The psychological effects of stillbirth on parents: A qualitative evidence synthesis of psychoanalytic literature[1]

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Summary

Objective: To review and synthesize existing psychoanalytic literature on the psychological impact of stillbirth on mothers and fathers.

Method: This qualitative systematic review followed, as far as possible, the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) guidelines. The Psychoanalytic Electronic Publishing Archive, the Single Case Archive, and PsycINFO (1999–2019) were searched to identify relevant articles published between 1999–2019 that report clinical material or theoretical considerations concerning the psychological effects of stillbirth on parents, as emerging during classical analytic or psychoanalytic therapy session/journey. A thematic synthesis was performed.

Results: 46 articles were identified, providing data on the parents' experiences of grief and gender differences, the detrimental effects on the parental couple's relationship, the mother's identification with the dead baby, the importance for mothers to meet and care the stillborn baby, the mothers' drive for another pregnancy and the fear of further loss, the mothers' ambivalence toward subsequent pregnancy and child, the potential negative effects of unresolved bereavement on subsequent baby, and the replacement of a stillborn child.

Conclusion: Our findings reveal there is some psychoanalytic literature providing insight into the psychological dynamics of parents after a stillbirth, with observations that could be used to improve psychological health care practices. One of the main therapeutic tasks was to facilitate parents to create a psychic space where they can bring to life, psychically, their lost and never-really-known stillborn baby, and to let him or her to be part of the on-going family narrative.

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Key words

Stillbirth – Parents – Psychoanalysis – Mourning – Complicated Grief

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Zusammenfassung

Die psychologischen Auswirkungen von Todgeburt auf die Eltern: Eine qualitative Evidenzsynthese der psychoanalytischen Literatur

Zielsetzung: Durchsicht und Zusammenfassung der vorhandenen psychoanalytischen Literatur zu den psychologischen Auswirkungen von Todgeburt auf Mütter und Väter.
Methode: Diese qualitative systematische Übersichtsarbeit folgte so weit wie möglich den Richtlinien für Bevorzugte Report Items für systematische Übersichten und Meta-Analysen (PRISMA). Das Psychoanalytic Electronic Publishing Archive, das Single Case Archive und PsycINFO (1999–2019) wurden durchsucht, um relevante Artikel zu identifizieren, die zwischen 1999 und 2019 veröffentlicht wurden und von klinischem Material oder theoretischen Überlegungen zu den psychologischen Auswirkungen von Todgeburt auf die Eltern berichten, welche sich während der klassischen Analyse oder einer psychoanalytischen Therapiesitzung/Sitzungsreihe ergaben. Es wurde eine thematische Synthese durchgeführt.
Ergebnisse: Es wurde 46 Artikel identifiziert, die Daten zu den folgenden Themenbereichen liefern: die Erfahrungen der Eltern mit Trauer und geschlechtsspezifische Unterschiede; die nachteiligen Auswirkungen auf die Beziehung des Elternpaares; die Identifikation der Mutter mit dem toten Baby; die Wichtigkeit für die Mutter, mit dem totgeborenen Baby in Kontakt zu treten und es zu pflegen; der Drang der Mütter nach einer weiteren Schwangerschaft und die Angst vor einem weiteren Verlust; die Ambivalenz der Mütter gegenüber der nachfolgenden Schwangerschaft und dem Kind; die möglichen negativen Auswirkungen eines unbewältigten Verlusts auf das nachfolgende Baby und der Ersatz eines totgeborenen Kindes.
Schlussfolgerung: Unsere Ergebnisse zeigen, dass es psychoanalytische Literatur gibt, die Einblicke in die psychologische Dynamik von Eltern nach einer Totgeburt bietet und Beobachtungen enthält, die zur Verbesserung der psychologischen Gesundheitspraktiken verwendet werden könnten. Eine der wichtigsten therapeutischen Aufgaben bestand darin, den Eltern zu ermöglichen, einen psychischen Raum zu schaffen, in dem sie ihr totgeborenes Baby, das sie verloren und nie wirklich kennengelernt haben, psychisch zum Leben erwecken und es Teil der zukünftigen Familiengeschichte werden lassen können.

1. Introduction

1.1. Background on stillbirth and its psychological effects on parents

Stillbirth is defined as 'the birth of a baby with no signs of life at, or after 28 completed weeks of pregnancy' (WHO 2014). However, due to the inconsistencies in the definition of stillbirth between countries, the World Health Organisation (WHO), in line with the International Classification of Diseases (ICD-10) codes for the maternal condition in perinatal death, recommended 22 weeks of gestation as a threshold for the ascertainment of foetal death (WHO 2016).

Globally, around 2.6 million, third-trimester stillbirths, occurred in 2015 (Blencowe et al. 2016), which is more than 7,100 deaths a day. Furthermore, when including deaths that occurred in the second trimester of pregnancy, between 22 + 0 and 27 + 6 weeks of gestation, which constitute half of all stillbirths (Lawn et al. 2016),

the global estimate increases by 32 % (Smith et al. 2018). It means that globally more than 5 million perinatal deaths occur annually (WHO 2016).

Stillbirth can be a devastating life event for the parents (Burden et al. 2016; Koopmans et al. 2013). The experience is associated with profound and long-lasting adverse social, economic, and psychosocial outcomes (Heazell et al. 2016; Murphy & Cacciatore 2017). This potentially life-changing event can often cause complicated grief reactions (Kersting & Wagner 2012), with different patterns in women and men, that negatively affect their psychological and physical well-being. Moreover, although the normal grieving process usually takes about two years, the majority of women conceive within one year after the loss (Hughes et al. 1999), and then often endure the negative psychological effects of the previous stillbirth in their subsequent pregnancy, even with the birth of a healthy child (Blackmore et al. 2011). Studies have also reported increased relationship break-down and divorce or its equivalent in unmarried couples following stillbirth (Gold et al. 2010; Turton et al. 2009; Shreffler et al. 2012).

1.2. Gaps in the empirical literature

Stillbirth is one of the 'most shamefully neglected' (Darmstadt, 2011) issues of public health. To date, psychological research has primarily focused on predictors and outcomes of parents' (usually mothers') mental health, wellbeing, and social functioning (Burden et al. 2016; Heazell et al. 2016; Homer et al. 2016; Jones et al. 2019; Pollock et al. 2020; Shakespeare et al. 2019), using household surveys as their main data source (Temmerman & Lawn 2018). Only a few qualitative, in-depth interview studies have deeply explored the psychological experiences of parents' perinatal bereavement (Ellis et al. 2016). Thus, there is a lack of knowledge and understanding of parents' intrapsychic and interpersonal dynamics and the issues triggered by the experience of stillbirth. This poses serious difficulties for those who endeavour to provide psychological support in perinatal bereavement.

1.3. Psychoanalysis and its research method

Generally, psychoanalysis 'represents the most coherent and intellectually satisfying view of the mind' (Kandel 1999, p. 505; see also Fonagy & Allison 2016; Kandel 2012; Spiro 2020), which focuses on the understanding of the psychological functioning, in health and disease (Kernberg & Michels 2016). Psychoanalysis consists of a plurality of theories of mental processes (Aron, 2017), psychological treatment (Shedler 2010; Abbass et al. 2014; Steinert et al. 2017), and method of investigating the mind (Hinshelwood 2013). This latter coincides with the clinical practice, which is based on processes of introspection and communication that take place in both the patient and the clinician (Stefana 2017a). It follows that single case reports – i. e., the analysts' narrative description of what happened during treatment, along with interpretations based on their clinical experience (Iwakabe & Gazzola 2009) – are the quintessential of the theory, research, and practice of psychoanalysis (Desmet et al. 2013; Stefana 2015).

1.4. Aim of this review

This review aimed to systematically review and synthesize existing psychoanalytic literature (i. e., articles published in psychoanalytic journals) on the psychological impact of stillbirth on mothers and fathers, as emerging during classical analytic or psychoanalytic therapy session/journey.

2. Methods

2.1. Protocol and registration

The Cochrane Database of Systematic Reviews, the PsycINFO database, the Psychoanalytic Electronic Publishing (PEP-Web Archive), and the International Prospective Register of Systematic Reviews (PROSPERO) were searched to ensure no similar reviews existed. This systematic review followed the main steps identified in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Moher et al. 2009). However, because the work was a qualitative systematic review, some aspects of accepted systematic review methodology could not be satisfied (Grant & Booth 2009; Nunn et al. 2020). Details of the protocol for this systematic review, are found in the PROSPERO dataset (ID 163198) and have been published (Cena & Stefana 2020).

2.2. Study search

A systematic literature search was conducted on November 18, 2019. Articles published in psychoanalytic journals were identified through searches in three bibliographical databases (from January 1999 to December 2019): PEP-Web Archive, Single Case Archive (SCA), and PsycINFO (only for those journals included in the category 'Psychology, Psychoanalysis' of ISI's Journal Citation Report [Thomson Reuters] but not indexed in PEP-Web Archive). Search terms included 'stillbirth' OR 'stillbirths' OR 'still-birth' OR 'still-births' OR 'stillborn' OR 'stillborns' OR 'still-born' OR 'still-borns' OR 'intrauterine death' OR 'intrapartum death' OR 'foetal death'. The search strategy used full-text searching and was limited to English-language journal articles. In addition, the search in SCA was limited to psychodynamic/psychoanalytic cases.

2.3. Inclusion Criteria

All articles presenting any clinical material (as emerging during classical analytic or psychoanalytic therapy session/journey) or theoretical consideration on the psychological and behavioural effects of stillbirth on parents were included. Qualitative articles that did not describe any specific psychological aspects related to stillbirth as well as quantitative articles were not included. Furthermore, given the controversy regarding the critical appraisal of qualitative research (Dixon-Woods et al. 2004)

and, especially, the characteristics of psychoanalytic single case reports (Hinshelwood 2013), no exclusion criteria based on study quality were applied. However, it should be noted that quality assessment is typically not used for inclusion/exclusion in qualitative systematic review (Grant & Booth 2009).

2.4. Screening

The full text of all identified articles was read by two research assistants using the inclusion criteria to determine whether these articles should be included for review, with an almost perfect interrater agreement (Cohen's $k = 0.86$). Any discrepancies in the screening process were discussed with the last author who made the final decision.

2.5. Data abstraction

Each selected article was read by the first author who delineated discrete thematic units (TU), i. e. passages in the original text where a clinical vignette or theoretical description of psychological aspects or dynamics related to the stillbirth experience either in general or applied to a presented case. The TUs varied: some were clinical descriptions (e. g., the therapist reported a literal description of an interaction with the patient) or theoretical (e. g., the therapist reported his or her theoretical perspective on what happens in the patient's inner world); some were very focused (e. g., the impact of a therapist's pregnancy on a female patient who has had a stillborn brother) or general (e. g., an overview of psychological reaction to stillbirth); some passages were very short (e. g., a single sentence) or quite detailed (e. g., a five-page description of a clinical case in which a remembrance or effect of stillbirth was particularly important). Finally, all the TUs were collated into a single Microsoft Word document.

2.6. Data analysis

A thematic synthesis approach was employed (Thomas & Harden 2008). The synthesis involved three stages, partially overlapping but distinct, for the identification and development of themes: (1) the free line-by-line coding of the findings of primary studies (codes were created inductively to capture the content and meaning of each TUs' sentence), (2) the organisation of these 'free codes' (without a hierarchical structure) into related areas to construct 'descriptive' themes; and (3) the development of 'analytical' themes. Extracted qualitative data were analysed independently by all three authors. The Microsoft Word document was read twice to ensure familiarity with the data, and each line of text was coded according to its meaning and content. This line-by-line coding enabled both the translation of concepts from one article to another and the process of synthesis. At this stage, axial coding was conducted to test the codebook against the remaining data. All codes were compared and contrasted and then examined to start grouping them into a hierarchical tree structure. New codes were produced to recover the meaning of initial code groups. Afterward, a

draft summary of the findings across the articles was written by the last author. This draft was reviewed by the remaining two authors after which a final agreed version was generated. Finally, the initial descriptive themes that emerged from the inductive analysis were further interpreted by each reviewer independently and then as a group to answer the review question. The discussion continued until new themes became sufficiently abstract to describe and/or explain all the initial descriptive themes.

3. Results

3.1. Study selection

Electronic searches revealed 234 articles (all records were found in the PEP-Web Archive). After the full-text screening, 46 articles were deemed eligible for inclusion.

3.2. Description of included articles

In total, 36 articles reported clinical material related to stillbirth, whereas 10 articles presented only theoretical contributions. Concerning the former, nine concerned the individual treatment of the mother, one focused only on the father, three referred to both mothers and fathers. The remaining 33 articles concerned the individual treatment of adult children of parents who had experienced a stillbirth. Regarding the authors who wrote the articles reporting clinical material, they worked as psychotherapists/psychoanalysts in seven countries: USA (n = 24, for a total of 18 papers), United Kingdom (n = 11; for a total of 13 papers), South Africa (n = 3; all co-authors of the same paper), Australia (n = 1), France (n = 1), Germany (n = 1), and Greece (n = 1).

3.3. Findings

The results of this review comprise four main sections: parental couple, mothers, fathers, and psychotherapeutic tasks. The references from the articles that provided a contribution to each main theme and subtheme are included in Table S1.

3.3.1. Parental couple

When a baby dies, unbearable feelings impact both the mother and father, and dynamics change between them as a couple. However, it could be more useful, at least in the first moment, to offer individual psychological treatment rather than couple therapy because both parents usually want to start a psychotherapeutic journey on their own but feel reluctant to say that they want to talk without the partner present. Grieving a stillbirth can leave each member of the parental couple needing their partner desperately. However, at the same time, it makes them both feel their estrangement from the other acutely. This estrangement is partially due to the fact that, at a given time, one member of the parental couple can hold onto all the feelings of sadness and

the other to anger, projecting undesired and intolerable feelings onto one another. Consequently, each of them becomes unable to truly be in touch with the feelings of their partner. Furthermore, parents sometimes show regressive tendencies, a return to their roles as a 'daughter/son of a mother or/and a father' rather than a 'mother/father to a baby' or 'wife/husband of a partner'. Both members of the couple can feel guilty about not being in connection and harmony with the partner since the loss and be reluctant to recognize to themselves that this alteration is one more additional loss following the death of their stillborn child. It follows that there is a strong need to make profound adjustments within the couple relationship following a stillbirth, especially when both members mourn in different ways.

3.3.2. Mothers

3.3.2.1. Experience of grief

Mothers' experiences of grief are manifested in somatic complaints and emotionally in the form of depression, anxiety, guilt, anger, and shame. Sensations of confusion and unreality, emptiness, rejection of their own bodies (sometimes feel like a house of death), sense of personal failure, and the desire to die coexist in them. These women can also have recurring nightmares. Mothers dealt with their grief by removing themselves far from these feelings, by isolating themselves from family and friends, or by surrounding themselves keeping busy (e. g., with friends, distractions, or religious activities). Family, friends, and even healthcare professionals often failed to correctly recognize and support mothers' experiences of grief.

3.3.2.2. Identification with the dead baby

The process of grief can be extremely difficult for these mothers especially when they identify themselves with their dead baby, that is when mothers emotionally put themselves in the position of the foetus: 'What did this little foetus experience while it was dying? It must have felt pain dying'. In this case, there are different instances: when the mother recognises a differentiation between herself and the foetus, the process is painful but helps the mourning and the bereavement; however, when the identification is unconscious, the dreadful relation is with the self. In this latter case, the foetus is felt like a part of the mother herself, i. e. she harbours a mental representation of the dead baby inside her, which is the possible horrible confirmation and concrete proof of the strength of her destructiveness. Such a view of mourning and identification could explain the experiences of depression, anxiety, and post-traumatic stress disorder. Therefore, ruminating over the lost baby or the damaged mental representation of the baby can lead to a place where there is no possibility for recovery from pain. This leaves the deeply grieving mother attempting to fill the loss and emptiness she feels in other ways so the deadness inside can be dispersed.

3.3.2.3. Meeting and caring the stillborn baby

Whenever possible, mothers should be encouraged to choose and decide what they feel appropriate or desire whether or not to meet and/or care their stillborn baby.

Similarly, parents should be offered a choice about whether or not to choose the baby's name, whether or not to take photographs and keep artefacts. These experiences of parenting and memorabilia will help mothers with the resolution of grief.

3.3.2.4. Drive for another pregnancy
A significant number of mothers never really mourn or bury their stillborn child and, simultaneously, they often have the desire and pressure to get pregnant again soon. In these cases, there is the urgency not to mourn but to act and create a 'replacement' for the lost baby. Partially, the drive to conceive again immediately after a stillbirth is the mother's attempt to bring herself back to life by connecting to a meaningful future.

3.3.2.5. Ambivalence toward the subsequent pregnancy and child
Normally, future mothers hold contradictory feelings, thoughts, and desires during pregnancy as they must prepare themselves to bring a new life into the world. Concerns about the parenting role, physical demands of the pregnancy, and thoughts about the development of the child, can cause anxiety, fear, and ambivalence. Usually, these worries disappear along the nine months of pregnancy, but when parents have experienced a stillbirth, their mental representations of both the subsequent pregnancy and the future child can be altered and characterised by a painful and problematic ambivalence.

3.3.2.6. Fear of further loss
When the mourning process is not sufficiently processed, it is common that during subsequent pregnancies mothers are extremely afraid or convinced that they would have another loss, even in the postnatal period and afterward. At that time, fear takes the form of the mother's increasing concern with the body of the living child. Such maternal emotional states can hinder emotional engagement with the new foetus/baby.

3.3.2.7. Unresolved bereavement and its potential effects on subsequent baby
The grief that mothers experience following a perinatal loss is very difficult and painful, especially for mothers who suffer a narcissistic blow from the loss because their ability to be able to generate as well as their confidence in their bodies and their maternal identifications are questioned. Whether feelings of guilt and grief are not processed adequately, the implications for both the mother's mourning and potentially the subsequent living child's emotional development became more critical. Unable to mourn their loss, mothers can be emotionally unavailable when the new baby is born, making him or her the container of unmanageable projections of anxiety, depression, and death. In other words, the ghost of the dead baby lives silently next to the subsequent child, shaping his or her inner and external life, and then risking the development of a distorted and pathological mother-child relationship as well as emotional disorders that can persist into adulthood. In such instances, it is essential to work with mothers to establish a connection to an infant who is no longer alive to begin the process of mourning and to prepare the path for future pregnancies.

3.3.2.8. The replacement of the stillborn child

The baby born following a stillbirth is often called the 'replacement baby', which was originally defined as 'a disturbed child who was conceived shortly after the death of another child, his parents' specific intention being to have this child as a replacement or substitute for their child who died' (Cain and Cain, 1964). Psychoanalytic literature localizes the focus of attention on the maternal expectations and fantasies. These were originally and naturally projected on a child born and dead before his birth and then, successively, projected on the replacement child who comes to take the place of the stillborn sibling.

When mothers idealize and describe the dead baby as having been perfect, they consciously or unconsciously expect to be compensated through the replacement child. Thus, such mothers can unconsciously exert practical and emotional pressure on the replacement child. For instance, they may have unrealistic expectations about the new child and his/her future achievements, exposing them to a sense of failure and inadequacy. Furthermore, mothers can give to the new baby the same name as the dead child, making him/her began life with a birth/death theme. For these mothers, choosing such a child's name indicates a difficulty in emotionally recognizing his/her individuality, and thus, a difficulty appreciating the individuality of both the dead child and the new one. A life where one's birth is associated with the death of a previous sibling can lead to a lifelong struggle to overcome, or at least alleviate the sense of foreignness and develop one's own sense of identity, of definite uniqueness. Another case is when mothers do not wish to change the decor of the room for the new-born, keeping everything as it was meant for the dead child. For instance, a mother may want to keep the pink crib even if the new son is a male or dress him as a girl, pushing him to identify himself emotionally with his dead sister. The maternal unconscious wishes and thoughts about the dead child can affect the mental health and wellbeing of the child into adulthood. Furthermore, this confusion about the new child's identity prevents the bonding process between the mother and child.

Depressed mothers with unresolved grief have their minds occupied by the dead child and the crippling desire to continue being the mother of the lost baby even in death. Thus, on one side, they lack containment for the new baby, and on the other side, they use him/her as a 'container' for massive projections of intolerable anxieties as well as expectations and dreams that were originally projected to the dead child. This latter can be perceived as a third – a kind of living entity – in the mother–child relationship. Frequently, the new child experience the mother as distant, indifferent, cold, rejecting, ridden by her anxieties, and never able to reflect him/her in her (mother's) face. In a sense, these mothers have turned themselves into a dead figure after the loss (see the concept of 'dead mother' devised by André Green, 1986) and while they can care for their baby, they are not focused on it.

3.3.2.9. Penumbra baby

Some psychoanalysts have suggested that the term 'penumbra baby' might be a more useful than 'replacement baby', because there is little evidence in their clinical work

that mothers wish to replace their babies; rather, mothers simply long to mother their dead baby. Therefore, it is suggested that mothers of a new baby would prefer to mother their lost one, so their new infant lives in the shadows of the dead baby. Mothers who have experienced a stillbirth can hold an image of the dead baby in their mind as a baseline for comparison so it becomes extremely difficult for the new baby to interest them deeply. The new one is cared for in the shadows of the dead sibling, whose death has not been properly mourned. Thus, it remains in the mother's mind as unresolved, he becomes a penumbra baby. For these mothers, it is difficult to feel pleasure when they observe their new baby achieving developmental milestones because the aroused feelings of sadness that their dead child has not reached the corresponding milestones.

3.3.2.10. Miracle child

In some cases, the mothers consider the living new-born as a 'miracle child', meaning for the new baby to be placed in an idealized position, with a psychologically heavy burden to bear. Always considering a child as someone special means for him or her to live their carry their life as one that does not entirely belong to them. From a psychological point of view, the impossible task of compensating for the dead sibling can falsify the entire course of someone's life, spreading a sense of inauthenticity and possible failure.

3.3.3. Fathers

Regarding fathers, in the psychoanalytic literature, few aspects are enlightened, such as anxiety, depression, guilt, shame, rage, and somatic symptoms following a stillbirth. Furthermore, fathers can also feel that they have not offered emotional containment of the pregnancy. After their initial distress, fathers usually think it would be all right and automatically go into a state of comforting their partners, then gradually realise there is something wrong. Sometimes fathers can feel abandoned by their partners, whose pain can occupy the entire space in their relationship, leaving the grieving father hurt and alone. When they feel an overwhelming pressure, they can take refuge in an affair, in work, and use alcohol, or even abandon the family to deaden feelings of pain.

3.3.4. Psychotherapeutic task

The therapeutic task is to help parents establish a connection to a baby who is no longer alive, and this also involves allowing them to establish that both the baby and his or her death were real. Since in the instance of a stillbirth there are no memories or artefacts that can help parents in their mourning process, the psychological intervention plays a key role in giving a shape to the lost and never-really-known baby (indeed, a fear is that there may be nothing to hold on to). Creating a psychic space in the parents where they can psychically bring to life their stillborn baby, giving him or her a shape that can be named, and recalling, the baby can be remembered and eventually properly grieved. To be able to carry the lost baby in mind, to let him or her be part of the on-going family narrative, allow the parents to move on without

fear of losing the past. In the perinatal loss, the work of grief is extremely confused because birth and death are fused, Thus, it is necessary to encourage and help the beavered parents to take the time to grieve their loss; this loss also includes a future that will never come. Additionally, all these will prepare the path for possible (mentally healthy) future pregnancies. Finally, another important aspect of the therapeutic task of working individually with one parent at a time is to see them as a member of a couple, therefore acting as a container for their couple relationship.

4. Discussion

This systematic review identified and synthesized the psychoanalytic literature on parents' intrapsychic and interpersonal dynamics after stillbirth as emerging during psychoanalytic therapy session/journey. This enhances our understanding of the psychological states and processes of parents and provides valuable information to implement psychological support and psychotherapeutic interventions for this population.

The most common theme identified was women's negative emotional experiences (particularly depression, anxiety, guilt, anger, and shame) and coexistent sensations of confusion, emptiness, personal failure, and rejection of their own bodies. Men suffered similar emotions but adopt different grieving patterns. Misunderstanding or incorrectly understanding their partner's mourning and related behaviours (e. g., to feel the partner's necessary closure in grief as indifference or abandonment) was one of the reasons that led to the couple's relationship difficulties and divorce. These findings are completely consistent with a recent systematic review and meta-analysis of mixed-method research of the psychosocial impact of stillbirth (Burden et al. 2016). However, in contrast to what was shown by non-psychoanalytic literature (Albuquerque et al. 2016), no article included in this review reported any case of couples whose members became closer following the loss. This led us to hypothesize, in line with other studies (e. g., Albuquerque et al. 2019; Buyukcan-Tetik et al. 2017; Jaaniste et al. 2017), that the individual grief of the mother and father influences and is influenced by both perceived partner's support and couple's relationship. Bereaved parents who perceived grief similarity had higher couple relationship satisfaction (perceived grief similarity functions as a buffer and increase resilience) and a reduced or absent need for psychotherapy. Consequently, as psychoanalytic findings suggest, when a bereaved parent arrives in psychotherapy, it is necessary to see her or him as a member of a couple, or to analyse the interpersonal process between the patient and her or his partner (who is also a parent) and help them to compare their processes of grief to better understand and bear the other's experience. Such understanding can promote changes in behaviour toward their partner and improve both the support provided/received and the level of relationship satisfaction. These hypotheses are consistent with family and couple intervention efforts (e. g., Buyukcan-Tetik et al. 2017; Kissane & Parnes 2014; Stroebe 2010).

The parents' need for the possibility to contact the stillborn baby and make memories (to carry the lost baby in mind and then become better able to cope with grief) is more evident in the psychoanalytic literature than in the clinical practice guidelines for perinatal bereavement care currently in practice (e. g., Royal College of Obstetricians and Gynaecologists 2010; National Institute for Health and Clinical Excellence 2007). This is probably due to fact that the current guidelines are based on evidence published before 2009 which suggests that meeting and caring the baby is associated with worse parental psychological outcomes and recommends that clinicians do not encourage parental contact. The persistence of old controversies concerning the benefit and harm for parents meeting/caring their baby (Erlandsson et al. 2013; Hennegan et al. 2018; Koopmans et al. 2013; Shakespeare et al. 2019) do not allow the establishment of clear best-practice guidelines to support parents after their loss. However, in line with the psychoanalytic view, a systematic review of qualitative and quantitative studies on clinical management and parental outcomes after stillbirth found that 21 on 23 of the included studies suggested positive outcomes for parents who saw or held their stillborn baby (Kingdon et al. 2015). Thus, whenever possible, the parents should be encouraged to make choices and decisions that they feel more appropriate (e. g., whether to meet and care their stillborn baby, keep artefacts). This helps parents to preserve pathos and dignity of experience and to begin the grieving process.

Consistent with empirical qualitative and quantitative literature (Burden et al. 2016; Ellis et al. 2016; Shakespeare et al. 2019), this review places great emphasis on the long-lasting consequences of stillbirth that can impact both the subsequent pregnancies and future children. Whereas relatives and friends often think that a new pregnancy and then the birth of a living child would allow parents to recover from the perinatal loss of the previous baby (Mills et al. 2014), the psychotherapeutic research shows that this is an unrealistic expectation because parents unable to grieve their losses are emotionally unavailable to their living children and partner. An unresolved perinatal bereavement can reactivate a profound grief in mothers during the following pregnancies, leading to ambivalent feelings towards the baby born later – such a baby is often described as a 'replacement child'. Concerning new pregnancies, the struggle for mothers is trifold: they must come to terms with the death of their previous child, try to bond with the new baby, and find a place in the family for both children.

Overall, our findings correlate with empirical literature suggesting that a set of common principles can be developed for specific psychological care of people experiencing stillbirth. Some of these principles could and should be contemplated when developing guidelines and training of health workers.

Further research, in particular empirically testing and expansion of the clinical intuitions derived from an individual psychoanalytic psychotherapy setting (Stefana et al. 2021) would be beneficial. Future research should utilise primary data (verbatim transcripts of audio recording, or video recording) and the triangulation method.

5. Strengths and limitations

5.1. Strengths

This review addresses a gap in existing knowledge as it is the first comprehensive effort to synthesize the psychoanalytic literature on the psychological impacts of stillbirth on parents. The meta-synthesis method enables the synthesis of relevant information from clinical materials and theoretical considerations. This enhances a comprehensive overview of the available psychoanalytic literature. Furthermore, this review benefited from sensitive searches that produced 46 articles for analysis. Finally, it benefited from the use of triangulation of sources (Patton 2015) i. e., information on parents from psychotherapeutic work with the parents themselves and with their adult subsequent children –, which confirmed our findings, increased validity, and enhanced understanding of studied phenomena.

5.2. Limitations

The review results should be considered in light of the following limitations. First, data analysed and synthesised in this review are descriptions, explanations, and interpretations made by the authors of published articles. The data used differed for levels of abstraction and quality of information: on one hand, the included articles alternate between (more or less detailed) descriptions of psychological states and processes and to more abstract elaborations, on the other hand, some articles provided almost no information on psychological dynamics and issues triggered by the experience of stillbirth, others contained plentiful information. However, these restrictions are not entirely negative (Iwakabe & Gazzola 2009).

The majority of articles included in this review provided no information about the gestational period in which the stillbirth happened. Thus, it was not possible to consider the possible differences related to an early versus late stillbirth experience, i. e., whether there are direct correlations between gestational age at death and specific parents' psychological dynamics and issues.

The focus on English-language articles might have excluded relevant articles published in other languages. However, 65 per cent of the journals indexed in the PEP-Web Archive are in the English language. Moreover, the most reputable psychoanalytic journals are in the English language, and 10 of 13 journals in the category 'Psychology, Psychoanalysis' of ISI's JCR publish articles only in English, and further 2 journals are multilingual (with English as one of the languages). Another issue is that it was not possible to control for therapist's and patient's specific cultural beliefs and practices related to stillbirth and bereavement (Stefana 2017b; Stefana et al. 2017), preventing an interpretation of the findings with cultural sensitivity. However, most of the material included in this review came from clinicians who live and work in North American and Western European societies, and there were considerable consistencies in psychological aspects raised across articles.

Table S1: List of the included studies and themes developed from the analysis

Study
Apfel, R.J., Keylor, R.G. (2002): Psychoanalysis and infertility: Myths and realities. Int J Psychoanal 83, 85–104.
Bach, S., Grossmark, C., Kandall, E. (2014): The empty self and the perils of attachment. Psychoanal Rev 101(3), 321–340.
Bain, K., Gericke, R., Harvey, C. (2010): Bonding experiences in a South African community hospital: Kangaroo mother care ward. Psychother Relat Psychoanal 4(3), 235–262.
Bronstein, C. (2015): The analyst's disappointment: An everyday struggle. J Amer Psychoanal Assn 63(6), 1173–1192.
Cohen, E. (2014): Getting into mud together: Trauma, despair and mutual regression. Int Forum Psychoanal 23(1), 37–43.
Crehan, G. (2004): The surviving sibling: The effects of sibling death in childhood. Psychoanal Psychother 18(2), 202–219.
Churcher, J. (2001): Psychosis (Madness): Paul Williams. London: Institute of Psychoanalysis. 1999. Pp. 95.'Spilt Milk': Perinatal Loss and Breakdown. Edited by Joan Raphael-Leff. London: Institute of Psychoanalysis. 2000. Pp. 100. Int J Psychoanal 82(2), 411–413.
Di Ceglie, G.R. (2013): Orientation, containment and the emergence of symbolic thinking. Int J Psychoanal 94(6), 1077–1091.
Epstein, O.B. (2017): The occupied body: On chronic fatigue, co-regulation and psychoneuroimmunology (PNI). Att: New Dir. in Psychother Relat Psychoanal 11(3), 257–272.
Emanuel, R. (2004): Thalamic fear. J Child Psychother 30(1), 71–87.
Farber, S. (2014): The hunger for ecstasy: An under the radar phenomenon. Psychoanal Soc Work 21(1–2), 149–165.
Goldstein, S. (2009): The parallel paths of psychoanalysis and spirituality: Convergences, divergences, transformation. Psychoanal Perspect 6(1), 45–66.
Grunes, D.T. (2015): A sample dream. Ann Psychoanal 38, 168–175.
Halton, I.H. (2004): Two is too much: The impact of a therapist's successive pregnancies on a female patient. Psychoanal Psychother 18(1), 86–98.
Huline-Dickens, S. (2005): Becoming anorexic: on loss, death and identification and the emergence of anorexia nervosa. Psychoanal Psychother 19(4), 310–329.
ldstein, S. (2009): The parallel paths of psychoanalysis and spirituality: Convergences, divergences, transformation. Psychoanal Perspect 6(1), 45–66.
Jones, S.L. (2015): The psychological miscarriage: An exploration of women's experience of miscarriage in the light of Winnicott's 'Primary Maternal Preoccupation', the Process of grief according to Bowlby and Parkes, and Klein's Theory of Mourning. Brit J Psychother 31(4), 433–447.
Kraemer, S., Steinberg, Z. (2016): In hope's shadow: Assisted reproductive technology and neonatal intensive care. J Infant Child Adolesc Psychother 15(1), 26–39.
Leuzinger-Bohleber, M. (2001): The 'Medea Fantasy'. An unconscious determinant of psychogenic sterility. Int J Psychoanal 82(2), 323–345.
Likierman, M. (2008): A meeting of minds: Crucial moments in the mother-infant interactions. J Infant Child Adolesc Psychother 7(3–4), 199–204.
Lippmann, P. (2015): An interpersonal psychoanalytic approach to dreams: Commentary on a sample dream. Ann Psychoanal 38, 181–189.
McNamara, S. (2013): Gay male desires and sexuality in the twenty-first century: How i listen. J Amer Psychoanal Assn 61(2), 341–361.

Parental couple	Mothers										Fathers	Psychotherapeutic task
	Experience of grief	Identification with the dead baby	Seeing and holding the stillborn baby	Drive for another pregnancy	Ambivalence toward the subsequent pregnancy and child	Fear of further loss	Unresolved bereavement and its potential effects on subsequent baby	The replacement of the stillborn child	Penumbra baby	Miracle child		
	X							X				
	X							X				
						X						
	X							X				
	X										X	
				X			X	X				
								X				
						X		X			X	
						X		X				
	X							X				
	X											
								X				
								X				
X	X										X	
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	X											
X	X	X						X				
	X					X						X
	X							X				
	X					X						
								X				
	X											

Study
Moskowitz, S., Reiswig, R., Demby, G. (2014): From infant observation to parent-infant treatment: The Anni Bergman parent-infant training program. J Infant Child Adolesc Psychother 13(1), 1–8.
O'Leary, J.M. Gaziano, C. (2011): The experience of adult siblings born after loss. Att: New Dir. in Psychother Relat Psychoanal 5(3), 246–272.
O'Leary, J.M., Thorwick, C. (2008): Attachment to the unborn child and parental mental representations of pregnancy following perinatal loss. Att: New Dir. in Psychother Relat Psychoanal 2(3), 292–320.
Parker, R. (2014): Critical looks: An analysis of body dysmorphic disorder. Brit J Psychother 30(4), 438–461.
Pestre, E. (2015): Giving birth in exile: Motherhood as reterritorialization. Am J Psychoanal 75(3), 304–319.
Potamianou, A. (2015): Amnemonic traces: Traumatic after-effects. Int J Psychoanal 96(4), 945–966.
Raphael, F. (2000): 'Spilt Milk': Perinatal loss and breakdown edited by Joan Raphael-Leff. Published by the Institute of Psychoanalysis, London, 2000; 100 pages; £8.99 paperback. Brit J Psychother 17(2), 261–262.
Reid, M. (2003): Clinical research: The inner world of the mother and her new baby — Born in the shadow of death. J Child Psychother 29(2), 207–226.
Reid, M. (2007): The loss of a baby and the birth of the next infant: The mother's experience. J Child Psychother 33(2), 181–201.
Renik, O. (2003): Honesty and dishonesty in the consulting room. Psychoanal Perspect 1(1), 11–22.
Richards, A.K. (2015): Dreaming and psychoanalysis: Commentary on a sample dream. Ann Psychoanal 38, 176–180.
Sánchez, G.E. (2001): Mother as messenger of love and death. Int Forum Psychoanal 10(1), 57–63.
Schellinski, K. (2014): 'Who am I?' J Ana. Psychol 59(2), 189–210.
Shulman, G. (2010): The damaged object: a 'strange attractor' in the dynamical system of the mind. J Child Psychother 36(3), 259–288.
Siassi, S. (2007): Forgiveness, acceptance and the matter of expectation. Int J Psychoanal 88(6), 1423–1440.
Simon, T.L. (2013): Spoken through desire: Maternal subjectivity and assisted reproduction. Studies in Gender and Sexuality 14(4), 289–299.
Skogstad, W. (2013): Impervious and intrusive: The impenetrable object in transference and countertransference. Int J Psychoanal 94(2), 221–238.
Steinberg, Z., Patterson, C. (2017): Giving voice to the psychological in the NICU: A relational model. J Infant Child Adolesc Psychother 16(1), 25–44.
Tracey, N. (2009): Precreative space. Psychoanal Rev 96(6), 1025–1053.
Varney, S. (2014): Perinatal loss and its vicissitudes. J Infant Child Adolesc Psychother 13(1), 51–63.
Walker, T.F., Dudley, S.T. (2004): Trauma and recovery: A story of personal transformation and healing amidst the terror of September 11. Progress in Self Psychology 20, 109–123.
Welldon, E. (2011): Consensuality: Didier Anzieu, gender and the sense of touch by Naomi Segal. Published by Editions Rodopi B.V., Amsterdam, New York, NY, 2009; 286 pp; €60 paperback. Brit J Psychother 27(1), 118–124.
Wilson, L. (2008): The power of visual memory: The earliest remembered drawing of Alberto Giacometti, Snow White in her coffin. Psychoanal Q 77(2), 477–505.
Winship, G. (1999): Addiction, death, and the liver in mind: The Prometheus syndrome. Psychoanal Psychother 13(1), 41–49.
Totals

Parental couple	Mothers										Fathers	Psychotherapeutic task
	Experience of grief	Identification with the dead baby	Seeing and holding the stillborn baby	Drive for another pregnancy	Ambivalence toward the subsequent pregnancy and child	Fear of further loss	Unresolved bereavement and its potential effects on subsequent baby	The replacement of the stillborn child	Penumbra baby	Miracle child		
												X
	X					X		X				
					X	X		X			X	
						X						
	X							X				
								X				
	X											
								X				
X	X		X					X	X		X	X
	X											
	X							X				
	X							X				
	X							X		X		
X	X											
								X				
										X		
	X			X			X	X			X	
	X											
X	X											
X	X		X	X		X	X	X			X	X
	X											
								X				
									X			
	X											
6	28	1	2	3	1	9	4	27	2	2	7	3

Finally, the type of data did not permit us to demonstrate and quantify the effectiveness of psychoanalytic treatment for parents who experience perinatal bereavement. However, it is important to understand that there is evidence showing that individual psychoanalytic therapy is an effective intervention for treating perinatal depression and helping mothers to engage in parenting (Nanzer et al. 2012). Further, mother–infant psychoanalytic treatment improves dyadic relationships and maternal sensitivity and helps mothers to recover more quickly in personal well-being (including depression) (Salomonsson & Sandell 2011; Salomonsson et al. 2015). Furthermore, a recent study on the effectiveness of long-term psychoanalytic therapy of chronically depressed patients found that psychoanalysis leads to significant and sustained improvements of depressive symptoms (Leuzinger-Bohleber et al. 2019).

6. Conclusion

The results of this review illustrate the parents' experiences of grief and associated gender differences, the detrimental effects on the parental couple's relationship, the mother's identification with the dead baby, the importance for mothers to meet and care the stillborn baby, the mothers' drive for another pregnancy and fear of further loss, the mothers' ambivalence toward subsequent pregnancy and child, the potential negative effects of unresolved bereavement on subsequent baby, the replacement of a stillborn child, and the main therapeutic tasks to support these parents. The current findings can inform psychological interventions and develop a specific line of training for providing perinatal bereavement support aimed at healthcare professionals. Increased knowledge of the parents' inner process will allow providing quality care to facilitate the assessment, initiation, and evolution of healthy grieving. Furthermore, such changes would result in important cost-savings for public health care[3].

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Albuquerque, S., Pereira, M., Narciso, I. (2016): Couple's relationship after the death of a child: A systematic review. J Child Fam Stud 25, 30–53. doi: 10.1007/s10826-015-0219-2

[3] **Key Practitioner Message:**
- Mothers should be encouraged to choose and decide whether or not to meet and/or care their stillborn baby.
- Fathers usually experience the greatest levels of psychological malaise months after the event.
- A main therapeutic task is to help parents establish a connection to the dead child.

Albuquerque, S., Ferreira, L. C., Narciso, I., Pereira, M. (2019): Interactive processes in grief and couples' adjustment after the death of a child. J Fam Issues 40, 689–708. doi: 10.1177/0192513X18820385

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