W., & Archer, J. (2005). *Developmental origins of aggression*. New York, NY: Guilford Press.
- Vagle, M. (2014). *Crafting phenomenological research*. Walnut Creek, CA: Left Coast Press.

- Van der Kolk, B. A. (2000). Post-traumatic stress disorder. *Dialogues in Clinical Neuroscience*, 2(1), 251-258. Retrieved October 15, 2017, from <https://www.dialogues-cns.org>
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. New York, NY: SUNY Press.
- Vante, S. (2017). Exposed to an accumulation of burdensome feelings: Mental health nurses' vulnerability in everyday encounters with seriously ill inpatients. *Advances in Nursing Science*, 40(2), 194-206. <https://doi.org/10.1097/ANS.0000000000000149>
- Verbeek, T., Bockting, C., van Pampas, M., Ormel, J., Meijer, J., Hartman, C., & Burger, H. (2012). Postpartum depression predicts offspring mental health problems in adolescence independently of parental lifetime psychopathology. *Journal of Affective Disorders*, 136(3), 948-954. <https://doi.org/10.1016/j.jad.2011.08.035>
- Walker, C., Deschamps, S., Proulx, K, Mai, T., Salzman, C... & Richard, D. (2004). Mother to infant or infant to mother? Reciprocal regulation of responsiveness to stress in rodents and the implications for humans. *Journal of Psychiatry & Neuroscience*, 20(5), 364-82. Retrieved February 15, 2017, from www.sciencepublishinggroup.com/journal/index?journalid=653
- Walter, T. (1996). A new model of grief: Bereavement and biography. *Mortality. Promoting the Interdisciplinary Study of Death and Dying*, 1(1), 7-25. <https://doi.org/abs/10.1080/713685822?tab=permissions&scroll=top>
- White, L. J. (1992). The hermeneutic road has many paths. *Counselling & Values*, 36(3), 214-218. Retrieved 18 June, 2017, from [onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)2161-007X](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2161-007X)

- Wilberg, P. (2004). *The therapist as listener. Martin Heidegger and the missing dimension of counselling and psychotherapy training*. Retrieved June 23, 2017, from <http://www.heidegger.org.uk/theraslist.htm>
- Wilberg, P. (n.d.). *Therapy and philosophy. A dialogue*. Retrieved June 23, 2017, from http://www.heidegger.org.uk/therapy&_philos.htm
- Wilson, A. (2015). A guide to phenomenological research. *Nursing Standard*, 29(34), 38-43. Retrieved June 15, 2017 from <https://rcni.com/nursing-standard>
- Wilson, L., & Peters, T., (2013). *The attachment pregnancy: the ultimate guide to bonding with your baby*. Avon, Massachusetts: Simon & Schuster Inc., CBS Company.
- Wolff, K., Baglivio, M., & Piquero, A. (2017). The relationship between adverse childhood experiences and recidivism in a sample of juvenile offenders in community based treatment. *International Journal of Offender Therapy and Comparative Criminology* 61(11) 1210-1242.
<https://doi.org/10.1177/0306624X15613992>
- Worden, W. (1996). *Children and grief. When a parent dies*. New York, NY: The Guilford Press.
- World Health Organization. (2014). *Maternal and child mental health*. Retrieved March 18, 2015, from http://www.who.int/mental_health/maternal-child/en/
- Wretmark, A. A. (1992). Perinatal death and grief: How can rituals help? In K. Wijma & B. von Schoultz (Eds.), *Reproductive life: Advances in research in psychosomatic obstetrics and gynaecology* (pp. 101-105). London, UK: Taylor & Francis.

- Wright-St Clair, V. A. (2008). *'Being aged' in the everyday: Uncovering the meaning through elders' stories*. Unpublished Doctor of Health Science thesis, AUT University, Auckland, New Zealand. Retrieved March 10, 2016, from <https://researchspace.auckland.ac.nz/handle/2292/3080>
- Ziegler, D. (2002). *Traumatic experience and the brain*. Arizona, USA: Acacia Publishing Inc.
- Zimering, R., & Gulliver, S. (2003). Secondary traumatisation in mental health care providers. *Psychiatric Times*, 2(4), 15-18. Retrieved October 10, 2017, from www.psychiatrictimes.com

Appendices

Appendix A: Ethics Approval



AUTEC Secretariat

Auckland University of Technology
D-89, WA505F Level 5 WA Building City Campus
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

26 August 2015

Jackie Feather
Faculty of Health and Environmental Sciences

Dear Jackie

Ethics Application: **15/290 The lived experience of being born into grief.**

Thank you for submitting your application for ethical review. I am pleased to confirm that the Auckland University of Technology Ethics Committee (AUTEC) has approved your ethics application for three years until 24 August 2018.

AUTEC suggests a spelling check on the documents going out to participants.

As part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 24 August 2018;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 24 August 2018 or on completion of the project;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this.

To enable us to provide you with efficient service, we ask that you use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Michelle Holt guidanceservices@xtra.co.nz; Kirk Read

Appendix B: Ethics Amendment



AUTEC Secretariat
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17 January 2018

Jackie Feather
Faculty of Health and Environmental Sciences

Dear Jackie

Re: Ethics Application: **15/290 The lived experience of being born into grief.**

Thank you for your request for approval of an amendment to your ethics application.

AUTEC received notification that the exclusion criteria had been altered. The committee was unable to approve the amendment since it is unable to provide retrospective approval. The change was noted.

I remind you of the Standard Conditions of Approval.

1. A progress report is due annually on the anniversary of the approval date, using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>.
2. A final report is due at the expiration of the approval period, or, upon completion of project, using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>.
3. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form: <http://www.aut.ac.nz/researchethics>.
4. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.

Please quote the application number and title on all future correspondence related to this project.

AUTEC grants ethical approval only. If you require management approval for access for your research from another institution or organisation then you are responsible for obtaining it. If the research is undertaken outside New Zealand, you need to meet all locality legal and ethical obligations and requirements.

For any enquiries please contact ethics@aut.ac.nz

Yours sincerely,



Kate O'Connor
Executive Manager
Auckland University of Technology Ethics Committee

Cc: guidanceservices@extra.co.nz; Kirk Read

Appendix C: Poster

AUT
UNIVERSITY
TE WĀHANGA ARONUI O TAMAKI MAKAU RAU


BORN INTO GRIEF

Were you born at a time when your parent/s were experiencing grief?

Doctorate research

Possible situations

- ▣ Parental death
- ▣ Parental serious ill health
- ▣ Parental serious accident
- ▣ Close familial death
- ▣ Twin death
- ▣ Born subsequent to the death of a sibling
- ▣ Natural disaster



If you are over 20 and would like to take part in this research, which requires 60-90 minutes of your time in an interview, please email Michelle Holt guidanceservices@xtra.co.nz

Appendix D: Participant Information Sheet

Participant Information Sheet



Date Information Sheet Produced: 11 March 2015

Project Title: The lived experience of being born into grief

An Invitation

Hello, Kia Ora,

My name is Michelle Holt. I am a counsellor in private practice and I also lecture on a counselling degree at WelTec. This is an invitation to take part in research about having been born into grief. This research is part of a doctorate degree and is supervised by Dr Jackie Feather and Dr Kirk Reed.

This information sheet will explain the research study and will help you make a decision as to whether you would like to take part. Prior to making that decision you may like to talk to family/whanau or friends. Therefore you do not have to make a decision today.

Your decision to participate in this research is voluntary and you may withdraw at any time prior to the completion of data collection. You will not be disadvantaged or advantaged by being a part of this research.

If after reading this information sheet, you have further questions please feel free to contact me or one of my supervisors. You will find our contact details at the end of this sheet.

What is the purpose of this research?

The purpose of the study is to find out about the experience of being born into grief. This grief may have taken the form of; being born at the time of close familiar death or terminal illness, especially if it was your parent affected, or subsequent to a sibling death, or the utero death of a twin, adoption, during a major disaster, parental separation, or parental stress while in utero. It may also have been some other type of grief that you personally have identified.

It is hoped that this knowledge will enable others to assist them through their trauma, to help ensure their lives and relationships have healthy outcomes. Further to this it is hoped that the research will enable health professionals, society and family to have greater awareness of the possible effects of early grief.

This research will also help me gain a doctorate of health science and I am also hoping that it will be used in publications and conference presentations.

How was I identified and why am I being invited to participate in this research?

You have been invited to be part of this research as you are over twenty, live in New Zealand and have responded to an advertisement, attended a presentation, heard by word of mouth or through professional networks that this research requires participants who were born at a time of grief in the lives of their parent/parents.

The researcher's family members, friends, clients and students will be excluded. Participants who are experiencing crisis will also be excluded. The grief needs to be

centred around a one off event therefore those participants' who were born into domestic violence or poverty situations may also be excluded.

What will happen in this research?

If you decide to take part in this research, you will be invited to participate in an interview which will be recorded. You can choose a suitable date, time and place for this interview. This may be in your own home, or my office or somewhere else that you feel comfortable. If you prefer not to meet face to face or if this is not practical, for example due to travel distances, we can arrange a phone or skype (internet) interview. However in saying this I am happy to do my best to travel to you within New Zealand.

The interview will take approximately 60 to 90 minutes of your time. You are welcome to bring a support person. At the interview I will briefly explain the research and give you the opportunity to ask further questions after which you will be asked to sign a consent form. I will ask your permission to record the interview, which will later be transcribed (written) word for word. I may also take some notes during the interview. All information gathered during the interview belongs to you and you will be welcome to have a copy.

After the interview, if you have any further thoughts, you can contact me to share these.

The information (data) gained from you will be anonymous and will only be used for the purpose of this research and the possibility of publications or conference presentations. You will not be identified in either of these options and I will seek further confirmation with you should this be required.

What are the discomforts and risks?

I imagine that while you speak of your experiences growing up that many of your memories may be painful. The interview will be paced according to what is comfortable for you.

How will these discomforts and risks be alleviated?

You will not be pressured to continue and it is entirely up to you how much information you wish to share. Three counselling sessions will be offered through AUT should participants need support as a result of the telling of their lived experience. Alternatively if participants do not reside in Auckland they could access 'Life Line Aotearoa' 0800 543 354. If any participant requires counselling beyond the three offered at AUT they will be referred to a counsellor or agency in their region and advised of any available funding.

What are the benefits?

There is no guarantee you will benefit directly from being involved in this research however some people find that being able to talk about their experience is helpful. It is hoped that this research will inform people who have a baby, whilst they are suffering from grief, to have awareness on how best to support their baby during this time. It is also hoped that health professionals will be better informed as to the possible affects for babies born into grief.

This research could also contribute to further research in early mental health factors. Further to this your contribution to this research will help me gain a doctorate qualification.

How will my privacy be protected?

Your participation in this research will be confidential. The writing in the thesis will be completely confidential and pseudonyms will be used. The thesis will concentrate on themes that people discuss rather than what actual individuals say. Your personal details and information will not be used in this research. The interviews will be transcribed by a transcriptionist who will be bound by a confidentiality agreement. The voice recordings, transcripts, consent forms and notes will be securely stored and locked in my home office or in the AUT's supervisor office.

What are the costs of participating in this research?

Your participation in this research will be of no cost to you other than your time (approximately 60 to 90 minutes).

What opportunity do I have to consider this invitation?

You will have two weeks to consider this invitation from the date that this information sheet is sent to you.

How do I agree to participate in this research?

You have shown an interest in participating in this research by responding to an advertisement. You will be able to agree to participate via email or phone. You need to sign the consent form prior to commencing the interview when I meet you face to face. If the interview is via skype I will send the consent form to you prior to the interview and you can send it back in the prepaid envelope provided.

Will I receive feedback on the results of this research?

If you wish to receive a copy of your transcript then you can indicate this on the consent form. This will be returned to you at the completion of the research. You can also indicate on the consent form if you would like to receive a summary of the research. The summary should be available after the thesis has been completed, which will be approximately 18 months to 2 years after the interview. A phone discussion explaining the findings will also be available to you at that point.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Jackie.feather@aut.ac.nz or phone

09 9219999 extn 7693

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, Kate O'Connor, ethics@aut.ac.nz, 921 9999 extn 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:

Michelle Holt

guidanceservices@xtra.co.nz

0274516320

Approved by the Auckland University of Technology Ethics Committee on 26 August 2015, AUTECH
Reference number 15/290

Appendix E: Consent Form

Consent Form



Project title: ***The lived experience of being born into grief.***

Project Supervisor: ***Dr Jackie Feather***

Researcher: ***Michelle Holt***

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 1 September 2015.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed. I also understand that I may request to stop the audio recording at any time.
- ☐ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ☐ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a copy of the report from the research (please tick one): Yes ☐ No ☐

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

.....
.....
.....
.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 26 August 2015, AUTEC
Reference number 15/290

Note: The Participant should retain a copy of this form.

Appendix F: Indicative Questions

Indicative Questions



Project title: ***The lived experience of being born into grief***

Project Supervisor: ***Dr Jackie Feather***

Researcher: ***Michelle Holt***

Specifically, the study will aim to answer the research question: What is the lived experience of being born into grief?

Indicative questions for the interview are:

1. Tell me about the grief that was happening around the time you were born.
2. What it was like for you to be born into this grief?
3. How have early life circumstance affected you?
4. Tell me about growing up. What was that like?
5. What affects has this had on you as an adult? Can you give me an example?
6. In what ways might your life have been different?
7. What helped you?
8. What wasn't helpful?
9. Do you have anything else you would like to add?

Appendix G: Transcriber Confidentiality Agreement

Transcriber Confidentiality Agreement



Project title: **The lived experience of being born into Grief**

Project Supervisors:

Dr Jackie Feather, Dr Kirk Reed

Researcher: **Michelle Holt**

I understand that all the material I will be asked to transcribe is confidential.

I understand that the content of the recordings can only be discussed with the researchers.

I will not keep any copies of the transcripts or allow third parties access to them.

Transcribers signature.....

Transcribers name.....

Transcriber's contact details (if appropriate)

.....

Appendix H: Poems

A poem for Sophie whose mother's brother died just before Sophie was born and her mother's father died just after she was born.

Grief undone
Love my mum
Can't get close
Looking back looking forward
Did she hold me to her breast
Her tears of pain on my cheeks
The loss too great to express
Mother daughter, mother mother daughter
Patterned parenting
Ignore the grief
Did it go away
Or is it still here today
Mother mother daughter and dad
Carried me through
Gave me strength to carry on
Deep intimate conversation
Not allowed
Criticism reigned the space between
Was it this or was it that
Would I even if I could
Confidence, shyness all amiss
Family tensions
No safe base
Mother's mother child, mother's child
All alone Don't belong

I wrote the poem below to capture Cassandra's story of being born into grief.

Umbilical Lavender

How do I begin to see

The real me

Was it her or the other

She had to give me away

A secret to this very day

Born in love

Given in love

Received in love

Unexplained depression cloaked me

Choked my daily rhythms

Provoked dismal thoughts

Too much to conceive

The land remained barren

Until I understood lavender

And how that grew

Comfort, closure

Was what I finally knew

The following is a poem that I wrote that captures stories in Tracy's life whose mother left her biological just before she was born and at the same time moved in with Tracy's step father.

Not belonging

Mother loved a man
She was treated badly
Comfort sort in the arms of another
Unborn child carried there too
Baby was dark the parents lighter
Home of wealth, stability
Against the odds humility
Spiritual unbalance
The child she grew
Fought to find herself
Gathering sea shells
the marae, the islands
peace reigned bountifully
back at home the sea was gone
the tide had ebbed
the child was grounded
back and forth she swayed
something was wrong
she did not belong
fighting to find herself
caused friction and pain
misunderstanding, no value, not sane
spiritual calling, herself emerging
giving to others
not selling out, no personal gain
sustainable values, living and thinking
urging to find a place
her spirit to soar
to be where she belongs

A poem for Ben whose twin brother died at birth

The loss of a twin

A little fella plays alone
his imaginary mate beside him
hey, you can't do that
we'll get into trouble if you do
ideas bounce from one to another
thoughts probably too
wherever I am
whatever I do
you'll be there
just me and you
not one but two
in all that we do

A poem for Kelly whose twin brother died prior to birth

A hole in my heart

You were swept away
Never there for us to play
Were you strong enough
Did you look like me
Were you funny, sensitive and kind
I'm forever searching, questioning in my mind
What made it so that you should die
And leave me here alone to cry
My journey began with you beside me
Nature stole you away
They tried to make me go with you
I hung on, I survived
Why me and not you
Seeking closeness with others
Please fill the gap
Wishing you were here beside me
I strive to comfort others
To protect, to guide
Would this need be there
If you were by my side
Learning to let go
Of fear, of grief, of pain
The face I never show
The hole in my heart surgically closed
the gap still there though
As only I could know
I believe
When my journey is done
We'll play together
We'll reunite
Oh little brother, oh missing one

Appendix I: Connection

