Aleksandra Sokalska-Bennett

331108

(Re-)Constructing femininity, motherhood and bereavement in miscarriage narratives: A discourse analytic study

Analiza dyskursywna (re-)konstruowania kobiecości, macierzyństwa i żałoby w wywiadach o doświadczeniu poronienia

Poznań, 2023

ACKNOWLEDGEMENTS

The writing of this doctoral dissertation would not have been possible without the support of my supervisor, Prof. Joanna Pawelczyk. I am deeply grateful for her insightful comments and other forms of assistance kindly offered throughout the whole process of completing this thesis. Without her unfailing patience and enthusiasm, I would not have been able to finish it.

I would like to express my immense gratitude to the women interviewees who agreed to share their stories of loss, so that I could write them up and others could hear them. I would like to thank them for their courage to open up to a stranger. In particular, for helping me to understand and process my own experience of miscarriage, which happened along the way.

On a personal note, I would like to thank my parents, Zygmunt and Teresa. My dad, for the inspiration to start the PhD, and my mum for providing a listening ear in the most difficult times during the process. I am also grateful to my parents-in law, Fiona and Andrew for providing a safe space where I could write and for their assistance in organising the interviews.

Finally, I would like to thank my husband, Sam, for seeing me for who I was in my darkest moments. *I'm sure*.

OŚWIADCZENIE
Ja, niżej podpisana

Aleksandra Sokalska-Bennett

przedkładam rozprawę doktorską

pt.   (Re-)Constructing femininity, motherhood and bereavement in miscarriage narratives: A discourse analytic study

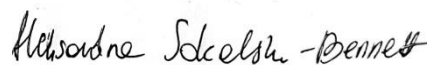### na Uniwersytecie im. Adama Mickiewicza w Poznaniu
i oświadczam,
że napisałam ją samodzielnie.

Oznacza to, że przy pisaniu pracy, poza niezbędnymi konsultacjami, nie korzystałam z pomocy innych osób, a w szczególności nie zlecałam opracowania rozprawy lub jej istotnych części innym osobom, ani nie odpisywałam tej rozprawy lub jej istotnych części od innych osób.

Jednocześnie przyjmuję do wiadomości, że gdyby powyższe oświadczenie okazało się nieprawdziwe, decyzja o wydaniu mi dyplomu zostanie cofnięta.

Poznań, 01.06.2023

....
(miejscowość, data)   (czytelny podpis)

Table of contents

List of tables

List of figures

Introduction

A miscarriage is a natural and common event. All told, probably more women have lost a child from this world than haven't. Most don't mention it, and they go on from day to day as if it hadn't happened, so people imagine a woman in this situation never really knew or loved what she had.

But ask her sometime: how old would your child be now? And she'll know.

— Barbara Kingsolver (1990: 52-53)

The loss of a child can be described as one of the most profoundly destabilising experiences in people's lives (Rando 1991). Not all parental losses, however, are recognised as bearing the same emotional weight on the survivor. Witnesses to one's grief typically display more empathy towards an embodied loss, for example of a child that already had a fully-shaped human body and some life story, as opposed to an intangible loss following a miscarriage. The latter provokes a more complicated and sometimes life-changing situation for the survivors who have to re-negotiate and re-construct their identities. The bereaved also risk having their loss invalidated, which affects this already emotionally-laden event. Layne (1997: 292) writes about the "cultural denial of pregnancy loss" and explicates it via the silence surrounding perinatal loss despite its high prevalence; it is estimated that up to a quarter of all pregnancies terminate with a miscarriage (van der Berg et al. 2012). Now, twenty-five years after Layne's work, there is a slow but increased presence of the topic of miscarriage in the media and a number of celebrities have shared their miscarriage stories, including Michelle Obama (Smith 2018) and Meghan Markle (Meghan, The Duchess of Sussex 2020). On the surface, this might seem like a positive change, but the scarce discursive research on the construction of media coverage on miscarriage that does

exist reveals that women's grief is not only sensationalised for profit, but it also "reproduces essential and racialized notions of women" (Martin 2021: 1). It is yet to be determined to what extent celebrities' sensationalised disclosures encourage others to speak up and consequently, whether they significantly contribute to the breaking of the silence surrounding prenatal loss. Unveiling the occurrence of the miscarriage experience and speaking about it publicly is also not unanimously synonymous with its social validation. Still, despite the increased media coverage, the delicate nature of this experience cannot be denied. It is thus likely to be shared by women among the closest people or in a safe space among people with a perceived similarity of experience (Davidson and Letherby 2014).

The basic assumption underlying this research project rests on the theory of social constructionism, which finds its basis in the ideas of the collaborative production of knowledge by members of culture (Burr 1995; Marecek et al. 2004). It is through social exchanges that shared knowledge in the form of concepts and categories is produced and further reproduced and negotiated. The role of language is thus central to constructing reality and its further maintenance, as social actors use it "to make things happen: Naming things gives them substance and makes them real" (Leeds-Hurwitz 2009: 893). Gaining 'access' to, that is understanding, women's subjective experience of prenatal loss is facilitated through analysing the language the survivors use to construct it. The survivors willing to recount their stories of loss have to construct, reconstruct and negotiate the meaning of miscarriage in light of the absence of clearly demarcated discourses pertaining to this experience. The aim of this thesis is to examine qualitatively the experience of miscarriage as embedded in dominant discourses of motherhood, pregnancy, femininity and bereavement, in the context of one-to-one, semi-structured interviews with women who have suffered an early pregnancy loss. It is by providing women with a safe space to narrate their experiences of loss, and granting them primary epistemic access to this experience, social assumptions about prenatal loss can be demystified.

Why case studies? Why interviews?

Recognising the complexity of the miscarriage experience lends itself to avoiding generalisation and emphasising the individual character of women's constructions of loss. Based on this assertion, in this thesis, women's accounts will thus be presented in the form of case studies. Stake

(1995: xi) describes the rationale behind using a case study approach, which fits the purposes of this thesis well:

> A case study is expected to catch the complexity of a single case. A single leaf, even a single toothpick, has unique complexities-but rarely will be case enough to submit it to case study. We study a case when it itself is of very special interest. We look for the detail for interaction with its contexts. Case study is the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances. (Stake 1995: xi)

The focus on the uniqueness of each women's account of loss positions them not as mere study participants, objects of study, serving to fulfil the needs of the research(er) but as individuals whose "particularity and complexity" (Stake 1995, p. xi) is recognised and respected. Approaching and organising the data as case studies allows for a more in-depth analysis of the different ways in which particular women construct this painful life experience and manage identity work in the interactional context of an interview. Not only does it allow for a more comprehensive presentation of individual cases, but multiple readings of the detailed findings make it possible to discern shared patterns among the cases (Yin, 2013). The aim of this thesis is far from extrapolating generalised meanings on the basis of a small number of research participants that would be representative of 'all' miscarriage survivors, but rather to address whether there are any similarities in constructing this experience.

As has been indicated above, the data for this research project has been drawn from semi-structured interviews, which allowed for the exploration of certain aspects of women's lives, and at the same time left a lot of topical and interactional flexibility for both the interviewee and interviewer. Interview data collected for the purposes of this thesis is by no means perceived as providing an authentic insight into women's experiences (Silverman 2001), nor are the participants treated as 'passive vessels of answers' whose role is limited to providing 'suitable' and 'fulsome' answers to the interviewer's enquiries (Holstein and Gubrium 2003). Rather than granting access to women's 'real' experience of loss, interviews are understood as accounts or versions, which can take different shapes based on their occasioned character (Rapley 2001). Interviews constitute a joint interactional achievement between all interview participants, and the role of the interviewer as an active party co-constructing women's experiences cannot be disregarded (Holstein and Gubrium 2004; Rapley 2001).

Data collection for this research project was an extremely challenging and lengthy process due to the sensitive nature of miscarriage. Gaining access to naturally occurring data, for

example during therapy sessions or during meetings of a support group, would have been impossible due to the fact that these constitute restricted research sites (Sarangi and Roberts 1999; Mullany 2007). As such, the usefulness of interview data in researching sensitive topics, such as the (co-)construction of women's miscarriage experiences cannot be denied. Although a trend towards departing from interview data has been observed within some discourse analytic (DA) approaches, particularly among those employing ethnomethodology (see, for example, Potter and Hepburn 2005; Lester 2014), Angouri et al. (2021: 220) claim that interviews should be "repositioned as a method and dataset". As they are co-constructed interactional events where the interviewee and interviewer negotiate meaning, they "should be considered to be real-life interactions just as any other and can usefully be analysed to reflect on the negotiation of ideals between key stakeholders in any project" (Angouri et al. 2021: 220).

Why Conversation Analysis, Membership Categorisation Analysis and Discursive Psychology?

This research project is informed by the broad framework of discourse analysis, and employs a blend of ethnomethodologically inspired approaches (Roulston 2019) that includes conversation analysis (CA), membership categorisation analysis (MCA) and discursive psychology (DP) in order to reveal the complexity of the miscarriage experience. All of them share the micro-perspective in analysing how issues, objects and phenomena are constructed in interaction. Such an amalgamation of three analytical approaches representing different foci is best suited for investigating issues that are made relevant and oriented to by participants in interaction. The usefulness of CA lies in providing interactional devices for investigating the ways in which participants build their turns at talk (Stokoe 2012b) in constructing and negotiating meaning, performing different actions (Wilkinson and Kitzinger 2008), and actively managing their identities. CA in this thesis is used for demonstrating when and how women orient to gender in making sense of their experiences as well as to document a turn-by-turn investigation of how women negotiate their accounts of grieving. The focus on the micro level details of interaction on a turn-by-turn basis adds rigour to the analytical process and allows for a more reliable verification of analytical findings (Peräkylä 1997).

MCA is used for scrutinising the culturally available categories women invoke in their accounts of loss and the ways in which they rely on commonsense knowledge about those cate-

gories to accomplish various tasks in a given local interactional context (Jayyusi 1984). Categories used by members understood as 'already culturally available' are not mobilised as 'pre-existing' entities but as interactional resources to describe others and the members themselves that emerge within members' situated cultural knowledge (Stokoe 2003a, 2003b). Thus, identifying members' categories in an occasioned context of interaction allows for examining the ways in which people accomplish 'doing' society, or in Hester and Eglin's (1997) words, 'culture-in-action'. MCA constitutes an indispensable method to tracking the ways women survivors make relevant different cultural notions pertaining to various categories, construct and negotiate their meaning by means of positioning them as incumbents of certain classes or collective of categories (membership categorisation devices — MCDs). I posit that 'miscarriage' is one such MCD the membership to which has to be situationally established and negotiated due to the lack of normative discourses providing resources to narrating this experience. Doing categorisation work in the context of prenatal loss means linking certain categories in the MCD 'miscarriage', for example the category 'woman', with certain expectable and required activities (often referred to as category-bound or category-linked activities) or characteristics (called category-bound predicates) (Hester 1998). MCA provides vital tools for detailing how women's categorisations proffered as members of the MCD 'miscarriage' relate to wider discursive practices and norms.

Lastly, DP understands discourse as action-oriented, which means that it is used as a tool to perform certain social actions or practices. This is different from it being a neutral expression of their inner beliefs (Potter and Edwards 2001). These actions include, but are not limited to: invitations, requests, blame attribution, judging, refusing, disagreeing and more. The usefulness of DP for this thesis is predominantly in its focus on investigating the different ways in which women attend to stake and interest in their accounts, as well as to the issues agency and personal accountability (Edwards and Potter 1992). In other words, DP is employed for the analysis of how women survivors accomplish accountability through social actions.

Research questions and problems

In order to investigate the women's experiences of prenatal loss, the thesis orients itself towards the following overarching aims:

(1) To identify the discursive and social links between femininity, motherhood, bereavement and miscarriage;

(2) To show how discourses surrounding miscarriage contribute to the silencing and disenfranchisement of this experience;

(3) To demystify discourses surrounding miscarriage in order to further the understanding of this experience.

To achieve these goals, the research attempts to comprehensively answer the following research questions:

(1) Which discourses of femininity emerge in miscarriage narratives? Is motherhood discursively constructed as inseparately linked to femininity? How are they linguistically and interactionally indexed?

(2) What category-bound activities and predicates are attributed to the categories women and mothers?

(3) In what ways are the concepts of femininity, motherhood and bereavement interlinked?

(4) Is the process of bereavement constructed as gendered? In particular, is miscarriage constructed as an entirely feminine experience?

(5) Is miscarriage constructed as a disenfranchised loss?

Organisation of the thesis

The thesis is organised into five chapters, which proceed from the selection and description of methodological tools and theoretical concepts and the formulation of goals and research questions, to an empirical study involving qualitative methods of discourse analysis. Chapter 1 will present the field of discourse analysis and aims to both introduce the field in general, and describe the methodological tools that will be used in the analytical chapter. It will present selected definitions of discourse (e.g. Fairclough 1992; Burr 2003) and discourse analysis (e.g. Johnstone 2008; Crystal 1987), and give an overview of a number of qualitative approaches to discourse analysis, such as ethnography of speaking, interactional sociolinguistics, variation theory, speech act theory, critical linguistics, and critical discourse analysis. This chapter will also argue that discourse analysis is particularly suited to analysing discursive manifestations of social inequali-

ty, including unequal treatment of people because of their gender (Wetherell et al. 1987; Kitzinger 2005). Furthermore, the usefulness of discourse analysis in researching personal experiences will also be discussed (Galasiński 2008; Pawelczyk 2011; Kitzinger 2002). Most importantly, the methodological approaches that will be used in the analytical section of this thesis will be detailed. These will include narrative analysis (e.g. Benwell and Stokoe 2006), conversation analysis (e.g. Billig 1999), membership categorisation analysis (Stokoe 2012) and discursive psychology (e.g. Edwards and Potter 1992), which will collectively form an integrated qualitative analytical framework. Finally, the chapter will explore identity construction as primarily grounded in interaction (e.g. Wilkinson and Kitzinger 2003; Kitzinger and Mandelbaum 2013). Following Benwell and Stokoe (2006), I propose a number of interactionally oriented approaches best suited to analysing the ways in which people enact and construct their own identities and the identities of other people through their use of language. Within discussing the discursive construction of identity, the focus will be on the micro-level analysis, as well as deployment of identity categorisations. Finally, as semi-structured interviews have been conducted for the purpose of this thesis, some issues related to 'interviews as data' will be explored. For example, interview data will not be treated as giving insight into an 'authentic' experience of interview participants, but rather as accounts (Baker 2000) where the emerging 'reality' is co-constructed and negotiated in the local interactional context between the interviewer and the interviewee (Gubrium and Holstein 2002; Sarangi 2010, Potter and Hepburn 2012).

Chapter 2 will present social and discursive constructions of femininity. It will introduce the theory of social constructionism based on, amongst others, the idea of the collaborative production of knowledge by members of culture (Burr 1995; Marecek et al. 2004). This will be followed by an overview of the language and gender research from the langue-in-use perspective. The historical overview of the field of language and gender will include three early approaches: firstly, the female deficit model based on the work of Robin Lakoff (1973) and the concept of the so called 'women's language' will be introduced. Secondly, the dominance approach to language and gender, including unequal power relations and male cultural and political dominance, will be explained (Spender 1980). Finally, the difference (or cultural) approach will be described, which accounts for the linguistic asymmetry between the sexes as arising due to boys' and girls' different socialisation patterns (e.g. Maltz and Borker 1982; Tannen 1982). This chapter will also explore the social construction of gender to show how men and women draw on various linguistic resources to construct their identities and to present themselves as certain kinds of men or women. The early foundations of social constructionism include the concept of 'doing gender' laid by

Garfinkel (1967), followed by the works of Kessler and McKenna (1978) and West and Zimmerman (1987). Then, Judith Butler's (1990) theory of performativity and the concept of community of practice (Wenger 1998; Eckert and McConnell-Ginet 1992) will be discussed in order to understand how people do masculinities and femininities in their various communities of practice (cf. Nagar 2021). Discursive constructions of femininity will also be explicated. Ochs's (1992) indexicality model will be detailed to show how language features take on gendered meanings. Finally, discursive constructions of gendered identities in different contexts will be addressed.

Chapter 3 will examine social and discursive construction(s) of pregnancy and motherhood to show that these constructions have an actual impact not only on women's experiences of motherhood itself, but also on both pregnancy, and womanhood. The constructions of pregnancy will be discussed with such concepts as medicalisation of pregnancy (Rodgers 2015), discourses of appearance (Devine et al. 2000; Nash 2011), foetal subjectivity (Lind and Brzuzy 2008) and women's local accounts of pregnancy (Sutherland et al. 2014; Harper and Rail 2012). It will be shown that pregnancy is constructed as an ultimately feminine experience not only by women themselves, but also by advice literature and mass media. Discursive constructions of motherhood will be explicated through reference to dominant discourses based on the ideology of motherhood (Knaak 2005). This section will focus on 'woman as the main parent' discourse (Sunderland 2000, 2006), discourses of breastfeeding (Callaghan and Lazard 2011; Murphy 1999), and motherhood and work-life balance discourses (Sullivan 2015; Smithson and Stokoe 2005). All of the abovementioned discourses demonstrate that constructions of motherhood are based on powerful and highly regulated ideology, which constitutes and is constitutive of social practices (see Fairclough 2001).

Chapter 4 will discuss theoretical underpinnings of the concept of bereavement. It will define most crucial concepts in the field of bereavement studies such as grief, bereavement and loss, and provide an overview of some early key grief theories, which have greatly contributed to the development of the field. Sigmund Freud's (1917) work will be described in more detail as the publication *Mourning and Melancholia* is generally recognised as marking the onset of grief theory in psychology. The concept of grief work and stage grief theories will also be examined. These will include the works of Lindemann (1944), Bowlby (1961), Bowlby and Parkes (1970), and most importantly Kübler-Ross (1969), followed by Worden (1991). The chapter will also investigate new, emerging theories of loss, and it will also address, social and discursive constructions of loss. These theories, which represent a trend away from a predictable, linear stage-

based trajectory of grief, are characterised by the recognition of grieving as more complex and non-linear process (Attig 1991). This section will explicate the notion of continuing bonds (Klass et al. 1996), which is based on maintaining an ongoing sense of connection with the deceased (Neimeyer 1999). The concept of disenfranchised grief (Doka 1989). referring to situations in which "survivors are not accorded a 'right to grieve'" (Doka 2002: 5), will also be detailed. The chapter will also explicate parental grief and its focus will fall on perinatal losses as a result of: abortion, miscarriage or stillbirth. The overall aim of this chapter will be to show that grieving is a complex, socially regulated activity that is informed by the social and cultural context in which it emerges.

Chapter 5 provides an in-depth qualitative discourse analysis of semi-structured interviews with women who have suffered miscarriages. The constructions of femininity, motherhood and bereavement will be identified and examined using the analytical tools of CA, MCA and DP. In the beginning of this chapter the data will be introduced, including the collection process, ethical considertaions regarding the research of sensitive topics, as well as the concept of reflexivity. The analysis comprises two main stages. The first part of data analysis will be based on the women's accounts of loss recognised as an individual experience and organised as case studies. The micro-level analysis will demonstrate the ways in which women interviewees manage the interactional business of their accounts and how they invoke categorisations to make sense of, construct and negotiate their experiences. The second stage of the analytical section will comprise the constructions of categories within the MCD 'miscarriage' to show potential similarities/differences.

The findings from chapter 5 will be used to address the aims of the thesis and provide answers to the research questions. The conclusion will seek to identify patterns in the construction of miscarriage accounts to ascertain whether there is any similarity of experience or whether miscarriages are individual experiences that cannot be compared. It will identify discourses of femininity that emerge in the miscarriage narratives and the ways the concepts of femininity, motherhood and bereavement are interlinked. Within this, it will show whether, and if so how, women employ dominant discourses of motherhood and femininity in their accounts and how they categorise themselves and others (for example, as good or bad mothers) in the local interactional context of an interview. This section will also seek to answer whether the process of bereavement is interactionally constructed as gendered and identify the ways in which the experience of miscarriage is managed, how women account for their losses and whether they construct them as disenfranchised. Limitations and the future directions for this research will be proposed.

Chapter 1: Discourse Analysis

1.1. Discourse Analysis

1.1.1. What is discourse?

Researchers representing various academic disciplines, not just linguists, use the term 'discourse analysis'. The relative popularity of discourse analysis in recent decades in such diverse fields of inquiry as linguistics, sociology, anthropology, cultural studies, critical theory or philosophy, to name a few, has inevitably led to the generation of various meanings of the notion 'discourse'. These are not only divergent, but often conflicting or 'fluctuating' (Foucault 1972: 80), and can lead to the situation where the notion of 'discourse' becomes simply 'common knowledge' that largely remains undefined. What seems to be shared by most definitions, though, is the view that 'discourse' comprises "actual instances of communicative action in the medium of language" (Johnstone 2008: 1) rather than invented examples of language use and also that discourse deals with a lot more than simply 'talk' or 'language' (Burr 2003). Johnstone (2008: 3) underlines this by calling the field *discourse analysis* rather than *language analysis* because: "we are not centrally focused on language as an abstract system", but instead, "[w]e tend to be interested in what happens when people draw on the knowledge they have about language, knowledge based on their memories of things they have said, heard, seen, or written before" or how people perform actions with the use of discourse (Johnstone 2008: 3).

In an attempt to define 'discourse' some scholars make a distinction between discourse and text. For example Crystal (1987: 116) claims that discourse analysis can be perceived as focusing on "the structure of naturally occurring spoken language, as found in such 'discourses'

as conversations and, interviews, commentaries, and speeches", whereas analysing text means detailing "written language, as found in such 'texts' as essays, notices, road signs, and chapters". This does not, however, fully address the complexity and fluidity of various definitions of discourse across different disciplines, nor does it account for the differing understandings of the notion of 'discourse' within discourse analysis. Even Foucault (1972: 80), who has been highly influential in the development of the field, admitted using the term 'discourse' in three different meanings throughout his work: "the general domain of all statements", which refers to all meaningful utterances and texts, "an individualizable group of statements", which can be seen as regulating particular discourses (such as for example femininity or motherhood) and "a regulated practice which accounts for a number of statements" focusing primarily on rules and structures of utterances (Mills 2004).

In line with Foucault (1972, 1980), the term 'discourse' can be treated as a countable noun that refers to "different ways of structuring areas of knowledge and social practice" (Fairclough 1992: 3). It means that, rather than talking about a single discourse, it is possible to talk about different discourses of, for example, femininity or motherhood with their dominant or alternative forms. Various discourses are characterised by particular belief systems, actions and the use of language (Johnstone 2008). What is also important, discourses are both constituted and constitute social entities and relations (Fairclough 1992). This is reflected in Foucault's (1972: 49) famous quote that discourses are "practices which form the objects of which they speak", emphasising a two-way process of co-influence between discourses and actions.

What is important to add at this point is that discourses are typically not neutral uses of language, but they serve to perform, for example, a particular version of events or representing people in a certain light. Roger Fowler uses the term 'discourse' through a focus on ideology, understood as a system of beliefs, values and categories:

> Discourse is speech or writing seen from the point of view of the beliefs, values and categories which it embodies; these beliefs etc. constitute a way of looking at the world, an organization or representation of experience – 'ideology' in the neutral non-pejorative sense. Different modes of discourse encode different representations of experience; and the source of these representations is the communicative context within which the discourse is embedded. (Fowler 1981, cited in Mills 2004: 5).

The quote does not necessarily mean, however, that by analysing discourses we gain access to people's private views, beliefs or inner conditions such as personality. Rather we gain access to their manifestations of discourses in a particular situated context (Burr 2003).

The focus on language and discursive constructions of various phenomena in the social sciences in the last few decades has resulted in an ever-increasing volume of research, carried out from a range of discursive approaches (see, for example, Sarangi 2017). Although these approaches are extremely heterogeneous, it is possible to single out some common denominators between them. For example, discourse analysis has been used to analyse both written and spoken data with the preference of 'naturally' occurring, as opposed to, invented stretches of language use. What is more, discourse-oriented research has investigated actual instances of language use with particular attention on 'construction' and 'function'. This means that the ways in which language is employed by people on an everyday basis is understood as constructing and not reflecting reality, and it is done to serve particular social and conversational goals. In other words, language is a form of social action and is investigated in the context in which it is used. Gee (1999: 1) elaborates on this social dimension of language by observing that language "gets recruited 'on site' to enact specific social activities and social identities". Since language is so indispensable for social life, the scope of discourse analytic research covers a vast range of topics, such as: casual conversation (e.g. Eggins and Slade 1997; Tracy 2002), power relations (e.g. Wodak and Meyerhof 2008; Fairclough and Wodak 1997), identity (e.g. Holstein and Gubrium 2002; Maybin 2002; Wigginton and Lafrance 2015), illness (e.g. Kleinman 1998; Bülow 2004), migration (e.g. De Fina 2003; Baynham and De Fina 2005), counselling (e.g. Silverman 1997; Lester 2014), motherhood (e.g. Petraki et al. 2007; Sunderland 2000), neighbour disputes (e.g. Stokoe 2003b; Stokoe and Wallwork 2003) and suicide (e.g. Horne and Wiggins 2009; Galasiński 2017). This simple list covers only a few possible topics and does not give credit to the vast scope of research done within the field of discourse analysis.

1.1.2. Qualitative approaches to Discourse Analysis

There have been numerous attempts to single out some of the major approaches to analysing discourse, for example, one of the most commonly referred to has been provided by Deborah Schiffrin (1994) who singled out six major approaches: the speech act approach, interactional sociolinguistics, the ethnography of communication, pragmatic approach, conversation analysis

and variationist approach. Sarangi (2017: 7-8) provides a sizeable list of forty[1] different strands of discourse analysis and observes that it is possible to delineate "disciplinary paradigms which underpin these tribes and sub-tribes, but not in a one-to-one relationship": dialogicism, ethnography, ethnomethodology, functionalism, hermeneutics, literary/practical criticism, phenomenology or phenomenography, post-structuralism, structuralism, symbolic interactionism. Since the main analytical focus of this doctoral dissertation falls on spoken discourse, it is worth elaborating on some approaches particularly suited to analysing spoken data. Eggins and Slade (1997) provide a list of such approaches and although it is by no means the only possible one, nor does it exhaust all the options, it is nonetheless a useful point of departure to investigating spoken conversations. Among discourse analytic approaches, Eggins and Slade (1997) enumerate ethnomethodological (Conversation Analysis (CA) and Ethnography of Speaking), sociolinguistic (Interactional Sociolinguistics and Variation Theory), logico-philosophic (Speech Act Theory and Pragmatics), structural-functional (Birmingham School and Systemic Functional Linguistics (SFL)) and social semiotic (Critical Discourse Analysis (CDA) and Critical Linguistics). Short descriptions of each of the approaches are provided in sections 1.1.2.1.- 1.1.2.8. below. [2]

1.1.2.1. Ethnography of Speaking

Ethnographic approaches to conversation explicate the notion of social context in interaction. Dell Hymes (1972) developed a schema for investigating context in interaction with a particular focus on the 'speech event' as the primary unit of analysis. Hymes (1972: 17) explains the importance of the speech event emphasising that it:

---

[1] Account analysis, appraisal analysis, content analysis, context analysis, case Study (analysis), corpus analysis, conversation analysis, critical discourse analysis, dialogue analysis, discourse analysis (theme-oriented discourse analysis; geneva model of discourse analysis etc.), ethnography of speaking/communication, frame analysis/framework analysis, genre analysis, grounded theory, interaction process analysis (interaction analysis systems e.g. RIAS) interpretive phenomenological analysis, multimodal analysis, narrative analysis, nexus analysis, positioning analysis, positive discourse analysis, post-structural discourse analysis, rhetorical analysis (cross-cultural, organisational etc.), rhetorical discourse analysis, stance analysis, text analysis (text linguistics), video analysis, visual analysis, critical psychology, discursive psychology, interactional linguistics, interactional pragmatics, interactional sociolinguistics, linguistic ethnography, literary stylistics, microsociology, rhetoric/composition, social psychology, systemic functional linguistics.

[2] The sections do not cover conversation analysis, as it forms one of the methodological basis for this thesis and it is described in detail in section 1.3.1.

is to the analysis of verbal interaction what the sentence is to grammar… It represents an extension in the size of the basic analytical unit from the single utterance to stretches of utterances, as well as a shift in focus from… text to… interaction (Hymes 1972: 17).

Speech events are activities characterised by various kinds of interactional situations and these can range from job interviews, conversations at a dinner party to an act of ordering a take away pizza on the phone. The components of speech events are commonly referred to as Hymes's (1972) 'speaking grid' and consist of a number of factors that have an influence on both the production and interpretation of language in a given context. The grid consists of sixteen elements (message form, message content, setting, scene, speaker/sender, addressor, hearer/receiver/audience, addressee, purposes-outcomes, purposes-goals, key, channels, forms of speech, norms of interaction, norms of interpretation and genres) which are grouped under eight divisions. It was developed with the view to assisting ethnographers with identification of contextual elements of social interaction. Detailed information about particular components of the 'SPEAKING grid' (Hymes 1972) is provided in Table 1:

Table 1. Components of the 'SPEAKING grid' (Hymes 1972).

S	Setting/scene	temporal and physical aspects of a speech event
P	Participant	speaker and audience
E	Ends	purposes, goals and outcomes
A	Act sequence	form and content of a message
K	Key	tone and manner
I	Instrumentalities	the way in which a message is transmitted, channel (e.g. verbal or non-verbal)
N	Norms of interaction and interpretation	social norms attached to speaking and interpretation of a message, such as loudness or pitch of voice
G	Genre	the kind of speech act or speech event (e.g. story, gossip or joke)

Some of the criticism of this approach concerns Hymes's (1972) understanding of genre, and in particular the fact that the relationship between genre and other components of the speaking grid as well as the ways in which these are expressed in language, are not made explicit (Eggins and Slade 1997). Nonetheless, the analytical framework introduced by Hymes (1972) represents an

important contribution to discourse analysis because of its focus on the importance of the contextual dimension of language use (McCarthy et al. 2010).

1.1.2.2. Interactional sociolinguistics

Interactional sociolinguistics is an approach to analysing discourse which has its roots in linguistics, sociology and anthropology (Schiffrin 1992). The approach strongly draws from the works of John Gumperz (1982), but also Erving Goffman (1959, 1976, 1979). The most crucial theoretical contribution of interactional sociolinguistics is the demonstration how the social background knowledge of interactional participants influences the ways in which meaning is interpreted and produced (Bailey 2008). Gumperz (1982) studied the importance of context in the interpretation and production of discourse and demonstrated how people, who come from various socio-cultural backgrounds, had different understandings of what was said in an interaction despite sharing grammatical knowledge of the same language. Differing interpretations depended on varying understandings of contextualisation cues, described by Gumperz (1982: 131) as "constellations of surface features of message form" and which signified "the means by which speakers signal and listeners interpret what the activity is, how semantic content is to be understood and how each sentence relates to what precedes or follows". For example, intonation as a contextualisation cue can be interpreted as a display of aggression or consideration depending on a participant's cultural background. The study showed that people's cultural context provides a basis for their participation in interaction and "we interact with orientations only to those contextualisation cues that our cultural conditioning prepares us for" (Eggins and Slade 1997: 35). What follows is that miscommunication can arise when contextualisation cues have different social meaning for people, for example, when they come from different cultural backgrounds. (Eggins and Slade 1997). The interactional sociolinguistics approach has been extended to analysing social identity in talk and cross-gender communication (Tannen 1990; Schnurr and Omar 2021; Angouri et al. 2021).

1.1.2.3. Variation theory

Variation theory is a sociolinguistic perspective pioneered in the late 60s and 70s by William Labov (1966, 1969, 1972) who studied social and regional dialects and found that the way people used language correlated with the extralinguistic (social) variables such as social class, sex, age, race, but also the topic and the context of a given conversation. Labov's major contribution concerned phonological variation, that is, why not everybody uses the same linguistic structures, or why not the same structures are used by the same people all the time Labov (1966, 1969, 1972). Labov's (1966) classic department store study in New York city concerned an analysis of spoken English varieties, and in particular the pronunciation of post-vocalic /r/ in three department stores, which represented different social classes. The increased use of post-vocalic /r/ was linked to awareness of prestigious forms of language, as well as empathic speech. The results showed that the employees from the lower-middle class generally displayed greatest awareness of the prestigious post-vocalic /r/ and used it in an attempt to accommodate to the upper-middle class speech. Linguistic variation was thus proven not to be random, but systematic and patterned.

1.1.2.4. Speech act theory

Speech act theory owes much to Austin's (1962) work and his notion of a 'performative act', later called a 'speech act' by Searle (1975). Austin (1962) observed that language has to be analysed with a pragmatic function in mind and provided a distinction between constative acts, which describe or report something and are characterised by a truth value, and performative acts, which have a performative function and do not have a truth value. Three components of a linguistic act can be distinguished: locutionary, illocutionary, and perlocutionary. A locutionary act pertains to the production of a meaningful utterance, "the act of 'saying' something" (Austin 1962: 94). An illocutionary act concerns performing an action, such as for example, giving orders, apologising or promising: "the performance of an act in saying something as opposed to the performance of an act of saying something" (Austin 1962: 99). Finally, perlocutionary act refers to the result or a consequence of an act: "saying something will often, or even normally, produce certain consequential effects upon the feelings, thoughts, or actions of the audience, of the speaker, or of other persons" (Austin 1962: 101). This theory, and especially the notion of an

16

illocutionary act, has contributed much to the study of interaction, as it can be seen as the basic unit of discourse analysis. Austin's (1962) theory shed new light on the ways in which speakers use language in conversation with the view of accomplishing certain actions and how their respondents infer the intended meaning. The speech act theory has been further developed by Searle (1965, 1969, 1975) and was highly influential in the development of pragmatics.

1.1.2.5. Pragmatics

Pragmatics is a well-established discipline in its own right and a subfield of linguistics related to the field of discourse analysis. Similarly to DA, it goes beyond the study of words, phrases, or sentences in a vacuum and focuses on higher units such as speech acts and conversation turns. Pragmatics, just like discourse analysis, studies how meaning, which is channelled through language (as well as non-verbal signals), is both produced and interpreted in context. Crystal (1987: 301) describes pragmatics as: "The study of language from the point of view of users, especially of the choices they make, the constraints they encounter in using language in social interaction and the effects their use of language has on other participants in the act of communication". Some of the basic principles of this approach have been put forward by J. L. Austin (1962), John Searle (1969), and H. Paul Grice (1975) and developed later. These included the idea that (1) language is not an abstract system used solely for description through the prism of truth, (2) meaning is determined by the interactional participants and the contextual variables (Austin 1962), and (3) language use is active, that is, it is used to accomplish actions (Gonzales-LLoret 2013), which is linked to speech act theory. Some other key principles of pragmatics include Grice's (1975) idea of cooperative action and the concept of implicature. The former, cooperative action, refers to successful communication and rests on the idea that interactional participants will make the effort of "conversational contribution such as is required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange" (Grice 1975: 46). In an attempt to make the communication successful, speakers follow certain maxims such as the maxim of quality (concerning truthfulness) or the maxim of manner (regarding being brief and ordered). The latter, conversational implicature, refers to Grice's (1975) observation that in conversation the meaning might go beyond what was actually said and additional meaning is inferred from contextual factors.

More recent research in pragmatics, for example on politeness (e.g. Kádár and Haugh 2013) or identity (e.g. Gafaranga 2001; Vöge 2010), has been carried out from an interactionist perspective in line with conversation analytic principles. The structure and the organisation of conversation are investigated to observe how participants interactionally achieve social activities in everyday life (Gonzales-LLoret 2013).

1.1.2.6. Systemic functional linguistics

Systemic Functional Linguistics (SFL) is an approach established by Michael Halliday in the 1960s, the basic premise being an understanding of language as a social semiotic system. The term 'functional' in the name of the approach refers to the notion that language is seen not as an autonomous system, but rather as an instrument that has evolved to serve certain communicative functions in society (Halliday and Matthiessen 1999). In this sense it is perceived as both constructive and constructed. Furthermore, linguistic forms that people use can be explained through investigating the functions they serve (Herriman 2013). According to SFL, communication operates on three different levels (meta-functions) simultaneously: ideational, interpersonal, and textual. The ideational level constitutes the 'content function of language' pertaining to the ways in which people represent their experience of the world (Halliday 2007: 183). The interpersonal function refers to the 'participatory function of language' and refers to the ways in which language is used to form and maintain relationships with other people in a given context (Halliday 2007: 184). The textual function concerns the organisation of both the ideational and interpersonal level, and makes language cohesive and coherent (Halliday and Matthiessen 1999). Another feature central to SFL is the notion of context which is two-fold: context of 'genre' and 'register'(Eggins 1994). The former refers to the context of culture where language is used, and the latter can be defined as the context of a given communicative situation.

1.1.2.7. The Birmingham School

The Birmingham School represents the structuralist functionalist approach to analysing conversation, whose focus is on the discourse structure. The approach was pioneered by Sinclair and

Coulthard (1975) who looked at turns during interaction in the classroom, and was later used to scrutinise conversation (Burton 1978). The major contribution of the Birmingham School to the study of conversation is the attempt to specify its interactional structure (Eggins and Slade 1997). Sinclair and Coulthard (1975) observed that classroom exchanges between the teacher and the pupils were structurally organised. Exchanges were described simply as two or more utterances and the exchange structure involved three moves consisting of: initiation, response and feedback (Sinclair and Coulthard 1975). Coulthand and Brazil (1979) developed this model looking at conversation outside the classroom and their moves consisted of: open, initiation, re-initiation, response and feedback, feedback, close (the formula had to include at least two of the seven elements, namely initiation and response, and the rest could, but did not have to occur).

1.1.2.8. Critical discourse analysis and critical linguistics

Critical Discourse Analysis (also referred to as Critical Discourse Studies) is an umbrella term for an interdisciplinary approach to investigating spoken and written discourses, rather than a single 'method' of discourse analysis (Wodak and Meyer 2008). It emerged from 'critical linguistics' whose critical impetus itself originated in the Frankfurt School in the 1970s. Broadly speaking, the term 'critical' refers to scrutinising the relations of power and language. In particular, CDA aims to elucidate the role of language in (re)producing domination and inequality in society and question the status quo of unequal relations of power and its abuse (Van Dijk 1993). There are two core principles of CDA: firstly, all CDA approaches share the same understanding of discourse as "a form of 'social practice'" (Fairclough and Wodak 1997: 258), which refers to the idea that "discourse is socially constitutive as well as socially shaped" (Fairclough and Wodak 1997: 258). The second tenet shared by CDA scholars is its critical impetus concerning the view that "social theory should be oriented towards critiquing and changing society as a whole" rather than just describing it (Wodak and Meyer 2008: 6). There are a number of major approaches functioning within CDA, which despite sharing its core principles, are characterised by different research foci and conceptual frames. For example, a dialectical-relational approach developed by Fairclough (1989, 1995) focuses on demystifying manifestations of social conflict (understood from the Marxian framework) in discourses. The Discourse-Historical Approach (Reisigl and Wodak 2000) is characterised by a wider understanding of context that is both synchronic (multiple social fields) and diachronic (historical) and the socio-cognitive approach de-

veloped by van Dijk (2009) includes cognitive elements to the study of discourse and focuses on the interrelationship between cognition, discourse and society.

As has been shown, the field of discourse analysis is characterised by the proliferation of different research paradigms representing various ways of analytically engaging with the data and which can be selected to best answer research questions. Irrespective of the chosen approach(es), it is important to bear in mind the fact that not all analysis of textual data can be regarded as discourse analysis. Antaki et al. (2003) speak in favour of rigorous analysis and identify six possible analytical shortcomings that should be avoided by discourse analysts:

(1) under-analysis through summary;

(2) under-analysis through taking sides;

(3) under-analysis through over-quotation or through isolated quotation;

(4) the circular identification of discourses and mental constructs;

(5) false survey;

(6) analysis that consists in simply spotting features.

Baker and Levon (2015) add to the discussion on the issue of what it really means to do discourse analysis and observe that it is about discovering subtle language patterns that are not only socially meaningful, but which also can be located in broader contexts (social, historical and ideological).

1.1.3. Discourse Analysis in investigating social issues

Discourse Analysis is particularly suited to analysing discursive manifestations of social inequality, which can be regarded as the root of many problems existing in societies. In very general terms, some of the most commonly researched social issues by discourse analysts are related to an unequal treatment of people because of their gender (cf. Kitzinger 2005) and ethnicity (or nationality) (cf. Henry and Tator 2002). The investigation of these and other social issues from the perspective of language sheds light on the ways in which discourse is used to create and (re-)produce social problems (Fairclough 1989). Research on discursive practices shows that social issues related to race and gender can take on various forms, from overt racism or sexism, to more

subtle displays of racial and gender discrimination (Lazar 2014; Caldas-Coulthard 2020). Discourse analysts are able to demonstrate how social issues and problems are (re)produced in various contexts such as in the media, at school or in the workplace, and also how they are managed and negotiated at the level of (mundane) conversation.

Discourse analysis is particularly applicable to analysing different ways in which men and women are constructed in various spoken and written contexts. One of the main findings of research on language and gender is that women and men are often represented as markedly different (Mullany 2007). Such representations are not, however, neutral, and are linked to wider discourses of dominant femininity and hegemonic masculinity, which contribute to the reinforcement of the gender order (Connell 1987; Eckert and McConnell-Ginet 2003).

Lazar's (2009) feminist critical discourse analysis of Singaporean adverts directed at women addressed the issue of sexism, and in particular, the representations of women through references to their physicality. It showed that females were constructed as empowering, but only at the first glance. A closer qualitative scrutiny revealed that women were encouraged to indulge in numerous beauty related activities, which constructed them as trivial. In consequence, such representations perpetuated the view that women's value is strongly dependent upon their appearance. The act of trivialising the activities that are associated with women is also a form of sexism (Darweesh and Abdullah 2016). In a similar vein, Ohara and Saft (2003) used Conversation Analysis and Membership Categorisation Analysis to present the importance of appearance in women's lives. They analysed naturally occurring data from a Japanese phone-in consultation TV programme where a female caller provides an account of her husband's infidelity and the ways she dealt with it, namely, by improving her appearance. The study shows how ideological beliefs about gender are invoked, drawn on and further reinforced and how they have the potential to perpetuate gender hierarchies (Ohara and Saft 2003).

Kiełkiewicz-Janowiak and Pawelczyk (2010) analysed instances of benevolent sexism marked at the level of language in the Polish context. The participants of the study were asked to comment on a number of gender-specific trigger phrases about women categorised in terms of either benevolent or hostile sexism, and which could be described as a manifestation of the Polish gender ideology. The findings showed that benevolent discourse is a means through which gender discrimination is mediated and it is particularly harmful as it "camouflages the social damage caused by sexism" (Kiełkiewicz-Janowiak and Pawelczyk 2010: 197).

Discourse analysis is also indispensable in tracking linguistic manifestations of social issues related to masculinity and the ways men's lives are affected by hegemonic discourses.

Galasiński (2008), for example, investigated how depression experienced by men was constructed as inherently interlinked with dominant conceptions of masculinity. The study showed that male participants constructed themselves as 'lesser men', or even as not being men at all. Galasiński (2008: 133) observes that "[d]epression undermines the dominant model of masculinity to the extent that a positive 'articulation' is impossible." This has serious consequences for men, who see themselves as failing the normative societal expectations as for what being 'a real man' entails, and what follows, they experience a sense of failure.

As gender is tightly connected to sexuality, and in particular to heterosexuality, one of the most prevalent research topics in the field of language, gender and sexuality is heteronormativity (cf. Ericsson 2021). It is understood as "the mundane production of heterosexuality as the normal, natural, taken-for-granted sexuality" (Kitzinger 2005: 477). Being a heterosexual man or woman is seen as the only socially available option, which often results in the stigmatisation of other sexualities. For example, Barrett and Bound (2015) conducted research on 'no promo homo' policies in US schools from a CDA perspective. The study showed that despite a seemingly neutral position on the subject of sexual orientation and identity represented by some of the US schools, the policies were found to be harmful to LGBT students. The themes that emerged in the discourse analysis of the policies showed that homosexuality was described though the reference to negative connotations, for example, by describing it as a choice or linking it to diseases, such as HIV (Barrett and Bound 2015).

The stigmatisation of other sexualities, however, does not always take such direct forms. Kitzinger (2005: 477) investigated instances of discursive constructions of heterosexism manifested through heteronormative assumptions produced by people in everyday talk-in-interaction as a situated and practical accomplishment. This is done through the use of family reference terms, such as 'a married couple', used and understood by interaction participants as belonging to normative nuclear families. Kitzinger (2005) argues that the persistent reliance on those terms reproduces heteronormative social order and contributes to the discrimination and oppression of non-heterosexuals. Moreover, research on language, gender and sexuality shows that not all heterosexualities are seen as equal (Sunderland 2006; Lazar 2005). Cameron and Kulick (2006: 165) describe a heterosexual hierarchy where some heterosexualities are characterised by a higher status than others, and the ideal "form of sexuality is monogamous… reproductive… and conventional in terms of gender roles." This pattern has also emerged in Sunderland's (2006) study on parenthood magazines. Although the term 'parenting', which has a neutral overtone, was repeatedly used rather than gender specific lexical descriptions, it was predominantly women who

were constructed as main caregivers for their children. The findings resonate with Lazar's (2005) study on the constructions of the concept of family in the context of advertising where asymmetrical gender roles are reinforced despite the seeming representation of a more egalitarian family model.

A lot of attention within discourse studies has been put on racist speech, and especially on examining instances of covert racism. This type of racism is particularly damaging because it is often disguised in subtle linguistic means that come in a variety of forms (Ladegaard 2013) and can be difficult to be identified. Analysing the linguistic and discursive manifestations of racism provides insight into the ways in which people are discriminated against. Many discourse analysts have found that contemporary forms of racism especially in Western societies are no longer based on biological differences *per se*, but the focus falls on the cultural ones instead (cf. Richardson 2004). Discriminating on the basis of cultural differences gave rise to the phenomenon called 'new racism', which can be described as "more indirect, more subtle, more procedural, more ostensibly non-racial" (Sniderman et al. 1991: 423). 'New racism' is dominated by a 'we vs them' frame, which rests on the idea of 'negative-other' (or 'othering') and 'positive-us' representation. Richardson (2004) examined discursive constructions of Muslims (and Islam) in British elite broadsheet newspapers and found that 'othering' was done through representing them as violent in the public sphere. Four archetypal argumentative strategies (or topoi) in which Muslims were represented in a negative light were identified including: 'military threat', 'extremism and terrorism', 'despotism', and 'sexism' (Richardson 2004). The study constitutes only one of many possible ways in which covert racism (in this case elite racism) becomes particularly harmful as it is perpetuated by the media. Van Dijk (1989: 17) notices that because the mass media have the potential to influence large numbers of people they are "the most influential source of racist bias, prejudice, and racism".

Another important finding within discourse studies on new racism shows that it is often constructed as a thing of the past. Augoustinos and Every (2007: 123) observe that

> one of the most pervasive features of contemporary race discourse is the denial of prejudice. Increasing social taboos against openly expressing racist sentiments has led to the development of discursive strategies that present negative views of out-groups as reasonable and justified while at the same time protecting the speaker from charges of racism and prejudice. (Augoustinos and Every 2007: 123)

This view is reflected in Henry and Tator's (2002) study on racial bias in Canadian English-language press. Denials of racism were identified to be a persistent rhetorical theme and were often followed by media claims that 'the other' is oversensitive and acts of racism did not actual-

ly occur. The study also found that denying racism was articulated as strategies of positive self-representation ('I am not a racist') and reflected a pervasive and erroneous view put forward by the media that acts of racism only take an overt and direct form (Henry and Tator 2002).

Although the media undoubtedly play a very important role in the reproduction of covert racism, it is also taken up by ordinary people in interaction. Some studies paid analytical focus on the ways in which people employ various discursive manoeuvres in order not to appear racist. For example, Bonilla-Silva and Forman (2000) analysed white college students' attitudes towards non-white people. The two types of data that were contrasted, namely survey responses and interviews, found that the attitudes were markedly different. Although the results of the surveys categorised the students as either tolerant or ambivalent towards people of colour, interviews revealed that whites used various discursive strategies in order to project racist views without sounding racist. They tried to save face and avoided expressing racist views directly. For example, they used mitigating phrases such as "I don't know", "I am not prejudiced" or "I'm not sure" and then proceeded to indict affirmative action, which can be regarded as racist (Silva and Forman 2000). These findings, and also other studies reported in this section, show that despite the fact that openly racist attitudes are generally not acceptable in many western countries, people seek ways to express their racist views in more subtle ways. They can go as far as to invoke multiple and complex linguistic and discursive devices to deny that racism even exists in contemporary western societies as they do not want to be linked to it.

As has been presented, discourse analysis provides useful tools to explore discursive manifestations of social issues and problems. Various discursive approaches provide insight into how language is used by elites, for example by the media, and by ordinary people to perpetuate the *status quo*. Discourse analysts show that linguistic practices that have sexist or racist overtones are especially harmful when they take more subtle forms. The next section presents the usefulness of discourse analysis in researching personal experiences.

1.1.4. Discourse Analysis in researching personal experiences

As people are predominantly social beings, they use language to share different types of information with others, including tellings they deem personally significant. And although the totality of people's experiences cannot be captured with words (i.e., verbally only), discourse analysis has been undoubtedly useful in broadening the knowledge about both people's personal experi-

ences and the linguistic ways in which they try to organise them into meaningful events. Discourse analysts have investigated a wide range of topics and contexts where people shared personal information about themselves such as for example, experiences of bulimia (Brooks et al. 1998; Pawelczyk and Talarczyk 2017), chronic illness (Bülow 2004; Kebir and Saint-Dizier de Almeida 2022), depression (Galasiński 2008; Horwood and Augoustinos 2022), understandings of suicide (Roen et al. 2008; Paulus 2023) or menopause (Singer and Hunger 1999; Steffan 2021). The strength of discourse analysis lies in the fact that it provides the tools to uncover sensitive and 'untellable' personal experiences, which would otherwise not spread outside people's private circles. For example, Wigginton and Lafrance (2016) investigated experiences of women who managed socially dispreferred identities as smokers during the period of pregnancy. They looked at how the use of subtle discursive structures allowed these women to evade stigma in face of anti-smoking discourses. Similarly, the current study looks at the socially delicate topic of miscarriage and the research interview created space for women participants to articulate their subjective experiences of pregnancy loss out loud.

There are two useful concepts that are particularly important for this thesis that come to the fore when taking into consideration discursive constructions of personal experiences, namely self-disclosure and emotions, as they have been taken up in the analytical chaper. The phrase 'self-disclosure' was coined by a psychologist Sidney Marshall Jourard (cf. 1971) who introduced it into psychology and communication literature. In Jourard and Lasakow's (1958: 91) words, it referred to "the process of making the self known to other persons". Although 'self-disclosure' has been further developed as a psychological concept, discourse analysis has also contributed greatly to its understanding. Antaki et al. (2005) investigated naturally occurring instances of self-disclosure as an interactional practice located in its situated context and proposed three features that characterised it. Firstly, it has to be designed as personal information: "one the speaker owns or which they have privileged knowledge" (Antaki et al. 2005: 186). Secondly, the speaker has to design it to sound significant in the situated context of the talk, for example, through "inflating the newsworthiness or drama of the information by casting it in vivid terms" (Antaki et al. 2005). Such a formulation was described by Pomerantz (1980) as 'extreme case formulations'. Finally, self-disclosure has to be volunteered by the interlocutor and exceed the normative expectations towards the run of the interaction.

Although people disclose personal information in many interactional situations, some contexts tend to constitute a more fertile ground for self-verbalisations. For example, Kruk (2015) observed how a safe discursive space of a mediated online forum context facilitates in-

stances of self-disclosure among carers for family members with Alzheimer's. The study shows how the forum members offer morally sensitive information about their disrupted phenomenological caring experiences and how these are both discursively normalised and validated by authors themselves as well as by other forum participants. Similarly, Pawelczyk (2011) investigated the context of psychotherapy sessions and found that self-disclosure was co-constructed and thus emerged as a joint interactional achievement of both parties, i.e. the client and the therapist. It was found that the therapist often facilitated the verbalisation of sensitive information by the client with the use of communicative and interactional strategies such as the use of 'you know/I don't know', repetition, information-eliciting telling and reformulation. Pawelczyk (2011) observed that psychotherapy sessions constitute a uniquely rich ground for producing self-disclosure and an experienced therapist is able to skilfully elicit vital personal information from the client when they locate an issue that has to be worked on. Kitzinger's (2002) study on coming out presented a slightly different example of self-disclosure. The data under scrutiny was taken from a small group seminar sessions with undergraduate students on the production of sexuality in talk. Kitzinger (2002) found that some students offered personal information in the form of self-disclosure about their homosexuality in the middle of a turn or during producing long multi-unit turns, which resulted in its design as not newsworthy or worth commenting on. This was consequential for the further development of interaction as their co-conversationalists were not obliged to produce a response. Kitzinger (2002: 72) argues that designing the personal information in such a way had a protective dimension: "speakers protect others from being potentially crass recipients of the delicate information conveyed — and, of course, protect themselves from having to deal with such potentially crass responses". Both Pawelczyk's (2011) and Kitzinger's (2002) studies show that although Antaki et al.'s (2005) indexical features on what constitutes self-disclosure are a useful point of departure, verbalising sensitive personal information can take various forms and is highly dependent upon the local interactional context.

Emotions are ubiquitous in almost every interaction (Damasio 1999) even more so when it comes to talking about personal experiences. Challenging life situations such as a loss of a family member for most people will undoubtedly lead to a more overt display of emotions, both verbally and non-verbally. That does not mean, however, that emotions are always central to every interaction, but rather that they often constitute the background for conversation (Peräkylä and Sorjonen 2012). Indeed, a lot of emotion work is done without being directly expressed or explicitly stated to feature as meaningful elements of interactional events. Post-structuralist approaches see emotions as 'discursive practises' rather than internal states of individuals, and thus

highlight the pivotal role of language and cultural artefacts in their construction (Lupton 1998). An increasing number of studies within discourse analysis invesigate emotional stances as arising in naturally occurring settings, rather than look at emotions produced in artificial or experimental contexts (Sandlund 2004). In particular, the focus falls on the different ways in which emotions emerge in talk-in-interaction and which social aspects they correspond to, as well as how they are oriented to by co-conversationalists. Peräkylä and Sorjonen (2012: 3) observe that "social interaction forms a key locus for the expression of emotion and, consequently, that a more comprehensive understanding of both the expression of emotion and the emotional underpinnings of activities carried out in everyday interactions requires an examination of the details of interaction". Thus, analysing discursive construction of emotions arising in interactional contexts helps researchers to gain a better understanding of people's personal experiences.

Speakers employ various resources in a conversation to express emotions including verbal, prosodic and non-vocal ones (Peräkylä and Sorjonen 2012), which can be made available to researchers who explore detailed transcripts of interactional events and perform a rigid analysis. For example, Wilkinson and Kitzinger (2006) analysed lexical displays of surprise in talk-in-interaction by means of reaction tokens such as 'wow', 'gosh', 'oh my god', etc. and observed that their functions exceeded the signalling of an affective stance. They were used, for example, in order to pursue shared understanding of socially expectable behaviour, and in consequence, to preserve the local moral order. They also showed that displays of surprise were a result of an interactional collaboration between co-conversationalists and that they sometimes were carefully crafted in a number of turns in advance (Wilkinson and Kitzinger 2006). Peräkylä and Sorjonen (2012) enumerate other possible verbal resources for doing emotion work in interaction and these include: dense syntactic constructions, infinitival constructions, intensifying lexical elements, evaluative adjectives and reported speech. As well as verbal resources, emotional stances can be interactionally achieved through the employment of prosodic contours. In her analysis of a highly-emotionally charged context of psychotherapy sessions Pawelczyk (2011) observed that both silence and crying were ways in which client's emotions were drawn on to manifest emotions. Silence was used by the client as a resource preceding the disclosure of sensitive and personal information. The client's crying, on the other hand, was topicalised by the therapist, which allowed for an indexing of emotional aspects of the difficult and/or troublesome experience. Similarly to Wilkinson and Kitzinger (2006), Pawelczyk (2011) emphasises the collaborative aspect of emotional display.

The studies on the discursive construction of emotions show that emotions exceed beyond being solely stances and that they are resources for interactants to perform various interactional actions and accomplish social goals, which emerge as observable in a situated interactional context.

1.2. Narratives

A wide range of fields within the social sciences undertook the study of narratives in order to look into people's (undertaking of their) experiences and, for example, in linguistics narratives constituted one of the first discourse genres that were investigated (Johnstone 2015). The 1980s brought a particular interest in narrative in the social sciences, especially in such fields as anthropology (Geertz 1988; Rosaldo 1993; Young 1987), sociology (Riessman 1991, 1993; Holstein and Gubrium 2000), psychology (Mishler 1986; Bruner 1986, 1990), sociolinguistics (Capps and Ochs 1995; Labov 1982) and history (Cronon 1992). This trend, which is still ongoing, has been termed 'the narrative turn' due to its scope of research and importance in its contribution to understanding human experience. A broad range of diverse topics have been investigated: e.g., illness (e.g., Maci 2021, Mattingly 1998; Atkinson 2014; Kleinman 1998), migration (e.g., De Fina 2003; Baynham and De Fina 2005, Skalle and Gjesdal 2021), divorce (e.g., Riessman 1990a, Riessman 2021), stigma and infertility (e.g., Riessman 2000b, Orr 2017), identity (e.g., De Fina 2003; Georgakopoulou 2006, Castaño 2020), motherhood (e.g., Jaworska 2018, Wells 2010; Petraki et al. 2007), and even casual conversations among friends (e.g., Georgakopoulou 2007). The narrative turn in the social sciences was not an organised or unitary movement as such, but rather emerged from many different research perspectives. Hyvärinen (2008: 450) observes that it "often implied qualitative, humanistically oriented research − in stark contrast to the scientific, descriptive tenor of structuralist narratology and the growing poststructuralist discourse in cultural studies". The narrative turn grew out of criticism of positivism and the disregard for individual experiences that could not be captured with quantitative methods (Sandelowski 1991). The focus on human experiences allowed many to be heard and many people's stories to be told. With this, the analytical attention shifted to what is said, who says it, and, crucially, how things are said (Georgakopoulou and De Fina 2012). The turn has been fruitful in

promoting diverse approaches to analysing narratives, rather than a single universal one (Hyvärinen 2008).

The multiplicity of disciplinary traditions to analysing narratives has contributed to the development of considerable variations in different understandings of what actually constitutes narratives. For example, Freeman (2015) proposes that the concept of a personal narrative can be understood threefold: as a method, theory and as practice. Narrative as a method is understood as giving insight into the human realm (Freeman 2015). It means that it pertains to "the entire life story, an amalgam of autobiographical materials" (Riessman 2001: 697); the story that is coherent and told by a unitary self (McAdams 1993). What is more, the life stories recounted by research participants are often seen as being one and the same as their interpretation(s) by the analyst (Riessman 2001). This approach positions the story as something that pre-exists the telling process, as if there is something to be excavated that already exists in the teller's mind as one and true story, an accurate representation. Narrative understood as a theory is used for examining a particular aspect of human condition such as, for example, personal identity or cognition (Freeman 2015). In its third iteration, narrative is understood as practice and particular attention is paid to the how and why of narrative practices. In other words, the actions people perform with narratives and the reasons behind their construction are investigated in their situated contexts (Freeman 2015).

This typology is by no means exhaustive or the only possible one. Indeed, the pluralism of narrative perspectives has resulted in the development of various, often eclectic approaches combining methods from different narrative traditions, that is why Georgakopoulou and De Fina (2012) suggest that a more productive way of categorising narratives is to take into consideration research parameters they adopt. These can be divided into: the object of analysis, general methodological approach, methods of data collection, types of data and data analysis. The first parameter, the object of analysis, is the most significant one since it allows for a "distinction amongst those analysts who are interested in structure, those interested in storytelling as a way of accomplishing social action and those interested in the social phenomena, events and identities represented by and constructed through storytelling" (Georgakopoulou and De Fina 2012: 25). It is the choice of the object of analysis that often implies the use of particular methodological approaches over others. For example in the analytical chapter of this thesis, storytelling is understood as an interactional achievement allowing for the construction of identity and social phenomena.

Before examining narrative in interaction in more detail, it is worth recapitulating some of its early methodological underpinnings and these can be traced back to the narrative tradition of structuralism. As the name suggests, the primary focus of researchers working within this paradigm is on the structure of narratives, which are seen as a type of text. This approach is based on the idea that narratives are governed by strict textual criteria, which are seen as universal to all narratives (Georgakopoulou and De Fina 2012). What follows from this is that texts which lack certain necessary narrative elements will not be recognised as narratives. One of the most notable representatives of this tradition is Vladimir Propp (1968) who analysed fictional Russian folk tales for their fundamental structure. The model of narrative analysis that has probably been most influential in the development of the field, however, was the one proposed by Labov and Waletzky (1967), who studied oral personal experience in the context vernacular language variation. During interviews Labov and Waletzky (1967) elicited stories in order to obtain natural vernacular samples of speech. The participants were asked to talk about their near death experiences, which Labov (1972) believed to potentially reduce the observer's paradox, i.e., is a situation where the presence of the researcher/observer/interviewer has an influence on the behaviour of the study participants. Labov and Waletzky (1967) investigated whether there are any regularities that could be identified in people's personal narratives. The stories elicited during this study led the authors to develop a model of a fundamental narrative structure, which consists of:

(1) Abstract (refers to the general topic of the story)

(2) Orientation (background information of the story such as characters or location)

(3) Complication (events in a temporal sequence)

(4) Evaluation (explanation of the significance of the story)

(5) Resolution (conclusion of the story; resolution of 'crisis')

(6) Coda (signals end of the story; refers to narrative as a whole)

Not all of the listed elements of the structure occur in every narrative. The first and the last stage, that is abstract and coda, are optional stages and the remaining stages can be distributed differently in different narratives. These narrative elements are more likely to occur in elicited stories, whereas in spontaneous speech they are usually omitted by storytellers. Apart from the structural model of narratives, Labov and Waletzky (1967) also observed that narratives are characterised by a functional aspect, as they are produced for recapitulating experiences (Hyvärinen 2008). In

Labov and Waletzky's (1967: 13) words, narrative was defined as "one verbal technique for recapitulating past experience, in particular a technique of constructing narrative units which match the temporal sequence of that experience". Although this model of narrative analysis was undoubtedly highly influential in the development of the field and it was the first to provide researchers with tangible analytical tools allowing for investigating personal narratives in more detail, it was not without flaws. Johnstone (2015: 639) refers to two aspects in particular, which she describes as causing "recurrent confusion". The first source of confusion concerns Labov's understanding of the term 'narrative' in two different ways. On the one hand, 'narrative' was understood as sentences organised sequentially with a temporal aspect and on the other hand, 'a fully formed narrative' or 'a complete narrative' was described as also including orientation and evaluation. This caused confusion as the term 'narrative' was used by many researchers "both for any talk representing a sequence of past events and for talk specifically meant to get and keep someone interested in listening to a recounting of events", so it was used in reference to two levels of analysis (Johnstone 2015: 639). The second issue concerns some of the terminology that Labov used in his work. For example, such terms as 'the normal structure of narrative' (Labov and Waletzky 1967) or a 'complete narrative' (Labov 1972) can be understood as normative and universal, however, not all stories are characterised by the same 'full' structure. Moreover, narratives in interview settings can be very complex and tend to depart from an ordered chronological account (Johnstone 2015).

As has been previously noted, Labov's influential model has served as the basis for a lot of subsequent narrative research, and even the research that is described as post-Labovian (i.e. research that departs from the canonical narrative structure) can still be seen as drawing on it (Baynham 2015). The type of post-Labovian approach that will be employed in this thesis sees narratives as interactionally achieved. This interactional approach, which uses the insights and methods of conversation analysis, pays analytical attention to the ways people construct their stories in talk-in-interaction and for what interactional purposes. In contrast to Labov's model, which favoured monologic and teller-led stories with a universal structure that were elicited in interviews, this approach emphasises the complexity and the dynamic character of narratives (Georgakopoulou 2007). One of the reasons why stories in this approach are recognised to be rich and varied is the importance of the local context, which is paramount to how stories unfold moment by moment in the sequential organisation of the interaction. Within this understanding of narratives as co-constructed and emerging in their situated context, the "emphasis is on narra-

tive activity as sense making process rather than as a finished product in which loose ends knit together into a single story-line" (Ochs and Capps 2001: 15). De Fina and Georgakopoulou (2015: 3) also emphasise the situated and unfinished character or narratives: "stories should be analysed for the ways in which they develop and emerge within specific participation frameworks and for how they are enmeshed in local doings, rather than as finished products." Understanding narratives as "embedded units enmeshed in local business" (Georgakopoulou and De Fina 2012: 44) has serious consequences for the understanding of the production of narratives, which are seen as directed and shaped towards particular audiences. That is why the existence of one true story recounting particular experiences – a story that is "already formed, as waiting to be delivered" (Schegloff 1997: 100) – is generally not recognised in this approach. The turns that stories consist of not only take different shapes, but also perform different actions. Different parts to a story can be used to serve various functions and should be investigated in their sequential unfolding rather than as *a priori* categories seen as universal to all narratives[3]. In interviews the stories, which are addressed to an interviewer who is a stranger, would most likely take a different form if the same events were recounted to a different audience. They might, for example, be told together with people who participated in the events, or interviewees might disclose more intimate information to someone whom they know very well or who they trust more than an interviewer.

Another important characteristic of stories viewed as dynamic and produced in interaction rather than as stable entities, is their co-construction. This means that the division between the teller and the audience is not as rigid as in, for example, Labov's model, and that meaning can be negotiated between interlocutors. Within this understanding of narratives as co-constructed and emerging in their situated context, the "emphasis is on narrative activity as sense making process rather than as a finished product in which loose ends knit together into a single story-line" (Ochs and Capps 2001: 15). The co-construction of meaning in stories emerging in interviews means that they should not be treated as simply answers addressing the interviewer's questions but as a "sequential unfolding of narrative across successive question-answer sequences" (Georgakopoulou and De Fina 2015: 5). Stemming from this, every interactional detail is potentially meaningful for the way interaction is managed. For example, miscarriage narratives emerging during interviews with bereaved women are also co-constructed between the teller and

---

[3] Throughout the thesis, the terms 'narrative' and 'story' are used interchangeably, but they are distinguished from 'small stories'.

the interviewer. They can be seen as trauma narratives, which in turn puts a particular obligation on the listener/interviewer. Schuman (2005: 20) observes that: "trauma narratives foreground the possibilities of subversive stories (or counternarratives) and the necessity of a critique of empathy". The obligation of the listener, given the sensitive and taboo character of the topic, is to respond in an interactionally acceptable way, for example, by displaying empathy. This can be seen as interactionally consequential for the development of the turns. A different reaction on the side of the interviewer/listener would probably generate different responses.

Within the interactional approach to analysing narratives, a distinction is made between the so-called 'big' (traditional) and 'small' stories. The small stories paradigm developed by Georgakopoulou initially in collaboration with Bamberg (e.g. Bamberg and Georgakopoulou 2008), was put forward to address the existing gap in narrative studies and includes under-represented data in conventional narrative analysis. This type of stories encompasses a variety of data "such as tellings of ongoing events, future or hypothetical events, shared (known) events, but also allusions to tellings, deferrals of tellings, and refusals to tell" (Georgakopoulou 2007: vii). Georgakopoulou (2015) argues that traditional or 'big' stories represent a restrictive approach to analysing narrative data as they are based on textual criteria and favour only particular types of narratives characterised by long accounts of past events. As big stories were traditionally elicited in interviews and recounted single, autobiographical past events (Baynham 2004), small stories usually come from everyday conversations. What is important, small stories paradigm has been proposed not necessarily to counter the traditional, big stories framework, but to recognise the "pluralism, heterogeneity, and productive coexistence of narrative activities, big and small, in the same event, by the same teller, and so on" (Georgakopoulou 2015: 256). This means that irrespective of the type of research data, in both interview-elicited accounts and more naturally occurring data, such as ordinary conversations, there is potential space for the production and co-occurrence of big and small stories. Georgakopoulou (2006) describes the small stories framework as eclectic, which refers to its strong roots in practice-based discursive approaches, such as, for example, conversation analysis. This means that stories are understood as (co-) constructed in interaction and serve to perform certain actions. Within this framework there are three distinguishable levels of analysis whose mutual interconnections should be taken into account during data analysis: ways of telling, sites and tellers (Georgakopoulou 2007):

(1) ways of telling: refer to the discursive and semiotic choices in the production of a particular story; how these are managed in interaction as well as how they correspond to other stories, hence, their intertextuality;

(2) sites: refer to the situated context with the focus on the contextual factors; physical, such as seating arrangements, but also meditational tools that might be employed by interactional participants;

(3) tellers: refer to interactional participants engaged in the production of a narrative; participation roles they play in narratives, also recognising the fact that they are characterised by individual biographies with unique hopes, beliefs or fears, etc.

Georgakopoulou (2015) observes that interconnections between the three levels are highly dependent on the interactional context, meaning that recontextualisations referring to the same story might take different shapes in different contexts, with different audiences and might also serve different interactional goals.

As has been shown, both big and small stories are co-constructed in talk-in-interaction and the particularities of the local context in which they emerge should be taken into consideration. The issue that has to be addressed, however, is how the local situated context is related to the wider social and cultural contexts. De Fina and Georgakopoulou (2015: 3) propose "combining a focus on local interaction as a starting point for analysis with an understanding of the embedding of narratives within discursive and sociocultural contexts". Narratives are not isolated texts emerging in a vacuum and staying within its bounds. They have a contextualising power, which refers to the fact that they are not only context-shaped, but also actively shape contexts. This happens through "mobilizing and articulating fresh understandings of the world, by altering power relations between peoples, by constituting new practices" (De Fina and Georgakopoulou 2015: 3). Blommaert (2007) explains the relationship between the micro- and the macro-levels of context. In explaining the connection between the situated context of interaction and large social processes, Blommaert (2007: 4) describes the notion of scales and their micro-macro dimension:

the jump from one scale to another: from the individual to the collective, the temporally situated to the trans-temporal, the unique to the common, the token to the type, the specific to the general. And the connection between such scales is indexical: it resides in the ways in which unique instances of communication can be captured indexically as 'framed', understandable communication, as pointing towards socially and culturally ordered norms, genres, traditions, expectations – phenomena of a higher scale-level. The capacity to achieve understanding in communication is the capacity to lift momentary instances of interaction to the level of common meanings, and the two directions of in-

dexicality (presupposing – the retrieval of available meanings – and entailing – the production of new meanings; Silverstein 2006a: 14) are at the heart of such processes. (Bloomaert 2007: 4)

For example, if a woman invokes activities typically associated with motherhood and thus positions herself as a good mother, she not only constructs her own gendered identity, but also indexes widely shared social norms. In Stokoe's (2003) research on neighbours' disputes, women invoked activities typically associated with bad mothers in order to position their neighbours in a bad light. Thus, apart from constructing their neighbours' identities, they also indexed social norms shared by members of culture.

1.3. Integrated qualitative approach

In order to address and unpack interactionally the complexity of the experience of miscarriage, which is key to this doctoral thesis, an integrated qualitative analytical framework has been proposed. The framework is a combination of Conversation Analysis, Membership Categorisation Analysis and Discursive Psychology. Before explicating DP and MCA, it is important to look at the main tenets of CA in detail as it lays the foundations for understating the other methodological approaches.

1.3.1. Conversation Analysis

Conversation Analysis is a methodologically distinctive approach to the study of language and it is derived from an ethnomethodological perspective. This means that CA is predominantly focused upon understanding the mechanisms behind everyday conversations and the ways in which people interact to make sense and construct the everyday social world. This now interdisciplinary field linking linguistics, communication studies, sociology, and psychology initially emerged in sociology in the 1960s and 1970s thanks to Harvey Sacks in collaboration with Emmanuel Schegloff and Gail Jefferson (Wilkinson and Kitzinger 2011). The fact that CA is used for investigating everyday interactions means that analysis usually concentrates on naturally occurring data, that is, data that would have emerged anyway without the involvement of the re-

searcher.[4] Although the name of the field might suggest only informal conversations, it is also used for investigating formal contexts such as institutional interactions. CA has been used to explore multiple topics across a range of different social contexts and some of the research looked at informal contexts, such as conversations among friends (Jaihu 2019,Kurhila 2005; McCabe and Stokoe 2010) or during family dinners (Stivers and Robinson 2006; Busch 2022, Butler and Fitzgerald 2010). Institutional settings that have been explicated with the use of CA include medical encounters (Stommel et al. 2019; Heritage and Sefi 1992; Maynard and Heritage 2005), courtroom (Licoppe 2021; Komter 2013; Winiecki 2008), workplace discourses (Marra et al. 2022; Stubbe et al. 2003; Drew and Heritage 1992) and call centres (Tennent and Weatherall 2021; Flinkfeldt 2022). Furthermore, the usefulness of CA spreads to non-face to face contexts, for example, there has been research on helplines (Kitzinger and Rickford 2007; Pudlinski 2008; Bloch and Leydon 2019) or online interactions (Kruk 2015; Ditchfield 2020; Stommel and Koole 2010). Investigating naturally occurring spoken data is facilitated by audio- or video-recorded conversations which are subject to recurrent analysis. Recorded material undergoes transcription using a special system originally developed by Gail Jefferson, which allows for the tracking of numerous interactional details including pauses, laughter, inbreaths, overlapping speech etc[5]. The table detailing transcription system (based on Hutchby 2007) signs is presented in Appendix C. The preoccupation with the seemingly unimportant interactional details is necessary as these can be potentially important to understand the dynamics of a given talk-in-interaction. Furthermore these details point to the interaction being "embodied and voiced" (Potter and Hepburn 2012: 585).

Peräkylä (2004) delineates three fundamental assumptions of CA: firstly, talk is understood as a form of social action. Conversation analysts focus not only on the content of people's conversations, but they are predominantly interested in what people do when they talk, i.e., which actions they perform (Wilkinson and Kitzinger 2008). These can, for example, include complaining (Drew and Holt 1988), giving-advice (Heritage and Sefi 1992) or complimenting (Pomerantz 1978). Secondly, actions are seen as structurally organised. It means that interlocutors orient themselves to conversational rules and structures that make interaction possible. Thirdly, talk creates and maintains intersubjectivity, which, at the most fundamental level, is

---

[4] For a detailed explanation of why CA is used in this research despite the data being researcher provoked see section 1.5.

[5] See. Hepburn and Bolden (2017) for more recent developments on transcription in the Conversation Analysis tradition.

manifested in the understanding of the preceding turn produced by the other speaker (Peräkylä 2004). For example, a turn hearable as a question produced by one speaker will probably result in the other speaker's response to it. In this way, the speaker displays their understanding of the preceding turn (Sacks et al. 1974).

Although many interactional situations have their unique features such as different contexts, topics or participants who bring individual experiences and views to the conversation, there are certain recurrent patterns in the structure and practices characterising talk-in-interaction (Peräkylä 2004). This is true for both ordinary conversations and institutional talk (Wilkinson and Kitzinger 2008).

One of the key structural features of CA is turn-taking. Sacks et al. (1974: 696) explains that turn taking is "fundamental to conversation, as well as to other speech-exchange systems" and that is "characterised as a locally managed, partly-administered, interactionally controlled, and sensitive to recipient design". During an episode of talk-in-interaction participants ordinarily speak one at a time and their turns (referred to as turn-constructional units [TCUs]) can take various forms: sentences, phrases, single words, non-lexical items (Wilkinson and Kitzinger 2008). All of the above have the potential to be hearable for the interaction participants as complete turns. Clayman (2013: 150) observes that turn-taking, on the one hand, constrains opportunities in interaction due to the fact that participants have to orient to the normative rule of one turn at a time, but on the other hand it also shapes "the design of particular turns and the actions they implement". Wilkinson and Kitzinger (2008: 59) also refer, to a certain extent, to the constraints of the turn-taking organisation; they explain that it "is designed to *minimize* turn size, such that a turn of one (and only one) TCU is the default." Of course, different conversational contexts might be characterised by, and even require, extended turns. For example, the context of therapy sessions involves a more asymmetrical design of turns, in the sense that the therapist as a facilitator often produces much shorter turns, than the patient who usually is expected to produce lengthy ones and explain their experiences, thoughts and emotions in detail (see for example, Pawelczyk 2011). Extended turns are described as 'accomplishments' (Wilkinson and Kitzinger 2008: 59) and can be found, for example, in storytelling (Schegloff 1987). It is important to remember, that the practice of turn-taking requires orderly cooperation between the speakers, which, apart from the one-speaker-at-a-time rule, also rests on minimal silences between the turns and little overlapping speech between the parties (Clayman 2013). Any 'deviant' cases, that is instances of non-normative pattern of interaction (Schegloff 1968), are significant. For exam-

ple, long silences might potentially signify troubles talk and precede the disclosure of delicate subject matters (Pawelczyk 2011).

Another core structural feature of CA is action formation, which refers to the ways in which participants frame their turns to be hearable as actions. Actions are understood as "requesting, inviting, granting, complaining, agreeing, telling, noticing, rejecting, and so on" (Schegloff 2007: xiv). Action formation is closely linked to action ascription (Levinson 2013), which is an inherent aspect of interaction and without which understanding of turns would not be possible. It refers to the assignment of particular actions by one participant to the turns produced by their co-conversationalist (Wilkinson and Kitzinger 2011). For example, if participant A's turn is recognised as a question, then participant B will probably understand it as such and produce a relevant turn in the form of an answer, which will be seen as a *preferred* action in the structural sense. Levinson (2013: 103) explains that: "action ascription by B of A's turn is a prerequisite for the design of B's turn — the very 'proof procedure' that makes CA possible". The challenge, however, lies in the correct ascription of the major action to the turn, which can be facilitated by two crucial factors, namely, turn design (Drew 2013) and turn allocation (Hayashi 2013). Turn design refers to the ways in which turns are constructed, that is what is selected in the building of the turns; for example, speakers employ various lexical items, prosodic features, morphological forms, laughter and so on (Drew 2013). Turn allocation is about opportunities for the production of turns. The process of action ascription as 'correct' or 'good enough' can be verified on the basis of the next turn, which constitutes a response to the previous turn. If the next turn does not require correction, then the process of action ascription can be regarded as successful (Levinson 2013).

Sequence organisation is another building block of CA. This supposes that the actions that interlocutors accomplish in interaction, such as question and response, occur sequentially. These often form basic units of sequence construction called adjacency pairs (Sacks 1967; Schegloff 1968), which are understood as "two turns at talk by different speakers, the first constituting an initiating action, and the second an action responsive to it" (Wilkinson and Kitzinger 2011: 26). Schegloff (2007: 13-14) defines adjacency pairs by delineating a list of features that are characteristic of them:

(1) composed of two turns
(2) by different speakers
(3) adjacently placed; that is, one after the other

(4) these two turns are relatively ordered;

(5) pair-type related; that is, not every second pair part can properly follow any first pair part (greetings are paired with greetings)

The actions are usually not paired at random, but most of the initiating actions (also termed first-pair part actions) have adequately selected responsive actions (or second-pair part actions) (Wilkinson and Kitzinger 2011). Some examples of commonly used adjacency pairs are presented in Table 2.

Table 2. Adjacency pairs (adapted from Stivers 2013: 192)

First-pair part action	Second-pair part action
Summons	Answer
Greeting	Greeting
Invitation	Acceptance/declination
Offer	Acceptance/declination
Request for action	Granting/denial
Request for information	Informative answer
Accusation	Admission/denial
Farewell	Farewell

Some initiating actions, such as invitation or offer can potentially be followed by two different responsive actions, namely, accepting or declining, the former of which is termed a *preferred*, and the later as a *dispreferred* response (Wilkinson and Kitzinger 2011). The dispreferred response can be seen as problematic by the talk-in-interaction parties and might require being mitigated or attenuated. Furthermore, preferred responses do not often require much explanation and dispreferred ones might involve elaboration accompanied by such lexical features as hedges, excuses or disclaimers (Schegloff 2007). Although adjacency pairs are an important resource for speakers in interaction and a broad range of sequences is produced by reference to them, some sequence organisations, for example storytelling, are not generally based on this model (Schegloff 2007)[6].

Another key feature characterising talk-in-interaction is repair. Speakers in interaction recurrently face troubles concerning the other person's turn and these do not necessarily regard the 'correctness' of grammar of pronunciation, but arise because of misunderstanding or mis-

---

[6] There might be instances of adjacency pairs in storytelling, but the sequence organisation of stories is not generally based on them.

hearing of the other speaker's utterances (Schegloff 2007). Whereas some problems during the course of interaction remain unaddressed, other are seen as repairable by (one) the parties. Schegloff (2007: 101) terms the overt efforts "marked off as distinct within the ongoing talk" as 'repairs'. These can be employed to perform a variety of actions, for example, reformatting (Schegloff et al. 1977), replacement, softening of a dispreferred response, or deletion (Wilkinson and Kitzinger 2011). Repair can also be initiated if a party to a talk-in-interaction finds the other speaker's turn problematic in any other way, for example, "huh" can be used to claim that the speaker did not hear what was said. Repairs can be initiated both by the 'trouble-source' and the other speaker, and these are termed 'other-initiated repairs' (Schegloff 2000). The same goes for the completion of the repair, that is, it can be carried to completion by the same or the other speaker that initiated it (Schegloff 2007).

Another key feature used by speakers in interaction is word selection. Interactional turns are built of lexical items chosen amongst various possible alternatives. The selection of words is crucial as it impacts upon the design of the turns and therefore it "informs and shapes the understanding achieved by the turn's recipient" (Wilkinson and Kitzinger 2011: 27). Lexical selection is largely shaped by the interactional context including, but by no means exhausting, the relationship between the speakers, their communicative purpose or the intended action (Enfield 2013). The selection of words depending on the contextual cues is evident on the basis of nominal references. For example, the reference to law enforcement officers with the neutral term 'police' is likely to happen during court proceedings (Jefferson 1974), but the term 'cops' might be used in a conversation with teenage peers (Sacks 1995). Furthermore, in an institutional context speakers can choose among multiple options of how they can refer to themselves; on a very basic level of personal pronouns they can use 'I' or 'we', which can be potentially significant for the design of the turn. The selection of 'we' would index speaking on behalf of an institution rather than as individuals (Drew and Heritage 1992). What is also important is that word choices (are used to) index identity. This means that through selecting and deselecting particular lexical items speakers both construct their own identities and the identities of people they make salient in interaction (Kitzinger and Mandelbaum 2013).

The final CA feature regarded as one of the 'building blocks' of talk-in-interaction is the overall structural organisation**.** Ordinary conversations are usually characterised by the activities of openings and closings, as well as "slots for 'first topics'", whereas the body of the conversation tends to be more fluid and depend on the choices of the speakers (Heritage 2013: 8). This situation gives the speakers a lot of freedom how to organise their turns as they do not have to

rely on a pre-established structural organisation. Institutional talk is, on the other hand, more structured and often involves the use of particular component activities or phrases characteristic of a given institution. For example, emergency calls have a highly institutionalised phase structure and usually involve (Zimmerman 1992):

(1) opening - where the identity of the speakers is identified and acknowledged;

(1) request – where the caller presents the reason for the call

(2) interrogative series – a sequence of questions and answers to provide more details about the problem in question

(3) response – the response of the call taker to the reported troubles

(4) closing

Any departure from the established model of sequential organisation, especially in institutional talk, might pose problems for the speakers. Analysing talk-in-interaction where a certain 'internal' organisational structure is expected, should be approached with caution. Heritage (2013: 10) observes that:

> the fundamental interest lies in seeing how the participants orient to it [the structure-mine ASB] in terms of the production and analysis of one another's actions. It should not be an objective to force the data to fit into pre-existing categories of the analyst s devising. Rather, as in other areas of CA, the participants actions and orientations are sovereign and the task of the analyst is to accommodate analysis to this fundamental fact. (Heritage 2013: 10)

Although the quote raises an important issue in terms of the overall structure of talk-in-interaction, it can be extended to the whole analytical process in line with CA assumptions. That is, it is always the speaker's perspective that is favoured and that the researcher should always try to approach the data without any pre-established categories and/or assumptions that might flaw the findings

1.3.2. Membership Categorisation Analysis

Membership categorisation analysis (henceforth MCA) focuses on examining socially negotiated understandings of different categories of actors, and how these are utilised and interpreted in a given local context. MCA, just like CA, has roots in the work of Sacks (1995), but these two

approaches were developed independently of each other to a large degree. As has been presented in the previous section, in CA the principal focus is on talk-in-interaction and its sequential organisation, whereas MCA is overwhelmingly preoccupied with members' categories through which they try to make sense of the world (Hester and Eglin 1997).[7] Jayyusi (1984: 20) draws a crucial terminological distinction between 'categorisations' and 'categories': the term 'membership categorisations' "refers to the work of members in categorizing other members or using 'characterisations' of them", whereas 'membership categories' is used to refer "to the already culturally available category-concepts that members may, and routinely do, use in categorization work and the accomplishment of various practical tasks." By way of illustration a list of categories can include a 'doctor', 'mother', 'child', 'hooligan', 'IT engineer' or a 'yogi'. One of core strengths of MCA lies in the fact that it allows for a rigorous categorial analysis as it does not rely on pre-determined categories, such as, for example, gender categories (Stokoe 2003a). Thus with the insights and methods of MCA, it is possible to identify those categories that are being made relevant in a given interactional context. Rather than being treated as fixed entities, these are understood as "occasioned by local sense-making needs" (Freiberg and Freebody 2009: 7). The fact that categories used by members are 'already culturally available' resources to describe others and the members themselves means that categorisations do not appear from and in a vacuum, but emerge within members' situated cultural knowledge (Stokoe 2003a, 2003b). Through the work of identifying members' categories in a local context, it is possible to explicate the ways in which they accomplish 'doing' society, or in Hester and Eglin's (1997) words, 'culture-in-action.'

Members' categorisations are possible to be understood by interlocutors in interaction as forming classes, collections or membership categorisation devices (MCD). The latter refers to an analytical resource introduced by Sacks (1974) to explicate by what means members of a certain culture are able to understand and interpret the occasioned meaning of categories. Sacks (1974: 218) describes MCD as:

> any collection of membership categories, containing at least a category, which may be applied to some population containing at least a member, so as to provide, by the use of some rules of application, for the pairing of at least a population member and a categorisation device member. A device is then a collection plus rules of application. (Sacks 1974: 218)

---

[7] Although CA and MCA are usually used separately because of their varying research foci, it is not inconceivable to combine them, and indeed they have been used together to explicate, for example gender (e.g. Stokoe 2012; Kruk 2015). MCA is also used in conjunction with elements of CA in this dissertation.

A collection of categories that Sacks refers to can be commonsensically seen as certain categories paired with some other ones. Such a collective may refer to MCD 'family', for example, which is understood as different family members: 'mother', father, 'daughter', 'son', 'grandmother' etc. Sacks also developed a concept of a particular type of MCD called 'standardised relational pair' which refers to categories such as 'husband-wife' or 'friend-friend' and describes collections of categories constituting "a locus for a set of rights and obligations concerning the giving of help" (Sacks 1972: 37). In order to illustrate how MCD works Sacks (Sacks 1972: 34) provides an example from a children's storybook:

The baby cried. The mommy picked it up.

Sacks was interested in the mechanism behind understanding that the mommy from the above example is understood as the mommy of that particular baby. He studied how MCD allows members to filter invoked categories from available membership category systems and locate the 'meaning categories' within the situated context (Tracy 2002). In order to understand this process, two rules for applying category membership were described: the economy rule and the consistency rule. The economy rule states that "if a member uses a single category from any device than he/she can be recognised to be doing adequate reference to a person" (Sacks 1995: 221) whilst the consistency rule refers to the process by which "if a member of a given population has been categorised within a particular device then other members of that population can be categorised in terms of the same collection" (Sacks 1995: 221).

Sacks also derived a hearer's maxim stating that "if two or more categories are used to categorise two or more members of some population and those categories can be heard as categories from the same collection then: hear them that way" (Sacks 1995: 221). In the case of the well-known example quoted by Sacks about the mommy and the baby, with reference to the hearer's maxim both categories are seen as parts of the same collection 'family': it is typically the mommies of babies that do the picking up when the babies are crying. The fact that this example was produced by a child aged less than three years old is quite significant, as it shows that people learn that some categories 'go with' other ones from a very early age and that they are able to locate and produce at least some basic categories belonging to the same collection.

Doing categorisation work by speakers often means linking categories with certain expectable and required activities (often referred to as category-bound or category-linked activities)

or characteristics (called category bound predicates) (Hester 1998). This basic list of activities and characteristics comprises (but is by no means limited to): features, obligations, expectations that are both constitutive of categories and generated by those categories (Jayyusi 1984). Moreover, they are not only descriptive, but can also be also ascriptive. Jayyusi (1984: 28) has shown that categorisations "can work as umbrellas for the ascription of other features and actions" and that they are of a highly normative and moral character. Category-boundedness led Sacks to identify two viewer's maxims that make it possible to understand how certain activities are seen as bound to certain categories. The first maxim states that:

> If a member sees a category-bound activity being done, then, if one can see it being done by a member of a category to which the activity is bound, then: See it that way. (Sacks 1974: 225)

The first maxim means that on the basis of an activity observable as bound, the identification of the doer of this action can be inferred. Going back to the story of the mommy and the baby, the mommy can be identified as the mommy of the baby as she picked the baby up, and this is an activity bound to the category 'mother'. The second of the maxims holds that:

> If one sees a pair of actions which can be related via the operation of a norm that provides for the second given the first, where the doers can be seen as members of the categories the norm provides as proper for that pair of actions, then: (a) See that the doers are such-members and (b) see the second as done in conformity with the norm. (Sacks 1974: 225)

This maxim refers to the relationship between the categories and activities, which are seen as both bound and normative to them, and which allow for the identification of the doer of those actions.

Categories are powerful tools in organising social life because the knowledge that is organised by reference to them is "protected against induction" (Schegloff 2007: 469). This means that if a perceived member of a category fails to confirm what is generally seen to be 'true' about the category they belong to, the situation is seen as an 'exception' and does not usually lead to the revision of knowledge about this category (Schegloff 2007). What is more, contravening what is known about the category might not only position them as different but even as defective (Schegloff 2007). It is important to point out at this point that categorisation work exceeds beyond simply displaying beliefs about certain groups of people, and it usually aims at accomplishing certain tasks in interaction such as "making inferences, judging, contrasting and assessing,

displays of understanding of prior talk, disagreeing, persuading" (Jayyusi 1984: 150) etc. What is more, categorisations are 'inference rich', which pertains to the assertion that categories store "a great deal of the knowledge that members of a society have about the society" (Sacks 1992: 40-41). Because of this richness of information, it practically means that certain aspects of a given category in interaction might be emphasised on the one hand, while on the other hand some other aspects can be downplayed depending on the interactional intentions of the speaker(s). By way of illustration, the category 'mother' encompasses a range of different meanings in different cultures. In the Western world, it would be linked to such category-bound activities as looking after a child, breastfeeding, or tending to the child's needs before her own needs are fulfilled. Since the category is of a highly normative and moral character, if speakers wanted to portray someone outside the category of a 'good mother', they could interactionally emphasise category-bound activities and predicates that clash with what is expected of the member of this category, while at the same time downplay some positive features that the member might poses. In this way, through such a channelling of inferences by one speaker and the possibility of understanding/sharing what the category entails in a given interactional context by other participants, the meaning about categories can be directed. What is more, the social organization of the world located in categories can be traced and they can be seen as powerful tools that allow for the occasioned accomplishment of normative formulations of obligations and judgment (Sokalska-Bennett 2017). Any failure to adhere to the established norms, as could be the above mentioned example of a category 'mother', has the potential of generating situations when the category member is assessed though the moral and normative lens. If one fails to fulfil societal expectations embedded in certain categories, they can face prejudice and/or criticism and be regarded as defective members of a given category (Sokalska-Bennett 2017).

One of the main tenets of MCA, which constitutes another strength of this approach, is that MCA, the same as CA, analysts always favour the speaker's perspective, rather than the analyst's bringing in the categories in the interaction. Stokoe (2012: 282) observes that "the appeal (and danger) of MCA is to try to unpack what is apparently unsaid by members and produce an analysis of their subtle categorisation work". However, the fact that both speakers and MCA researchers are usually members of 'the same' culture(s) and thus share the cultural knowledge about what categorical memberships entail, can be as beneficial as it can be detrimental to the process of analysis. Schegloff comments on this issue and goes on to claim that MCA researchers risk committing analytical 'promiscuity' by imposing their own understanding of categories

present in the data (Sacks 1992: xlii). According to the scholar, it if for this reason that Sacks abandoned work on membership categories towards the end of his life. Watson (1997: 3-4) has argued against Schegloff's claim and outlined some of the key features thanks to which MCA is an empirical approach to the study of members' understanding of the categories:

(1) Sacks was always concerned with social activities: "categorization was to be analyzed as a culturally methodic (procedural activity rather than in terms of an inert cultural grid)".

(2) For Sacks, categories came to have meaning in specific contexts: he did not see categories as 'storehouses' of decontextualized meaning.

(3) Sacks made it clear that category use did not reflect psychological processes (such as information processing) but depended on "cultural resources [which are] public, shared and transparent".

(4) Above all, the issue for Sacks was not the content of categories, but the procedures through which they are invoked and understood, (Watson 1994: 3-4 as quoted in Silverman 1998: 129-30)

The concepts discussed in the above section are central to understanding the workings of MCA. It is an approach that is suitable to analysing the contextual, social and practical procedures employed by members to make sense and create the social reality they live in through invoking categories occasioned in talk-in interaction (Roulston 2004). Furthermore, Watson (1997: 16) argues that according to Sacks "categorical organization is intrinsic to… turn ordering" suggesting that sequential organisation is not separate from analysing membership categories (see also Stokoe 2003a, 2003b, 2012).

MCA studies in the past years show how this analytical approach provides vital tools in detailing how categorisations relate to wider discursive practices and norms. MCA has been used to explicate, among others, the functioning of gender categories in various social contexts (Stokoe 2003a, 2003b, 2009, 2012). For example, Stokoe (2003b) has demonstrated how gender works as a salient category in disputes among neighbours. Gender category memberships were observed to be made interactionally relevant, to do moral work and how they were used as the basis for making complaints. In another paper, Stokoe (2012) has shown how normative gender categories were invoked by students partaking in a workgroup, which resulted in the only female participant being ascribed the role of the scribe. MCA can be used to uncover how gender categories can be used by members to "maintain the common sense 'discourses' or 'repertoires' that

shape our gendered world" (Stokoe 2003a). Baker (2000: 111) proposes that the strength and perseverance of (gender) categories lie in their invisibility: "the more natural, taken for granted and therefore invisible the categorisation work, the more powerful it is". MCA, however, also has the potential to show how certain 'durable and institutionalised' (Stokoe 2003a) gender categories can be seen as more 'flexible' or even 'revolutionised' (Speer 2005) in the way that they can be perceived as bound to activities and predicates that exceed beyond normative ones.

1.3.3. Discursive Psychology

Discursive Psychology (henceforth DP) is an approach to studying talk and text that applies ideas from the field of Discourse Analysis to social psychology (cf. Potter and Edwards 2001; Potter and Hepburn 2005). Although the term 'Discursive Psychology' was first coined by Edwards and Potter (1992), it was really the work of Potter and Wetherell (1987) *Discourse and social psychology: Beyond attitudes and behaviour* that is seen as laying the early foundations of this approach (Wiggins and Potter 2008). DP draws on tenants of discourse analysis, ethnomethodology, sociology of science, post-structuralism, rhetoric and conversation analysis (Potter and Edwards 2001). Its original goal was to critique cognitivism in psychology, which Edwards (1997: 19) refers to as "a perspective that reduces all of psychological life, including discourse and social interaction, to the workings of cognitive, or even computational, mental processes", and its methods of investigation. What this means in practice is the rejection of the traditional psychology's view that people's psychological states such as emotions or intentions are seen as operating behind talk, and consequently, that language is a tool which allows for their externalisation (Tileaga and Stokoe 2015). Instead, DP assumes that what individuals say is not necessarily expressive of their inner reality and true beliefs, but rather has a reality-constructing feature (Potter and Edwards 2001). People's thoughts, memories and motivations are seen as performative (Tileaga and Stokoe 2015). People are believed to construct reality through the use of discourse, which is seen as social practice. For example, someone who usually resorts to racist comments might want to appear neutral in certain situations and discursively construct themselves as non-racist.

Although DP is a relatively new approach to analysing discourse, it has been used to investigate various research areas and has proved useful in analysing helpline calls (Potter and Hepburn 2005), online forum interactions (Horne and Wiggings 2009), counselling sessions

(Lester 2014), emotions (Weatherall and Stubbe 2015), as well as such social problems as gender inequality (Wetherell et al. 1987) and racism (Wetherell and Potter 1992). Investigating such various research topics has been conducted concurrently along two main trajectories. On the one hand, the strand of DP highly influenced by ethnomethodology and CA has been interested in how psychological matters (seen as interactional achievements) have an influence on the ways in which everyday interactions are organised (Tileaga and Stokoe 2015). What is more, unless participants make relevant the social context in their interaction, it is not taken into account in line with CA principles. On the other hand, a 'critical' DP has also been developed. This strand is aligned with post-structuralism, and combines an attention to detail with taking into consideration "wider macro structures and cultural-historical contexts" (Tileaga and Stokoe 2015: 4). Given its focus, researchers working within the paradigm of this strand often investigate social issues (cf. Wetherell and Potter 1992; Wetherell et al. 1987).

Apart from visible differences between the CA-oriented and more 'critical' strands, there are many DP features that are shared by both of them. In general, it is impossible to understand DP without elaborating on its three core principles (e.g. Potter and Edwards 2001):

(1) Discourse is situated.
(2) Discourse is action-oriented.
(3) Discourse is constructed.

DP sees discourse to be situated twofold: firstly, it is occasioned in a particular interactional context and manifested in a sequential organisation of talk (Potter and Edwards 2001; Whittle and Mueller 2010) as well as in a particular institutional setting (for example job interview) (Whittle and Mueller 2010), and secondly, it is pervasively rhetorical (Billig 1987, 1991). Edwards and Potter (1992: 28) explain that "[o]ne of the major features of rhetorical analysis is the demonstration of how, in order to understand the nature and function of any version of events, we need to consider whatever real or potential alternative version it may be designed to counter (…)".

The view that discourse is action-oriented means that people use discourse not as neutral expression of their inner beliefs but as a tool to perform certain social actions or practices (Potter and Edwards 2001). These can include invitations, requests, blame attribution, judging, refusing, disagreeing and so on. A short example given by Pomerantz (1980: 185) exemplifies how in a telephone conversation between two sisters discourse can be used to perform social action:

A: Yer line's been busy.

B: Yeuh my fu(hh)! ·hh my father's wife called me.

This short excerpt clearly demonstrates that discourse is used by one of the speakers to solicit information and how the other speaker understands it as such and provides an explanation for the busy line. In this sense, speaker (B) does not provide a neutral description, but performs social action.

The third feature of discourse sees it as both constructed and constructive (cf. Potter and Hepburn 2008; Potter and Edwards 2001; Whittle and Mueller 2010). That discourse is constructed means that words, metaphors, accounts etc. are used in interaction to perform particular actions (Potter and Edwards 2001). It does not refer a priori constructions being imposed, but rather to products of moment by moment interaction. What is meant by the constructive aspect of discourse is that its particular aspects are elected and used in a given context to relate a certain version of reality over a different possible one. In other words, people engage in the production of constructions of reality. In line with the DP approach, these constructions are studied as independent of their producers (Potter and Edwards 2001) rather than as describing their inner states or beliefs.

Constructions of memories (and attributions), central to this doctoral thesis, are routinely employed by participants in everyday interactions. Edwards and Potter (1992) propose a conceptual scheme, which they term a 'discursive action model', which can be applied to analysing people's memories, which are treated as reports or accounts of what had happened. This means that they are not perceived as giving access to the real and faithful recollection of events and that multiple versions are possible and can change depending on various factors such as the context of the interaction or the participants. For example, in the context of this thesis, women talking about their experiences of miscarriages might produce different versions of their accounts when talking to their partner, children, friends or an interviewer. Edwards and Potter (1992: 156) observe that reportings produced by people are situated in activity sequences, which typically encompass "interpersonal or intergroup issues involving blame, responsibility, reward, compliment, invitation and so on". Language is at the centre of actions, as it allows for their performance during producing situated and occasioned versions of accounts (Edwards and Potter 1992). During reporting, and also generally in interaction, people often orient themselves to issues of stake and interest (Potter and Hepburn 2005). What is meant by this is that people's interest in performing a particular action in interaction does not function as "an expression of a pre-existing entity" (Whittle and Mueller 2010: 420), but is instead studied as a topic itself to-

gether with inferences for people's motives that govern their interactional choices. Participants display awareness that people, both individuals and groups, are entities characterised by desires, motivations, biases and institutional allegiances (Edwards and Potter 1992). People are thus motivated by self-interest and are seen as such when they produce their accounts (Horton-Salway: 2001). What follows is that producing an account where, for example, someone describes someone else as racist means that they potentially can face a situation where their account will be undermined as untrue for some reason. This can be extended to many other examples where people produce controversial claims. Potter (1996) gives an example of blame attribution, where the action of blaming can be discounted on the basis of being a personal spite, and an offer can be seen as seeking to influence, for example, someone's decisions. In order not to have their claims discounted or challenged, they are "caught in a *dilemma of stake and interest*: how to produce accounts which attend to interests without being undermined as interested" (Edwards and Potter 1992: 158). People are interested in producing accounts that appear factual and solid (Horton-Salway 2001). There are different ways in managing stake, for example, in order not to have an account challenged, a person can produce a disinterested factual report (Edwards and Potter 1992; Potter 1996). Some examples of discursive devices used in accounts include consensus and corroboration, vivid descriptions (Edwards and Potter 1992; Horton-Salway 2001), lists and contrasts or extreme case formulations (Edwards and Potter 1992). All of these discursive tools work towards the same goal, namely the prevention of having an account undermined, which Potter (1996: 125) refers to the process of 'stake inoculation'.

As well as attending to stake and interest in their accounts, people also refer to the issues agency and personal accountability (Edwards and Potter 1992). People's accounts can be investigated with the focus on how accountability is accomplished through social actions. People are concerned with what is regarded as normal and expectable, and while reporting events, they "attend to their own responsibility (…) and they invoke notions of motive, causation, justification, and cognition" (Edwards 1997: 7-8). Schegloff (1989) observes that accounts of actions also concurrently operate as accounts for actions (Edwards and Potter 1992). Accountability is located at two different levels that are often interrelated. The first level of attending to accountability by a speaker producing a report concerns claims about the responsibility of the recounted events or actions. While doing so, and especially if the speaker is also constructed as the participant of the reported actions or events, their accountability is also being managed. Edwards and Potter (1992: 168) point out that the process of interconnection of those levels (within the reported events and within the situated context) can work in the opposite direction: "attending to one's

own current accountability can have implications for that of the persons and events in reports". Accountability in talk-in interaction can be managed with the use of various discursive tools, one of which has been termed 'script formulations'(Edwards 1994). It refers to routine and expectable descriptions of events or persons, as if there was a 'script' that should be followed (Edwards 1994). This discursive tool can be employed to construct events or persons as normal and ordinary, and to prevent them from being perceived as unusual or outside the norm. Script formulations can be employed by speakers to defend the descriptions in their accounts from being understood in any alternative ways to the ones intended by the speaker (Wiggins 2017). Edwards (1995: 345) provides a set of scripting devices such as 'if-then' grammatical structures, using verbs (e.g. get) and modals (e.g. would or will) with iterative aspect, pluralisation, citing dispositions, temporal adverbs of frequency (e.g. always or usually), manner expressions, explicit instancing of events, formulae and idioms (e.g. two to tango). This list should be treated as neither full not definite, and what has to be taken into account is the fact that the discursive devices in question might be employed for other interactional purposes by the speakers. As a result, they might not be used to produce script formulations in certain contexts (Edwards 1995).

Many DP researchers representing the two possible strands of DP described above (the CA-oriented and the 'critical one') advocate the use of naturally occurring data (Potter and Edwards 2001; Whittle and Mueller 2010), namely, interactions that would happen irrespective of the researchers presence (for example recordings from board meetings or telephone calls), rather than researcher generated data such as (most) interviews, experiments or surveys. Similarly to CA and (usually) MCA, DP researchers usually work with audio and video recordings and their detailed transcripts. Working with naturalistic data is a relatively recent trend, as early DP work used both interviews and focus group interviews (e.g., Potter and Weatherall's (1987) early work was interview-based). Potter and Hepburn (2005) provide a list of problems with using interview data[8] in psychological research. One of the criticisms concerns 'deletion' of the interviewer and failure to see interviews as an interactional achievement where both the interviewee(s) and the interviewer(s) are present. Interviewer's presence has an impact upon the interactional organisation of the interview that cannot be overlooked[9].

---

[8] Potter and Hepburn (2005: 282-283) refer to the type of interview that has been described as "conversational, active, qualitative, open-ended or even sometimes (confusingly) semi-structured." For a more lengthy discussion of the limitations of interview data, but also for a rationale concerning the explanation why I think it is useful to apply DP to analysing my interview data see section 1.5.

[9] The need to perceive the interview as a joint accomplishment between the interviewer and an interviewee is addressed in more detail in section 1.5.

1.3.4. Integrating the approaches: The issue of context, participant orientations and gender categories

Integrating three different, although clearly related, approaches to analysing discourse, CA, MCA and DP is not a task to be completed without addressing a few important and complex issues. Even within each of these approaches, one encounters various, often competing, standpoints from respected scholars. And although it is not unusual to combine CA and MCA or CA and DP or even DP and MCA –it has been done in the last few decades with a greater or lesser success (e.g. CA and MCA: Stokoe et al. 2017, CA and DP: Widdicombe 2011; Weatherall and Stubbe 2015, DP and MCA: Sutherland et al. 2017; Schubert et al. 2009) – integrating three of those approaches poses some methodological challenges that need to be critically evaluated/addressed. One of the most pressing of those is undoubtedly the issue of context, as it significantly impacts upon the reading and interpretation of the findings.

What distinguishes CA's analytical frame from some approaches to analysing discourse, for example CDA, is the general disregard of any external socio-cultural contexts. Schegloff (1997) proposttes a rather 'fundamental' view of CA context which has stirred a considerable amount of debate (although it should be noted that this is not the only standpoint represented by CA researchers). Schegloff (1997) suggests that participant's perspectives should be foregrounded and these have to be empirically grounded. This means that all of an analyst's claims regarding participants' orientations have to be demonstrable with a rigorous turn-by-turn analysis of the data. In other words, the analyst should be able to point to the exact moment of interaction when something happened, for example when participants made relevant a particular social category such as gender. In Schegloff's words (1997: 166): CA favours "the orientations, meanings, interpretations, understandings etc. of the *participants* in some sociocultural event". Favouring participants' perspectives is made possible thanks to the overlooking of a wider-social context, which means that the analyst does not bring any pre-existing categories into the analytical process (Schegloff 1997). Although Schegloff proposes a fine grained analysis characterised by empirical demonstrability resulting in a more rigorous analytical process, his definition of context has been regarded by some as restrictive and problematic for a number of reasons. Stokoe and Smithson (2001) address the issue of Schegloff's (1997) understanding of context with the view of analysing gender categories in interaction and provide an illuminating critical evaluation of the links between CA, gender and language.

As gender is one of the main analytical categories in this doctoral thesis and CA is one of methodological approaches used, it is important to explicate the relationship between CA and membership categories, and especially the category of gender, in more detail. Stokoe and Smithson (2001) elaborate on three areas of interest that were previously under-researched in CA studies: participant's orientations to gender, culture and common-sense knowledge as unexplicated resources in CA and the compatibility of CA and feminism (Stokoe and Smithson 2001). Although orienting to participants' categories makes sense and seems to allow for a more rigorous and objective analysis, the question arises: what is exactly counted as member's orientation? When it comes to the category of gender, a close analysis of the local context can be fruitful in pointing out moments when participants make gender relevant through the reference to explicit mentions of gendered terms such as 'girl', 'woman', 'chick', 'guy' etc. The situation is, however, more complicated than this and gender can be made relevant in various ways in talk-in-interaction, many of which would not involve explicit mentions of gendered reference (Stokoe and Smithson 2001; see also Speer and Stokoe 2011). Schegloff (1997: 182) is aware of this issue and admits that "orientation to gender can be manifested without being explicitly named or mentioned". This claim can be seen as contradictory to what Schegloff (1997) proposes as his 'gold standard' for analysis. The assumption that gender can be made relevant in interaction without being explicitly mentioned complicates the matters even more as "the actual discursive practices of 'attending to', 'making relevant' or 'orienting to' gender remain unspecified in CA" (Stokoe and Smithson 2001: 246).

As has been previously pointed out, CA analysis requires no analyst's imputations outside the content that is made relevant in interaction, as interaction is an object with "a defensible sense of its own reality" (Schegloff 1997: 174). It is the talk-in-interaction itself that provides the context and the socio-political dimension (Blommaert 2005). Stokoe and Smithson (2001) problematise the notion of members' cultural or common-sense knowledge. As categories produced by participants in interaction rely on their cultural knowledge, and they can understand each other thanks to the fact that this knowledge is shared, CA disregards the fact that analysts are also often members of the same culture and the cultural knowledge that members draw on is also shared by them. Stokoe and Smithson (2001: 252) observe that: "In order to make any leap from what speakers say (a simple paraphrase) to *analytic* commentary, researchers must draw upon their own interpretative resources". They assert that despite the claims that CA favours exclusively participant's orientations that can be pointed out in conversation, culture is nonetheless a

resource for both participants and the analyst, however "largely unacknowledged and explicated" it is in CA (Stokoe and Smithson 2001: 243). When it comes to combining DP and MCA, contemporary DP underlines an openness to Sacks' work, and MCA – which has grown in importance in the recent years as evidenced by, for example, the *Special issue on categories and social interaction: Current issues in membership categorization* in *Discourse Studies* (Volume 14, Issue 3, June 2012) – can now be seen as an essential component of DP. Fitzgerald and Rintel (2015: 181) observe that DP positively impacts upon the development of MCA: DP "not only incorporates a deep understanding of Sacks' categorisation work but in turn contributes significantly to the further development of MCA". Synthesising both approaches has been done successfully over the last few decades and has allowed for a more complex understanding of the researched data. An amalgamation of DP and MCA has been used to investigate gender (Stokoe 2003b), race (Edwards 2007) or arguments (Reynolds 2013). Categorisation work is routinely achieved in everyday interactions and constitutes not only a significant, but predominantly a pervasive part of discourse (Potter and Wetherell 1987). Categories can be selected and formulated by participants to perform various interactional business that can be uncovered and interpreted with the help of methods and insights of DP. Edwards (1998: 24) observes that "even the most obvious, factual, trivial demographic kinds of person-identifying categories can be invoked, worked up and played down and otherwise used by participants as part of the discursive business at hand". This means that categories are used as tools to accomplish interactional goals and help to construct different versions of the social world (Potter and Wetherell 1987).

As has been briefly introduced, in section 1.3.3. DP research can be divided into two main branches: a more 'non-critical' analytical style committed to CA principles and a more 'critical' approach. Although considerable tensions between the two approaches exist, the issue of context is probably the most prominent bone of contention. The CA-oriented strand of DP is faithful to Schegloff's (1997) understanding of context, which means that unless participants make something relevant in interaction, it should not be taken up by the analyst. The critical strand, on the other hand, often investigates social issues and does not advocate separating discourse from the larger social contexts irrespective of the fact whether participants orient to it or not (Edley and Wetherell 2008). Within DP the issue of participants orientations and their demonstrability in the data has been widely discussed (Billig 1999; Schegloff 1997; Schegloff 1999; Wetherell 1998), and in particular the claim that researchers should restrain themselves from applying any pre-existing categories during the process of analysis (Schegloff 1997). Billig

(1999: 544) contests this principle observing that CA also applies certain, *a priori* categories: "CA contains its own ideological and sociological assumptions". This is observable in CA's 'specialist' and 'fundamentalist rhetoric'. The former form of rhetoric pertains to the fact that CA uses a highly specialised and technical vocabulary, which contravenes the assumption that participants should be studied 'in their own terms'. Thus it is CA analysts who apply their own categories to the data (Billig 1999). The latter, 'fundamentalist rhetoric', "conveys a participatory view of the world, in which equal rights of speaking are often assumed" (Billig 1999: 543), which means that CA conveys a certain idea of social order. For those reasons, CA cannot be seen as 'neutral'. Wetherell (1998) also challenges Schegloff's idea of CA's neutrality, but she focuses on a slightly different aspect. Going back to Schegloff's (1997) idea of favouring participants' orientations and restraining from importing analyst's categories to the analysis is seen as, at best, problematic. Wetherell (1998) claims that just selecting certain excerpts of talk over others contradicts the idea of 'unmotivated looking'.

Despite the prominent differences existing between the two trajectories, some distinguished DP scholars such as Jonathan Potter and Margaret Wetherell (Potter and Wetherell 1987) have applied principles from both approaches. Furthermore, some DP researchers focus on bridging the gap between the two strands. For example, Wetherell (1998), is an advocate of a more synthetic and integrated approach, rather than a rigid adherence to the principles of either of them:

> My aim was not to endorse this division of labour - conversation analysis then ethnomethodology then post-structuralist analysis or ethnography of communication or critical discourse analysis - but to suggest that for social psychological discursive projects a more synthetic approach is required focused on the development of analytic concepts which work across some of these domains such as, for instance, the notion of positioning, interpretative repertoires, ideological dilemmas, and so on. (Wetherell 1998: 405)

Wetherell's (1998) approach to DP is particularly suited to this thesis as it focuses on social issues and a strong adherence to the principles of CA could potentially limit the scope of the analysis. The analytical perspective presented in this thesis aligns with Wetherell's (1998) suggestion of applying a more eclectic approach to investigating data, one that exeeds beyond the limiting concept of context represented by 'core' CA. Following Wetherell (1998: 388): "conversation analysis alone does not offer an adequate answer to its own classic question about some piece of discourse - why this utterance here?". Investigating women's accounts of miscarriage(s) would

be incomplete without the inclusion of interpretative repertoires employed by women in talking about their own embodied experiences. It can be argued that women recounting their experiences, as members of culture, rely on the wider and pre-existing cultural resources.

Stokoe and Smithson (2001: 264-245) ask a question: "So, as feminists can we use CA to make claims about the wider social effects of members' local practices?" Speculation beyond data is not possible according to the Schegloffian version of CA and although feminists might analyse various CA categories, they cannot provide a commentary interpreting them. For example, Schegloff (1997) raises concerns about feminists possibly being predisposed to look for proof of unequal gender power in conversations between the two sexes. Stokoe and Smithson (2001: 264-245) conclude that CA can be compatible with a feminist agenda if "one challenges the analytic stance of CA".

As has been demonstrated above, the integration of CA, MCA and DP brings the question of category relevance and the issue of participant orientation to the fore. Although categorical choices should be treated as participants', rather than analysts tools for making gender relevant in talk-in interaction, sometimes it is necessary to draw on the analyst's background knowledge to establish that a particular activity is tied to a certain category. Widdicombe (2015: 200) argues that "in order to determine that the reference to certain activities is a way of making a particular category relevant, we need to draw on the background knowledge that Schegloff (1997) argues we need to put aside in the interest of analytic rigour." It could be argued that even if certain activities are seen as going together, and it seems that 'everyone' realises that they are inextricably linked, for example, that breastfeeding is an activity tied to the category of mother, then it still holds true that analysts have to draw on this cultural and social background knowledge to be able to understand that and interpret the data. Despite the fact that the idea of 'participant orientations' is undoubtedly a useful concept bearing a lot of potential in helping to introduce and maintain analytical rigour, it still needs further refinement (for an attempt to do so, see for example Stokoe 2012b).

For the purposes of this thesis, the methods and insights of CA are applied for a more grounded analysis by investigating issues that are made relevant in interaction by participants. The choice of CA is also governed by the view that given a wide range of possible research foci to be taken up, analytic choices have to be made. Furthermore, one should also bear in mind that analysts rely on their own interpretative resources and are members of the same culture as participants.

1.4. Identity construction in interaction

Identity as a concept, today heavily theorised by a number of academic disciplines including, to name just a few, linguistics, philosophy, sociology and psychology, was virtually non-existent before 17th century (Taylor 1989). Early concepts of identity were based on the idea of a "self-functioning, agentive, internal *project of the self*" (Benwell and Stokoe 2006: 17). Those traditional essentialist perspectives were preoccupied with providing an answer to the question of what identity actually is and saw individuals as 'possessing' distinct identities (Bamberg 2011). There has been a shift in identity research away from a traditional essentialist understanding of identity as something that people have, towards post-modern concepts of identity, which perceive it as "fluid, fragmentary, contingent and, crucially, *constituted in discourse*" (Benwell and Stokoe 2006: 17). Looking at identity from a discursive angle means taking into consideration both: 'discursive practices' and 'construction', and their interrelationship. Identity is then seen as an accomplishment carried out through an active engagement in the process of its construction during the most mundane interactional practices (Bamberg 2011). A communication-centered concept of identity sees it as being "inherently a communication process and must be understood as a transaction in which messages are valued and exchanged" (Hecht et al. 2003: 230). Similarly, Tracy (2002: 7) describes identity construction, or identity work, as "the process through which talk makes available to participants and observers who the people doing the talking must be". Identity work is seen to function on two levels: the first level of identity construction relies on the idea that it is accomplished through talk and it is based on people's choices of certain linguistic and discursive structures over others (Tracy 2002: 7). Bamberg (2011) observe that speaking subjects face the challenge of linguistic ambiguities, as well as choices they have to make in order to communicate, but also in order to express themselves in a certain way. A frequent consequence of those choices is identity construction. The second level of identity work pertains to the fact that identities shape talk; people are members of various communities, distinguished for example by nationality or profession, which means that they often learn to use distinctive language features which are then perceived as identity markers (Tracy 2002: 7). Identity categories, such as being a teenager or a professional woman, do not necessarily determine language use as such (Craig 1999), nor are they reflections of the inner states of individuals (Benwell and Stokoe 2006), but rather are actively produced in interaction. Benwell and Stokoe (2006) propose a number of discursive approaches best suited to analysing the ways in which people enact and construct their own identities and the identities of other people through their

use of language , four of which are worth particular attention as they lie at the core of this thesis: conversation analysis, membership categorisation analysis, discursive psychology and narrative analysis.

All of these approaches to investigating the discursive construction of identity are useful for exploring this concept in its situated context with the focus on the micro-level analysis, as well as deployment of identity categorisations. CA, in conjunction with MCA, provides linguistic and discursive tools to explicate how categorisations are actively employed on particular occasions (for example, through the selection and use of personal reference terms by interlocutors), and consequently, how identities shift, are negotiated and affirmed in interaction (Kitzinger and Mandelbaum 2013). In line with the tenets of CA, the "sequential organisation of turns provides the 'context' for talk" (Benwell and Stokoe 2006: 36), which in practice means that analysts do not assume pre-existing categories prior the analytical process . As has been observed above, identity construction can be accomplished through the reference to membership categories. Wilkinson and Kitzinger (2003) enumerate three types of practices and actions used to position people as members of social categories:

(1) naming or indexing a category;

(2) invoking categorical membership;

(3) invoking attributes

The most straightforward construction of membership categories is done through the reference to categorical terms. This can be done to refer to the speaker themselves or others with the use of either first, second, or third party references. All of these references are invoked in order to represent individuals as "presumptive representatives" of a given identity category (Wilkinson and Kitzinger 2003: 159). Some of these categories might only be indexed without being named, for example, "young people today" (Wilkinson and Kitzinger 2003: 174).

A direct reference to the membership of a given identity category is not always the case in interaction. People can be discursively constructed as belonging to membership categories without an explicit mention of the category as such (Stokoe 2009). This means that categories are neither named nor indexed, but instead, oriented to as a category that was invoked in interaction. Wilkinson and Kitzinger (2003: 175) argue that categories perceived as normative, such as for example 'heterosexual', "are often assumed and invoked in talk but rarely named, whereas the parallel non-normative categories", such as for example 'lesbian', are usually explicitly

named. Explicit naming or indexing of a category followed by silence on the side of the interlocutor naturalises the normativity of the categories and perpetuates the status quo (Fivush 2010).

Identity can be invoked through invoking certain attributes rather than direct naming or indexing of a given category (Stokoe 2009). Such interactional practices can serve as indirect indices of identity categories and be understood as such by participants in talk-in-interaction (Wilkinson and Kitzinger 2003). Positioning of individuals in talk-in-interaction is usually done "[t]hrough apparently trivial incidental person references" and is one of the ways in which "the taken-for-granted definition of the world we live in" is constructed (Wilkinson and Kitzinger 2003: 160).

Kitzinger and Rickford (2007) show how during a helpline call, the call taker first produces a non-gendered term 'your partner', which is later changed to a gendered term 'bloke', and which makes the maleness of the caller's partner relevant. It is worth pointing out at this point, that although people often do identity work in interaction, it rarely constitutes the major focus of an interactional event as such. Identity work is often accompanied by people's engagement in a broad range of interactional actions and practices (Kitzinger and Mandelbaum 2013). The use of a gendered term in this particular situation not only does identity categorisation work, but also serves as an interactional resource used for persuasion. The call taker attempts to persuade the caller that being accompanied by a 'male' during a doctor's appointment would be beneficial to her (Kitzinger and Rickford 2007). This situation exemplifies how certain identity categories are taken for granted in talk-in-interaction, which further shapes and reshapes both the meaning of categories and the social world we live in.

CA in conjunction with MCA and DP gives an insight into how identity categories are deployed, turn-by-turn, in talk-in-interaction and whether and how they are used in service of performing particular social actions. Edwards' (1998) influential article on gender categories illustrates how participants perform various interactional business by selecting certain categories (in this case gender) over others, and demonstrates the ways in which these categories are made relevant in interaction. Various uses of gendered terms during a couple's therapy session were invoked to serve rhetorical and interactional goals and present different versions of accounts. Edwards (1998) specifically focuses on the gendered terms 'girl' and 'woman' used alternatively by both spouses to attribute blame for the breakdown of their relationship. Although it was the husband who walked out on his wife and moved in with another woman, he tried to downgrade her status by describing his lover with using the gendered term 'girl' rather than 'woman'. What is quite significant is that the husband described her as 'woman' first, but then used 'repair' by

referring to her as 'girl' to downgrade her importance. Repair indicates in this case that a sensitive topic is discussed and is used to avoid inferences connected with the category 'woman' (Widdicombe 2015). In this case, re-categorisation displays potential problems but also, at the same time, it used for making gender a relevant category (Stokoe and Smithson 2001). During the therapy session, the gendered categories invoked by the spouses were sometimes accompanied with category-tied activities, but sometimes category descriptions were left implicit. They were also sometimes 'fuzzy', allowing for various interpretations. Edwards (1998: 25) observes that fuzzy categories "can invoke various indexical possibilities without making explicit claims that might be easier to rebut". Edwards (1998) also re-examines some examples provided by Sacks (1992) in his study on therapy sessions with teenagers with the view to show how gender was made relevant in the data. A participant of the therapy session in question switched from calling a female participant her name (Louise) to describing her with gendered terms such as 'chick' and 'the opposite sex' (Edwards 1998). Referring to her in generalised gendered terms aimed at downgrading the importance of that particular girl. What is more, re-categorisation in this situation points to the way in which the participant downplays his interest in the girl as personal (Edwards 1998).

The concept of identity is often closely connected to telling stories, even to the extent that narrative is sometimes regarded as "the prime vehicle for expressing identity" (De Fina and Georgakopoulou 2015: 351). Within the narrative analysis framework, two major approaches to investigating identity can be singled out: the biographical and the interactionally-oriented approaches. Both of those approaches apply different methodologies and pose different research questions. The biographical approach sees stories as giving insight into the ways in which people construct selves and thus narrative is regarded as one of major sites for identity construction (De Fina and Georgakopoulou 2012). Stories serve as instances of representational accounts of identity to a larger or smaller degree and both the stories and the narrator are analysed as prime sources of data (De Fina and Georgakopoulou 2015). Within the biographical approach, an individual narrator is seen as striving towards producing a coherent self, and the very process of storytelling is supposed to make it possible (Bruner 1990). Storytelling thus facilitates the process of making sense of the self and one's experience. For example, telling stories about challenging life events such as experiencing an illness or a death of a family member has the potential of coping with them and (re)gaining the sense of unity and coherence of the self (see, for example, Mattingly 1998; Atkinson 2014; Kleinman 1998).

Interactionally-oriented approaches are characterised by different research foci than the biographical ones and see identity as primarily grounded in interaction. They do not treat storied selves as representative of the teller's 'authentic' identities, but "focus on how people use stories in their interactive engagement to convey a sense of who they are" (De Fina and Georgakopoulou 2012: 164). Moreover, from this perspective, the content of stories is not the prime analytical objective, but rather the focus is on participants' action orientation. Lucius-Hoene and Deppermann (2000) stress the interactional character of narrative selves claiming they should be analysed as such and they articulate two reasons for this. Firstly, stories told by narrators are addressed towards an audience, who can not only influence the narrator's self-construction and the positioning of other characters within the narrative, but they can also co-draft the account, and/or become co-narrators. Secondly, the construction of the self and others can be influenced by the teller's action orientation. This means that the narrator might shape their account, their self and other participants in the story in the way they want to be received by their audience (Lucius-Hoene and Deppermann 2000). Ochs and Capps (2001: 284) observe that tellers are usually concerned with how their audience sees them and make interactional efforts to construct themselves as "decent, ethical persons who pursue the moral high road".

As argued earlier, the construction of identity – understood as an emergent product of interaction – and the ways in which people achieve their narrative selves can be analysed with the use of interactionally-oriented approaches such as CA, MCA and DP, which can supply the linguistic and discursive tools to aid the analytical process. Stories provide a unique context for identity construction and there are three levels on which identity can be analysed. The first level concerns the referential world and the ways in which characters are constructed in time and space (Bamberg and Georgakopoulou 2008). The narrator, who is also a character, positions themselves within the narration against other characters, for example, through evaluations of actions (Bamberg 1997). The second level pertains to identity as negotiated in the here-and now of a storytelling event and investigates participants' action orientation. This refers to the ways in which tellers perform actions in their accounts and consequently how they index their identities (Bamberg and Georgakopoulou 2008). These three levels of analysis constitute the basic premises of an interactionally-informed model of positioning (Bamberg 1997).[10] The concept of positioning, which has influenced various approaches to identity, has been defined by Davies and

---

[10] Bamberg (1997) proposed three different levels in his model of positioning. Apart from the two levels mentioned, there is a third level related to the general question: 'Who am I?'.

Harre (1990: 48) as "the discursive process whereby selves are located in conversations as observably and subjectively coherent participants in jointly produced story lives".

The concept of interactional positioning of the narrator and audience within narrative analysis has also been employed by Wortham (2000) who proposed five interactional positioning cues for enacting identities in narrative accounts. Although Wortham (2000) did not refer to Bamberg's (1997) model of positioning, the five interactional positioning cues correspond to level one and two in this model. The first cue, reference and predication, refers to categorisations of actors and objects within the narrated world. Given the situated character of talk-in-interaction, the narrator might construct the same actor within the story differently. For example, the focus might be on different facets of identity in order to perform moral work and different interactional goals. The second cue, metapragmatic descriptions, concerns 'verbs of saying' which are used for categorisation work and positioning actors within the story (Wortham 2000). The metapragmatic verbs can be used to categorise both the narrator and different actors in various ways on different occasions and their varying application may result in different moral assessments of the characters. Quoted speech has been singled out as the third interactional cue. It refers to both direct and indirect quotations of speech uttered by an actor within the story world. The fourth cue concerns evaluative indexicals, which are used to perform moral work. These are usually morally loaded descriptions positioning actors with the reference to normative social expectations. The fifth and the final cue proposed by Wortham (2000) is epistemic modalisation. There are a number of ways in which it can be discursively accomplished, for example, with the use of discourse markers, mental verbs and adverbs. These perform action orientation and can be used in order to position the narrator as credible, knowledgeable and objective. Wortham (2000: 74) observes that "narrators can claim to have a God's-eye-view or to be merely participating in a contingent event of speaking".

Both models of positioning within narrative analysis, Bamberg's (1997) and Wortham's (2000), ground identity construction in stories as interactional achievements. They also, crucially, attempt at providing a link between the micro- and macro-identity processes. When selves are interactionally positioned within a story, they feed into larger processes that exceed beyond the local level of talk-in-interaction (De Fina and Georgakopoulou 2012). Wortham (2000) stresses that the links between those processes are indirect and mediated. Bamberg and Georgakopoulou (2008: 379) elaborate on the micro-macro links and provide an explanation on how the selves enacted in interaction gain the sense of "constancy by way of continuously changing". They observe that it happens through continuous and repetitious engagements in identity work enacted in

every-day interactional practices, which "ultimately lead to habitus (plural) that become the source for a continuous sense of who we are" (Bamberg and Georgakopoulou 2008: 379):

> We seem to gain our sense of constancy by way of continuously changing. Conceptualizing narratives-in-interaction (with emphasis on small stories) as the sites of engagement where identities are continuously practised and tested out (…). It is in the every-day practices as sites of engagement that "identity work" is being conducted, because we believe that such continuous and repetitious engagements ultimately lead to habitus (plural) that become the source for a continuous sense of who we are – a sense of us as 'same' in spite of continuous change. The actual "work" that is being conducted by individuals in interactive engagement so-to-speak feeds into a sense of self – in the form of a continuous process within which this sense comes to existence (*emerges*). (Bamberg and Georgakopoulou 2008: 379)

As identity is seen as grounded in interaction, it follows that people are recognised as social beings and thus the concept of identity is relational. While interacting with others people tend to represent themselves and others from a certain perspective, which is highly dependent on a local interactional context. This can, but does not have to be, linked to representing other protagonists in their stories as their opposites.

1.5. Interviews as data

Interviews as a method for conducting systematic social enquiry have been more commonplace than ever in the twenty first century. It has been widely used as a technique for generating empirical data about people's lives in many disciplines including linguistics, psychology, sociology, social sciences, anthropology, psychiatry and medicine (Holstein and Gubrium 2002). Interviews have been topics on their own (Cicourel 1964), but they also have been widely used in the field of discourse analysis to investigate identity work (Previtali et al. 2023, Cuff 1993), narratives (Riessman 1990a, 1990b, Johnson et al. 2022) and rhetoric and repertoires (Potter and Wetherell 1987, Silfver et al. 2022). The prevalence of relying on interview data, both in qualitative research and also in people's daily lives, prompted Silverman (1997: 248) to observe that *"*perhaps we all live in what might be called an 'interview society', in which interviews seem central to making sense of our lives". Interviews can be divided into three main forms: structured, semi-structured or unstructured (Holstein and Gubrium 2002). Semi-structured interviews were conducted for the purposes of this thesis, as they allowed for the exploration of certain aspects of women's lives, while at the same time leaving a lot of flexibility as for the direction in which the

interview was going. Given the wide scope of the interview used as a method for data collection across many disciplines, but also within discourse analysis itself, it is necessary to address some methodological and theoretical issues that might arise. It is also important to clarify how the reported content in the interviews is approached and understood in this thesis.

Silverman (2001) makes a distinction between three different traditions of conceiving of interview data: Positivism, Naturalism and Constructionism. Researchers working within the paradigm of naturalism see their interview subjects as giving an authentic insight into their experiences. The main aim of the interview is to collect "authentic accounts of subjective experience". This type of interview is unstructured and open-ended (Silverman 2001). The main goal of researchers working within positivism is to create 'pure' and 'sterile' interview contributions in order to collect data, which should be as close to the reality as possible. Participants in certain, carefully prepared, interview conditions provide 'a mirror' reflection of reality (Silverman 2001). In contrast to naturalists, positivists realise that there might be discrepancies between reality and what participants report during an interview, even considering simple facts about them such as height (Cherry and Rodgers 1979), hence the preoccupation with interview conditions. Positivist researchers are interested in facts about behaviour and attitudes, and in order to elicit these, various techniques are used: random samples, standardised gestures and tabulations (Silverman 2001). Both of these approaches to collecting and analysing interview data see the content produced by respondents as more or less uncovering the truth about their experiences. They conceive of interviews as granting 'researchers access to people's ideas, thoughts, and memories in their own words' (Reinharz 1992: 19) and this is done through talk. Interview data is, then, seen as a resource, rather than a topic in and of itself (Seale 1998).

The claim of uncovering 'truth' during interviewing has been widely contested. Holstein and Gubrium (2011: 152) criticise the idea of those conventional approaches to interview data as they treat participants as 'passive vessels of answers' who only give responses to the questions asked by an interviewer. They are seen by both naturalists and positivists as "repositories of facts, reflections, opinions, and other traces of experience" (Holstein and Gubrium 2003). Constructionists cast doubt as for the reliability of both naturalist and positivist approaches. Kitzinger (2004: 116) observes that constructionism "disputes the possibility of uncovering 'facts', 'realities' or 'truths' behind the talk, and treats as inappropriate any attempt to vet what people say for its 'accuracy', 'reliability' or 'validity'". Within this approach, interviews are understood as accounts or versions, rather than show directly people's attitudes or perceptions (Rapley

2001). It means that people might produce different versions when reporting the same event depending on a given interactional context. Gaining access to an 'authentic' experience is not of utmost importance, because its existence cannot even be empirically verified.

Potter and Hepburn (2005, 2012) detail the problems with conceiving of interview data. They give an interesting in-depth overview of problems related to both the reporting of interviews and problems arising during the course of an interview.[11] Some of the problems that they enumerate concern "the deletion of the interviewer" and, connected with it, "the failure to consider interviews as interaction" (Potter and Hepburn 2005: 285-291). Constructivists recognise the interview as an active process where meaning is co-constructed: "Treating interviewing as a social encounter in which knowledge is actively constructed suggests the possibility that the interview is not so much a neutral conduit or source of distortion, but rather a site of, and occasion for, producing reportable knowledge" (Holstein and Gubrium 2004: 141). Rapley (2001) provides an example illustrating an interview as a joint accomplishment between the interviewer and the interviewee. An example features an interview with a teenager about drugs. At one point, the interviewer produces a longer pause after the interviewee's description of drugs, which leads to the teenager's elaboration and self-disclosure concerning their own drug use. The example shows how the interviewer's inaction led to the interviewee's action. The interviewer's pause had significant consequences on the way the interviewee's response unfolded (Rapley 2001). The example clearly points to the fact that the interviewer is also an interactive participant, and their role cannot be reduced to someone whose function is to merely ask questions. In certain interactional situations, the interviewer might specify the categories that are of interest to him/her, or in other words, make them relevant in interaction, which will have an impact on how the interaction unfolds. In this sense, the interviewer cannot be seen as a neutral observer, but as a participant who co-constructs accounts to a larger or smaller degree. While presenting findings of analysis based on interview data, it is thus imperative to include not only the responses given by the interviewee, but also the questions asked by the interviewer, as both of the interactional participants "are constructors of knowledge" (Holstein and Gubrium 2004: 141) during interview encounters.

---

[11] The five major issues pertaining to the reporting of interviews include: (1) the deletion of the interviewer; (2) the conventions for representing interaction; (3) the specificity of analytic observations; (4) the unavailability of the interview set-up; (5) the failure to consider interviews as interaction (Potter and Hepburn 2005: 285-291).

Understanding the interview as an active social encounter where meaning is negotiated between the interviewer and the interviewee means conceiving of interview data in a particular way. The 'whats' of the interview, so the content produced is as important as the 'hows', that is, the narrative and interactional procedures with the use of which meaning is being produced (Holstein and Gubrium 2004). It is necessary then to move from the 'interview-as-technique' perspective popular among those working with the traditional approaches, towards the 'interview-as-local-accomplishment' perspective recognising interviews as active and co-constructed (Silverman 1993: 104).

Within the field of discourse analysis, a trend towards departing from using interview data can be observed particularly among those working within the methods of CA and DP in favour of more 'naturalistic' types of data such as, for example, helplines or other examples of data produced without the intervention of the researcher (see, for example, Potter and Hepburn 2005; Horne and Wiggings 2009; Lester 2014). Undeniably, if one wants to look for patterns of interaction, for example, then the choice of a more 'naturalistic' data can serve as a more suitable option than interviews. The purpose of this study is not, however, the search of interactional patterns or generalisation of results, but an analysis of how individual women construct their experiences of miscarriage(s). What is of particular importance in this thesis is the unpacking of how interviewees are engaged in meaning making work and processing their experiences (Potter and Mulkay 1985) during offering their accounts, which are co-constructed with the interviewer. Silverman (2011: 166) observes that "everything depends upon your research topic; methods in themselves have no intrinsic value". What the analyst has to be aware of during analysing any type of data, including interviews, is the local context of data production. Rapley (2001: 303) claims that "[i]nterviews are inherently social encounters, dependent on the *local interactional contingencies* in which the speakers draw from, and co-construct, broader social norms." During the analysis of the interview data, I recognise that the 'whats' and the 'hows' depend on the situated context of a given interview and different versions of women's' accounts could have been produced, had there been different interview conditions or a different interviewer.

Despite various theoretical and methodological issues that have to be taken into account when analysing interviews, they are still very common ways of collecting data especially when it comes to sensitive topics where more 'naturally' occurring data would otherwise be impossible to obtain. Given the sensitivity of the topic of miscarriage and the fact that therapy sessions or meetings of a support group where women share their experiences can be perceived as a restrict-

ed research site (Sarangi and Roberts 1999; Mullany 2007) where women's identities are highly protected (for example by various organisations offering help to miscarriage survivors), the choice of interviews was in this case the only option of accessing spoken data.

1.6. Concluding remarks

Chapter 1 was an attempt to map the field of discourse analysis in general, including the presentation of selected definitions of discourse (e.g. Fairclough 1992; Burr 2003) and discourse analysis (e.g. Johnstone 2008; Crystal 1987), as well as a number of qualitative approaches to discourse analysis, such as ethnography of speaking, interactional sociolinguistics, variation theory, speech act theory, critical linguistics, and critical discourse analysis. It not only addressed the usefulness of discourse analysis in uncovering discursive manifestations of social inequality, but most importantly for this thesis, showed how discourse analysis is employed in researching personal experiences.

The chapter then presented the pluralism of perspectives towards analysing narratives, and emphasised that storytelling is understood as an interactional achievement allowing for the construction of identity and social phenomena. In order to best uncover the ways in which the experience of miscarriage is constructed, an integrated qualitative analytical framework was then introduced. This comprised conversation analysis (e.g. Billig 1999), membership categorisation analysis (Stokoe 2012) and discursive psychology (e.g. Edwards and Potter 1992), as these approaches are best suited to analysing identity construction as primarily grounded in interaction (e.g. Wilkinson and Kitzinger 2003; Kitzinger and Mandelbaum 2013). Finally, as semi-structured interviews were conducted for the purposes of this thesis, some issues related to 'interviews as data' were explored and it was highlighted that interviews are understood as accounts that are co-constructed by the interview participants in a local interactional context.

Chapter 2: Social and discursive constructions of femininity

Class, race, sexuality, gender—and all other categories by

which we categorize and dismiss each other

—need to be excavated from the inside.

(Allison 1994: 35–36)

2.1. The theory of social constructionism

At the base of this chapter rests the theory of social constructionism, which finds its basis in the ideas of the collaborative production of knowledge by members of culture (Burr 1995; Marecek et al. 2004). It means that through social exchanges shared knowledge in the form of concepts and categories is produced, reproduced and negotiated. Social constructionism originated from symbolic interactionism (Mead 1934) and phenomenology (Schutz 1970), and it can be traced back to Berger and Luckman's (1966) work entitled *The Social Construction of Reality*. One of the main tenets of social constructionism is, as the name suggests, construction of reality. The verb 'construct' "implies building something, making something, or bringing something into being that had no existence before" (Leeds-Hurwitz 2009: 892). This means that entities and states are constructed in such a way by societies that over time they appear natural and are taken for granted by their members (Leeds-Hurwitz 2009). For example, the ways people form families and what the notion of a family stands for is socially constructed in the way that it appears to have substance and definition. Social constructionism challenges notions that are typically taken

for granted in societies such as, for example, that women are naturally predisposed to be mothers (Nakano 1994) and are therefore central figures in a family unit.

Social constructionism is a phenomenological approach. It means that "consensus reality relies on the existence of an underlying collective frame of reference for the interpretation of subjective experience (…) in order to make it intersubjectively meaningful, intelligible, and acceptable to others" (Stemplewska-Żakiewicz 2000: 76). What follows is that social reality is learned by members of society every day, and its maintenance is possible thanks to interaction between people (Leeds-Hurwitz 2009). Interaction allows for exchanges of shared cultural knowledge and organising accounts of reality that take place in specific contexts (Marecek et al. 2004). Consequently, in this way interactions between members of societies contribute to shaping people's 'individual experiences', including, for example, lived gender experiences. Social constructionism is based on the assumption that language is central to constructing reality and its further maintenance as social actors use it "to make things happen: Naming things gives them substance and makes them real" (Leeds-Hurwitz 2009: 893). In other words 'objects' are discursively constructed (Foucault 1980). For social constructionists, there are multiple selves, rather than one unitary self, and which self is going to be made relevant in interaction depends on a given context (Leeds-Hurwitz 2009: 893). People display different selves in different interactional situations and they adjust the ways of speaking and their choice of language to suit different contexts. This will often happen unconsciously and the display of a particular self will rely on shaped cultural knowledge. In this way, language serves as a useful tool in the maintenance of reality (Berger and Luckmann 1966).

Social constructionism has been particularly influential in the study of gender and language, and the social constructionist understanding of such concepts as sex and gender informs this thesis. Sex is seen as a biological attribute of individuals that divides people into male and female and relies on their binary opposition (Eckert and McConnell-Ginet 2003). Gender, on the other hand, is a social construct that is often based of the biological sex, but it does not always have to be so. Gender is not about the essentialist division into male and female, but rather about the constructions of masculinity and femininity. In other words "gender is the social elaboration of the biological sex" (Eckert and McConnell-Ginet 2003: 10). What it means to be a woman and what it means to a man is not a question of biology per se, but about the constant construction, reconstruction and negotiation of gendered identities. Gender is one of the most pervasive and naturalised social categories, which significantly contributes to shaping people's lived experi-

ences (Eckert and McConnell-Ginet 2003). Beall et al. (2004: 1) observe that "[g]ender functions as a social label that is applied to people instantly and generally automatically, without deliberation." The 'pervasive', 'natural' and 'apparent' character of gender is evident in the universality of this category. This means that gender is omni-present in various spheres of everyday life, such as family, friendships, education, advertising or work (e.g. Lazar 2014; Holmes and Schnurr 2006), and gendered assumptions about what it is to be a woman and what it is to be a man are often taken for granted as natural and stable.

This theoretical chapter is dedicated to the social and discursive construction of gender, and in particular the construction of femininity. For a more in-depth understanding of the notion of gender as used in this thesis, it is important to make a distinction between the ways it is perceived within essentialist and social constructionist approaches. For this reason, an overview of the essentialist approaches to language and gender will be presented, before further explicating the social and discursive constructions of gender in more detail. For social constructivists, language is at the heart of participating in the shared social reality. Therefore, the focus of this chapter is on the discursive construction of gender. As there is no one way of doing gender, the following sections will explicate different ways in which gender can be discursively accomplished in different social contexts. I have decided to investigate the ways in which gender is done in the professional and educational settings, as well as in media discourses, as these settings are often chosen as the field of research by language and gender scholars (cf. Ehrlich et al. 2014).

2.2. Language and gender studies: A historical overview

The field of language and gender research is widely regarded to have taken off in early 1970s and since then it has swiftly developed into a broadly studied area.[12] The inception of the early approaches to language and gender coincided with the Second Wave of Feminism, and these can be labelled as the female deficit approach (Lakoff 1975), the dominance approach (e.g. West and Zimmerman 1983; Spender 1980) and the difference approach (e.g. Maltz and Borker 1982;

---

[12] Today, the field of language and gender often includes the notion of sexuality (see for example the 2014 publication by Susan Ehrlich, Miriam Meyerhoff and Janet Holmes: *The handbook of language, gender, and sexuality* or *The Routledge handbook of language, gender, and sexuality* by Jo Angouri and Judith Baxter published in 2021).

Tannen 1990). These early approaches to studying the relationship between language and gender focused on looking at how and why men and women tend to 'speak differently'.

The female deficit model gained momentum thanks to Robin Lakoff's most famous book *Language and Woman's Place* published in 1975 (originally published as an article in 1973). Despite receiving considerable levels of criticism, primarily due to many methodological flaws such as, for example, lack of empirical corroboration, Lakoff's book was undeniably highly influential, especially in the early stages of research into gender and language, and its publication can be seen as a 'symbolic moment' (Coates 2003: 5) that became the touchstone for further research. The book put forward the concept of the so called 'woman's language' (henceforth WL) and proposed a compilation of linguistic and discursive features that were allegedly characteristic of typical female speech:

(1)   lexical hedges (e.g. you know, sort of)

(2)   'empty' adjectives (e.g. divine, charming)

(3)   rising intonation on declaratives (e.g. it's really good?)

(4)   tag questions (e.g. she's very nice, isn't she?)

(5)   precise colour terms (e.g. magenta, aquamarine)

(6)   intensifiers (e.g. just, so)

(7)   'hypercorrect' grammar (e.g. avoidance of vulgar terms)

(8)   'super-polite' forms (e.g. indirect requests, euphemisms)

(9)   avoidance of coarse language (e.g. fudge, my goodness)

(10)   emphasis (e.g. it was a BRILLIANT performance).

All of the above characteristics, being only a part of a wider list, boiled down not only to women's uncertainty or lack of self-confidence, but primarily suggested that WL is in a way weak and unassertive, and most of all, deficient relative to men's (Lakoff 1975). Even the mere fact that the early research on language and gender specifically aimed at detailing woman's linguistic features, rather than men's, positioned men's language as the norm and it was for this very reason that men's language was left largely undefined. What also followed was an underlying assumption that WL was as a deviation from the (cultural) male norm (Schur 1984). It is worth pointing out that the notion of 'deficiency' was not a new supposition at that time, and could be tracked back to earlier female deficit theories such as Jespersen's (1922) chapter entitled 'The Woman',

where he attributed numerous 'deficient' features to the female way of speaking, for example limited vocabulary or less-complex syntax compared to men. Lakoff (1975: 6-7) claimed that women experience pressure to desist from using WL and in turn switch to 'neutral language' under certain circumstances when it is required to appear more serious:

> most women who get as far as college learn to switch from women's to neutral language under appropriate situations (in class, talking to professors, at job interviews, and such)... if a girl knows that a professor will be receptive to comments that sound scholarly, objective, unemotional, she will of course be tempted to use neutral language in class or in conference. (Lakoff 1975: 6-7)

The deficit approach faced a barrage of criticism and was challenged mainly on the assumption that there is something intrinsically wrong with WL (Coates 2004).

As has been presented above, Lakoff's publication provided a springboard for further research into the relationship between language and gender. In particular, two of her major assumptions were taken on board by linguists: a) that there exist differences between women's and men's speech patterns and b) that those differences stem from male dominance (Eckert and McConnell-Ginet 2003). The further separation of those claims resulted in the emergence of two distinct paradigms depending on the focal point of study: the dominance and the difference approaches.

The dominance approach divides men and women into two groups in accordance with an unequal power distribution where women are subordinate and men exert dominance. Unequal power relations and male cultural and political dominance over generations brought about the linguistic differences between the sexes (West and Zimmerman 1975). These could be observed in interactions between men and women in various contexts. Spender (1980) in his *Man Made Language* observed that a teacher favoured male students and devoted more attention to them, irrespective of the fact that girls comprised the majority of the students. Zimmerman and West (1975) discussed other interactional contexts showing unequal power relations such as, for example, family interaction. In a study of heterosexual couples, Zimmerman and West (1975: 103) investigated the occurrence of interruptions and overlaps, and the findings showed that women are more frequently interrupted by men than vice versa and pointed to male devices "for exercising power and control in conversation". Furthermore, interruptions in male-female adult exchanges were also likened to adult interactions with children who have restricted rights during conversations:

> We view the production of both retarded minimal responses and interruptions by male speakers interacting with females as an assertion of the assertion of the right to control the topic of conversation reminiscent of adult-child conversations where in most instances the child has restricted rights to speak and to be listened to. (Zimmerman and West 1975: 124)

Similarly, Eakins and Eakins's (1978) study on interruptions in a university staff meeting found that men's interruptions were more frequent than women's. The situation was, however, not attributed to one's sex per se, but to the hierarchy of status in the department, in particular the rank and length of time. The women who were interrupted the most were the lowest in the hierarchy. This may point to how institutional gender inequalities have an effect on the production of discourse. It also reinforces the argument that speech should be investigated with taking into consideration its context (and power relations).

Silences during different-sex family interactions were found to be another significant method of wielding male dominance because of their status of being "topic control mechanisms" (West and Zimmerman 1975). Fishman's (1978, 1980) research on couples also points to the asymmetry of male-female family interactions. It is women who do 'interactional shitwork' (Fishman 1980). They actively strive to ensure conversation through e.g., by initiating interaction. They also do the bulk of active maintenance and support work when their partners take the turn to speak (by e.g., using more attention seeking devices, more minimal responses or simply asking more questions), which tends not to be reciprocated by men. Fishman (1978: 100) links those interactional patterns to male control, not only over interaction as such, but even control over "what will be produced as reality in interaction". Overall, the asymmetries in female and male linguistic patterns as found in the dominance approach are ascribed to women's restricted access to the man's powerful language (Fishman 1878; West and Zimmerman 1975; Cameron 1992).

The difference (or the cultural) approach, however, developed as a reaction to the deficit and dominance approaches. The difference theory provided a divergent take on the explanation of how women's and men's linguistic patterns originate and persist. For the difference theorists (e.g. Maltz and Borker 1982; Tannen 1982) the asymmetry arises because of boys and girls being socialised in two distinct sub-cultures consisting of predominantly single-sex groups, rather than as a result of power relations. Being raised in separate sub-cultures, also referred to as "separate worlds" (Kyratzis and Guo 1996), means that the members of the two groups acquire a different understanding of communication rules and patterns; they "learn to do different things with words in a conversation" (Maltz and Borker 1982: 200). The approach draws upon a sociolinguistic

framework explicating interethnic communication problems (Gumperz 1982), resulting from different understanding and use of conversational rules, as well as interactional assumptions by members of distinct cultures (Weatherall 2002). In their article *A cultural approach to male-female miscommunication*, Maltz and Borker (1982) gave an example of an allegedly different take up of minimal responses (such as 'yes' or 'mm hmm') by men and women, which they claimed could lead to miscommunication. It was suggested that men use minimal responses to signal their agreement, whereas women use and interprete them to indicate that they are actively listening to the speaker. This was further interpreted by Maltz and Borker (1982) as the primary cause why men had been reported to use fewer minimal responses in a number of previous research studies e.g., Hirschman (1973), Zimmerman and West (1975), West and Zimmerman (1983), Fishman (1983, 1987). The differing assumptions about the use of minimal responses were assumed to contribute to inter-sex miscommunication problems when e.g., men are surprised that women agree with everything they say, only to later find out otherwise, and women's view of men as not attentive to what they are saying or even being unsupportive. Maltz and Borker (1982) also specified five other interactional areas that could potentially lead to miscommunication between men and women:

(1) the role of questions in interaction; women typically see questions as tools for maintaining conversation and men as seeking information,

(2) different "conventions for beginning an utterance and linking it to the preceding utterance" (Maltz and Borker 1982: 213); women, unlike men, tend to connect an utterance to the previous one,

(3) verbal aggressiveness is interpreted differently by both sides; whereas women perceive verbal aggressiveness negatively, men see it as "one conventional organizing structure for conversational flow" (Maltz and Borker 1982: 213),

(4) different understanding of topic flow and topic shift; for example in storytelling, women tend to develop the topic progressively as opposed to men who have a rather narrow definition of it and talk about one subject until it is exhausted. Topic shifts are then abrupt for men, but gradual for women,

(5) sharing problems and giving advice; women typically talk about problems in order to share experiences and men see problem sharing as seeking a solution.

Cultural difference has been a popular theme exacerbated in many pop-cultural best sellers on potential gender differences in language. Among these it is worth highlighting the highly influential *You just don't understand* (1990) by Deborah Tannen (and her earlier *That's not what I meant* (1986)). Tannen (1990) proclaims that although women's and men's conversational styles differ, they are equal. She refers to a breakdown in communication between the sexes on a number of occasions by reiterating anecdotal examples that the readers might relate to in their everyday lives. The researcher polarises the male-female conversational dichotomy by referring to *inter alia* women's struggle for intimacy vs. men's struggle for independence or women's establishing of rapport in the private sphere vs. men's report-talk in public. The examples of interactional rules rely on the assumption that women and men use conversation for entirely different reasons: women want to establish connection, intimacy and closeness with the speakers whereas men see themselves as having to negotiate their power and status as they live in a hierarchically structured world (Tannen 1990). The difference/cultural approach in popular culture exacerbates the differences between men and women to the extent that some claim the two groups come from different planets, which was reflected in Gray's (1992: 10) book *Men are from Mars, women are from Venus*: "[B]oth the Martians and Venusians forgot that they were from different planets and were supposed to be different. In one morning everything they had learned about their differences was erased from their memory. And since that day men and women have been in conflict." Gray (1992) claims that Martians and Venusians speak 'different languages', and although they are said to use the same words, their communicative purposes are different, which leads to misunderstandings.

The early approaches to language and gender, and especially Lakoff's (1975) notion of WL, significantly contributed to the development of the 'symbolic' feminine discourse, which refers to a set of stereotypical assumptions about a 'feminine' speech style (cf. Holmes 1995). Holmes and Stubbe (2003: 574) provide a list of 'feminine' and 'masculine' interactional styles:

Table 3. Widely cited features of "feminine" and "masculine" interactional style (adapted from Holmes and Stubbe 2003: 574)

Feminine	Masculine
Indirect	direct
Conciliatory	confrontational
Facilitative	competitive
Collaborative	autonomous
minor contribution in public	dominates (public) talking time
supportive feedback	aggressive interruptions
person/process oriented	task/outcome-oriented
affectively oriented	referentially oriented

These 'masculine' and 'feminine' interactional styles constitute the "representations of gendered language" (Cameron 2006: 15), rather than the actual "women's linguistic practices" (Cameron 2006: 15). Symbolic feminine discourse is therefore not an empirical category, but rather a symbolic construct (Litosseliti 2006). What is more, exacerbating the stereotypical gendered speech styles forms the basis for the (overarching) 'discourse of gender difference' (Sunderland 2004), which serves to further dichotomise the sexes.

The extreme focus on the linguistic gender differences in the deficit, dominance and difference/cultural approaches has been subject to strident criticism, as it disregards similarities between the sexes (Weatherall 2002). It also does not account for the prospective differences between men and between women of varying race, age, class, or sexual orientation (Henley and Kramarae 1991; Kramarae and Treichler 1990) that might possibly influence the development of one's conversational styles[13]. Uchida (1998: 285) observes that "women and men belong to many interconnected social groups in addition to that of their own sex, and an individual is more than a 'woman' when interacting with others". Similarly, as with deficit and dominance approaches, the difference/cultural approach also contributes to the perpetuation of gender stereotypes, hindering the social change (Weatherall 2002).

---

[13] Cf. the concept of intersectionality to understand how different social variables contribute to creating priviledge and oppression (Crenshaw 1991; Block and Corona 2014; Smrdelj and Pajnik 2022).

2.3. Social construction of gender

In contrast to essentialist (deficit, dominance and difference) approaches to studying the relationship between language and gender which focus on detailing how and why men and women speak differently, social constructionist approaches explicate how men and women draw on various linguistic resources to construct their selves/identities and to present themselves as certain kinds of women or men. In order to understand the concept of the social construction of gender, and in particular doing femininity and masculinity, it is necessary to discuss its early foundations (including the idea that gender is done rather than possessed), Judith Butler's theory of performativity and the concept of community of practice (Wenger 1998; Eckert and McConnell-Ginet 1992a). These will be explicated in the following sections.

2.3.1. The beginnings

The early foundations of the concept of 'doing gender' were laid by Harold Garfinkel in his 1967 ethnomethodological study of an intersex person called Agnes. She was born with male genitalia, but had a feminine looking figure with breasts. Agnes was initially raised as a boy and was recognised by everyone as male until the age of seventeen, but she regarded herself as a female and requested a sex-reassignment surgery. Garfinkel's (1967) study demonstrates that gender, to which he refers as 'sex status', is as an accomplishment done through observable displays of actions and talk. Gender is an "invariant but unnoticed background in the texture of relevances that comprise the changing actual scenes of everyday life" (Garfinkel 1967:118). The seeming hiddenness of gender in everyday practices can be a result of its often taken for granted and naturalised status. Garfinkel (1967) was interested in which characteristics constitute a "normal" male and a "normal" female for an intersex person. On the basis of Agnes's accounts, he combined a list of properties of "natural, normally sexed persons" (Garfinkel 1967: 122–128):

(1) Society consists only two sexes: "male" and "female".
(2) "The population of normal persons is a morally dichotomized population."
(3) People see themselves as belonging to either of those groups.
(4) Once born "female" or "male" one always stays the same sex.

(5) 'Normals' have essential insignia showing their membership to either of the group e.g. they are biologically predisposed to be female or male by having a penis or a vagina.

(6) Group members are either 'natural' males or 'natural' females, and this naturalness is morally proper.

(7) There are no transfers from one sex to another and society prohibits them.

All the above characteristics indicate that the assignment of one's category at birth is seen by members of society as morally proper and unchangeable. This of course was not true for Agnes. As she was born with male reproductive organs but identified herself as a natural woman, Agnes felt she had to consciously *present* herself in a way that left no question as for her being a woman. She skilfully observed patterns of behaviour of 'normally sexed persons' with a deliberate view of imitating women. She learnt how to behave like a woman by observing female friends or her boyfriend's mother and she was fully engaged in an "active deliberate management" (Garfinkel 1967:139) of her gender in order to 'pass' as a woman. 'Passing' was described by Garfinkel (1967:137) as: "the work of achieving and making secure her rights to live as a normal, natural female while having continually to provide for the possibility of detection and ruin carried on within socially structured conditions". Agnes's active management involved cultivating her curvy body and choosing feminine clothes, which helped her to pass as a woman in a heterosexual relationship or at work. Garfinkel (1967) concludes that Agnes's activities are of a 'performative' character through which she constructs her femininity.

Garfinkel's insights about the social construction of sex were applied in the feminist work by Kessler and McKenna (1978) in their book *Gender: An Ethnomethodological Approach*. With the aim of extending Garfinkel's ethnomethodological perspective, they contributed immensely to the field of the social construction of gender by elaborating on the gender attribution process, and also by providing a detailed description of such important notions as gender assignment and attribution, as well as gender identity and gender role identity. By gender attribution Kessler and McKenna (1978) understand a process of attributing gender to a displayer by a perceiver. Gender is often assigned initially only on the basis the displayer's appearance and manner of talk. Although Kessler and McKenna (1978: 136) do agree with Garfinkel (1967) that gender is an omnirelevant category in a human interaction and they "believe that the bulk of the work is required of the one displaying gender", they stress that "most of the work is done for the displayer by the perceiver." What follows is that passing for a man or a woman is a joint achievement in interac-

tion between the displayer and the perceiver. They both have important roles in this ongoing interactional process: the displayer initially produces gender attribution, but the perceiver also works towards sustaining it by treating it as something 'natural' and 'normal' (Kessler and McKenna 1978). After the initial gender attribution process, its maintenance is dependent on two phenomena: firstly, filtering of the displayer's actions through their gender and secondly, gender is perceived as something that does not undergo change (it is 'invariant') (Kessler and McKenna 1978).

Gender assignment, on the other hand, is a one-time gender attribution process that occurs as early as at birth when a doctor or a midwife, after a simple inspection, categorises the baby to be male or female on the basis of their genitals (Kessler and McKenna 1978). It is worth noting at this point that although Kessler and McKenna's insights on gender assignment were congruent with the times when their book was published, that is 1978, the situation has changed since then. Thanks to advances in scanning technology, nowadays gender assignment often occurs even earlier than at birth. It happens as early as during a pre-natal ultrasound scan, usually in the second trimester of pregnancy when the doctor can assess the sex of the unborn baby on the basis of the visible distinct genitalia. At this stage gender is assigned only on the basis of biological make, and in the case when the baby's positioning does not allow for an 'unambiguous' determination whether it is a boy or a girl, further inspection is needed. After this process, gender reassignment can be considered.

Another important notion described by Kessler and McKenna (1978) is gender identity, which they regard as a form of gender attribution to the self. It means that at a certain time in an individual's life, they will develop a sense of feeling being a man or a woman (or perhaps in very rare cases they might fall under some other category). The process of acquiring a gender identity is assumed to take place during the critical period in childhood and once it happens, and the change is almost impossible. Namely, it can happen only before the child realises that gender is 'unchangeable' according to the common sense knowledge. Kessler and McKenna (1978: 10) stress the acquired rather than biological nature of a gender identity:

> Even though emphasis on a critical period makes the acquisition of a gender identity seem like an all-or-nothing event there is a developmental process involved in learning that you are either a girl or a boy, what it means to be one or the other, and that this is a permanent aspect of your life. (Kessler and McKenna 1978: 10)

Because of the normative rules for gender attribution by others in many societies, people take it for granted that individuals' physical characteristics go hand in hand with being either male or female. They make assumptions about one's gender on the basis of the 'evidence' available to them. Gender identity and gender attribution made by others are, however, not necessarily always congruent. Kessler and McKenna (1978) state that the only method for verifying someone's gender identity, is simply to ask them. This poses multiple issues, for example, asking a leading question: "Are you a boy/man or a girl/woman?" (gender is the social elaboration of the biological 1978: 9), which presupposes either of the categories, and implicitly excludes a possible category outside the two. People, however, rarely rely on other peoples' self-attributions and tend to do attributions congruent with one's physical appearance, because in most cases they commensurate.

Gender role is another notion described by Kessler and McKenna (1978). It consists of a set of gender appropriate behaviours that are binding for one's gender and which one has a social obligation to follow. Gender roles are treated as 'ascribed', just like nationality or race. Once born female or male, the person is expected to behave in accordance with the established norms for a particular gender. In other words, one is born in a female or male role and "is expected to behave in accordance with the prescriptions and proscriptions for one's gender" (Kessler and McKenna 1978: 11). Yorburg (1974) refers to it as 'sex role' rather than gender role to stress its ascribed nature. The components of gender roles reflect common sense knowledge in society and involve such aspects as, for instance, dress code, interests, gender specific activities or sexual behaviour. Although these undergo changes in certain times and can be specific for certain cultures, the guidelines regarding what is gender appropriate in a society are clear and often distinct for men and women. Transcending the boundaries of gender roles can result in sanctions of varying nature and be seen as a deviation (cf. Mullany 2007). This suggests that the ascribed nature of gender roles means that gender behaviours are evaluated as either good or bad, or appropriate or desirable for a specific gender. The differences are exacerbated and the dichotomy of gender roles is seen as resulting from nature (biology) and is therefore regarded as the only proper expression of one's gender. The allegedly natural distinction between female and male gender roles and the societal focus of its dichotomy poses multiple challenges for all those who cannot be easily ascribed as male or female based on biology, for example, transsexual or transgender people, but also men and women who somehow transcend the boundaries of (expected) gender appropriate behaviour.

Gender role should not be confused with gender role identity (or 'sex identity' according to Rosenberg and Sutton-Smith (1972), which pertains to gender 'appropriate' behaviours and feelings that function as common sense knowledge in society. Although it is seen as one of the components of gender identity by some scholars (e.g. Money and Ehrhardt 1972), Kessler and McKenna (1978) suggest treating them as separate phenomena, which are only linked to each other, and whose mutual influence cannot be denied. Treating gender identity as synonymous with gender role identity and vice versa could potentially lead to gender identity problems if someone's identity is not expressed in line with typical understandings of what it is to be a woman and what it is to be a man.

By exploring the above described concepts, especially those of gender assignment and gender identity, and the relationship between them, as well as treating these as special cases of gender attribution, Kessler and McKenna (1978) argue for the primacy of gender attribution. They see the process of gender attribution as leading to producing and maintaining the existence of our world of two, and only two unambiguous gender constructions. On the basis of gender attribution, they also explicate how and why this seemingly natural dichotomous gender division is reproduced in interaction as an omnipresent objective fact (Kessler and McKenna 1978).

Similarly to Kessler and McKenna (1978), West and Zimmerman (1987) also see gender as an omni-relevant category of human interaction, which is routinely and repeatedly achieved, rather than simply possessed by individuals in an essentialist understanding. They agree with Kessler and McKenna (1978) that doing one's gender in interaction usually results from membership to a male or female sex category based on an individual's genital makeup (West and Zimmerman 1987). It follows then that doing gender is carried out by both sexes and it is mandatory for both men and women, as they are members of society who are acquainted with societal rules which they are normally obliged to follow. Some of those rules involve gender specific activities believed to stem from masculine and feminine 'natures', which individuals learn through the process of socialisation as early as in childhood. Focusing on gender as constituted through and in interaction, West and Zimmerman (1987: 127) see the notion of gender as something more than just a role, they "contend that the notion of gender as a role obscures the work that is involved in producing gender in everyday activities". Moreover, they elaborate on Goffman's (1976) account of 'gender display' and claim that "the notion of gender as a display relegates it to the periphery of interaction" (West and Zimmerman 1987: 127). Instead, the role of gender is foregrounded in interaction and participants' activities are organised around and

reflected though this notion. West and Zimmerman (1987) were particularly interested in how gender as a 'socially organised achievement' is enacted in interaction as 'natural'. Doing gender successfully in interaction includes displaying it in accordance with social situations, and if necessary, modifying and adjusting it according to the occasion. Whenever gender is achieved in interaction, however, "the outcome is seen and seeable in context as gender-appropriate or, as the case may be, gender-inappropriate, that is, accountable" (West and Zimmerman 1987: 135). Even if some behaviour of an individual is perceived by other participants of a social situation as gender-inappropriate, it does not follow that this person was not doing gender. Doing gender can also mean engaging in non-normative behaviours and rejecting normative conceptions of masculinity or femininity, even if this poses risk to an individual undergoing a possible gender assessment. West and Zimmerman (1987) see accountability as a fundamental and institutional feature of interaction. What is more, the most powerful resource for doing gender include the sole creation and maintenance of differences between the sexes. These differences are believed to be created rather than natural and resulting from people's biological makeup, and in the process, after "the differences have been constructed, they are used to reinforce the 'essentialness' of gender (West and Zimmerman 1987: 137). West and Zimmerman (1987) pose an important question of whether it is possible to avoid doing gender. The answer is, certainly, no. If doing one's gender is linked to and fundamentally based on an individual's sex category, it is unavoidable for people to do gender as they are members of culture and can face social consequences otherwise:

> as sex category is used as a fundamental criterion for differentiation, doing gender is unavoidable. It is unavoidable because of the social consequences of sex-category membership: the allocation of power and resources not only in the domestic, economic, and political domains but also in the broad arena of interpersonal relations. In virtually any situation, one's sex category can be relevant, and one's performance as an incumbent of that category (i.e., gender) can be subjected to evaluation. (West and Zimmerman 1987: 145)

Following Goffman (1967: 47-95), West and Zimmerman (1987: 146) argue that the mandatory doing of gender serves to maintain and reproduce hierarchical social arrangements through naturalising and exacerbating the differences between the sexes through portraying them "as fundamental and enduring dispositions".

2.3.2. Judith Butler and the theory of performativity

For many scholars Judith Butler's name is synonymous with the notion of 'performative gender'. Butler's powerful and wide influence on feminist philosophy spreads over many disciplines: gay and lesbian theory, literary theory or psychoanalysis to name a few (Shildrick 1996). Butler's central notion that gender identity is performative was described by Shildrick (1996: 18) as "a sine qua non of postmodern feminism". While many of her important ideas were discussed in *Gender Trouble* (1990), it is also in her later works that she gradually develops notions important for feminist theory: for example the concept of performative gender in *Bodies that Matter* (1993). In developing her theory, Butler herself has been influenced by scholars publishing across a wide range of disciplines such as Michael Foucault, Sigmund Freud, G. W. F. Hegel, Simone de Beauvoir, Jacques Derrida, Friedrich Nietzsche or J.L. Austin (Salih 2003).

Contrary to essentialists, Butler sees gender (and also sex) identities as constructed rather than as fixed entities. Gender, or rather its effect, is described as being achieved through 'a stylized repetition of acts' of the body, which create an illusion of a natural and stable self (Butler 1990: 179). In *Gender Trouble*, she reveals how this repeated stylisation of the body creates the expression of a natural substance:

> Gender is the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being. A political genealogy of gender ontologies, if it is successful, will deconstruct the substantive appearance of gender into its constitutive acts and locate and account for those acts within the compulsory frames set by the various forces that police the social appearance of gender. (Butler 1990: 43-44)

The repetition of bodily acts gives a powerful and enduring 'appearance of substance' that constitutes 'a constructed identity' or 'a performative accomplishment', which both the audience and the actors of the gendered performance believe to be real (Butler 1990: 179).

Butler asserts that gender is something that one does rather than has (and thus we speak of *doing* femininity and masculinity). It is an achievement done through language and/or discourse, which in itself "conceals the fact that "being" a sex or a gender is fundamentally impossible" (Butler 1990: 25). Butler refers to Beauvoir's (1973: 301) famous quotation about one becoming, rather than being born a woman and stresses the ongoing character of becoming gendered, hence she de-essentialises gender by describing it as a process, and not as a stable quality.

It is difficult, or even impossible to point out the exact time when the process of becoming gendered starts or finishes, if it actually ever does (Butler 1990).

The notion of performative gender is closely related to Butler's concept of the subject. It is important to emphasise at this point that Butler did not claim that gender identity is a performance, but rather that it is performative. If gender identity was a performance, then it would follow that the performance is done by a subject. Following Foucault, Butler is highly sceptical of the notion of a subject understood as an autonomous self that pre-exists discourse (Stella 2015) and refutes the concept of a performer by claiming that there is no self that can precede or even exist outside the self that is gendered:

> For if gender is constructed, it is not necessarily constructed by an 'I' or a 'we' who stands before that construction in any spatial or temporal sense of 'before.' Indeed, it is unclear that there can be an 'I' or a "we" who had not been submitted, subjected to gender, where gendering is, among other things, the differentiating relations by which speaking subjects come into being . . . the 'I' neither precedes nor follows the process of this gendering, but emerges only within the matrix of gender relations themselves. (Butler 1993: xvi)

By refuting the concept of a performer, Butler does not claim that he/she does not exist, but rather she emphasises that the sole act of gendering started even before one was born, and thus gender is not constructed by an 'I' or a 'we'. Butler quotes Nietzsche's claim from *On the Genealogy of Morals* (1887) refuting the existence of 'a doer', which supports her theory: "there is no 'being' behind doing, effecting, becoming; 'the doer' is merely a fiction added to the deed—the deed is everything" (Butler 1999: 33). This rather controversial claim whereby performative gender does not presuppose the existence of a subject stirred criticism among some scholars. Butler has been accused of 'killing off' the subject (Salih 2003), and a considerable amount of debate has been raised regarding agency (Hekman 2014). Nussbaum (1999: 13) accused her of 'hip quietism' and 'retreat', in the sense of political passivity, which does not contribute to the improvement of lives of American women. Nussbaum (1999: 13) even went on as far as to say that Butler "collaborates with evil". Butler responded to the criticisms stating that the construction of a gendered identity does not foreclose agency (Butler 1999). At the same time, however, gender is described as a culturally enforced effect where the process of 'coherent identification' has to take place and be cultivated, or else an individual will be exposed to retribution (Kotz 1992).

Butler (1993) stresses, however that it is not always the case that gender identification stems from a person's biology. This brings discussion to an important point, namely, Butler's conception of the notion of 'sex'. As has been mentioned above, Butler claims that sex, as well as gender are socially constructed, rather than natural entities:

> (t)he social construction of the natural presupposes the cancellation of the natural by the social. Insofar as it relies on this construal, the sex /gender distinction founders along parallel lines; if gender is the social significance that sex assumed within a given culture-and for the sake of argument we will let "social" and "cultural" stand in an uneasy interchangeability — then what, if anything, is left of "sex" once it has assumed its social character as gender? (Butler 1993: 5)

What is meant by sex is one's sexed identity (Salih 2003), which comes into being as soon as it becomes clear whether an infant is (going to be) a 'he' or a 'she' (Butler 1993: 7–8). Moreover, it reifies the gender binary system as 'institutionalised heterosexuality', which pertains to the fact that sex, gender and heterosexual desire create a 'unity of experience' in a society (Butler 1990: 30). In order to denaturalise the binary woman-man opposites, she proposes displacing those categories, and refers to the example of *Herculine Barbin, a* hermaphrodite, given by Foucault in both his *The History of Sexuality* (1978) and *Herculine Barbin, Being the Recently Discovered Journals of a Nineteenth-Century Hermaphrodite* (1980). As a hermaphrodite, Herculine Barbin could not conform with the established rules of the binary system and thus reveals the unstable character of the binary categories: "(t)he linguistic conventions that produce intelligible gendered selves find their limit in Herculine precisely because she/he occasions a convergence and disorganization of the rules that govern sex/gender/desire" (Butler 1990: 31). Butler (1990: 31), following Foucault, claims that 'sex' should not be treated as "'a cause' of sexual experience, behaviour and desire", but rather as 'an effect'.

It is important to add that Butler stresses that performative gender is not about the freedom to choose one's gender or changing it through selecting different gendered attributes. She admitted that she was rather interested in the formation of subjects and that this formation "presupposes gender in a certain way" (Kotz 1992: 84). Doing one's gender is not voluntary and one is obliged to follow gender norms prevailing in a given culture (Kotz 1992).

As has been previously mentioned, Butler's theory of performativity has been immensely influential to the development of the field of language and gender. Linguists who explored the relationship between language and social categories, such as gender, started seeing them in new ways – not as unitary and stable entities, but as complex and emergent in interaction (Bucholtz

2014). In addition to their emergent quality, the recognition of social categories as dependent upon historical and cultural context has laid the foundations of the third wave of language and gender studies (Bucholtz 2014).

2.3.3. Communities of practice

A lot of recent research on gender and language is based on the concept of the community of practice (Lave and Wenger 1991; Eckert and McConnell-Ginet 1992a, 1992b, 1995; Wenger 1998), which allows for investigating gendered identity construction. Wenger (1998: 73) describes three dimensions of 'practice' which are characterise a community of practice and are necessary for its coherence:

(1) Mutual engagement
(2) A joint enterprise
(3) A shared repertoire

Mutual engagement means that people "come to develop and share ways of doing things, ways of talking, beliefs, values- in short, practices" (Eckert 1996: 183). It means that community members are engaged in the shared performance of some actions, the meanings of which are negotiated by them (Wenger 1998). For a family, which can be seen as an example of a community of practice, a mutual engagement means, for example, having dinner together or going on holiday. The second crucial characteristic allowing for the designation of a community of practice is the negotiation of a joint enterprise (Wenger 1998). The enterprises are reflected in practices and can be as complex as the community members: "[t]hey include the instrumental, the personal, and the interpersonal aspects of our lives" (Wenger 1998: 78). Not all community members have to agree on all community enterprises and these can be subject to negotiation. The last key dimension of 'practice' that needs to be fulfilled to comprise a community of practice is a shared repertoire. For members of a given community, such as doctors, school children or future mothers attending the same pre-natal classes, language becomes a salient shared characteristic designating belonging. Lave and Wenger (1991: 105) explain that "learning to become a legitimate participant in a community involves learning how to talk (and be silent) in the manner

of full participants". Shared values and common language characteristic of particular communities of practice contribute to the fact that they constitute important sites for gender and identity research as they allow for the tracking of gendered discourses and constructing gender identities. Cameron (1996: 45) says the following on the production of gendered identities in different communities of practice:

> Throughout our lives we go on entering new communities of practice: we must constantly produce our gendered identities by performing what are taken to be the appropriate acts in the communities we belong to- or else challenge prevailing gender norms by refusing to perform those acts. (Cameron 1996: 45)

A closer look at how members of certain communities of practice operate in interaction allows for the tracking of discursive and linguistic features exploited in order to perform (gendered) identities. As Freed (1996: 67) observes: "the setting and the communicative tasks together become an index of a 'gendered style'". The concept of communities of practice has moved the field of language and gender forward by allowing the researchers to investigate how femininity and masculinity is discursively and linguistically indexed (cf. Freed 1996; Ochs 1992), rather than conceiving gender as residing in a person. This concept of indexing (Ochs 1992) is discussed in detail in the next section.

2.4. Discursive constructions of femininity

Depending on the approach(es) to language and gender research and its focus, gender can be analysed at a micro level of linguistic patterns that are seen as creating local meanings, or at a macro level showing how it functions through discursive practices in relation to "larger-scale social processes, ideologies and structures" (Pichler and Eppler 2009 : xiv). Analysing how gender functions in both written and spoken discourses not only reveals its salience in many social situations, but also shows how normative assumptions about femininity and masculinity that are circulated in societies are often taken for granted by those who produce discourse and those who are exposed to it (Sutherland et al. 2016). Thus, through looking at discourses about gender, it can be observed how omnipresent this category is for participants of discourses: how they rely on it to construct themselves either in line with normative discourses of femininity and masculin-

ity, how they resist them, or perhaps how gender can be accomplished with a certain dose of flexibility depending on the local interactional context.

The following sections, which are informed by the view that gender is an accomplished identity rather than an intrinsic and natural characteristic, aim to show both the richness and the complexity of discursive gender constructions in different social contexts. In particular, this section will address different ways in which femininity, a key concept in this study, is constructed and negotiated. Before going into details, however, I will first address the concept of 'femininity'.

2.4.1. Explaining the concept of 'femininity' in language and discourse

There is no single way of doing femininity or masculinity, but we can rather speak of doing different 'femininities'/'masculinities' (Coates 1998). Holmes and Schnurr (2006: 32) claim that the concept of femininity, on the one hand often carries negative connotations, and on the other, can also potentially bear ambiguous meanings. They even go as far as to refer to it as a 'dirty word in gender studies' (Holmes and Schnurr 2006: 32) and something that is uncomfortable for women in Academia because of the unseriousness surrounding it. Like many stereotypes, those concerning femininity exacerbate characteristics typically associated with women. In many modern societies, femininity is generally connected with emotionality or traits denoting other-centeredness such as, devotion to others (Worell 2002), awareness of other people's feelings or tactfulness. Likewise, unlike men, women are not stereotypically perceived through traits designating competence, such as independence, self-confidence and dominance (Rosenkratz et al. 1968). Mills (2003: 187), referring to the media context, says the following on contrasting representation of conventional femininity in the past and currently:

> [i]n previous eras, conventional femininity, whilst not exactly valued by the society as a whole, was at least expected as a behavioural norm. Now, however, it seems as if the representation of stereo-typically feminine women is rarely presented on radio or TV without mockery or ridicule. (Mills 2003: 187)

The reliance on gender stereotypes about conventional femininity in the mass media contributes to their stability and pervasiveness (Kramer 1977), and to the representation of femininity as subordinate to masculinity. Femininity, however, can bear positive connotations as well, and that

there is a possibly that it can be "reclaimed as a positive attribute" (Holmes and Schnurr 2006: 32). Gender ideologies of what it means to be a woman or what it means to be a man do not of course appear in and from a vacuum, but rather they are transferred through language, which is the main and most important symbolic system used by humans (Ochs 1992; also cf. Philips 2021). In order to track how some linguistic and discursive features are ascribed gendered meanings, it is important to explore the concept of 'indexing' (Ochs 1992). Ochs (1992: 340) states that "few features of language directly and exclusively index gender". Motschnebacher (2009) gives examples of nouns directly indexing lexical gender. Some personal nouns in many languages carry information about the gender of a person, whether they are male or female. The same function of directly denoting a woman or a man applies to some kinship terms such as sister, brother husband, wife, and so on, as well as forms of address, for example Mrs, Ms, Mr etc. Similar examples are given for some body nouns typically associated with masculinity or femininity such as moustache, beard, vagina or penis. It can be said that they index gender directly. Of course there are male or female individuals who do not possess those physical features or features that are generally associated with the opposite sex, but they are exceptions (Motschenbacher 2009). Most indexing of gender in language, however, is not direct. Ochs (1992) claims that indexing is either 'non-exclusive', which means that different language functions are used by both men and women alike; 'constitutive', which means that various functions of language can index social meanings (and also gender meanings), or 'temporally transcendent', which refers to the fact that a language function "transcends the time of utterance production/perception" (Ochs 1992: 340). This is to say that language can both 'recontextualize' and 'precontextalize' contexts, with either past or future contexts respectively (Ochs 1992). The relation between language and gender is described as a complex process:

> the relation between gender and language is not a simple straightforward mapping of linguistic form to social meaning of gender. Rather the relation of language to gender is constituted and mediated by the relation of language to stances, social acts, social activities, and other social constructs. (Ochs 1992: 336)

What is meant by this complex relationship is that in order to understand social meanings of gender, one has to look at certain language features[14] and how these index gendered meanings.

---

[14] See (Lakoff's) symbolic feminine discourse in section 2.2.

The mapping between the linguistic/discursive features and their social significance is presented in Fig. 1:

Fig 1. Indexing (Ochs 1992)

Indirect indexing of gender through various discursive features or communicative styles is realised differently in different communities of practice (Cameron 1996). Ochs (1992) looked at two types of mothering practices with the focus on two distinct communicative styled employed by them: of white middle-class American women and traditional Western Samoan women. In particular, she investigated how their communicative mothering practices influenced their social positions as mothers. Ochs (1992) demonstrated that various strategies used by mothers to communicate with their children impacted upon the perception of their status as mothers. American mothers were child-centred and accommodated their communicative style to them e.g. they tended to simplify their utterances. As a result, their communicative strategies minimized their importance in favour of their child's point of view. The Samoan women were described as other-centred and in contrast to the American women, they did not accommodate to their children, but instead their children were expected to do so. As a result, their communicative strategies granted them a prestigious status as caregivers in the society. The study shows how linguistic features index social meanings, that is, how the communicative style of accommodation (or lack thereof) indexed a subordinate (or high-ranking) image of a mother in American and Samoan societies respectively (Ochs 1992). The differing communicative styles of the two sets of mothers and children and their social significance resulting in high or low prestige of mothering identity show how various discursive features function to help to construct, reconstruct and deconstruct social identities, including femininities.

2.4.2. Discursive constructions of gendered identities

As has been mentioned in the introductory part of this section, the construction of gender can be analysed with different research foci in mind. Holmes (1997: 203) highlights that "gender is a complex continuum which interacts with other social dimensions such as social status, ethnicity, age and power."[15] It is worth looking then how gendered identities are constructed in particular social contexts. Since research into gender and language in recent years has been especially fruitful in analysing diverse ways and contexts in which gender can be done (cf. Al A'ali 2021; Schnurr and Omar 2021; Angouri et al. 2021; Ehrlich 2021; Motschenbacher 2009; Pawelczyk 2021) due to space limitations it is necessary to narrow down the scope of this section to some of the most researched sites in the language and gender research demonstrating the salience of gender in everyday life. Therefore special focus will be put on the discursive construction of gender in the professional setting, an educational setting and its representation in media discourses (especially advertising). Although the focus of this section will be put on the discursive construction of femininity, the concept of masculinity will also be explored here, as femininity and masculinity are relational concepts, and thus they are often constructed as binary opposites.

The following sections will explicate in more detail how feminine (and to some extent masculine) identities are constructed in discourse. Although the sections will not be entirely based on the community of practice framework, it will undoubtedly constitute a vital part of the considerations.

2.4.2.1. Professional setting

Historically, leadership in general has been the domain of men (Klenke 1996) and although the situation is undoubtedly improving steadily, the number of women bearing highest positions, for example, in companies is much lower than men (Sahadi 2016). Leadership is associated with stereotypically masculine (discourse) features such as a more direct speech style characterised by competitiveness, assertiveness and even confrontation (Baxter 2010). Stereotypically feminine

---

[15] Cf. Crenshaw's (1989) notion of intersectionality describing the intersection of gender with other social categories such as, for example, race or class.

speech styles linked to indirectness, hesitation and collaboration, however, seem to be opposites of typically masculine speech styles and thus serve to render women unsuitable for leadership positions (Baxter 2010). Exacerbating female and male speech style differences in relation to leadership takes the form of various discourses perpetuating socially invidious views boiling down to the lower visibility of women as leaders in companies (cf. Al A'ali 2021). Baxter (2010) describes two types of discourses prevalent in male-dominated corporations, used by both men and women alike, that inevitably lead to reinforcing the view that women are unsuitable for leadership roles: discourse of female emotionality/irrationality and discourse of femininity with particular focus on image and sexuality (cf. also Mullany 2007). The discourse of female emotionality/irrationality (Littoseliti 2006), as the very name suggests, represents women as emotional and/or irrational, as opposed to the relational concept of men as unemotional and rational. This type of discourse positions women in both positive and negative ways; on the one hand women are positively constructed as other-centred (Lazar 2002) and as building connections with their employees, but on the other hand, they can be also seen as hysterical and unpredictable (Baxter 2010). Mullany (2007) has observed that female middle managers in a retail company drew on the discourse of emotionality. One of the managers at work explained her behaviour as resulting from hormonal problems, which, needless to say, represents women as irrational and thus contributes to their unsuitability for high positions in a company[16]. Baxter (2011: 130) gives an example of a female manager whose speech style is characterised by few direct orders and commands, and although she resorts to a few more direct speech features such as imperatives, she uses them as suggestions. She also avoids using direct orders, but rather mitigates them by the communal and inclusive 'let's', which mollify their strength.

Discourse of femininity in relation to sexuality, on the other hand, rests on the idea of sexual feminine awareness, which is connected with power. Sinclair (1998) develops four different configurations of women:

(1) denying sexuality and having either high power,

(2) denying sexuality and having either low power,

(3) having high sexual awareness and being granted high power,

---

[16] It should be noted that the same manager in her daily language practices drew on both feminine and masculine discourses to establish her leadership. This reveals a disconnect between actual performance as captured in naturaly occurring data and the manager's perception of herself as a speaker (see also Holmes and Stubbe 2003).

(4) having high sexual awareness and being granted low power.

Baxter (2010: 48) links each of these configurations with discursive features, for example a woman with high sexual awareness and high power "would utilise a wide repertoire of speech strategies stereotypically coded male and female". A woman with high sexual awareness and low power, on the other hand, would "use polite, indirect language, (Lakoff 1975) or at best conform to a feminine speech style (Coates 2004): co-operative, supportive, caring and involved" (Baxter 2010: 48). Sinclair (1998: 178) claims that for many professionals the feminine represents the opposite of leadership. She writes: "Indeed, being 'seen' as a woman diminishes one's leadership. Behaviours which draw attention to sex- such as displays of overt femininity, being pregnant, references to family, wearing colourful or expressive clothes" will be perceived as inappropriate in a professional setting (Sinclair 1998: 178).

In line with social constructionist research, there is no single way of performing a feminine professional identity (Mullany 2007) and thus it is impossible to subjugate each and every situation to drawing on discourse of female emotionality/irrationality and discourse of femininity with particular focus on image and sexuality. There is a multitude of discursive and linguistic ways in which, for example, a feminine leadership identity is done. This is why workplace discourses constitute interesting sites of research allowing reserachers to explicate the uses of language as a gender identity marker. It is possible to observe how both men and women construct their selves in interaction through using certain pragmatic particles and interactional devices, which serve to construct their gender identities (Holmes and Schnurr 2006). As members of society, people generally recognise and can easily point to normative values regarding feminine and masculine identities, and are able to draw on gendered discourses and their symbolic power to construct their identities as either in line with those values, or through their rejection (Cameron 1995; Eckert and McConnell-Ginet 1995). In order to gain insight into how femininities and masculinities are interactionally constructed in the workplace, one has to look how pragmatic and interactive forms function in the professional setting (Holmes 1997; Schnurr and Zayts 2011; Angourri and Marra 2011; Graf 2011; Schnurr and Omar 2021; Angouri et al. 2021). Holmes and Schnurr (2006: 34) explain how language functions to construct femininity (and masculinity) through indexing gender indirectly in a workplace:

> [P]eople draw from a range of linguistic and discursive resources to construct their identities as 'professionals' in workplace interaction, and to negotiate particular pragmatic functions, such as giving

directives, criticising, disagreeing, approving, and so on. Their choices index particular stances (e.g. authoritative, consultative, deferential) which construct not only their particular professional identities or roles (e.g. manager, team leader, support person), but also their gender positioning (…). This is the most obvious way in which people enact conventional gender identities at work - through linguistic and discursive choices which indirectly index normative femininity whilst also instantiating a particular professional relationship. (Holmes and Schnurr 2006: 34)

In order to illustrate such an indirect indexing of a feminine identity in a professional setting, Holmes and Schnurr (2006: 35) give an illuminating example of identity construction by a middle-class professional woman. The example features a female manager asking her female employee to amend an official letter. Given the asymmetry of the relationship and the sole fact of giving feedback to someone including critical comments, the manager uses various linguistic devices to convey criticism in a less face threatening way. She uses mitigation tools, such as hedges and minimisers (e.g. in the form of modal verbs), as well as approximators (e.g. a bit). Apart from listing necessary amendments in a less direct way, the manager also takes her time to praise the positive aspects of the letter. She also uses the communal (inclusive) pronoun 'we' in an ambiguous way that might suggest a shared problem. The linguistic and discursive devices employed by the manager are typically associated with normative feminine talk as they signal being considerate, a feature which indirectly indexes a feminine identity. The example shows how a feminine identity in this professional context is constructed as 'unmarked' due to the fact that the interaction takes place between two women who construct their gendered identities in line with feminine norms of behaviour. Holmes and Schnurr (2006: 3) also give a similar example in which a male worker in a generally female professional context employs linguistic and discursive devices that signal relational practice (Fletcher 1999), which carries gendered meanings and is linked to femininity. His linguistic behaviour also passes as unmarked suggesting that it was regular and appropriate in this setting. In typically masculine communities of practice, such as IT companies, however, linguistic devices associated with femininity are usually marked and can potentially lead to a negative response from male co-members. To illustrate this, Holmes and Schnurr (2006) give an example of a man who did something out of ordinary in a typically male company, namely dealt with clients directly, which was not seen by his male colleagues as masculine, and consequently he faced ridicule from his co-workers.

An interesting discursive strategy that is used by professional women to construct their identity is 'double voicing'. A 'double-voiced discourse', a term coined by a Russian philosopher Mikhail Bakhtin and used by linguists, "is directed both towards the referential object of speech,

as in ordinary discourse, and toward another's discourse, toward someone else's speech" (Bakhtin 1994: 105). Bakhtin (1994: 106) explains that "[s]omeone else's words introduced into our own speech inevitably assume a new interpretation and become subject to our evaluation of them; that is, they become double-voiced." Speakers utilising 'double-voiced discourse' do so for a number of reasons; they might do it in order to parody and mock someone else's speech, e.g., professional women might mock speech styles normatively associated with femininity (see Holmes and Schnurr 2006) with the view of distancing themselves from it.

Baxter (2011) claims that 'double-voiced discourse' is used by women in powerful positions as a survival strategy where women can predict intentions of their interlocutors and, accordingly, adjust their speech patterns to contextual circumstances. She links it to the fact that despite a slow growth in the number of women leaders in companies, powerful female individuals are still a rarity and this puts a lot of pressure on them, which is manifested through being under greater scrutiny in comparison to male leaders.[17] In her semi-ethnographic study on seven British companies of varying business focus, Baxter (2011: 239) has found that 'double voice discourse' is used by female leaders for four main purposes:

(1) Anticipatory: to anticipate and dilute possible criticism
(2) Authoritative: to heighten impact and display personal power, especially if this was threatened
(3) Corrective: to correct or repair a mistake or error, usually their own
(4) Mitigating: to reduce authority and build rapport with their team (Baxter 2011: 239)

Baxter (2011: 243) claims that 'double voice discourse' constitutes a "linguistic dimension" that points to the difficulties faced by women in leadership positions.

Needless to say, not all women leaders resort to typically feminine speech patterns. Mullany (2007: 167) claims that despite the prevalent discourse of gender difference in the workplace context, both men and women leaders use speech styles outside stereotypical gendered expectations:

---

[17] Cf. Pawelczyk (2021) who writes about the pressures and greater visibility of women in a typically masculine profession of the military. The study, informed by tokenism theory, demonstrates that women who enter this gendered space face the expectation of working harder than men for recognition and feel they "have to prove themselves" (Pawelczyk 2021: 551).

> [S]tereotypically gendered speech styles are part of the overarching discourse of gender difference. Within this, hegemonic discourses of femininity and masculinity dictate which speech styles are deemed as more appropriate for women and men to use. In reality, there is much evidence of women and men managers using speech styles stereotypically associated with the other gender, and vice versa (…) (Mullany 2007: 167)

Mullany (2007) illustrates this claim on the basis of Amy, a female manager who perpetually displays both stereotypically feminine (e.g. the use of questions instead of commands, communal pronoun 'we' or hedging techniques) and masculine features (e.g. employing an assertive and authoritative speech style and task-orientated talk) in interaction. Her wide repertoire of linguistic devices is, however, evaluated negatively by her colleagues as it is something deviant and existing outside the norm. In other words, her speech style does not meet the demands of gender-appropriate behaviour. This points to the fact that one is socially expected to use the discursive tools, which are regarded as normative for one's gender. Consequently, drawing on discursive resources seen as appropriate for the other gender can be perceived at best, unusual, and at worst as simply abnormal and deviant.[18] What is more, women in authority in particular can be seen as caught is a 'double bind' (Lakoff 1975), which is "a no-win situation in which someone is faced with two requirements, but anything they do to fulfil one violates the other" (Gordon and Tannen 2021: 189). This means that fulfilling the expectations to be a 'good woman' is perceived as lacking confidence, and talking like someone with authority as aggressive (Gordon and Tannen 2021: 189).

2.4.2.2. Educational setting

Young girls and boys are socialised into gendered roles from a very early age, and since in many societies education is taken for granted, the process of socialisation is also influenced by their classroom experiences. Even young schoolchildren develop an awareness what it is to be a boy and what it is to be a girl (MacNaughton 2006), and are able to differentiate between stereotypically gendered dress code, hairstyles, behaviours, expectations, dreams, jobs, emotions, types of friendships they form etc. As schools are essential in the majority of young people's lives (especially in Western societies), they constitute spaces where the construction and negotiation of

---

[18] Cf. Mullany's (2007) notion of the 'social cost'.

femininities and masculinities are constantly taking place (Paechter 2006). Children participating in various mundane activities as members of culture invoke and are located within the realm of gendered discourses. This amounts to the fact that on the one hand they "are being induced into dominant discourses which involve particular kinds of gendered positions" (Maybin 2002: 259), but on the other they have the possibility to negotiate and resist them, and offer alternative stands (Ehrlich 2021). This can be accomplished through the use of discursive and linguistic tools and bringing into question people's accounts.

Discursive construction of gender in the context of education can be analysed looking at various types of data: for example, it can concern a textual representation of femininities and masculinities in educational materials or the construction of gender in 'naturally' occurring speech of different members of a classroom community of practice. This section will put particular emphasis only on the spoken classroom discourse. Following Sunderland et al. (2002) the decision is motivated by the view that the representation of men and women in textbooks is only a part of the whole picture of the representation of gender present in the classroom.

The vital part of the construction of masculinities and femininities actually belongs to the teacher and the concept of the 'teacher talk around the text' is critical. Sunderland (1994: 64) claims that: "[t]he most non-sexist textbook can become sexist in the hands of a teacher with sexist attitudes". Therefore, the gender representation in a stereotypical (or progressive) way in a textbook can be either supported or rejected by the teacher, who can point the students into the direction of the 'correct' reading of a given text. While it is undoubtedly very difficult to track how and when precisely children learn their gendered subject positions, I agree with Maybin (2002: 259) that they "acquire important knowledge about gender and their own gendered possibilities within conversations where gender is apparently at the margins of relevance and awareness". Any situation where gender is an emergent category can potentially shape at least partially children's beliefs of what gender appropriate behaviour means, which all the more makes 'talk around the text' crucial, as it is then that stereotypical gender representations have the potential to be contested.

The research into the representation of gender in 'teacher talk around the text' is an important source of knowledge on the construction of gendered identities in the classroom by, mainly, teachers, but also students. In a recent study on the construction of gender in the Polish educational context, it has been observed how stereotypical femininity emerged during the classroom

interaction between a female teacher and a male student (Pakuła et al. 2015)[19]. For example, the teacher asked the student about his preferred physical activity and during a short interaction the reluctant and passive student arrived at the conclusion that 'yoga is for girls' and ice hockey is 'brutal' and 'violent', and therefore should be taken up by boys. This stereotypically gendered representation of sports activities invoked through the reference to normative gendered predicates was not verbally refuted by the teacher. As a result, the stereotypical representation of gender was uncritically accepted by the teacher, which might be understood by the rest of the students as the correct representation of what social reality is, or should be about (Pakuła et al. 2015).

Eriksson Barajas (2008) investigated the construction of gender in discussions with school children on books. She was particularly interested in children's orientation towards gender, which was achieved in interaction with, for example, the use of personal pronouns or gendered lexical items rather than using gender neutral terms such as 'person', 'individual', 'friend' or 'character' and the like. Gender emerged as an essential category for children who assessed the discussed characters and often looked at them through the prism of moral judgement regrading gender appropriate behaviour. For example, in one of the discussions a boy inexplicitly criticised a mother character in a book, by constructing her as being immature and linked it (together with other children) to existing beyond the norm. Her motherly qualities underwent moral judgment as she was ascribed such features as not strict, sloppy and not nagging about keeping the house tidy. As a result, a collaborative arriving at those attributes by children constructed an image of a typical mother, and thus further reproduced gender stereotypes. What is important is that it was the teacher who introduced the category of the 'typical mother' and took part in the co-construction of stereotypical femininity. Again, this example of teacher's 'talk around the text' shows the essential role of the teacher in the production of gendered meanings where children are on the receiving end of the dominant discourses.

Another way of looking into the construction of femininities and masculinities is investigating them within their local classroom communities of practice. Members of those communities learn the meaning of being a woman or a man on the basis of some shared values, expecta-

---

[19] The research project in question was entitled "Investigating Gender and Sexuality in the ESL classroom: Raising publishers', teachers' and students' awareness" . I was a research assistant in this project and had first-hand experiences of teacher 'talk around the text' (Sunderland 1994) as I was present during the lesson when this gender critical point emerged. During the course of the project there were more instances of gender critical points (Sunderland et al. 2002) where femininity and masculinity were presented through the normative lens and which were uncritically accepted by the teacher.

tions, behaviours etc. through shared participation. Thus, looking into communities of practice formed at school points us into the direction of how gendered discourses inform social practices. Interaction between classroom community members during various educational activities outside the school setting, such as school trips, allow for the emergence of 'gender critical points'[20] (Sunderland et al. 2002) and the negotiation of meaning. It is important to add that school age children face the challenge of negotiating their gendered identities in different contexts of education. For example, on the one hand, girls in the classroom are praised for being amenable in interaction with teachers, which requires linguistic tools adequate to a given situation (Maybin 2002). On the other, however, the discourse of teenage femininity, which typically comprises of expressions of heterosexuality and includes conversations about (prospective) boyfriends and provocative clothes, will be less appropriate in the classroom than outside. Such conversations are most likely to take place during interaction between members of school community of practice that have a close relationship with one other (Maybin 2002).

Davies (2005) investigated spoken interaction between teenage school girls, who used collaborative discourse strategies, especially storytelling, to establish and maintain friendship. As such (collaborative) storytelling is not a feature inclusive to the discourse of dominant femininity, but it is strategically used by women to construct femininity, just as it is also used by men to jointly construct masculinity (Coates 1998). Stories are used to achieve particular interactive goals, present the narrator's perspective and their own evaluation of its content, i.e. individuals, events, and relationships (Maybin 2002). Through this, one is able to construct one's gendered identity. An example quoted by Davis (2005) features a group of school friends engaging in the construction of a narrative where one of the girls offers self-discourse about problems she is facing at school and others mirrored her experiences. Eventually, a shared narrative with the use of inclusive discursive and linguistic strategies (for the use of collective pronoun 'we' for the emphasis of solidarity and the use of tag questions for eliciting agreement) is developed. Davies (2005) claims that although boys also used similar discursive strategies to those used by girls, they were not as prevalent as it was in the case of their female counterparts.

Taking on gendered identities was also facilitated through the production of stories and anecdotes (Maybin 2002). She examined how children between ten and twelve years old negotiated and appropriated feminine and masculine identities. Maybin (2002) provides an interesting

---

[20] The term 'critical gender points' refers to situations where gender is represented in a normative and stereotypical way, for example, through exaggerating traditional gender roles (Sunderland et al. 2002)

example where a school girl appropriates double voice discourse (Bakhtin 1984) to present her parents in gendered terms, and at the same time negotiate her own gendered identity as she approaches adolescence. She blurs her own perspective with that of a different voice and accomplishes double voice discourse (Bakhtin 1984) through using a third person singular pronoun ('she' for her mother), "proximal deictics as in direct discourse ('here'), and prominent use of modality markers which reflect the perspective of a character rather than the narrator ('want to do him')" (Maybin 2002: 269). Although through the use of discourse she implicitly aligns with her mother, she explicitly admits proximity to her father. Through such a portrayal of her parents and the use of discursive tools, she negotiates her own feminine identity and positions herself as stronger than her mother (Maybin 2002).

What is evident in the demonstrated examples of research into language and gender in an educational setting is the fact that even very young children have social, cultural and moral awareness of dominant (seen as normal and 'correct') and alternative (seen as different from the norm or even 'incorrect') gender identities. They also display ways in which they position themselves as members of their aspired for gender categories, based on their social knowledge on gender.

2.4.2.3. Media discourses (advertising)

Mass media constitute one of the salient contexts where the construction of feminine (and masculine) identities takes place. Media discourses and the ways in which they construct gender, send a powerful message to their audiences and can even influence the ways in which people perceive their gender roles and identities (Machung 1989). Even more so that they encompass a multitude of channels, showing different ways in which gender can be constructed. Feminine and masculine identities constructed by media discourses (for example in adverting) can either reflect or (more rarely) contest dominant roles based on gender ideologies (Motschenbacher 2009; McLoughlin 2021). Following Butler (1999) those identities are performative, and they are constructed in discourse through repeated actions.

This sub-section specifically focuses on the discourse of advertising, as it is particularly powerful in constructing and reconstructing normative gendered identities (Motschenbacher 2009) thanks to the wide scope of its audience that reaches people of all ages, social classes and

occupations. O'Barr (1994: 3) explains the power of advertising that contributes to sustaining the social order through the representation of (gendered) individuals in relation to social practices: "in depicting the context of use of a commodity, the advertisements also depict a number of things about society, such as who does the laundry, who prepares breakfast while someone else sits at the table, any who drives and who rides and passengers in a car." In other words, adverts not only show neutral messages, but contribute to the constructing and reconstructing of ideologies about dominant culture (Del Saz-Rubio and Pennock-Speck 2009).

A vast amount on research on the construction of femininity in advertisements deals with the representation of a female body. Motschenbacher (2009) investigated the construction of femininities (and masculinities) through a nominal reference to body parts in advertisements placed in two well-known magazines: *Cosmopolitan* (for female audience) and *Men's Health* (for male audience). The results of the study have shown that nouns connected with body parts used for advertising purposes in both magazines are in line with dominant discourses of gender (Motschenbacher 2009). They are used to construct normative femininity by *Cosmopolitan* adverts and normative masculinity in *Men's Health* adverts. *Cosmopolitan* adverts exploited body lexis normative for men in the construction of a negative female body. The example of a moustache was used in order to show a discrepancy between what women might sometimes possess and what is not desirable with regards to the female body. Motschenbacher (2009) observes that the gendering of the female body was generally constructed with the use of socially gendered vocabulary as opposed to lexical body parts vocabulary. What is meant by that is that the reference to body parts that both men and women have and constructing them as typically feminine (e.g. eyelashes) or masculine (muscles), is responsible for their social gendering. The constructions of both femininities and masculinities in those magazines served to further dichotomise the genders.

Advertising is a particularly interesting site of tracking the construction of gender as it offers both the verbal and the visual aspects that contribute to a fuller picture of how gender operates in society through media. Many language and gender studies employ a qualitative multimodal analysis (Kress and van Leeuven 2001) to analyse how a wide range of discursive and non-discursive strategies convey messages about the products themselves, and also how these messages contribute to perpetuating and reinforcing stereotypical views pertaining to dominant

ideologies[21] concerning the representation of femininity (and masculinity). Del Saz-Rubio and Pennock-Speck (2009) investigated a corpora consisting of Spanish and British commercials with particular focus on how femininity is discursively constructed in adverts of typically feminine menstruation products. One of the strategies that was used for the construction of femininity concerned the "celebration of womanhood" (Del Saz-Rubio and Pennock-Speck 2009: 2535). Feminine identity was constructed through addressing the emotional feminine side of the target audience, which pertains to symbolic discourses of femininity. Moreover, women were constructed in control of their lives and their heterosexual relationships, which allowed for the construction of implied *empowered* (mine) femininity. For example, "[w]omen are depicted as unstoppable and capable of engaging in all types of activities, while feeling secure and confident" (Del Saz-Rubio and Pennock-Speck 2009: 2549). In this way, advertising materials construct a "new, modern breed of women", who is in a way empowered through her representation as being in control (Del Saz-Rubio and Pennock-Speck 2009: 2549).

Similarly, Lazar (2006) also found that one of the aspects of the global discourse of advertising in the post-feminist era is power femininity. Lazar (2006) analysed adverts of beauty products in various magazines available for purchase in Singapore. Women were encouraged to uncover their true beauty and certain brands were suggested as a possible solution to achieving it. Although focusing on beauty and beauty products is undeniably linked to patriarchal discourses of gender, these adverts depart from it slightly as they construct women as potentially empowered. Striving for beauty is constructed as women's conscious choice. Lazar (2006) found that the construction of an empowered woman, in line with post-feminist discourses, relies on the notion of agency and self-determination. It is achieved through a choice of warfare metaphors: "challenge", "sabotage", "aggression", "defense", which give an impression women as being unstoppable (Lazar 2006). The use of militaristic discourse with reference to a female body draws on dominant discourses of masculinity, but ironically it is the woman's body that constitutes the warzone. Women's strength, thus, comes from the ability to fight the signs of aging and attempt to eradicate wrinkles. Women are also constructed as having agency resulting from female sexual dominance over men. Lazar's (2006) research shows the importance of the

---

[21] Hall (1986: 92) defines ideology in the following way: "the mental frameworks-the languages, concepts, categories, imagery of thought, and the systems of representation-which different classes and social groups deploy in order to make sense of, define, figure out, and render intelligible the way society works." For example dominant ideologies about femininity govern the way certain types of femininity are perceived as natural (normative), whereas others are seen as deviant.

female body in constructing modern women through the imbrication of both patriarchal and post-feminist discourses, which contribute to the preservation of the gendered status quo.

It should be noted that what is universal about various ways in which gender is represented and constructed in advertising is that most of it strongly relies on dominant gendered discourses. Motschenbacher (2009: 10) notices that normative representations of gender "require recipients to engage in gendering work (through consumption of the products advertised) in order to pass as a 'real' woman or man." What follows is the fact that advertisers offer not only products, but also the 'correct' ways of enacting one's gendered identity (Motschenbacher 2009).

2.5. Concluding remarks

This chapter explored different ways of doing gender, and in particular performing femininities. An overview of the essentialist approaches to language and gender (the female deficit model, the dominance approach and the difference/cultural approach) allowed for the arrival of two important conclusions. Firstly, looking at speech differences between men and women contributes to perpetuating gender stereotypes and hinders social change (Weatherall 2002), and secondly, the early approaches serve as basis for the concepts of symbolic femininity and masculinity explored further in social constructionist research.

Instead of looking at how men and women speak differently in line with essentialist approaches to language and gender, which further dichotomises the sexes, one should rather investigate how people draw on discursive and linguistic resources to construct various identities in different interactional contexts. In line with social constructionism, gender is seen not as a biological attribute of individuals, but as a social construct, as something that is constructed through the use of language. The professional and educational settings, as well as media discourses constitute crucial sites for examining the construction of femininities and masculinities in language and gender research, as they show the ways in which gender functions as a taken for granted social category at, among others, work, school and in the media. What is more, these contexts concern a majority of people who become involved in the reception and construction of gender identities every day. Consequently, these contexts influence the ways in which people construct their gender identities, staring from very early on and continuing throughout their lives. These three contexts demonstrated that, on the one hand, language is a vital tool in constructing femi-

nine identities, and on the other hand, that there is no single way of enacting femininity. We rather speak of enacting different femininities (and masculinities) in different interactional contexts. For example, there is no single way of constructing female professional identities and the very process of identity construction is a complex one, depending on a multitude of factors such as context, type of company or individual characteristics. Similarly, doing gender by schoolchildren takes place both in the classroom and outside its bounds, and, as members of a school community of practice they engage in the production of gendered discourses based on their shared values and participation.

The three contexts discussed above show that constructing femininity is not a neutral process, but rather it is socially significant and has tangible consequences on the lives of women. For example, Baxter (2011) claims that the language used by women in the workplace is a reason why it is so difficult for them to break through the glass ceiling and maintain their positions eventually. Realising the power of linguistic structures can, however, also point to the ways in which the situation in the workplace can be improved to be more favourable for women. The three contexts also show that despite the fact that dominant discourses of gender are produced and reproduced by members of culture, which serves to maintain the status quo, they also have the potential to be contested.

The chapter has aimed to show the salience of gender as a social category in language and discourse and revealed its pervasiveness in the process of constructing feminine identities. The next chapter will strongly draw on the insights of this chapter in an attempt to explicate the discursive ways of doing motherhood.

Chapter 3: Social and discursive construction of motherhood

3.1. Discursive constructions of pregnancy

In all Western societies, femininity is seen as inextricably linked to a greater or lesser extent to motherhood, and in most of them, motherhood is seen as critical in constructing feminine identities (Glenn 1994). For this reason, the primary focus of Chapter 3 will be put on the social and discursive construction of motherhood identities and it will be divided into two sections.

Firstly, the discursive construction of pregnancy will be detailed. Discursive construction of femininity in the context of pregnancy is particularly important for this study, as being pregnant is obviously a stage in a woman's life when a miscarriage takes place. Therefore, it is crucial to examine the significance of, not only becoming a mother, but also being pregnant. Dominant discourses of pregnancy represent it as a positive experience and a requirement for women. This is evident in the constructions of pregnancy by various communities of practice which are related to pregnant women, such as doctors and other health professionals, as well as families and of course mothers themselves. Their views and stories construct a grand narrative of what it means to be pregnant and also what it means to be a woman. Not being able to have a successful pregnancy goes against the social expectations as for what happens at the end of it when a child is born. The relative silence, both in women's private and professional circles, but also in the media, surrounding possible negative outcomes of pregnancy contributes to the construction of pregnancy and motherhood as solely positive experiences. Thus, in order to understand the grief experienced by women who have suffered miscarriages, it is necessary to talk about the social meaning of pregnancy and, connected to this, the meaning(s) of both motherhood and femininity.

Secondly, different constructs of motherhood will be explicated. Within this, different types of discourses representing women as primary caregivers in mass media and parentcraft materials will be presented. I will also investigate discourses of breastfeeding and work-life balance, as these show particularly clearly how motherhood is constrcted as inherently liked to gender. Finally, I will detail how women take on and internalise dominant discourses of motherhood and femininty in accounts of their lived experiences.

Dominant discourses on pregnancy, which will be presented throughout this section, strongly draw from/on dominant discourses of womanhood and motherhood, and these are inextricably interlinked. Most research on pregnancy is carried out from medical (cf. Evsen and Gulsen 2014), sociological or psychological perspectives (cf. Shoff and Yang 2013), and comparatively, discursive research on pregnancy experiences is scarce. Discourse scholars have investigated various aspects of pregnancy, for example, performative embodiment of pregnancy (Neiterman 2012; Tiidenberg and Baym 2017; Sutherland et al. 2014) and troubled pregnancy identities, including e.g. abortion (Siegel 2021; Beynon-Jones 2017; Kirkman et al. 2011), teen pregnancy (Neitherman 2012; Munakampe et al. 2021), substance abuse (Törrönen and Kalle 2015) or smoking (Wigginton and Lafrance 2015; Grant et al. 2020). Both of these research foci, namely pregnancy embodiment and non-normative pregnant identities, make it possible to explicate beliefs on pregnancy based on dominant discourses of motherhood and femininity (and also to trace resilient and alternative pregnancy discourses). Sometimes, the boundaries between these types of dominant discourses are blurred as a result of close conceptual connections between them, especially in the context of pregnancy. Dominant discourses construct pregnancy as a monolithic experience for all women (Freed 1999), yet it is important to challenge such views. Discursive research on pregnancy shows that women in their pregnancy accounts often adhere to social norms as for expectable pregnancy practices, for example, they avoid activities seen as potentially threatening to the life or health of the foetus. On the other hand, however, women also apply discursive practices to challenge these norms (Sutherland et al. 2014). This points to the complexity of the phenomenon and the fact that pregnancy can also be constructed, at least to some extent, as an individual embodied experience characterised by a singular trajectory.

3.1.1. Medicalisation of pregnancy discourses

Pregnancy is constructed not only as a transitional (Devine et al. 2000), but also as an embodied experience (Neiterman 2012). As it is undoubtedly a time of huge changes in a woman's physique, the dominant discourses of pregnancy focus on the notion of a pregnant body: through, for example, references to health, weight and beauty/appearance (cf. Tiidenberg and Baym 2017, Devine 2000; Murphy 1999; Nash 2011). What follows is that women are subsequently required to participate and internalise normative practices for the period of pregnancy, such as follow a foetus-friendly diet and observe one's weight (Neiterman 2012) as well as engage in physical activity for the well-being of the future child (Nash 2011). In other words, a woman is expected to adhere to a rigid frame of normative practices in caring after her body to appear as if she 'has it all'. Nash (2011: 54) refers to physical exercise as a symbol of a disciplined body routine that also has an effect on other aspects of life:

> Adherence to a structured exercise regimen thus becomes a means by which pregnant women in the middle-classes in particular can uphold the appearance of a tightly managed, middle-class self, one is a good mother or a yummy mummy, an image of motherhood predicted on economic privilege, whiteness and bodily discipline. Having a firm, managed body for such women is a symbol of correct attitude particularly in pregnancy: working out suggests that a mother cares about herself and her unborn. (Nash 2011: 54)

Dominant pregnancy discourses, especially those concerning health and body, have strong roots in medical discourses. One of their important sources that women have access to are advice books for pregnant women. Self-help pregnancy books are based on wider medical discourse of pregnancy, which results in an inevitable medicalisation of the pregnancy experiences. In the era of self-help books, which constitute popular, 'expert' knowledge on how to organise one's life (Giddens 1991), women experience pressure to use this knowledge and be prepared for the course of pregnancy and childbirth. Woollett and Phoenix (1991: 43) claim that social expectations towards women include not only being "healthy and 'ready' for motherhood", but also the fact that their children should be conceived as a result of planned actions. These expectations are accompanied by exerting knowledge about pregnancy and childbirth and participating in prenatal classes "so that they are initiated by the medical 'experts' into the necessary rites and knowledge" (Woollett and Phoenix 1991: 43). Similarly, Rodgers (2015) talks about the 'professionalisation' of pregnancy and the perceived need to rely on medical recommendations in order to sustain a healthy pregnancy and safely transition into the next stage. In her study on the dis-

course of pregnancy and childbirth advice literature, pregnancy is discursively constructed as needing the supervision of a health practitioner. One of the main discursive patterns consists of a prescriptive tone urging women to follow medical instructions ("If you are undertaking a long journey, talk to the healthcare providers who are following your pregnancy") (Rodgers 2015: 44). This is oftentimes accompanied by imperative verbs and impersonal constructions ('it is imperative') exacerbating an authoritative and prescriptive tone of medical advice. What is more, medical terminology ('bleeding, pain, fever') pointing to possible problems that might occur during pregnancy and which are constructed as requiring attention, constructs medical pregnancy meanings as difficult to ignore (Rodgers 2015). Those discursive patterns listed above, together with the phrase 'your practitioner' or 'your doctor' serve to construct women as passive recipients or care during the period of pregnancy. Rodgers (2015: 44) states that "[b]y consenting to medical control in the belief that it is in their interests, pregnant women are effectively handing over control of their bodies to the medical institution." I believe that because the experience of pregnancy is medicalised, clinical recommendations are construed as credible and reliable, and as something that should be internalised by pregnant women, because of the complete authority exerted in those texts. Consequently, mothers, who fail to adhere to the recommendations will be seen as responsible for a prospectively negative outcome of their pregnancy. At the same time, what complicates the situation is the fact that pregnancy and childbirth advice literature often position women in contradictory ways (Rodgers 2015), which contributes to women's feelings of being 'disempowered' (Murphy-Lawless 1998: 22) or even 'fragmented' (Martin 1987: 194).

3.1.2. Foetal subjectivity

A key reason why dominant pregnancy discourses are so powerful and prevalent is because they are based on the notion of foetal subjectivity. One of the possible sources of those discourses might be seen in discourses surrounding pre-natal care, which increasingly often position the foetus through the attribution of personhood characteristics, such as foetal rights (Lind and Brzuzy 2008). The construction of the foetus as a person is discursively done with the attribution of human features (Lind and Brzuzy 2008). Feminist scholars argue that the increased focus on the importance of the foetus from the medical point of view restricts women's autonomy and personhood during the pregnancy period (Bordo 1993; Lupton 1999). What follows, even with the restricted autonomy and personhood, is that it is solely the pregnant woman who bears re-

sponsibility for the health of the foetus (Lupton 1999; Bordo 1993). Commenting on the recent feminist research on pregnancy discourse, Harper and Rail (2012: 70) argue that "women do internalise the medical discourse upholding the health of the foetus as paramount and the idea of the mother's responsibility for its health as opposed to ideas associated to structural determinants of health of both mother and foetus". Exclusive responsibility for the foetus is thus related to health discourses and dominant discourses of motherhood. Pregnant women face moral obligation to comply with health directives from their medical practitioners, otherwise they risk being labelled 'bad' mothers (Pollock 1999). Women who pose a real threat to the foetus through their non-compliant behaviour, such as the use of drugs or alcohol during pregnancy, not only face social stigmatisation, but they might even face legal punishment (Flavin 2008) and risk having their child taken away from them when it is born.

3.1.3. Women's local accounts of pregnancy

It is difficult to trace precisely how and when women are exposed to and acquire dominant pregnancy discourses. Most women in developed societies will, however, at some point have contact with their medical practitioners or/and attend prenatal classes where medical knowledge on pregnancy will be shared. If this is not the case, expectant mothers as members of certain communities of practice and subject to pervasive social gaze will probably be exposed to knowledge about normative pregnancy behaviours that is circulated in given societies.

In order to track whether women actively draw on, internalise or challenge and resist dominant pregnancy discourses, it is important to look closely at women's accounts delineating pregnancy experiences and their meaning for (future) mothers. Sutherland et al. (2014) analysed women's local accounts of pregnancy in an online setting, and in particular how women constructed and negotiated their gendered embodiment. Descriptions of women's pregnancy experiences, rather than being just mere accounts of the course of pregnancy, were found to perform rhetorical functions such as attributing blame or promoting certain standpoints, stemming from conceiving discourse as action-oriented (Wood and Kroger 2000). Women constructed themselves as adhering to the normative gendered expectations of protecting the foetus and ensuring its healthy development (Sutherland et al. 2014). Constructing oneself discursively as a good mother was accomplished through the listing of normative and expectable practices women

should engage during pregnancy (Sutherland et al. 2014). This not only positions women as exhibiting expert knowledge on the proper practices, but also aims to construct them as good and caring mothers fitting into wider dominant discourses on motherhood (Sutherland et al. 2014).

What was also evident in women's accounts was that the pregnant body, as a bearer of new life, was discursively constructed as undergoing pervasive public and medical scrutiny (Sutherland et al. 2014). This was discursively accomplished with lexical items denoting generalisation and prevalence of surveillance (for example: 'from all corners' or 'at every appointment'). Some women in Sutherland et al.'s (2014) study resisted the surveillance and tried to discursively reclaim agency over their own bodies with emotionally loaded verbs or phrases such as 'hate' or 'stop freaking commenting'. Additionally, they emphasised the individual aspect of their pregnancies through referenced to subjective experiences or preferences. Contrast markers such as 'although' or 'despite the fact that' were applied in their accounts to point to the singular character of their condition, which functioned as a tool of resistance to those enacting/sanctioning public gaze (Sutherland et al. 2014).

One of the key themes recurring in the discursive research on pregnant embodiment is bodily control, and in particular, weight watching. This is related to health discourses that position the foetal subject as the beneficiary of the 'correct' weight gain during pregnancy. Dominant health discourses position medical practitioners as experts who give weight recommendations that should be followed by expectant mothers. Harper and Rail (2012) demonstrate that women interviewees in their study were aware of the dominant health discourses and some followed them by emphasising bodily control. Normalising strategies were used to stress the fact that gaining some weight is a natural process during pregnancy. Some examples contain naturalising phrases with an objective tone: 'it is natural to [gain weight]' or 'you're supposed to gain weight', which includes the 'you' directly referring to the mother. Normalising strategies were paired with lists of required activities that allow women to stay within the normal weight gain limits ('I take prenatals and I'm staying fit, I keep walking and I'm not just sitting on a couch eating away') (Harper and Rail 2012). Some of the women, especially these dissatisfied with the outcomes of expert surveillance, however, decided to challenge dominant health discourses and constructed weight gain as something uncontrollable ('you can't control it'), because of cravings they might experience, or unpleasant health conditions accompanying their process of pregnancy, such as heartburn or nausea (Harper and Rail 2012). Resistance of the dominant discourses also entails using strategies of individualising the experience ('Each woman is different, their

body works differently') (Harper and Rail 2012). Using alternative discourses serves to reconcile one's embodied experiences, which are in contrast with pregnancy aspects construed as normative by dominant discourses (Harper and Rail 2012).

Engaging in normative pregnancy activities and recognising the needs of the foetus even at the cost of mother's individual needs is an indispensable element of good motherhood, namely maternal sacrifice (Hays 1996). In Bessett's (2010) study, women displayed an understanding of the cultural discourse of maternal sacrifice and represented unpleasant symptoms of pregnancy through a focus on their unborn children. Bessett (2010) shows how a woman used normalising strategies (e.g. 'that's normal') in talking about her experiencing nausea and reported the potential benefits the symptoms might have on her baby by using vocabulary related to health and safety ('protect', 'keep…from affecting the baby'). She stressed that she could 'get through' the unpleasant symptoms and put her child's needs first. Similarly, other women in Bessett's (2010) study relied heavily on the discourse of maternal sacrifice in their accounts by using strategies of normalising suffering ('suck it up for nine months' or 'grin and ignore it') and negatively assessed those who fall outside the normative maternal discourse (for example those who complained about their pregnancy symptoms) (Bessett's 2010).

Women who exert great awareness of which practices during pregnancy are socially and medically acceptable, morally scrutinise any perceived aberrations they encounter (Sutherland et al. 2014). In order to save face and not be relegated to the category of 'bad mothers', 'deviant' behaviour has to be accounted for and thus it is often constructed through the attribution of blame either to the mother themselves or others. In Sutherland et al.'s (2014) study, women disclosed experiences of deviant behaviour and concurrently discursively exhibited signs of remorse and regret pertaining to the religious discourse of confession ('I've been really bad'). In this way they reaffirmed their status as good mothers (Sutherland et al. 2014). Similarly, in Bessett's (2010) study, a woman caught in double-bind between reporting pregnancy symptoms to her health practitioner and normalising and minimising discomfort, expressed concern about the wellbeing of her unborn child because of her gestational diabetes. The woman said she would 'never forgive' herself it the delayed diagnosis affected the foetus, thus putting all the blame on herself and all the same positioning herself as a 'failed' (Bessett 2010), but still a very caring mother.

The discourse of 'mother blame' is also used as a statement of moral judgement directed towards others. Some pregnant women construct those expectant mothers who do not internalise

health practices in an attempt to accommodate to the clinical guidelines as moral failures (Jette 2006). Reliance on dominant health discourses in constructing (future) mothers' blame is evident through the listing of undesired activities leading to weight gain, unhealthy lifestyle (for example: 'smoking', 'drinking', 'eating burgers all day'), which constitute activities that can negatively affect the health of the foetus (Harper and Rail 2012).

Overall, the moral scrutiny of women failing to adhere to the norms of dominant motherhood, including conforming to the dominant discourses of pregnancy, contribute to the construction of both motherhood and womanhood through the lens of social and moral obligations.

3.2. Discursive constructions of motherhood

In some societies, women are believed to possess intrinsic and natural predispositions to be mothers (Glenn 1994), and thus they gain the status of primary carers for their babies. Women are, however, not born, but rather become mothers as a result of cultural participation in the process of an emergence of a socially constructed identity (Arendell 2000). The concept of constructing motherhood is inextricably linked to the category of gender and more specifically femininity. In other words, being a mother and being a woman are "a constitutive element of the other" (Glenn 1994: 3). Due to its unique function resulting from reproductive potential, motherhood has been widely interpreted through an essentialist lens as "natural, universal and unchanging" (Glenn 1994: 3). A large body of research on the social construction of motherhood, however, points to the fact that being a mother is yet another identity that one has to learn as a member of culture. Therefore, women can be seen to be caught in a double-bind when they transition to motherhood. On the one hand, they are seen through an essentialist lens as natural child bearers who are the main parent, as they are assumed to be better predisposed to this function than men. On the other hand, motherhood is represented as a skill that requires carefully obtained knowledge and can be acquired through, for example, consumption (Atkinson 2014). Constructing a successful motherhood identity entails the awareness of socially accepted norms of conduct, and in the case of Western world mothering practices, the socially preferred form is the so called (the ideology of) intensive mothering (Hays 1996). In line with this style of mothering is the claim that motherhood is not only a critical aspect of femininity (Stoppard 2000), but also the ultimate fulfilment for a women, because "no woman is truly complete or fulfilled unless she has

kids" (Douglas and Michaels 2004: 4). A woman involved in intensive care of her child should be other-centred and emotionally involved, as well as devotes a lot (if not all) of her time and efforts to her offspring (Hays 1999). In other words, she devotes "her entire physical, emotional, and intellectual being, 24/7 to her children" (Douglas and Michaels 2004: 4). She is characterised by sacrifice for her child/children and is "not a subject with her own needs and interests" (Bassin et al. 1994: 2). She is the 'good' mother (Berry 1993) and therefore a 'good' and fulfilled woman. Of course, the father's role is also important and should not be neglected, but it is the woman who is constructed as the main carer and as such mothers are seen as "little more than architects of the perfect child" (Eyer 1996: 6). As with failing to adhere to the diktats of society during pregnancy, not conforming to the standards of motherly conduct usually results in moral judgement and/or self-blame assessment. What follows is that doing gender is not entirely women's choice, as there are social consequences that women can be subject to if they cross the boundaries of what is normatively expected of them (Mullany 2007).

3.2.1. 'Woman as the main parent' discourse

Despite traces of progressive discourses (cf. Lazar 2006), social and discursive research on parenthood (or rather motherhood) constructs it as inherently gendered as it predominantly constructs the mother figure as the main parent. Motherhood as a constitutive element of being a woman can be seen as pervasive and ideological (cf. Mackenzie 2021). It takes place in a variety of contexts and it realised through a multitude of channels. For example, parenting materials are one of the most obvious, and therefore major sites, where the standards of intensive mothering are constructed, re-constructed and where they have the potential to be contested. They are not only the source of knowledge on the normative parenting practices, but they also constitute ideological sites where dominant gender order (Connell 1995) is perpetuated. Sunderland (2000, 2006) investigated the construction of parenting in parentcraft materials and found that it was based on an overarching discourse of dominant motherhood of the 'mother as the main parent' and the 'father as a part-time parent'.

In her 2006 study, Sunderland examined three parenting magazines, whose gender neutral names (*Parents*, *Parenting* and *Baby Years*) suggested prospective appeal to both female and male parents alike. Sunderland (2006) analysed both the verbal and visual aspects of the maga-

zines to see whether they promoted shared parenting. For example, the lexical choices of the gender neutral word 'parent(s)' instead of gender marked Mum/Dad were investigated. For this reason, the focus of the study was put on pronouns and other lexical items denoting or omitting gender. Sunderland (2006) found that many advice texts included noun phrases such as "you, your baby, your tot, your doctor, your child, your children, your kids, your newborn", which allowed for the gender free reading of the potentially inclusive 'you'. There were also, however, significant instances where the 'you' can be interpreted as linked to feminine gender ('You've undoubtedly been smooching your baby and saying things like "Give mommy a kiss!") (Sunderland 2006: 2012). What is more, explicit mentions of the mother figure were recurrent in almost every article analysed, whereas explicit lexical references to the father are largely infrequent, and these represent him as of secondary importance compared to the mother figure.

In a similar manner, mothers are constructed as the main parent through the voice of experts, who are mothers themselves. The descriptions are adorned with the scope of their expertise and disclosed location, which serve to represent them as authentic and credible. Linguistically, they convey their opinions in 'direct discourse' (Fairclough 1995) and base it on their personal experiences as mothers. The experts' gendered choice of lexical terms generally falls on mothers rather than parents. What is more, female experts often rely on gendered stereotypes while giving maternal advice: 'Most of us at some point in life have been either the toddler or the frustrated mom,' says Douglas [expert]. 'We just have to hope that we don't end up turning into the annoyed little old lady down the road . . .' (Sunderland 2006: 115). The expert draws on a stereotypical representation of a 'frustrated mom' (who has to deal with her toddler's misbehaviour) and discursively positions herself in the same gendered category 'mother' as the women she is addressing. The father, on the other hand, is absent. This contributes to the reinforcement of the discourse of the 'Mother as the main parent' (Sunderland 2006).

The construction of the mother as the main parent stands in stark contrast with the representation of the father as the part-time one. Sunderland (2000) delineated three fatherhood identity constructions present in parentcraft materials: 'Father as baby entertainer'(which relies on the use of verbs such as 'play', 'fun' and 'enjoy'), 'Father as mother's bumbling assistant' (through the use of the verb 'remember') and Father as line manager' (through the use of imperatives). None of these constructions position the father as the main parent, or even as someone who takes a very active engagement in the child's development. It is rather the mother who is actively engaged in intensive parenting. On numerous occasions throughout the data, fathers are represented

through the transactive (van Leeuwen 1995: 89) verb 'help' suggesting the involvement of more than one person ('Helping [her] with baby', 'You can help with the baby's care by changing nappies ....' etc.). Sunderland (2000, 2006) comments on the vagueness of the meaning of 'help', as on the one hand, it does not denote any specific tasks, and on the other, it has the potential to legitimise the part-time character of the father's involvement in the childcare. 'Playing' is another example of a transactive action performed by the father ('playing with your baby will help him get used to his environment'). Lexical absences in the dominant motherhood discourses are also significant, for example, the absent (apart from one instance) verb 'to share' points to a more equal division of childcare practices between the mother and the father (Sunderland 2000). The studies conducted by Sunderland (2000, 2006) show how the discourse of the 'mother as the main/Father as the part-time parent' reinforces gender stereotypes and contributes to an unequal division of family labour.

As well as parentcraft texts, mass media constitute sites where powerful gendered images of the ideology of motherhood are reproduced. Atkinson (2014: 559) claims that dominant motherhood discourses are reinforced thanks to the volume and pervasiveness of messages that "instil a dominant and socially accepted view of appropriate norms of motherhood", and what she emphasises as the outlet for those, is (magazine) advertising. Lazar (2000) investigated parenthood representations in a Singaporean national advertising campaign and paid particular attention to the ways in which two types of hypothetically competing gender discourses coexisted alongside each other: the discourse of conservative gender relations and the discourse of egalitarian gender relations. Both discourses are based on the idea of gender as a relational construct and the gendered identities of a 'mother' and 'father' as constructed in relation to each other. In case of the discourse of egalitarian gender relations both parents are supposed to be constructed as equal and parenthood is constructed as a shared experience. This is realised by the linguistic choice of pronouns, for example the collective 'our/we' or indefinite 'you' ('Becoming parents changes our lives completely') or simply by eliding pronouns ('Understandably, parenthood is a big decision') (Lazar 2000). In this way, both the mother and the father are constructed as joint participants in the parenting experience and belong to the same category of 'parents', as opposed to separate categories 'mother' ('woman') and 'father' ('man') (Lazar 2000). In contrast, the discourse of conservative gender relations represents men and women as different and unequal. Fathers are generally positioned through the professional lens as executors, which extends even to interaction with their children, family heads, or through physical play with their children, or

they are constructed "even as one of the kids" (Lazar 2000: 384). Conversely, motherhood in the domestic sphere is represented through total devotion to children and other-centeredness in relation to both her husband and children. The discursive constructions of a 'giving' mother include emphatic claims such as 'But there's one precious gift, which only you can give- a brother or a sister', where 'only' accentuates motherly obligation to her child, and the epithet 'precious gift' of a sibling is transferred as something that would greatly benefit them.

A close scrutiny of both competing discourses coexisting alongside each other, however, leads to the conclusion that these work towards maintaining the conservative gender order, which remains largely unchallenged thanks to the strategy of 'disproportionate coexistence' (Lazar 2000: 395). This corresponds with Talbot's (1997) comment that the stability of gender categories relies on their flexibility.[22] Lazar (2000: 395-396) claims that "although certain egalitarian values may be present in the ads they are overwhelmed by a prevailing conservative discourse that is simultaneously at work in the same ads, and which, as a result, renders the egalitarian virtues non-threatening." Hence, the subversive potential of ads to challenge the existing gender relations in the family remains unfulfilled.

3.2.2. Discourses of breastfeeding

Within the overarching discourse of dominant motherhood, two different types of discourses seem to stand out as predominantly gendered, namely, the discourses of breastfeeding and the discourses of work-life balance. Breastfeeding represents one of the central childrearing practices for 'intensive' mothering and it is constructed as the 'morally correct' choice for mothers (Marshall et al. 2007). As a result, dominant breastfeeding discourse is seen as having implications for the actual baby feeding practices and connected with them feelings of, for example, guilt (Marshall et al. 2007). Inevitably, because of its moral imperative imbued with social and cultural meanings, breastfeeding is constructed as an inseparable part of 'good' motherhood (Murphy 1999).

Williams et al. (2012) investigated how parenting education materials published after 2000 construct infant feeding. One of the discursive constructions of infant feeding as inherently gendered includes medicalisation and risk. It is done through multiple references to its health

---

[22] Talbot's (1997) observation concerns hegemonic masculinity, but can also be applied to (dominant) femininity.

benefits for infants ('Breastmilk provides the perfect mix of nutrients, as well as protection against infections and environmental contaminants') (Williams et al. 2012: 344). What is more, breastfeeding is constructed as the 'correct' choice through the negative construction of formula feeding. Both options are constructed through references to medial discourse of risk and safety ('Many health professionals have believed infant formula to be a completely safe choice. But now there's evidence that all babies who don't receive breastmilk are at greater risk of many diseases, some become very ill, and a few die.') (Williams et al. 2012: 345). Such a representation of potential consequences with the use of extreme case formulations (Pomerantz 1980) regarding serious illness and even eventually leading to death (Williams et al. 2012), not only represents breastfeeding as the only morally correct choice, but also significantly limits mother's subjective positions. Callaghan and Lazard (2011: 938) argue that through positioning breastfeeding within health discourses, the "responsibility for breastfeeding is located primarily with the mother, and midwifes, health visitors and other health professionals are extorted to convince individual women that 'breast is best'." It is not surprising then that women who breastfeed are constructed as 'the ideal maternal individual' (Williams et al. 2012: 345). Apart from providing their child with necessary nutrients for being healthy, breastfeeding is also represented through vocabulary connected with attachment and bonding ('the fulfilment that you will feel as you experience skin-to-skin contact with your baby'). In this way, breastfeeding is constructed as natural (as opposed to the stigmatised and 'artificial' formula feeding), but also as inherently gendered (Williams et al. 2012).

One of the implications of dominant infant feeding discourses is the experience of blame and guilt (Williams et al. 2012). Although breastfeeding can be constructed through the discourse of 'choice', women are seen as solely morally accountable for their infant feeding decisions. Dominant assumptions about breastfeeding and formula feeding circulate in societies as 'correct' and normative, and are reinforced by members of culture as totems of 'good' mothering. Callaghan and Lazard (2011) investigated online debating forums where infant feeding emerges as 'primary' and 'natural', as opposed to 'bottle feeding' as 'second best'. They claim that "naturalising discourses of breastfeeding are evident, conflating natural breastfeeding, womanhood and motherhood" (Callaghan and Lazard 2011: 943). In line with dominant discourses, those mothers who choose to formula feed their babies are morally accountable and stigmatised as bad mothers (Callaghan and Lazard 2011; Murphy 1999).

It is evident that breastfeeding discourses fit within wider dominant discourses representing the mother figure as the main parent. The father figure, however, is largely absent. This con-

structs the mother figure as indispensable for the correct development of her child and, all the same, to a great extent disregards the importance of fathers. This in turn, normalises and further reinforces dominant discourses of motherhood, and especially in the context of breastfeeding leaves very little space for any alternative discussion, because of the risk of being perceived outside the bounds of social cost.

3.2.3. Motherhood and work-life balance discourses

Constructions of work-life balance constitute another example of dominant discourses based on the ideology of motherhood (Knaak 2005), which clearly point to the predominant relevance of gender and different gender roles in the family setting. Social constructionist research based on data from many Western countries shows that work-life balance is underpinned by gendered assumptions reflecting 'male breadwinner/female caregiver' ideology (Gazso 2004).

Sullivan (2015) examined media representations of work-life balance in highly circulated magazines for female target audience. The study revealed how family and work related multiple roles and responsibilities are constructed in line with gender normative roles. Although undertaking paid work is not necessarily constructed in negative terms, it is nonetheless seen as a difficult choice or even a challenge that women face (Sullivan 2015). Moreover, returning to professional life is constructed in conflicting ways: on the one hand, it is seen as normative and inevitable, at least some time after giving birth, and on the other, it is constructed as a choice, which sends mixed messages to female readers. What is more, the struggle to juggle multiple roles is linked to negative health outcomes such as stress, diseases, feelings of tiredness and even depression. Also, related to dominant discourses of motherhood, balancing work and family life can ultimately lead to feelings of guilt and conflict. Sullivan (2015) gives an example of an article entitled 'Bad Mum Guilt' in which multiple roles that women mothers undertake are described with a use of figurative language as 'a minefield of guilt tripwires'.

Smithson and Stokoe (2005) found that despite the politically popular discourse of equality in the UK corporations in the form of the use of increasingly gender-neutral language when talking about flexibility in the context of balancing family and professional life, dominant gender discourses prevail. In focus group and individual interviews with staff of a large corporation, gender was made relevant by many employees, and although not blatantly, it nonetheless did creep 'into talk' (Hopper and LeBaron 1998). Smithson and Stokoe (2005), in their CA and

MCA analysis of work-life balance discourses, give an example in which an interviewer asks a gender-neutral question about work flexibility, and the participant makes the category 'mother' relevant. Although initially, the gender neutral nominal expression 'people' is used to talk about work-life balance, later turns construct it in gendered terms as 'female members', who are linked to the activity of 'having kids'. The response is also characterised by some hedges (e.g., 'sort of like') and pauses when the participant refers to 'female participants' suggesting being a little uncomfortable while orienting to gender issues at work (Smithson and Stokoe 2005). A similar example starts with the gender neutral 'staff', later gender is made relevant with a category of a 'young lady' who is linked to the activity of 'having a baby'. The respondent uses a phrase ''female members of staff' who have 'kids (. . .) things like that', and the latter phase can be explained through the participants' orientation to shared cultural knowledge work (Smithson and Stokoe 2005) pertaining to dominant discourses of motherhood and womanhood. In such a way, despite the attempt by some employees to use 'gender blind' terms when talking about flexibility at work, gender was still made relevant and thus childcare was constructed as a normative practice for women.

In another study, Kahu and Morgan (2007) found that New Zealand first time mothers relied heavily on discourses of intensive mothering when talking about work-life balance. Numerous references pointing to the biological predisposition of women to this role such as hormones, material instinct or a special maternal bond with a child construct the mother as the natural caregiver of the child. Such a gendered positioning of women, drawing on dominant motherhood discourses, becomes troubled when combined with discourses of a successful woman. Kahu and Morgan (2007) argue that "complex and often contradictory constructions of motherhood and paid work constrain and enable women in different and conflicting ways". One of the participants in their study uses the modal verb 'I can't' when talking about constraints of motherhood (I can't leave her [daughter], I can't have it [all]). In this way, she positions herself as lacking choice as for returning to her professional life because of her status as a mother. On the other hand, one of the participants in the study said that she would be resuming her career despite having a small child at home. Her account was, however, influenced by gendered discourses as she provided a financial justification for this decision (Kahu and Morgan 2007) in order not to be perceived as a 'bad' mother.

What has been demonstrated in this section is that despite different research foci and contexts, the social and discursive research on balancing work and family life points to the same

important implication, namely, that gender is made relevant and that it is predominantly women who are constructed as main caregivers for children.

3.3. Concluding remarks

Pregnancy is constructed as an ultimately feminine experience by advice literature and mass media, as well as women themselves. What is more, pregnancy discourses rely heavily on the medicalisation of pregnancy as well as, related to it, the notion of foetal subjectivity. Medical discourses on pregnancy have the tendency to homogenise women's experiences of childbearing. Women's accounts of pregnancy demonstrate, however, that pregnancy can be perceived through an individualistic lens and, in some aspects, in contrast to the dominant and normalising medical discourses (Markens et al. 1997). Root and Browner (2001: 218) stress the agency of pregnant women existing alongside the reliance on medical discourses:

> Despite the homogenizing potential of biomedicine to normalize women's pregnancy experiences along its own disciplinary lines, there endured through women's accounts an ever-present and potent individual agency. (Root and Browner 2001: 218)

On the one hand, women often display great knowledge and awareness of the norms and social expectations towards pregnancy and motherhood, but on the other they also try to reclaim agency over their own bodies in the act of criticising the pervasive social and medical gaze without the risk of being judged as potentially 'bad mothers'. What the discursive research on pregnancy experiences also revealed is that most women seem to construct themselves within the bounds of the concept of 'intensive mothering' (Hays 1996) and thus 'good' mothering. Although pregnancy is a period of transition to 'proper' motherhood, it can be safely said that motherhood is constructed as a period that starts before the actual birth of the child. Women actively and continuously engage in intensive care for their babies during pregnancy, for example through activities that aim to solely benefit the welfare of the future child, rather than the mother's. Failure to do so results in an attribution of the discourse of maternal blame to those that do not comply with the normative behaviours for pregnant individuals.

Motherhood in Western culture predominantly relies on the construction of the mother figure as the main parent, and consequently men are relegated to the lesser importance in the family setting. Dominant discourses of infant feeding function within wider dominant discourses

of good mothering and point to the ways in which mothers are constructed as main caregivers. It is in this way that the almost total absence of the father figure within breastfeeding discourses is legitimised. Breastfeeding can be thus seen as one of central practices regulating 'good' mothering and reinforcing gendered discourses on different parenting roles.

Similarly, the discursive construction of work-like balance in relation to motherhood strengthens a predominantly gendered view on who the main parent should be. Although women are generally not socially discouraged from resuming their professional career while being mothers, the research shows that it is highly regulated and should happen on certain socially accepted terms. For example, they should be predominantly mothers and not career women. Mothers themselves often construct their mothering and professional experiences in line with intensive mothering discourses (Hays 1996). Any potential failure to do so might result in (self) moral assessment and being granted membership in the category of a 'bad' mother which, socially, should be avoided at all costs.

This chapter demonstrated different ways in which the construction of motherhood relies to a large extent on womanhood. Both of these not only complement each other, but are also based on powerful and highly regulated ideology, which constitutes and is constitutive of certain social practices such as women being the main caregivers for their children, or constructing breastfeeding as the best feeding option. Therefore the discursively constructed institution of motherhood has a tangible impact not only on women's experiences of motherhood itself, but also on both pregnancy, and womanhood.

Chapter 4: Theoretical and discursive approaches to bereavement

4.1. Defining fundamental concepts in bereavement literature

The concepts of loss and grief are interrelated and traditionally associated with death (Rando 1993; Martin and Doka 2000). Although all grief emerges as a result of a significant loss, not all losses, however, give rise to grief and not all of them are linked to death (e.g. Norwood 2013). Likewise, the concept of loss exceeds the limited boundaries of thanatology and encompasses a number of different kinds of losses that can be categorised as, for example, physical, relational and symbolic (Martin and Doka 2000). A physical loss entails tangibility and refers to a person or object that used to have a material substance; a relational loss pertains to the loss of a relationship (Martin and Doka 2000); and a symbolic loss involves the loss of something intangible, such as hopes or dreams (Rando 1984; Rando 1993; Martin and Doka 2000). Following this logic, a death of a significant other, for example, or a divorce can be categorised under all three of those types, but the destruction or disappearance of an object with marginal importance will be perceived only as a physical loss. Losses have both a personal and socio-cultural dimension and these are not only interlinked, but also impact upon the survivor's experiences. On a personal level, losses significant to the bereaved are linked to identity and any such loss can lead to a "crisis of the self" (Charmaz 1997: 232). Socially, however, not all losses are rendered as equal and thus different losses are characterised by "differential allocation of grievability" (Butler 2004: xvi).

Bereavement, another key concept frequently used in grief studies, "is the objective situation of having lost something or someone significant" (Jakoby 2012: 680). It implies the loss of a relationship and does not exist outside its bounds (Ribbens McCarthy 2006). Although grief following the severing of a relationship often entails the bereaved and the deceased, it can also be

applied to non-human losses (Marris 1986). Martin and Doka (2000) emphasise that it is possible to experience bereavement devoid of an intense emotional reaction, in particular, when the relationship was not characterised by strong ties.

The subjective reaction arising as a result of a significant loss is defined as grief (e.g. Doka 1989; Jakoby 2012; Charmaz and Milligan 2006). Although grief might conventionally be narrowed down to experiencing a variety of emotions such as anger, rage, sadness, anxiety, guilt or fear (e.g. Rosaldo 1989; Archer 1999), a strong reaction to a significant loss might also be physical, cognitive or spiritual (Martin and Doka 2000). Whereas grief represents an individual and subjective response to loss, mourning can be defined as "acts expressive of grief" (Stroebe and Stroebe 1987: 7), that is, it pertains to the public display of grief in the form of bereavement practices. Grief and mourning, however, should not be perceived as two completely separate concepts, but as ones that are interlinked because "although we may behave in culturally specific ways, the meanings we attach to such behaviour are mediated by our own personal agendas and priorities" (Valentine 2008: 114). Building on this line of thought, the relationship between grief and mourning can also be seen as a two way process, as our subjective response to loss is also mediated by cultural expectations.

Traditionally, the topics of grief and bereavement have been investigated predominantly from psychological and sociological perspectives, which both have contributed significantly to furthering understanding of the experience of a significant loss. As such, some crucial tenets from both perspectives will be discussed in this chapter. The scrutiny of grief and bereavement from a discourse analytical perspective, however, has received insufficient attention to date. It thus remains an understudied area comprising a limited number of individual studies scattered across a range of topics and discursive approaches. Within this, the topic of miscarriage has been largely overlooked by discourse analysts and thus this study, in part, aims to address these gaps in the literature. Analysing sensitive and often 'untellable' personal experiences, including miscarriage or other types of losses, using the methods and insights of discourse analysis is important as it helps to understand the ways in which people struggle to organise their experiences into meaningful events. Moreover, discourse analysis also allows for a more nuanced understanding of how the bereaved construct, re-construct and negotiate their identities in the local context of an interaction.

To sum up, the experience of loss is a complex one and as such cannot be sufficiently explained and understood through recourse to one academic field alone. Instead, in order to gain a

comprehensive, interdisciplinary and holistic understanding of the phenomenon, this chapter presents and describes selected psychological, sociological and discursive approaches to loss.

4.2. The beginnings: psychological theories of grief

In 1917 Sigmund Freud published his influential essay *Mourning and Melancholia,* which not only marked a breakthrough in the theories on grief to date, but also furthered later research. Although Freud's theories were by no means the first in the field, his publication is generally recognised as marking the onset of grief theory in psychology. In his essay Freud (1917) made a distinction between mourning and melancholia, which could be understood as grief and depression respectively. Freud (1917) noted that despite significant symptomatic similarities between the two, as well as the same trigger point in the form of a loss, they are in fact markedly different. Grief is a normal reaction to "the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as fatherland, liberty, an ideal, and so on" (Freud 1917: 251-252). Although it is a time and effort consuming process, it is certainly not pathological, as it is typically overcome when a person heals in time, which happens when the bereaved person eventually relinquishes the attachment to the object of loss. In Freud's (1917: 249) words, a normal grieving process is characterised by a "withdrawal of the libido from this object and a displacement of it on to a new one". In contrast, melancholia (or depression) is a disposition towards pathology and occurs when the reaction to one's loss results in "an extraordinary diminution of his self-regard, an impoverishment of his ego on a grand scale" (Freud 1917: 246). The state of melancholia is characterised by the loss of self-esteem, and in contrast to normal bereavement, libido is not displaced onto another object. Freud's (1917) idea of grief work, whereby the libido of the bereaved person has to detach from the object of loss, has been incredibly influential and laid the firm foundations on which bereavement scholars from various disciplines continued to build upon for the decades to come.

Apart from grief work, much of the bereavement literature drawing from Freud's (1917) distinction between normal and pathological responses to loss centred around the idea of grieving as an illness and thus contributed to its medicalisation. Lindemann (1944) made a significant contribution to the field by conducting and documenting the first empirical research on people's responses to loss. In a series of psychiatric interviews, he investigated bereaved people who suffered the loss of a loved one and focused on symptomatology and their management of grief. The

findings allowed him to make a distinction between normal and morbid/pathological reactions to loss. Lindemann (1944) surmised that the successful completion of the bereavement process depends on grief work, the main purpose of which is adjusting to the new life without the deceased. He was the first to suggest that the grief work the bereaved do often follows a recognisable pattern (Payne et al. 1999).

Similarly, Engel (1961) also likened grief to illness. He maintained that although grief is "the characteristic response to *the loss of a valued object,* be it a loved person, a cherished possession, a job, a status, home, country, ideal, a part of the body", its symptoms resemble those of a medical condition (Engel 1961: 6). What is more, despite it being described as a 'normal' response to losing a loved one, grief can take a pathological turn.

John Bowlby's (e.g. 1969; 1980) contribution to the field of bereavement involved two major areas of work. The first one was his biologically based attachment theory of grief (Bowlby 1969), and the second concerned stages of the grieving process Bowlby (1961). Bowlby's (1969) comprehensive attachment theory was based on the observation of children who, similarly to adults, have the tendency to form strong emotional bonds with people closest to them. For children, their primary carer becomes the figure of major attachment who, in normal circumstances, provides much needed feeling of safety. Bowlby (1969) observed that children who were separated from their mothers experienced great levels of emotional distress. Bowlby (1980) applied findings from his attachment theory into bereavement research and suggested explanations for healthy and unhealthy grieving following a death of a loved one. He advocated that the grieving process is influenced by people's childhood experiences and linked to their (in)ability concerning a healthy emotional detachment from the primary carer (Bowlby 1980).

The other important input in the bereavement theory by Bowlby (1961) includes the stages of grief. Initially, the occurrence of three stages: protest, despair and detachment were proposed (Bowlby 1961), however, the model has been further developed in collaboration with Parkes (1970) into a four phase model:

(1) shock and numbness
(2) yearning and searching
(3) disorganisation and despair
(4) reorganisation

The refined model developed by Bowlby and Parkes (1970) served as a point of departure for Kübler-Ross (1969) who postulated her own five stage model and whose name is probably the most often recognised in relation to stages of grief. Kübler-Ross's (1969) research has been profoundly influential and the main tenets are still widely used by professionals helping the bereaved process the loss. In her empirical study of terminally ill patients, discussed in her book *On death and dying*, Kübler-Ross (1969) proposed five stages of grief. The stages identified various emotional responses typically experienced by patients in the face of their impending death:

(1) denial

(2) anger

(3) bargaining

(4) depression

(5) acceptance

In the first stage, upon learning the distressing diagnosis, individuals who are in a state of shock are likely to deny its truthfulness (Kübler-Ross 1969). In the second stage, patients realise they cannot deny the seriousness of their condition any longer and experience frustration, which is often directed at their loved ones. In the third stage, bargaining, patients try to find ways to prolong the time they have left (Kübler-Ross 1969). The fourth stage pertains to the gradual recognition of the upcoming death paired with feeling distressed or/and depressed. The final, fifth stage, is acceptance and concerns embracing one's mortality as well as finding peace with the world. Although Kübler-Ross (1969) developed the model on the basis of terminally ill patients, it was later applied by other researchers to the field of bereavement.

Among scholars postulating the idea of working through grief and the completion of the stages, varying views have represented a more passive or more active involvement on the side of the mourner. William Worden (1991) refined grief theory, and rather than stages, he talked about tasks that have to be completed. Worden (2009: 38) advocates that the bereaved "needs to take action" suggesting that the four stages are seen as an active process rather than a state. The bereaved is advised:

Task 1: To accept the reality of the loss

Task 2: To process the pain of grief

Task 3: To adjust to a world without the deceased

Task 4: To find an enduring connection with the deceased in the midst of embarking on a new life. (Worden 2009: 39-50)

What all the grief stage models have in common is that they all assume the resolution of grief and thus bereavement professionals often recognise their usefulness when trying to help people dealing with loss.[23] However, the danger of applying the stage model lies in its interpretation as prescriptive rather than descriptive and failure to recognise variability in possible responses to loss (Weinstein 2008). Seeing the stages as prescriptive indicates what a normative response to grief should entail. Some scholars postulating grief stage models accentuated the individual character of the grieving process. As Bowlby (1980) points out: "These phrases are not clear-cut, and any one individual may oscillate for a time back and forth between any two of them". Similarly, Worden (2009: 53) recognises the possibility of flexibility when performing the four tasks: "The best model is one that does not lock people into one task at a time to the exclusion of other tasks" and proposes the usefulness of a 'layered approach' where the bereaved can oscillate between tasks and 'dose' the amount of pain they experience at a given time. Finally, Kübler-Ross and Kessler (2005: 5) in their more recent publication *On grief and grieving: Finding the meaning of grief through the five stages of loss* explain that grief is an individual experience and that the initial research into the stages of grief has been misunderstood. In revisiting Kübler-Ross' initial foray, they explain that the stages do not present an unambiguous and clearly defined response that is typically observed in all bereaved, but rather a response that might be evoked in many people. They underline that the proposed stages

> are a part of the framework that makes up our learning to live with the one we lost. They are tools to help us frame and identify what we may be feeling. But they are not stops on some linear timeline in grief. Not everyone goes through all of them or goes in prescribed order. (Kübler-Ross and Kessler 2005: 7)

This observation is crucial for the understanding of grief stages, as it underlines the descriptive character of the stages at the expense of prescription. Stressing the individual and personal character of the experience of losing a loved one, Kübler-Ross and Kessler (2005: 7) do not leave

---

[23] When looking for help in organising interviews in the UK, I arranged a meeting with therapists who assist women who have experienced miscarriages. During the meeting I was presented with a leaflet featuring a graph, which illustrated typical stages of grieving based on Kübler-Ross's (1969) model. I was informed that the grieving women who seek help were acquainted with the stage model by their respective therapists during therapy sessions. Both the stage model itself and the accompanying explanation offered by the therapist might considerably influence women's grieving process in a positive or negative way.

much room for interpretation of their position when they, rather poetically but unequivocally, point out that "there is no typical loss. Our grief is as individual as our lives."

4.3. Emerging theories of grief and bereavement: Social and discursive constructions of loss

In the recent years, theories of grief and bereavement have undergone fundamental and far-reaching changes and a trend away from a predictable trajectory of grief has been witnessed (Hall 2011). This gave rise to emerging new models of grieving, which are characterised by scepticism towards the universal character of grief stage theories and the recognition of grieving as more complex (Attig 1991). An emphasis on the individuality of grieving, rather than similarities between the bereaved, is reflected in, for example, Bonanno et al.'s (2004) study featuring widowed spouses who experienced the loss of their partners very differently, in which the researchers found it impossible to single out one trajectory of how they responded to the new situation. Gilbert (1996) also recognises the complexity of the grief responses and observes that even the same loss is experienced in different ways by different people.

From the perspective of the social constructionist approach, "each person is viewed as the constructor of a different phenomenological world and as occupying a different position in relation to broader discourses of culture, gender and spirituality" (Neimeyer and Keesee 1998: 228). This means that the way people experience and display grief is not an isolated process experienced only at an emotional level by the bereaved, but one that takes place in a given social and cultural context, in which it is continuously constructed, re-constructed and negotiated. Interaction with others plays a pivotal role in the construction and negotiation of grief and having one's grief recognised legitimises what the mourner is experiencing. When faced with a difficult situation of loss, the survivors often rely on normative grief discourses that are resources for the mourners to 'do' grieving and to make sense of the loss: "in order to comprehend the new situation, the mourner draws on normative conceptions of grief which delimit how to make sense of and perform the personal experience of losing someone close" (Reimers 2003: 326). For example, Reimers (2003) demonstrates how a healthy and 'unhealthy' grieving process is constructed by a psychologist and a representative of clergy in Swedish newspapers. Selecting these people and representing them as experts who give opinions and advice is significant in itself as it shows that grieving is a highly regulated experience where certain behaviours are preferred over others. The constructions of a healthy and 'unhealthy' grieving process centred around medicalised na-

ture of grief and bereavement rituals. Healthy grieving was constructed as stages a mourner has to go through in order to heal and move on, and bereavement rituals were constructed as crucial for the recovery (Reimers 2003). It was discursively constructed in terms of a process or work that terminates in completion, which is seen as the only correct way of experiencing the grieving process. Any exhibited behaviour perceived as a deviation from the norm was constructed as requiring professional help (Reimers 2003). This is just one example of a study that shows that normative discourses set the boundaries of normal grieving and establish what it encompasses. As such, various aspects of bereavement, such as manifestations of bereavement practices (e.g. Heathcote 2014), the strength of emotional reaction (e.g. Lathrop and VandeVusse 2011; Harju 2015), the type of relationship (e.g. Harju 2015), and even the gender of the bereaved (e.g. McCreight 2004) undergo social scrutiny in a given social and cultural context.

4.3.1. Continuing bonds

Unlike the stage theories, which postulate the eventual letting go of a deceased loved one, new theories talk about the possibility of continuing bonds without a pre-established time scope of how long the experience of grieving should last (Klass et al. 1996). Continuing bonds are based on maintaining an ongoing sense of connection with the deceased (Neimeyer 1999) rather than relinquishing the ties and severance of the relationship with the survivors' loved one. In line with the tenets of this theory, which is seen as an alternative to the grief stage model, grieving can be perceived as 'healthy' and 'completed' even though the bonds are still retained (Klass et al. 1996). Field and Friedrichs (2004) observe that for some people, who feel the need to seek connection with their dead loved ones, continuing bonds can have a positive effect on their lives, especially when the bereavement has lasted for a longer period of time, as opposed to a recent loss. Widowed women who lost their spouses were observed to have experienced a range of positive emotions while maintaining a symbolic sense of connection with their late husbands (Field and Friedrichs 2004). Moreover, it has been observed that religion provides a framework for maintaining bonds with the deceased, which can be helpful in coping with the loss (Klass and Goss 2003). For example, Kristiansen et al. (2016) explore how a widowed Muslim woman maintains bonds with her late husband and draws on religion to create meaning from her experience of her partner's loss. In doing so, she constructs the loss through her belief in the afterlife, which is indicative of the idea that separation from her husband is only temporary. What is more,

her status as a wife is constructed as ongoing, as there is no mention of her being a widow in her account of loss (Kristiansen et al. 2016).

Continuing the bonds with the deceased, however, are not always a source of unambiguously positive feelings for grievers (Field 2008). This is informed by the fact that that grieving, on the one hand, is a very personal experience for the bereaved, and on the other, that it is located in a given social and cultural context (Klass et al. 1996; Ziółkowska et al. 2015; Neimeyer 1999). For example, a socially sensitive context of suicide will likely complicate the response to the loss and coping with it. Ziółkowska et al. (2015) investigated discursive dimensions of continuing bonds with relatives who committed suicide in a study informed by a social constructionist perspective. Survivors' accounts, which were scrutinised with the use of critical discourse analysis, showed two types of bonds with the deceased. The first bond was related to the social expectations regarding the external practices the family members were involved in after their relative's suicide, such as visiting their graves and talking to them. These descriptions of positive bereavement practices were ascribed agency. Interestingly, in accounts where the family members of the diseased described an absence of such practices, the survivors resorted to using impersonal verb constructions, which diluted agency, e.g. "one does not speak about the father in-law" (Ziółkowska et al. 2015: 590). It was also observed that the linguistic constructions of the bond evidenced the social obligation to maintain connection with the deceased. The second set of practices concerned a personal bond, which was constructed as an ongoing relationship actively maintained via verbal processes by an agentive speaker. In some excerpts, the connection was constructed as reciprocated, e.g. "Such a conversation helps me, in every respect it helps me, I think he warns me about things. This is how I take it." (Ziółkowska et al. 2015: 591).

In other research, it has been observed that a safe online context is conducive to admitting an ongoing relationship with the deceased. For example, Pawelczyk (2013) investigated the computer-mediated setting of online memorials, where people shared their experiences of loss. The perceived anonymity and safety of the online context has the potential to facilitate sharing the ways the survivors try to cope with losing their loved ones. For example, some users admitted to having an ongoing relationship with the deceased. This symbolic connection was constructed through the use of a range of tenses – present, past and future (e.g. 'Jonathan was a part of my life and will always be') and the adverbial expressions 'still' and 'always'. Some survivors expressed their concerns about revealing their ongoing relationship with their loved ones in an offline setting for fear of not being understood (Pawelczyk 2013).

Both studies, Ziółkowska et al.'s (2015) and Pawelczyk's (2013), represent the discursive construction of the experience of loss as a unique process, which cannot be subjugated to just one possible trajectory. Maintaining the symbolic continuation of the bond with the deceased, which constitutes a complicated set of relationships highly dependent on the social and cultural context, offers an alternative way of dealing with the traumatic experience of loss of a loved one.

Some cultures offer a radically different approach to grieving that can be subjugated neither under grief stage, nor continuing bonds theories. Nordanger (2007) shows how discourses of loss and bereavement in Tigray in Ethiopia are informed by the social and cultural context in which they emerge. These Tigrayan discourses stand in opposition to the Western grief frameworks advocating the need to confront the loss. The study shows that the bereaved who have experienced losses of family members are discouraged from grieving and displaying an emotional reaction. These grief discourses are strongly influenced by the Ethiopian Orthodox Church, which regulates grieving practices, such as recommendations as to when it is advisable to cry and when women should refrain from displaying emotions. In other words, the church reiterates the importance of emotional avoidance (Nordanger 2007). Authoritative grief discourses have been widely accepted by the women participants in this community. They discursively constructed grieving through reference to prospective physical problems: "Typically, people say that grieving—especially when it includes extensive crying—will "cause blindness'', ''make your knees weak'', and ''bend your backbone'" (Nordanger 2007: 183). The sociocultural context thus has a direct influence of the way women construct their losses. In this particular community a woman who loses her husband, loses more than just a spouse – her financial situation radically changes and she often cannot find ways to support herself. Nordanger (2007: 179) observes that the "delicate relation between personal and economic loss manifests itself in the way sorrow and bereavement are expressed." In their constructions of loss, women tended to focus on how the loss of a male family member influenced their current lives. They referred to, for example, activities that benefited them. The men were constructed in practical terms, for example, as someone who used to fulfil their duties in cultivating land (Nordanger 2007). The study shows how the normative discourses of grieving in a given social and cultural context regulate grieving practices.

4.3.2. Disenfranchised grief

Although grieving is an active process where the survivors face numerous choices and decisions as to the course of their bereavement, it is highly regulated by society. What follows is that not all losses that give rise to grief are seen as equal and in some situations: "survivors are not accorded a 'right to grieve'" (Doka 2002: 5). The bereaved seek social validation for their loss (Neimeyer et al. 2014), so the reactions of others, and in particular their partners, closest family members, and friends are especially important, as it is often with them that the grieving process is negotiated (e.g. Wing et al. 2001). When a loss is devalued and when people fail to recognise the gravity of the situation, the grief experienced by the survivor is described as disenfranchised (e.g. Doka 1989, 2002; Rando 1991). Doka (1989: 4) defines disenfranchised grief as "the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported." The way others see a loss considerably impacts the healing process during grieving. Not recognising a loss as significant complicates bereavement and can be actively destructive in the life of a survivor.

Doka (1989) lists a number of bereavement elements that can become disenfranchised, and among these, the type of relationship between the bereaved and the deceased is one of the most regulated by society. If the relationship is perceived as existing beyond the 'norm', such as a homosexual or extra marital one, grief following the loss can be disenfranchised. The very type of loss is also socially significant (Doka 1989). Deaths that are not seen as bearing any (or enough) significance, fail to be recognised as worth grieving (Doka 1989). Miscarriage fits into this category, alongside pregnancy terminations and stillbirths. Other losses that might not seem significant to others are deaths of pets or criminals. Some groups of people such as children or cognitively challenged adults are categorised as unable to grieve (Doka 1989). Moreover, in many societies there are also different gendered rules for men and women during bereavement, and women are generally accorded more rights to display grief, as it is linked to their perceived emotionality (Martin and Doka 2000; Shamir and Travis 2002). This in turn puts men in a difficult position when faced with certain types of losses (e.g. miscarriage), as their grief can be disenfranchised on more than just one level. Doka (2002) also notices that the circumstances of death are socially significant, and deaths that are socially stigmatised are often those that are seen as self-inflicted resulting from, for example, suicide, AIDS, alcoholics or the death penalty. The ways of grieving also undergo social scrutiny when they fail to meet the grieving criteria for a given society, for example, when grieving is too emotional or deprived of emotions (Doka

2002). Moreover, in some societies any outward manifestation of people's grief violates the normative rules for grieving. Corr (2002) expands on the concept of disenfranchised grief and focuses on the reactions of others. Survivors experience disenfranchised grief when people claim that the survivor(s) should not be experiencing grief, when they are discouraged from performing or participating in bereavement rituals or when the survivors are perceived as taking too long to heal.

Suicidal loss constitutes one of those losses that is often silenced and invalidated, and connected with high levels of stigma (Sveen and Walby 2008). Numerous social misconceptions, such as a general conviction that this type of death concerns only the person who committed the act (Andersson 2012), undermine social support the survivors receive (Jordan 2001). For example, Andersson (2012) investigated the linguistic strategies of disenfranchising suicide loss and observed that suicide was overtly and covertly trivialised in a number of ways. Expressions invalidating this type of death were invoked both verbally and non-verbally, for example, through employing 'humorous' remarks about taking one's own life or through showing the gesture of killing oneself. Andersson (2012) argues that the linguistic and extra-linguistic strategies employed by people disenfranchising suicide perpetuate the stigma surrounding it and contribute to its further marginalisation. As a consequence, some survivors adapted linguistic and discursive strategies of talking about the suicidal death of their loved ones by, for example, avoiding a direct reference to the word 'suicide' and replacing it with euphemistic expressions describing the action in which it was committed (Andersson 2012).

Although grief is normatively connected to physical losses, the grieving process can also be triggered by non-physical deaths. Bailey (2017) examined the accounts of significant others of sex offenders for the presence or absence of disenfranchised grief. Two different groups of respondents were singled out depending on the conviction circumstances (pre- and post- conviction), however, it was clear that disenfranchised grief was present in both of them. The first group included wives of pre-conviction criminals who, upon learning about their spouses' crime, suffered immense trauma and constructed their experience in terms of the psychosocial death of their husbands (Bailey 2017). The second group consisted of the wives of the post-conviction sex offenders, that is women who already knew about the crime and who experienced disenfranchised grief as a consequence of the change in the regulations disclosing lists of sex offenders in Nebraska. The women who decided to stay married to their spouses faced active disenfranchisement from the wider public and received no support. They shared their experiences in the seemingly safe online context, but their decision met with overt displays of judgement

and harsh criticism including vulgarities. They were constructed as sharing their husbands' guilt. The decision to leave their husbands was constructed as the only logical and correct option. The only support and positive encouragement they received was from women with similar experiences (Bailey 2017). Norwood (2013) investigated the experience of ambiguous loss by family members of trans-identified people who underwent transition and found that complicated feelings of grief arouse as a result of a non-physical loss. Trans-identified people's loved ones constructed them as both absent and present, and as the same person and different, which provoked complicated and ambiguous feelings of a perceived loss (or living death). Family members had to make sense of the transition and actively tried to overcome the feelings of grief. This was manifested in the construction of "meanings for transition through competing discourses related to sex, gender, and personal identity" (Norwood 2013: 25). The loved ones of trans-identified people discursively constructed their loss through references to socio-cultural gendered concepts such as family relationships and related to these roles, the meaning of being a son or a sister, and the idea of traditional marriage (Norwood 2013).

Loss can also be invalidated due to the type of relationship between the deceased and the bereaved. Harju (2015) analysed the construction of celebrity death tributes as online sites of public mourning. It is argued that the experience of the fans who suffered from a strong emotional reaction to a celebrity death and participated in an online commemoration of the deceased could be seen in terms of a disenfranchised loss. The lack of understanding for the loss was clearly marked by the non-fans' constructions of a normative mourning and appropriateness of death. Discourses of blame were employed by non-fans in order to render the celebrity death as not worth grieving. On the other hand, however, "social media sites have come to function as spaces of negotiation, legitimisation, and alleviation of disenfranchised grief" (Harju 2015: 123). The fans, who were engaged in the active construction of an online public mourning site, not only publicly shared their grief with others, but also struggled to (re-)negotiate the meaning of their loss and render it legitimate (Harju 2015).

4.3.3. Perinatal loss

Losing a child is not only an imaginable tragedy, but it can be described as one of the most traumatic experiences that can happen to a parent. It is profoundly destabilising for the parents and

significantly influences parental identities (Rando 1991), which have to re-negotiated and re-constructed. Furthermore, losing an only child means that the status of being a parent undergoes a radical change as people lose their status of the nurturer (Riches and Dawson 1996). Parental losses encompass a multitude of different kinds of losses that could be categorised on the basis of the circumstances and/or time of death: abortion, miscarriage, stillbirth, death of new-born babies, toddlers, older or adult children, and even the loss of the possibility of parenthood. Not all parental losses are, however, seen as equal. Doka (2002: 11) observes that "[p]erinatal deaths lead to strong grief reactions, yet research indicates that many still perceive the loss to be relatively minor...". Typically, people find it easier to empathise with the loss of a child that had a fully-shaped human body, was seen as a person, and already had some life story, as opposed to perinatal losses, which tend to provoke a more complicated situation for the survivors. A perinatal loss can be seen as an intangible loss, because it is unlike a loss of a person who was known, and instead, it symbolises the loss of future dreams, hopes, and plans that parents had for their child (DeVries 1994). Even if bereaved parents exhibit a willingness to talk about their loss, their interlocutors do not always know how to react and what to say (Brabant et al. 1995; Hastings 2000). Increasingly, there is an expectation that a pregnancy will end with a birth of a healthy child due to the constant broadening of medical knowledge and advances in pre-natal care (Malacrida 1999). Needless to say, in situations when this is not the case and the pregnancy is unsuccessful, there are no clear patterns of behaviour of how to react. Layne (1997: 292) writes about the "cultural denial of pregnancy loss" and links it to the silence surrounding perinatal loss. Similarly, Weaver-Hightower (2012: 473) writes about stigma surrounding perinatal loss, in this case, stillbirth:

> (B)eing *the parent of a stillborn child bestows* a stigma. You become the living representation of the worst-case scenario. You are 'those poor people', and consciously or not some people pull away. Perhaps they fear your bad luck rubbing off. Perhaps they just don't know what to say.

The fact that only certain kinds of loses are publicly recognised and openly mourned, yet again, points to the conclusion that grieving is a socially regulated activity. Research on perinatal loss experiences shows that there are a lot of social assumptions and misconceptions about grief following this type of loss, which results in situations where perinatal loss is invalidated. As most perinatal losses require medical assistance at some stage of the experience, for example, diagnosis, surgery and post-loss treatment, the biomedical language used by medical professionals

bears a lot of significance, as it has the power to intensify the suffering of the bereaved (Hutchon1998). Jonas-Simpson and McMahon (2005: 126) provide a list of potentially disenfranchising medical terms related to pregnancy loss, and some of them include:

(1) Failed conception

(2) Failed conception due to hostile mucous

(3) Incompetent cervix

(4) Products of conception

(5) Missed abortion

(6) Reproductive wastage

(7) Abortion (used to describe miscarriage)

(8) Miscarriage

Juxtaposing those medical nominal expressions with the (possible) meaning grounded in human experience can lead to the perceived objectification of the loss, its silencing and stigmatisation, and in turn, to the intensification of the pain experienced by the bereaved (Jonas-Simpson and McMahon 2005).

The workplace constitutes another social context where parental losses (including perinatal losses) are often disenfranchised. For example, Macdonald et al.'s (2015: 524) critical discourse analysis of bereavement accommodation in Canadian labour standards reveals that "current labour practice reproduces common societal misunderstandings about parental bereavement" and links the lack of support to the focus on productivity. The bereaved are allocated minimal time to fulfil ceremonial obligations after which they are expected to resume employment. The loss is thus constructed as a "time-limited state with instrumental tasks and ceremonial obligations" (Macdonald et al. 2015: 511) and not as a personal tragedy destabilising one's lived experience. The labour standards in Canada are comparable to those of other industrialised countries (Macdonald et al. 2015), which means that the bereaved in other countries might have similar experiences in the workplace.

Lathrop and VandeVusse (2011) show how sociocultural assumptions about perinatal losses impact upon women's experiences of child loss. In an analysis of perinatal hospice narratives of women who decided to continue their pregnancy despite lethal foetal anomalies, the losses were constructed as invalidated through reference to social expectations regarding a

speedy recovery after the loss. This was seen a result of the fact that the attachment lasted only a short period of time (Lathrop and VandeVusse 2011). The majority of women respondents constructed themselves as mothers of their children, and the absence of a living baby challenged their identities as mothers. For example, one women faced criticism because she decided to take maternity leave despite the fact that there was no baby to take care of (Lathrop and VandeVusse 2011).

The view that the experience of grief following perinatal losses is informed by the social and cultural context in which it emerges is also visible among women who decide to undergo abortion and who process the loss differently. Heathcote (2014) presents an insightful analysis of Vietnamese women's accounts who have experienced disenfranchised grief following an abortion. The conservative views surrounding premarital sexual intercourse and spiritual beliefs about the death lead to the stigmatisation of abortion in Vietnam. The sensitive and ambiguous social status of aborted foetuses complicates the grieving process and leads to its disenfranchisement. One of the very few places where Vietnamese women feel that they can openly share their grief is the online sphere. A different take on post-abortion experiences is shown in Goodwin and Ogden's (2007) study, which investigated the context of post-abortion emotional reactions in the UK and showed that women's constructions of their lost foetuses had an influence on the way they perceived the social support they received. Women who constructed their lost foetuses as more human perceived societal views on abortion as judgmental or as negating the prospective emotional burden it triggers. On the other hand, the less human the foetus was in the eyes of the women respondents who underwent an abortion, the more social support they reported as having received. They also viewed society as less judgmental (Goodwin and Ogden 2007).

The varying emotional responses in Goodwin and Ogden's (2007) study, as well as the radically different findings of Heathcote's (2014) study point to the conclusion that grief, including post-abortion grief, is located in the personal, cultural and social context. This finding can be also applied to the other studies described in this section. The social status of a loss has an influence of the social stigma and social isolation of the people who experience it, but also on devising various ways of coping. Faced with the personally and socially sensitive experience of a perinatal loss, women develop discursive and linguistic strategies in order to deal with this traumatic event and to process the loss. For example, (Murphy 2012) investigated the ways in which expectant motherhood discourses influenced the experiences of parents who suffered a stillbirth. In their accounts of loss women tended to use distancing strategies as they did not want to be

blamed for the death of their children. They discursively constructed themselves through reference to 'good' pregnancy practices such as refraining from smoking or drinking (Murphy 2012).

Women who experience disenfranchised grief and who feel that their losses are silenced or minimised also develop various coping strategies. In Lathrop and VandeVusse's (2011) study described previously, women who had their losses invalidated self-identified as mothers through developing a number of strategies affirming their status of a parent, despite the absence of living children. An assumption of maternal roles and validation strategies was performed through references to normative childrearing practices such as (emergency) bonding, baby movements, naming their children, reference to caregiving activities such as dressing, bathing, swaddling, and holding onto tangible mementoes (Lathrop and VandeVusse 2011). A number of studies within bereavement literature discuss the ways in which women engage in grief work in a safe online context, which provides an opportunity to enfranchise their grief. For example, Capitulo (2004) shows how bereaved women who formed a global online community of care in order to share their grief experiences evoke the same symbol of 'an angel' reaffirming their status of a parent to their lost children. They discursively constructed themselves using the nominative expression 'mothers of angels' and their living children are referred to as 'angels on earth' (Capitulo 2004). The women used the online space to share their stories of loss in order to receive and offer validation through references to the perceived similarity of experience. The support was given through expressions of comfort and intimacy, for example the symbol "((((Hugs))))", where the parentheses is supposed show the motion of hugging, was frequently used in lieu of a real hug (Capitulo 2004). In the case of Heathcote's (2014) study described earlier, the Vietnamese women, who were not socially permitted to grieve their losses following abortion, formed a community of people with similar experiences who, by creating symbolic tombs for their lost foetuses on an online memorial site, struggled to enfranchise their grief. This safe online context allowed these women to sustain a relationship with the deceased. The women maintained continuing bonds with their children through communication with them via online messages concerning "everything from money concerns, work life, schooling, romantic relationships, friends and family, grocery shopping, arguments, and national holidays" (Heathcote 2014: 38). The women constructed themselves as mothers of their lost babies, who were their silent listeners. Davidson and Letherby (2014) explain that the practice of disclosure online is facilitated by the perceived similarity of experiences and a safe space where the community members can openly vent their emotions and confide in others who actively display understanding. Grief work is constructed as a

'shared endeavour' and a 'collective experience' based on reciprocity (Davidson and Letherby 2014).

Research on the experiences of loss (not only perinatal loss) shows that gender often plays a pivotal role in the constructions of loss, and that there are a lot of social assumptions concerning grieving, which is seen as gendered (Martin and Doka 2000). Gender stereotypes still "cloud societal expectations and assumptions" (Cholette 2012) about grieving, which is based on the presumption that men and women are characterised by incongruent grieving styles (Callister 2006). Research on grief shows that emotional expressiveness seems to be the major dissimilarity underlying gendered grieving patterns. For example, Lang et al. (1996) observe that women tend to be seen as displaying an intense emotional reaction to loss, whereas men are perceived as more controlled in their expression of grieving. If emotions are displayed by men, it is more often anger than sadness (Martin and Doka 2000). Apart from the intensity of the emotions, the differences also concern the duration of the grieving process, and men are seen as less likely to suffer for an extended period of time (Boch Hughes and Page-Lieberman 1989; Condon 1986). Additionally, men are more likely to indulge in distractions such as work, sex, or addictions (Martin and Doka 2000). Dissimilar expressions of grief have far-reaching consequences for coping with a loss. As women grieve more openly, they are more likely to seek and receive help (Campbell and Silverman 1996). Grieving as gendered has also been found to resonate with research on perinatal losses (e.g. Heathcote 2014). This is clearly evident in the imbalanced volume of research on women's and men's experiences of grief following a perinatal death. As Callister (2006) points out: "the major focus in literature has been on the maternal perspectives of perinatal loss", and consequently, the impact of perinatal death on fathers has been neglected. This asymmetry suggests that grief following perinatal losses is perceived as predominantly linked to motherhood, and is informed by the dominant discourses of motherhood and femininity. As mothers are seen as primary carers (Sunderland 2000, 2006), it is they who are seen as suffering most when they suffer a loss. Consequently, the father's role is neglected and his experience of loss is devalued and marginalised (McCreight 2004). The general lack of social recognition of perinatal losses and the 'forgotten grief' (Samuelsson et al. 2001) that it gives rise to, is even more challenging for men who are described as 'the forgotten mourners' (Samuelsson et al. 2001).Within the discourse on bereavement, men are ascribed a supportive role (O'Leary and Thorwick 2005) and it is evident in men's accounts of perinatal loss, as rare as they are, that a lot of them actively construct, reconstruct, and negotiate their identities against this frame of refer-

ence. In O'Neil's (1998: 33) study, a father constructs his experience of grief through a direct reference to strength and support: "it was clear my role needed to be one of strength and support…my grief was not a priority". A number of other recent studies on father's experience of perinatal loss present the recurrent theme of conflicting normative expectations regarding father's grief (e.g. McCreight 2004; Samuelsson et al. 2001). Men seem to be caught in a double bind between providing necessary support to their partner and neglecting their own needs, and their partner's expectation to actively share their grief, which often leads to miscommunication and exacerbates suffering of both sides (e.g. Wing et al. 2001). In an analysis of Irish men's accounts of pregnancy loss McCreight (2004: 32) argues, however, that the attribution of a supportive role "in pregnancy loss is unjustified, as it ignores the actual life-world experiences of the men, and the meanings they attach to their loss, in what may be a very personal emotional tragedy for them where they have limited support available". Similarly to research on women's experiences of perinatal loss (Heathcote 2014; Lathrop and VandeVusse's 2011; Capitulo 2004), the men in McCreight's (2004) study constructed themselves as 'parents' or 'fathers' to their lost 'babies', even though some of them did not have living offspring. Also, despite the need to appear strong for their partners, just like women have been identified as doing, they referred to self-blame and the loss of identity (McCreight 2004). The study shows that it can be both parents that engage in a continuous renegotiation of social expectations regarding their lived experience of a perinatal loss.

4.4. Concluding remarks

This chapter has demonstrated that although grieving is seen as a universal phenomenon, it is extremely regulated and undergoes a lot of rigid social control and scrutiny. Only certain models of grieving, certain kinds of deaths and even personal characteristics and gender of survivors are socially permitted when being granted the right to grieve. This has serious consequences for the survivors, women and men alike, as the lack of recognition of one's loss exacerbates the pain they experience and means that they are offered little or no support (Rando 1991).

Chapter 5: Femininity, motherhood and bereavement in women's accounts of miscarriage: Case studies

5.1. Description of data

Before moving to the analysis, this section will briefly inroduce the data. In the next sub-section, I will detail how the data was collected and tie this to ethical considertaions regarding the research of such sensitive topics as the expereince of miscarriage. Following this, through the concept of reflexivity, I will consider the position of the resercher. A final sub-section will briefly lay out the organisation of the analysis.

5.1.1. Data collection and ethics

The data for the current research comprises seven in-depth, semi-structured interviews conducted by the researcher across the UK between 2012-2015. The length of the interviews ranges between 31 and 72 minutes. Conducting semi-structured interviews, seemed best suited for an in-depth exploration of certain aspects of women's lives, as they also offer considerable flexibility and freedom for the direction in which the interview develops. Interviews as interactional events enabled the co-construction of the experience and investigation of the sensitive details of women's accounts of loss they were willing to share and to proffer what was of significance to them.

The collection of data was achieved across several research trips to the UK, and the process was extremely challenging and lengthy. There were two main reasons for this. Firstly, the main obstacles were related to the sensitive character of the experience of prenatal loss. The second reason was to some extent informed by the first one. Organising interviews in the UK from

Poland posed practical challenges as numerous attempts at contact with institutions providing help to women survivors were oftentimes ignored. It can only be speculated that it was conceivably due to the sensitive nature of this experience and having the best interest of miscarriage survivors at heart. Taking into consideration the number of emails sent to various institutions, the extent of help in recruiting prospective interviewees can be described as minimal. The emails were followed by a meeting in person with the representatives of two organisations, which resulted in recruiting a total of four participants. What this meant for the current research, however, was the necessity to persevere in attempting to collect data using other ways than only relying on the help of miscarriage organisations. The researcher also searched for interviewees online, for example, on internet forums by publishing an advert[24] and leaving contact details. This resulted in only one contact where the interview was organised. In this instance, the interviewer travelled long to a given location only to find out on the spot that the interviewee decided not to come. Lastly, the researcher's personal contacts across the UK proved helpful in organising the three remaining interviews and she was hopeful that a snowball sampling technique would make it possible to recruit other interviewees and consequently generate more data. Unfortunately, this was successful in only one case, where a woman passed on the details of the researcher and a new contact was made. There were a few instances, for example, during a conference where the researcher presented her preliminary research which gained an interest of a fellow researcher who was a miscarriage survivor. Contact details were exchanged but had no successful result in the end as the prospective interviewee never responded. In a similar vein, during one of the interviews a fellow customer approached the researcher and handed over his business card, stating that his wife might be interested in being interviewed. After the researcher's following up on it, the communication was never resumed.

All the interviews were conducted in person by the researcher, who relied on the same set of interview questions[25] exploring the following areas:

(1) Miscarriage as a taboo subject,

(2) The circumstances of the women's loss(es),

(3) The hospital experience or other medical assistance received,

(4) Reactions of family and friends to the news about the woman's miscarriage,

---

[24] See Appendix A for the advert published on an internet forum.
[25] See Appendix B for the list of interview questions.

(5) Any negative reactions experienced,

(6) Loss as understood by the husband/men.

The questions were designed from first enquiring about more general aspects of miscarriage to exploring women's personal accounts of loss. Interesting mentionables on the side of the interviewees were pursued in more detail by the researcher asking multiple follow up questions and no rigid frames as to the course of the interviews were preassumed. This provided the women participants with interactional space to proffer their views and understandings of the situation(s) and their subjective experiences.

Initial contact with the interviewees was made by email or telephone and the researcher gave the women the freedom to decide as for the place and time of the meeting. A variety of different locations were selected ranging from the safety of their homes, an office, a restaurant and a coffee shop. Meeting in a busy environment of a coffee shop or restaurant posed a challenge in terms of noise, which later impacted the transcription process. Additionally, the fact that the interviewees ordered something to eat meant that the recordings included interactional details, such as pauses, that might have been influenced by them consuming food. Also, it might have also influenced the dynamics of the interaction. Interviews conducted in women's homes did not suffer from such issues. It is difficult to unanimously state whether the willingness of the women to disclose the sensitive details was in any way influenced by the location. Yet, given the situated interactional context of narrating their experience, re-telling their accounts in different locations at different times would have been likely to generate different results.

During the initial contact with the interviewees, they were provided with general information about the research project and what their participation entailed. They were also assured that their identity and any personal details in the data that could potentially make them identifiable would be anonymised. Participants were informed that they could withdraw from the study at any time before, during or after the completion of the interview. The researcher also gave them an opportunity to enquire about further details, dispel any doubts and discuss any issues related to the research project before agreeing to participate in the interview and the recorder was turned on. Informed oral consent was obtained from each participant and was recorded at the beginning of each interview. Participation was voluntary and women interviewees were not pressured in any way to take part in it. Due to the sensitivity of the topic of miscarriage, the basic research questions, had been approved by a therapist who provided help to bereaved women. Participants

were not asked to answer any questions they did not feel comfortable addressing. The confidentiality of the data collected was respected at all times and the recordings were stored in on a password protected external hard drive, inaccessible to anyone else apart from the researcher. The recordings have not and will never be passed to any third parties. The data transcription was done by the researcher[26]. The results of the study were used in accordance with good research practice and with the view of the benefit of the interviewees. The women participants were informed about the possibility of finding out the research findings.

5.1.2. The 'I' behind the research: Reflecting on the researcher's position

Addressing the researcher's position in the creation of knowledge helps in the recognition of the different ways in which it can affect both the process and the outcome of the research (Patino 2019). Although the approaches informing this study, that is CA, MCA and DA emphasise the fact that they favour the participant's perspective, imposing the researcher's categories during the process of data analysis is inevitable (cf. Billig 1999). This is to say that despite an attempt to obtain as 'objective' results as possible using the strength of the CA approach, in that the subsequent turns at talk validate the proffered findings, the process of analysing and interpreting findings is always filtered through the researcher's position. In addressing the concept of reflexivity, Berger (2015: 2) observes that:

> researchers need to increasingly focus on self-knowledge and sensitivity; better understand the role of the self in the creation of knowledge; carefully self monitor the impact of their biases, beliefs, and personal experiences on their research; and maintain the balance between the personal and the universal.

Relevant researcher's positioning such as gender, nationality, personal experiences and beliefs might have influenced both the data collection process and the further analysis for this research. The fact that the researcher is a woman might have also influenced the data collection process, the willingness of the women participants to share their experiences. The display of empathy might have made the women more willing to disclose sensitive details to another woman.

---

[26] See Appendix C for the Jeffersonian transcription system (Jefferson 1984) adapted and upgraded by Hutchby (2007: ix-x).

My positioning, between deciding on the topic of my PhD, the collection of data and finally the analysis changed considerably. From an 'outsider' being interested in femininity, motherhood and bereavement and eager to contribute to the state of knowledge about the taboo experience of prenatal loss, I myself suffered a miscarriage in May 2018, which was my first preg-pregnancy. This means that the process of data collection and conducting interviews was not 'affected' by my personal experience of loss, however, the analysis was informed by my ability to understand the grief as a result of my own miscarriage.

The role of the 'outsider', and thus studying the unfamiliar, meant that I approached the subject with curiosity of a novice to the subject. I treated the women interviewees as someone I could learn from about this painful experience with due diligence. I did not have to consciously struggle to separate my personal experience from theirs. As someone who was not interested in having children at the moment of collecting data, I managed to detach myself from the studied subject and protect myself in that I did not become too overburdened with the sensitive nature of this experience. I was thus able to empathise with the interviewees but remain professional and not too attached. It helped me not to bring up my personal agenda during the interviews and focus on the women's experience, maximising the space for their accounts of loss. On the other hand, I was only trying to understand, I did not have full epistemic access to this experience. As an 'outsider', developing good research questions was a challenge. I needed to be careful to design them in such a way to obtain as much information, but at the same time keep them open enough so that women could approach them in a way they found suitable. I did not want to make my participants uncomfortable and add to their pain. For this reason I decided to seek assistance and approached a therapist dealing with women who have suffered a miscarriage to check the appropriateness of the interview questions.

Once I had completed collecting data for my interviews and written the last theoretical chapter of my dissertation, my status from the 'outsider' changed into an 'insider'. It allowed me to look at the collected data with the fresh eyes of someone who was no longer a witness, but as someone with primary access to this experience. I could now relate to what I heard during the interviews and positioned myself against the experience of my interviewees. The starting point for conducting this research was to give the women the voice to tell their experience, but eventually they inadvertently and subsequently helped me to make sense of my own loss. During one of my Polish interviews (in the early stages of my PhD I was considering a comparative study), I was asked how I could study miscarriage if I had not experienced one. I dismissed it then, and

continued to look at my research from a distanced perspective. Perhaps it was a valid question after all.

This notwithstanding, whether an 'insider' or an 'outsider', I always recognised grief following bereavement, not only triggered by a miscarriage, as an individual experience informed by people's personal story, beliefs, fears, worries, family life, etc., and listening to women's narratives of prenatal loss echoed those convictions. The decision to approach my interviews as case studies is indicative of recognising loss as an individual, rather than generalisable, experience.

5.1.3. Organisation of the analysis

The analysis comprises two main stages. The first part of data analysis is based on the women's accounts of loss recognised as an individual experience and organised as case studies (sections 5.2-5.8). Each section commences with a brief note including some basic personal details about the interviewee. Each of the analysed cases features an in-depth analysis of a number of extracts from the interviews, which best demonstrate the essence of the situatedly achieved personal story. The mico-level analysis demonstrates the ways in which women interviewees manage the interactional business of their accounts and how they invoke categorisations to make sense of, construct and negotiate their experiences.

The second stage of the analytical section comprises the constructions of categories within in the MCD 'miscarriage' (section 5.9). These are taken from the women's accounts of loss and grouped to show potential similarities/differences in the ways women proffer certain categories to make sense of their experience of miscarriage and position themselves in relation to those categories. This section also emphasises the occasioned character of categorial work.

The research findings from both stages inform the conclusion where the links between femininity, motherhood and bereavement are explored.

5.2. Lauren[27]

Lauren is a white married middle class woman in her mid-thirties. She has suffered three miscarriages within the relatively short period of just over two years, with the last miscarriage a few months prior the interview. She did not experience problems with conception but each of the three pregnancies ended with a miscarriage. At the time of the interview she was childless.

5.2.1. Constructions of motherhood

Normative social expectations towards motherhood frequently emerge as salient in the interview. The initial part of the interview, on the taboo nature of miscarriage is particularly fertile in the speaker's discursive constructions of the category 'woman', which are grounded in dominant discourses of femininity and motherhood. The speaker not only brings up and orients to normative expectations that women face in terms of reproduction, but also negotiates her own position outside the aspired-for category 'mother'.

5.2.1.1. Category 'woman' symbolically tied to motherhood

This section illustrates the interconnections between normative social expectations towards motherhood and Lauren's personal experience.

Extract 1

```
01   I:      Do you think that a miscarriage is a taboo topic?
02   L:      (2.0) YES (.) definitely (.) um it's (.) >it's an odd one< if yo:u if you
03           reach out to someone and >talk about it< then its ok (.) but (.) other-
04           wise it's just <sort of> (1.0) <ignored> it's just it's (.) >it doesn't
05           really happen< you know you- and anything you see on t(h)elly or
06           anywhere you talk to people it's all- you- you can get married (.) and
07           have children and >°you know°< and the having children [°bit°] (.)
08   I:                                                             [Mhm]
```

---

[27] All interviewees' names have been anonymised and the women are addressed using pseudonyms.

```
09   L:          it's a bit of a: a [↓given]
10   I:                          [Mhm]
11   L:          (.) if you want ↓them (.) so u:m (.) YEAH (.) ↓°definitely° (.) bu-
12               >but NOT when you open up to friends and talk about it< (.) then it's
13               fine (.) but u:m (.) I get asked (1.0) at my age you get asked every
14               couple of weeks also >have you got children< o:r are you having
15               children and u:m (.) and um I hate that question (1.0) and sometimes
16               you wanna go NO I've had three mis[carriages] but you CAN'T you
17   I:                                           [Mhm]
18   L:          just go (.) ↓NO (.) and you just change the subject so:
```

This part of the conversation is initiated by the interviewer's question of whether miscarriage is a taboo issue. Lauren constructs miscarriage as a complex issue that is often silenced publicly, and which is disclosed only in a private, and therefore safe setting. It is evidenced in lines 04-05 when the speaker proffers that this type of loss is "ignored" and "it doesn't really happen". This is followed by a common knowledge component "you know", which constructs the taboo nature of miscarriage as recognisable and mutually shared with the recipient, which removes the need for further unpacking (Stokoe 2012b). Lauren contrasts the issue of miscarriage as taboo with invoking certain normative activities that bring changes in social status, such as 'getting married' and 'having children' that could be described as rites of passage; something that typically happens and is a matter of choice ("if you want them", line 11), which further exacerbates the silence surrounding pregnancy loss. Here again, the common knowledge component 'you know' is delivered, which ratifies the shared, cultural knowledge between the speaker and the recipient. The situated deployment of silences is prosodically and interactionally salient as they convey Lauren's emotional display and preface the delicate issues revealed later.

In order to unpack the local business of how Lauren links normative social expectations towards motherhood with an account of her personal experience, it is important to investigate her subtle oscillation between the use of the pronouns "I" and "you" throughout the extract. In the initial part of the extract (lines 02-03), the speaker begins with the use of an indefinite (generic) pronoun "you" ("if you if you reach out and talk to somebody"; and also in lines 11-13 "not when you open up to friends and talk about it"), which at this point is readable as general truth. In lines 06-07 the speaker uses the pronoun "you" to construct the category woman without a direct reference to this category name, ("it's all you you can get married and have children") and invokes normative activities related to this category, such as getting married and having children and constructs having children as dependent almost entirely on one's choice ("and the having children it's a bit of a a given if you want them"). The personal pronoun "you" here also serves

to convey 'conventional wisdom' and constructs the category-bound activities as facts. What becomes apparent in line 13 when Lauren employs self-initiated repair and makes an adjustment in personal deixis from pronoun "I" to a more general "you" is that the use of the generic pronoun throughout the extract is an interactional device to discuss Lauren's own actual experience but from a more distanced perspective, framed as common sense knowledge. In lines 13-15 Lauren makes relevant the category 'woman', and although it is achieved without an explicit reference to this category name, the "I" (line 13) is 'hearably gendered' (Jackson 2011). The category 'woman' is linguistically produced via contexted particulars, such as reference to age, which can be understood as a category-resonant description. The category 'woman' can be inferred thanks to socially accessible knowledge shared among members of culture that women face numerous expectations regarding reproduction and that a woman will eventually become a mother at a certain point in her life (Woollett and Phoenix 1991).

The speaker invokes emotions, for example, "I hate that question" (line 15), which constructs enquiries about her having children as sensitive and troublesome. Edwards (1999) observes that emotion talk signifies not just a reflection of one's mental disposition but is also deployed in interaction as a device for linking ideas together. In this case, the speaker makes a link between social expectations and her own experience and positions herself outside the aspired-for category mother. This interactional work is done by providing an account of the actual response to the question pertaining her family status – i.e. the less face-threatening answer to the question about having children – and contrasting it with underlying emotions that such situations provoke. In lines 15-16 Lauren discloses her unrealised inclination to divulge sensitive information about her miscarriages to people unaware of her history, but claims a disposition not to be able to do so via the prosodically salient modal verb "can't", produced with greater emphasis.

5.2.1.2. Existing outside the category 'mother'

As discussed above, in the interview the speaker formulates being a mother as her aspired-for category. She negotiates her current childless status, which is an observable source of distress for her.

Extract 2

```
01    I:    Do you feel under any kind of pressure (2.0) that you should have
02          children for example o::r  o::r from the outside because you said that
03          people ask you:: you know
04    L:    U::m (.) not too much (.) I've go- (1.0) I've got friends who've men-
05          tioned that (.) and I've go- >I've actually got a lot of friends who've
06          chosen not to have chil[dren]< (1.0) and they get- they get
07    I:                          [Mhm]
08    L:    annoyed °sometimes° when people say >oh is it because you don't
09          like children< no they're like no they just don't want children but (1.0)
10          I don't- I think the only pressure <comes from ME (.) ↓[really] >
11    I:                                                          [Mhm]
12    L:    u:::m and you do:: (1.0) you do fee::l (.) a bit out of the gang (.) [you]
13    I:                                                                       [Mhm]
14    L:     know (.) you- you- if you <haven't got kids> and if you want them
15          (1.0) that's hard (.) >if you [DON'T] want them I guess that's the
16    I:                                 [Mhm]
17    L:    gang you've chosen to be [in]< °bu::t if you do want to have children
18    I:                             [Mhm]
19    L:    like° me (1.0) then >and everyone else is going off and having chil-
20          dren↓< and (1.0) u::m you don't feel part of it ↓[really] (.) I've got a
21    I:                                                     [°Mhm°]
22    L:    good friend who's had more miscarriages than me (.) °she's having a
23          hideous time° and u::m we- (.) >not that we joke< but we say (.) we're
24          in our own little £club£ you know (.) just to make each other feel
25          <↓supported>
```

In the extract above, the interviewer enquires about the outside pressure to have children and asks about the speaker's personal experiences. At the end of her turn, the interviewer employs a common knowledge component "you know" (line 03), which, as noted previously, deletes the need for further elaboration on the question and refers to what the interviewee had previously hinted at (see extract 1). The speaker provides a brief direct response to the enquiry and proceeds to go back and forth between different people's experiences regarding parenting and her own personal experience. In sequentially drawn up troubles-telling, Lauren organises her account carefully to prepare ground for self-disclosure. Before she provides an account of her own situation, she refers to people who experience social pressure because they make a conscious decision not to procreate (lines 04-09). The speaker constructs the pressure via the direct reported speech of people who display a lack of understanding of why some people choose not to have children ("oh is it because you don't like children", lines 08-09). The use of the "oh" token functions to

indicate the moment "speakers shift their orientation to information" (Schiffrin 1987: 74), that is they replace old information with new one, and on the basis of the new knowledge the situation is constructed as non-normative.

In line 10, Lauren tends to her own experience and delivers a 'gloss' (Jefferson 1985) where she discloses that it is her who is the source of the pressure ("the only pressure comes from me really"). Lauren tries to end the TCU containing the 'gloss' as evidenced by the falling intonation, however, the interviewer produces floor for elaboration via the continuer "mhm" (line 11). This results in Lauren adding a turn increment "um", which signals that she is still keeping the interactional floor and, in consequence, she provides further details. The gloss from line 10 is unpacked in the subsequent lines of Lauren's troubles talk starting with line 14.

In elaborating on the pressure she experiences, Lauren invokes an occasioned type category through reference to a group name "gang" on two instances (lines 12 and 17 respectively). The category name embeds some of its situated criterial features, such as being an organised group of people with similar goal and engaging in similar activities. The category is hearable as belonging to the same MCD 'family status', although it is proffered as embedding two disparate meanings. In line 12 Lauren proceeds to unpack the gloss and discloses that she feels "a bit out of the gang", followed by a 'common knowledge component "you know", which at this point "proposes to the recipient that her description and categorial upshot are recognizable and mutually shared, as part of the ongoing maintenance of a commonly shared, objectively existing world" (Stokoe 2012b: 292). The interviewer delivers a continuer "mhm" and aligns with Lauren's category, which is followed by the speaker's further elaboration. In lines 14-15 the incumbency of the category "gang" is specified solely on the basis of its constitutive feature of having children. This is observable via Lauren situating herself outside this category through reference to the lack of the constituent property required for the membership in this group ("if you haven't got kids and if you want them").

In line 17 Lauren invokes the category "gang" again, and its occasioned aspect is evidenced by a change in the constitutive predicate, that is, she specifies category incumbency for people who do not have offspring out of choice. This is provided as a contrast to Lauren's involuntary lack of membership in the first category ("that's hard", line 15), which is observably difficult for her as evidenced via the prosodic cues such as numerous perturbations of delivery (filled and unfilled pauses) and quieter tone of voice in line 17.

In line 19 Lauren invokes a gender-neutral category "everyone" and ties it with category-bound activities of "going off and having children". In the situated context of its production, this category is hearable as gendered and tied to the category 'woman'. This becomes apparent in the subsequent lines, when Lauren brings up a friend who, similarly to the speaker, suffered multiple miscarriages, and their involuntary inability to have a successful pregnancy is inferred. Furthermore, in line 24 Lauren makes relevant an *ad hoc* category "our own little club" where she claims incumbency together with her friend and which is based on the property of not being parents despite their active struggle to change this status. What is prosodically salient is that she produces this category with smiley voice in order to display troubles resistance (Jefferson 1984).

Moreover, the speaker uses figurative language to formulate both of those categories ("gang" and "our own little club"). Vague and abstract expressions are often used as tools for warding off face threats and are left open for interpretation rather than provide the recipient with direct details (Linell and Bredmar 1996), which points to the delicate nature of this topic for the speaker.

5.2.2. Miscarriage as a feminine experience

One of the overarching themes in the analysed data is the discursive construction of miscarriage as an ultimately feminine experience. The speaker constructs the loss through references to her body and accounts of the feelings of self-blame. Consequently, she discursively positions her husband outside this experience and ascribes him the role of a supporter while simultaneously it is she who is going through the physical and symbolic aspects of miscarriage alone.

5.2.2.1. Body

The experience of miscarriage is, perhaps unsurprisingly, indivisibly linked to physicality because of the body's involvement in the process of pregnancy and the aftermath of the loss. In the extract below, the speaker formulates her losses through a focus on the embodied experience of pregnancy:

Extract 3

```
01  I:  So how did it happen in your case (.) because you said you had three mis-
02      carriages
03  L:  Yeah
04  I:  So how did it happen (.) when (.) a::nd and what were the circumstances
05      u::mm (.) so they've all happened in the last (.) two and a bit years (.) >so I
06  L:  have no trouble getting pregnant at (h)all< [but]
07  I:                                              [Mhm]
08      umm (.) the first one was (.) after about (.) six seven weeks (.) so it was
09      really early [on] (.) umm (2.0) and I was obviously
10  I:               [Mhm]
11  L:  upset and it was a very straightforward miscarriage (.) really straightfor-
12      ward  (.) umm (.) and I was upset (.) >but I knew how many people had
13      miscarriages< (.) so I just thought (.) well (.) I knew a lot of my friends
14      have had one miscarriage and I just thought well (.) I'll be alright (.) so (.)
15      it was upsetting and (.) I think that first pregnancy you- (2.0) even in two
16      weeks you know you're pregnant you (.) >talk a lot about names< and you
17      (.) start thinking about >how your future is gonna change< (.) umm (.) and
18      then [umm] that's ripped away
19  I:       [Mhm]
20  L:  from you so that's that's horrible
```

The interviewer solicits a content question about the circumstances of the miscarriages and the speaker initiates her response with providing the temporal details of their occurrence (lines 06-07). Before elaborating on the details of each of the losses, she carefully prepares ground for divulging delicate details of her experiences by producing a preamble "so I have no trouble getting pregnant at all" (line 07), which is abruptly abandoned after the linking word "but". This suggests that the statement was abandoned half-way through and contained a potential trouble source, which was left out. This form of prefacing, as well as abandoning the problematic component, serves to mitigate the sensitive nature of Lauren's miscarriage experiences. It can also be observable as a face work strategy in line with Goffman's (1967: 213) notion of face, that is "the positive social value a person effectively claims for himself by the line others assume he has taken during a particular contact". In line 08 the interviewer delivers a continuer "mhm" and Lauren proceeds to unpack her first miscarriage story and employs a normalising device referred to as "At first I thought… and then I realised" (Jefferson 2004) for problematic or disruptive life events. Jefferson (2004: 139) gives similar accounts of extraordinary events and observes that they are used as a device for talking about terrible life situations, which works as "a ritual used to manage, to put into normal perspective, something that might otherwise be disruptive". On the

lexical level, Lauren normalises her first miscarriage by constructing it with the use of extreme case formulations (Pomerantz 1986) as happening "really early on" and being "very" and "really straightforward" and thus uncomplicated and easy to understand, as something that might happen once (lines 12 and 13). She topicalises her emotional state at the time as a post-loss reaction on two occasions "I was (obviously) upset" in lines 10 and 13. She then contrasts her reaction by referring to the prevalence of this phenomenon among the wider society, an all-encompassing category 'people' ("I knew how many people had miscarriages"), which she then narrows down to 'friends' ("I knew a lot of my friends have had one miscarriage"). Although not directly stated, what can be inferred on the basis of culturally shared and accessible knowledge is that despite experiencing one miscarriage, people usually manage to have a successful pregnancy and become parents. In line 13 Lauren transitions from constructing her first miscarriage as an individual loss related to physicality to proffering the symbolic meaning of perinatal loss – the loss of motherhood.

By means of a subtle interactional achievement, Lauren constructs her assertions of a successful pregnancy following her first loss unwarranted and 'articulates the unsaid', for example, in lines 14-15 "so I just thought well" trials away into nothing, but a second attempt at a self-disclosure is undertaken in line 16 "I just thought well I'll be alright so it was upsetting". In this way, Lauren manages to contrast the actual hearably painful events that happened after suffering her first loss without directly referring to them, and instead replaces the left-out information to be inferred by giving an account of her emotional state post first loss.

In line 17, Lauren uses an evaluative stance "it was upsetting", not as a mere description of her emotional state at the time, but also as a linking or transitional device. This is observable in line 18 when she moves from narrating her account in the first person to a more general "you" (this form of distancing has been observed elsewhere, for example in extract 1) in preparing ground for disclosing more sensitive information. Whereas the earlier part of the extract (lines 06-13) concerned miscarriage as an individual occurrence, in lines 14-20 Lauren makes relevant the symbolic meaning of her loss. She invokes positively loaded activities typically bound to being pregnant such as thinking about names (line18-19) and about the life changes that are a consequence of this state (line 19-20). She then juxtaposes those with her personal experience of unsuccessful pregnancy, which she constructs using an idiomatic expression "and then that's ripped away from you so that's that's horrible" (line 20-22). The use of passive voice is significant here as it is a discursive tool used by the speaker in order to distance herself from this expe-

rience. What is more, it can be understood as a strategic way of diminishing her agency in pregnancy loss and constructing it as something that was beyond her control. Similarly, the choice of the verb 'ripped away' is also worth paying attention to, as it suggests a violent and intense action, which constructs the speaker's future as something she once possessed but which had been taken away from her. Lauren's evaluative stance "so that's that's horrible" is employed as a transition device, which allows for a smooth topic change.

Extract 4 features a continuation of the conversation and illustrates how Lauren proffers miscarriage as a feminine experience through references to her body when she refers to her second and third miscarriage.

Extract 4

01	L:	So::_ the second pregnancy was- (1.0) it was <u>only</u> u::mm (1.0) about
02		six months later °I got pregnant [again°] (1.0) u::mm °a::nd (.) <u>that</u>
03	I:	[Mhm]
04		one (.) <got to about (3.0) ↑ten weeks°> (1.0) I get confused with
05	L:	them all (.) it's terrible I should (.) >you know< umm (.) about ten
06		weeks (.) umm but (.) it was umm a <u>missed [miscarriage]</u>
07		[Mhm]
08	I:	(.) so (.) <when they scanned me> so I >started bleeding that's how
09	L:	I knew< (1.0) they found that it probably (1.0) ended at about
10		°seven weeks° u::mm (.) that one they did a ↑<u>DNC</u>
11		You said it was very quick yes
12	I:	[<u>YEAH</u>]
13	L:	[At least] you didn't have to wait
14	I:	<u>Oh yeah</u> at first (.) well then the- (.) the next pregnancy I think (.)
15	L:	was umm the worst for me >cause I think< (.) <u>the second one</u> I was
16		<u>worried</u> (.) but I thought oh <u>everyone</u> (.) well- >not everyone< but
17		(.) >lots of people have< (.) one ↑miscarriage >I'll be alright this
18		time< so (.) I was still [<u>worried</u>] (.) umm (1.0) but- (1.0) I was ok (.)
19		[Mhm]
20	I	<u>still</u> (1.0) but the <u>third pregnancy</u> (.) >I was just <u>terrified</u>< (1.0) ab-
21	L:	solutely <u>terrified</u> (2.0) umm I went for (3.0) °counting sorry° I went
22		for two early [<u>scans</u>] (.) one at seven weeks >and actually we had a
23		[Mhm]
24	I:	↑<u>heartbeat</u><and we (.) had a ↑<u>picture</u> and (.) <it just felt <u>amazing</u>>
25	L:	°that I thought (.) it might be alright° and then (1.0) we had another
26		early scan at (.) eleven weeks because they weren't gonna scan me
27		until <u>eleven weeks</u> >because they weren't going to scan till thirteen
28		weeks< (.) and I was just <u>terrified</u> >I had all my ↑<u>symptoms</u>< [and]
29		[Mhm]
30	I:	<u>everything</u> I was being ↑<u>sick</u> (1.0) °and everything else° but umm

```
31   L:   (.) but that was just umm >that was just horrible< that was (1.0)
32        hideous we had this early scan and (.) umm °there was no heartbeat
33        and that was just (.) that was just horrible° (1.0) umm (2.0) <um
34        and that time> >so there's another< and again they thought (.) that-
35        about eight weeks >the pregnancy'd ended< (.) °but my body still
36        thought I was pregnant°
```

In the opening of her turn Lauren focuses on further detailing the circumstances of her losses and elaborates on her subsequent pregnancies. In lines 01-10 Lauren delivers an account of her second miscarriage and the numerous long pauses and subdued prosody, when she discloses "I got pregnant again" and "that one got to about ten weeks", point to heightened emotions and the sensitive nature of her troubles talk. In lines 04-05, in an attempt to defer and mitigate what she is about to reveal, Lauren temporarily discontinues the narrative, and instead provides some additional information, an abandoned utterance attempt, followed by intimacy building discourse marker "you know". In line 05, she returns to the interactional business at hand, and proceeds to elaborate on the problematic component, that it was a missed miscarriage. She explicates what this means and uses subdued prosody when she utters that the pregnancy ended at "seven weeks", which points to the emotional load of the disclosure. Lauren's lexical choices when constructing the second loss, such as the verb "scan" or "bleed", pertain to miscarriage as an embodied experience. This is followed by the interviewer's attempt at affiliation in lines 11 and 13 and the speaker's overt agreement "oh yeah", after which she proceeds to talk about her third pregnancy, abandons it, and returns to the second miscarriage. In lines 15-20 she employs the same normalising tool as in extract 3 "At first I thought… and then I realised", which Jefferson (2004) applies to analysing traumatic events. Lauren constructs her hopes of having a successful second pregnancy via normalising miscarriage based on the prevalence of early perinatal loss. Without knowing the fatal end of the pregnancy, the recipient could expect a positive outcome. This is in line with what Sacks (1992: 220) describes as an attempt "to achieve the 'nothing happened' sense of really catastrophic events". Firstly, she employs an extreme case formulation (Pomerantz 1986) "I thought oh everyone", directly followed by a repair downgrading the commonness of pregnancy loss "well not everyone but lots of people have one miscarriage", which generalises her experiences and "embeds them in a culturally familiar plot" (Stokoe 2012b) whereby a miscarriage is followed by a healthy pregnancy. Lauren refrains from overtly articulating the unfavourable outcome of her second pregnancy, but it can be inferred by means of contrasting an

account of her unfulfilled hopes "I'll be alright this time" (lines 17-18) with a topic change (line 20) when she refocuses the disclosure onto her third pregnancy.

In line 21 Lauren details the onset of her third pregnancy and constructs it via normative pregnancy practices such as "going for two early scans". Contrary to the initial part of the account(lines 01-22), which is narrated solely using the first person singular pronoun and constructs the miscarriage experience as hers only, the later part features the use of the inclusive pronoun 'we'. Starting from line 22, Lauren constructs the experience of pregnancy as shared with her husband and articulates some positively loaded predicates "we had a heartbeat" (lines 22-24) and "we had a picture" (line 24) associated with a healthy pregnancy, as well as intensifies it with a positively loaded adjective "it just felt amazing" (line 24). Heightened emotional display is especially noticeable in her account at this point by means of rising intonation after both "heartbeat" and "picture" when the speaker is referring to the positively evaluated period of her then ongoing pregnancy. This is followed by an account of her unrealised hopes delivered in a quieter voice "that I thought it might be alright". The subdued prosody preambles the sensitive details revealed in the later lines. In lines 28-30 the speaker elaborates on the further circumstances of her pregnancy and employs the personal pronoun "I" when detailing predicates typically associated with a healthy pregnancy "I had all my symptoms and everything", and "I was being sick and everything else" intensified with extreme case formulations "and everything" and "and everything else". Lauren uses several devices for deferring the introduction of the emotionally sensitive outcome of her pregnancy, such as: constructing the approach phase (Linell and Bredmar 1996) as the most lengthy part of her account, false starts as well as renewing beginnings of her turns. She also formulates her emotional stance with extreme case formulations e.g. "horrible" and "hideous". Finally, she proceeds to describing the traumatic end of her pregnancy and uses some distancing strategies when elaborating on it. In line 32 she arrives at the passivised "there was no heartbeat" (contrasted with the positive message of the prior "we had a heartbeat" in lines 22-24) and in lines 35-36 constructs her body as separate from her with "my body still thought I was pregnant". What can be observed in this extract is that the speaker constructs her third pregnancy as a shared experience with her husband only when talking about the details of her scans. Except this, there is a prevalent use of the personal pronoun "I" throughout the whole account, which constructs pregnancy loss as a feminine one as it was experienced through the focus on her body and the emotions experienced by the speaker.

5.2.2.2. Self-blame

The theme of self-blame emerged in the interview without the interviewer's intervention, which points to its particular salience to Lauren. Failure to fulfil normative social expectations regarding reproduction generated negative feelings for the speaker, including assessments of self-blame, which is grounded in and further perpetuates dominant discourses of motherhood and pregnancy. The extract below demonstrates the speaker's management of coping following her losses:

Extract 5

```
01   L:   Yeah I think actually I've I've been quite lucky there's nobody
02        >other than my brother< there's nobody (1.0) like (.) I think if
03        my mum and dad didn't want to talk about it >that would've
04        been difficult and my dad finds it difficult to talk about it<  but
05        he- (.) he does (.) >but only cos he's< so upset °for me° (1.0)
06        so (1.0) I think (.) umm (.) a lot of the anger was (1.0) <about>
07        (1.0) towards >myself as well but I think I've dealt with that<
08        (.) <quite a lot> so (1.0) there was a- th- (.) <I blamed myself a
09        lot> (.) which is >[you know]< (.) for a
10   I:                    [Mhm]
11   L:   long time I- umm (.) had lots of thoughts about the fact that I
12        was broken and I was faulty and umm (.) but (1.0) I thi- I've
13        (1.0) dealt with them (1.0) quite a lot (.) cos I didn't like those
14        at [all] (.) and umm (1.0) when I've found out things like (.)
15   I:      [Mhm]
16   L:   genetic problems with the last pregnancy (.) there was nothing
17        I could do about that >is ↓there< (1.0) well it could've been
18        Darren's fault (.) you [know] (.) fault is still not a very nice (.)
19   I:                          [Mhm]
20   L:   feeling (1.0) yeah so that- that troubled me for quite a long
21        time (2.0) °this feeling that I was a bit useless (.) and (2.0) rub-
22        bish and broken and (.) and stuff but um°
```

Lauren starts her turn discussing her parent's reactions to her miscarriages and makes a quick transition to talk about anger she experienced following her losses. She makes the feeling of blame relevant and develops the topic gradually and with a lot of hesitation. The content featured in the extract is delivered with numerous pauses which are prosodically the most salient feature indicative of the observably challenging and emotionally difficult topic for the speaker. The

gradual unfolding of the troubles talk is interactionally achieved by means of perturbed delivery containing repetitions with an adverb "a lot" in "I've dealt with that quite a lot" (lines 07-08) and "I blamed myself a lot" (lines 08-09), false starts, e.g. "there was a- th-" (line 08) and self-initiated repairs, e.g. "there was I th- I" (line 07). In line 08 Lauren reveals that she used to blame herself for her unsuccessful pregnancies for a long time, which is followed by intimacy building discourse marker "you know" and the interviewer's affiliative "mhm". Lauren then elaborates on the topic of blame and in doing so, she brings up negatively loaded adjectives "broken", "faulty", "useless" and "rubbish", which again point to an emotionally charged context of this trouble telling (Fussell and Moss 1998). Those adjectives covertly invoke the speaker's body. She constructs herself through those bodily references, which draw on dominant discourses of femininity (Lazar 2006) and pregnancy (Woollett and Phoenix 2001) where women's bodies bear a lot of significance, are disciplined and should be ready for a reproductive function. Lauren constructs her body through reference to the figurative clusters of adjectives that could also be applied to a machine, which is supposed to work correctly but fails to fulfil its (reproductive) function.

In lines 12-13 she reiterates that those feelings have subsided "I've dealt with them quite a lot", which she employs twice throughout the extract as a mitigating device, each time following the disclosure of negative emotions she felt towards herself. She then precedes to normalise her experience by emphasising that there were "genetic problems with the last pregnancy" (line 16) and "there was nothing I could do about that is there" (lines 16-17), which constructs her loss as coincidental and is used by the speaker to disown the responsibility. This is further upgraded by means of the rhetorical question tag "is there", which in the situated context of its production can be construed as a common knowledge component. In lines 17-18 she evades responsibility by invoking the possibility of her husband's fault for the genetic problem.

In lines 20-22 Lauren moves towards terminating her turn and reformulates her feelings of blame with the use of negatively loaded adjectives arranged as an upgraded three-part list: "useless", "rubbish" and "broken and and stuff" (Potter 1996) or even regarded as a four part-list. Kupferberg (2010: 372) posits that the use of figurative language for self-reference in interaction can serve as positioning resource enabling, "narrators to present succinct versions of their narrated selves to others after they unfold the whole story". This is particularly visible in the last line of her turn, in which figurative adjective clusters function to signpost the end of the self-disclosure and terminate the current turn.

5.2.2.3. Husband as supporter

This section explores the speaker's constructions of subjective experience of loss as feminine by positioning her husband as unable to fully understand what she is going through. Employing these dichotomised constructions of loss, the speaker positions herself as possessing the primary epistemic access (Heritage 2012) to the experience of miscarriage and consequently ascribes the role of the supporter to her husband.

Extract 6

```
01  I:   Well (.) do you think that actually (.) talking about men (.) do
02       you think that men can understand the loss
03  L:   Umm (4.0) it's (3.0) been interesting with Darren  (.) cos he's got
04       a son (.) so we- we >I mean talk a lot about things we're quite
05       open about it< there was an element of me (.) that knows <he'll
06       never> (1.0) completely understand how I feel (.) because he's
07       got a child (1.0) and (.) I think (.) I think when (.) the situation
08       I'm in (.) it's like I'm dealing with with all the loss that I've had
09       (.) dealing with all the stuff that's going on with operations and
10       stuff (.) I'm dealing with the fear of being pregnant [again] (.)
11  I:                                                        [Mhm]
12  L:   AND I'm dealing with the fear of °what if I can never have chil-
13       dren° (.) and they're all really scary all those things (.) especially
14       the [fear of] °never being able to have children° (.) and (.) I know
15  I:        [Mhm]
16  L:   that Darren (1.0) can't ever have that fear cause he's got a child
17       (.) he can relate to it but he's never gonna (.) feel that same way
18       so umm (1.0) an- and Darren was always very (2.0) he woul- he
19       would- I've been so upset and he'd just been the supportive one
20       (2.0) and umm (2.0) we ended up >having a bit of a::< (2.0) >I
21       got really upset at one point< (.) and umm (2.0) he actually he-
22       (.) started talking about how it (-) u- pset him and [stuff] (.) and
23  I:                                                        [Mhm]
24  L:   he'd held back from >talking like cos he wanted to support me
25       he didn't want (.) it's be- his problem< but actually it really
26       helped to hear (1.0) how (1.0) upset he was but he just >°took
27       this role of supporter°< so (2.0) I THINK (3.0) I don't (3.0) think
28       Darren will (.) a hundred percent ever feel (.) know how
29       °devastating it's been for me° (1.0) cos it's happened to me and
30       (1.0) but I think that (.) it upsets him (.) in his own way really
31       (1.0) umm (1.0) and the support he's given to >me's been amaz-
32       ing< so he- he's never <not got it> he's never gone why are you
33       crying o::r (.) pull yourself together o::r anything like that umm
```

34		(.) he knows °how upsetting [it is]° (2.0) yeah (1.0) and I >think
35	I:	[Mhm]

The interviewer makes relevant the category 'man' in terms of an ability to understand the experience of loss. Taken out of context, the question can be hearable as leading and prompting the interviewee in the direction of formulating miscarriage as a feminine experience. In the turns preceding the interviewer's question (not included in the extract), however, the speaker provides a lengthy account of women who suffered miscarriages and formulates loss as feminine rather than a joint experience[28], which is topicalised by the interviewer.

In answer to the question, Lauren carefully and gradually manages her troubles talk. She orients to the category 'man' by invoking her husband and thus he can be hearable as an incumbent of this category. What is interesting, however, in the situated context of the interaction, Lauren does not orient to category 'man' belonging to the MCD 'gender', but instead she makes relevant the MCD "family status". In lines 03-04 Lauren constructs her husband as unable to understand the loss fully because of his status of a parent. She does not specify this directly, but it is inferred by means of a preamble "it's been interesting with Darren cos he's got a son". The subsequent line features more prefacing including a repair "so we- we" hedging a validation ("I mean talk a lot about things we're quite open about it") of what she is about to reveal. In line 06 Lauren overtly discloses that her husband will never be able to understand how she feels. Instead of using a personal pronoun "I", she employs a mitigating device "there was an element of me that knows". What is observable in this part of the extract, numerous interactional cues such as the delayed response (filled and unfilled pauses in line 01), prefacing and mitigating can be "interpretable as 'reluctantly' performed instances of" (Pomerantz and Heritage 2013: 215)[29] negatively assessing her husband.

Although the interviewer's question pertains to the concept of loss in general, Lauren orients to the ways she feels ("he'll never completely understand how I feel" in lines 05-06). This constructs miscarriages she suffered as her own losses, rather than shared experience, which is discursively emphasised by extreme case formulations "never" and "completely", and provides a

---

[28] "I mean I don't really think about women who had lots of miscarriages before I did quite selfishly now I do cos I've been through it so I think a lot of my friends cos they've been so supportive and I've gone through it with me just seemed to get it straight away I was I was"

[29] Pomerantz and Heritage (2013) refer to the same interactional cues, but in terms of disagreements, disconfirmations and rejections.

transition to elaborating on the meaning of miscarriage for her. In doing so, she employs a number of discursive devices, e.g. a frequent use of the personal pronoun 'I' (e.g. "I think when the situation I'm in it's like I'm dealing with with all", lines 07-08) and extreme case formulations (Pomerantz 1986) which are used to legitimate her assertions (e.g. "I'm dealing with with all the loss", line 08; "they're all really scary all those things", line 13; "Darren can't ever have that fear", line 16). In order to illustrate her point Lauren invokes both the physical ("I've had dealing with all the stuff that's going on with operations and stuff", lines 08-10) and psychological aspects of miscarriage. In line 08, the emphasising pronoun "all" indicates the complexity and multilayered character of the experience of loss that gets unpacked by Lauren. For example, she constructs miscarriage as tightly related to the fear of never becoming a parent (lines 12-13). The most prosodically salient part for constructing the emotional gestalt of the meaning of miscarriage is delivered by means of subdued prosody on two occasions (lines 12-14) when Lauren articulates her fears of involuntary childlessness ("what if I can never have children" and "never being able to have children"). In lines 14-17 Lauren contrasts her fears with her husband's inability to "feel the same way", and validates her claim by using prosodically marked "can't" and "child" delivered in louder voice which indicates emphasis.

Starting with line 19, Lauren overtly constructs her husband's role as a supporter with multiple uses of different lexical items with the same stem-word 'support' ("he'd just been the supportive one", line 19; "he wanted to support me", line 24; "he just took this role of supporter", lines 26-27; "the support he's given to me's been amazing", lines 31-32). Lines 26-27 feature a significant switch in categorial formulation, namely her husband is still constructed as an incumbent of the category 'man', but now belonging to the MCD 'gender' (as opposed to the MCD 'family status' from the initial part of the extract). She produces a category resonant description of her husband holding back from displaying his upset ("he'd held back from talking") and assuming the supportive role ("cos he wanted to support me"). This is in line with the concept of hegemonic masculinity (Connell 1987; Eckert and McConnell-Ginet 2003) based on the discourses of men as unemotional and rational whereby men "are unable to express their emotions with the same lucidity as women due to the pressure of a patriarchal society" (Johnson and Meinhof 1997: 17). It is evident in Lauren's account that the markedly different expression of emotions by both herself and her husband was constructed as problematic for her, as demonstrated with various meaningful signals of interactional trouble including numerous instances of subdued prosody, or pauses, which convey considerable emotional weight (cf. Pawelczyk 2011).

What is particularly interesting is that some of those pauses are employed before a number of self-initiated repairs. For example, in lines 18-19, Lauren is about to talk about her husband's character trait and instead, she initiates three subsequent self-repairs in the course of her turn, including one preceded by a pause, which interrupts the progressivity of the turn by deleting the intended utterance and points to the sensitive nature of the self-disclosure. Similarly, in line 20, the speaker redesigns the turn in order not to disclose some sensitive information and instead modifies the turn by describing her emotional state at that time. In this emotionally loaded account she contrasts her experience of loss with her husband's supportive role and uses extreme case formulations: "so upset" or "devastating" (delivered in a quieter voice), which further dichotomises their experience and constructs the loss as the speaker's only.

At the end of the extract, however, the speaker modifies her otherwise problematic assessment of her husband's experience of loss. In lines 30 she still constructs the loss as hers, yet also acknowledges that "it upsets him in his own way". Lastly, she uses extreme case formulations ("the support he's given to me's been amazing", line 31 or "he's never not got it he's never gone why are you crying", lines 32-33), which serve to emphasise his support and scale down the negative evaluation of his behaviour in the earlier part of this turn. Finally, in line 34 she transforms her assessment of her husband and constructs him as knowing "how upsetting it is", which could be interpreted/construed as contradicting her previous statements pertaining to his inability to understand her loss, but its locally-contingent meaning is different. Lauren's statement refers to her husband's role as supporter and this is evidenced by means of her three-part list starting in line 31: "he's never not got it", "he's never gone why are you crying" and "he knows how upsetting this is", which reaffirm her construction of miscarriage as her experience only.

5.2.3. Expectations towards family and friends

The importance of relationships for Lauren was observable throughout the analysed data. In particular, categorisations of friends and family members feature prominently in her accounts of loss. In the face of those traumatic life events, not only does Lauren invoke those categorisations as inherently moral and ties them with expectable predicates and activities, but also uses them as background for performing identity work.

5.2.3.1. Friends

Categorisations of friends emerge while addressing multiple threads of Lauren's personal story. They are either produced independently by the speaker without the interviewer's intervention or interactionally achieved in the process of co-construction. In both cases, friends are constructed as playing an important role in the speaker's negotiation of her miscarriage experience. They are often the first people to know about her pregnancies and also about the subsequent losses. In the extract below, the interviewer makes relevant Lauren's friends' reactions to her miscarriage:

Extract 7

```
01  I:   So what were (.) when you told them (.) what were their reactions
02  L:   U::mm (3.0) they're all >they were just fantastic really they were
03       all- just °sad for me° and supportive< I've got- (.) the thing I think
04       I've got (3.0) some people more supportive than others and (1.0)
05       my best friend (.) was amazing umm (3.0) and umm (.) another
06       friend of mine (2.0) umm (.) >friendships change don't they [over]
07  I:                                                        [Mhm]
08  L:    the time< (.) and I suppose though this (.) some friends have been
09       (.) better than others (1.0) umm (2.0) I did have (.) for my second
10       pregnancy (1.0) a friend of mine (.) fell pregnant at that time (.)
11       she was (.) a week >ahead of me< (1.0) umm (.) and she was rub-
12       bish she was really rubbish ((laughter)) umm
13  I:   So she couldn't (.) empathise
14  L:   NO (.) and then when they had their baby (2.0) I was living down
15       here and they were up in Manchester (.) but umm (.) >I didn't real-
16       ly contact them that [much] and they hadn't really been in contact
17  I:                        [Mhm]
18  L    with me to see how I was an-< (2.0) I just got °an email from her
19       one day° saying >oh I can't wait for you to meet my new baby<
20       (1.0) I just thought your baby >that's like a week older than my
21       baby would've been< and (3.0) yeah and I got back to her in email
22       just saying it's it's really quite hard for [me] (1.0) umm (.) >and I
23  I:                                              [Mhm]
24  L    suppose I've sort of lost them as friends really cos I just don't
25       think< (.) they (.) <they get it>
26  I:   Don't understand
27  L:   No and I also think they're so wrapped up in their own world now
28       (.) and they're very- (1.0) °you know° (.) they got a- (.) new
29       friends with babies (1.0) and I just don't really (1.0) I don't really
30       fit into their mould anymore (.) so (.) so they >they were a bit rub-
31       bish< <my bro::ther (.) has been absolutely useless but umm> most
32       of my friends have been (.) absolutely fantastic
```

Embeddings of sensitive material are interactionally produced throughout the whole extract and are traceable at several levels. What can be observed at the beginning (line 02) is that Lauren initially constructs her friends' reactions in favourable and socially expectable terms with the use of extreme case formulations "they're all they were just fantastic" and the intensifier "really". She constructs her friends in line with category-bound predicates expectable for this sensitive context, such as displaying empathy "they were all- just sad for me" (lines 02-03) and being "supportive" (line 04).

What becomes apparent, however, in line 03 is that the speaker carefully designs a gradual attempt at orienting to a more sensitive content. This is evidenced by the use of false starts ("I've got the thing I think"), renewed turn beginnings ("I've got some people") and a long pause. She discloses that not all her friends provided the same level of support and contrasts it with invoking her best friend whom she refers to with a positively loaded adjective "amazing" (line 05). This reference to her best friend serves as a preface of deferring the sensitive topic she is about to introduce. In line 05-06 Lauren invokes one of her friends ("another friend of mine") and the delicate nature of this disclosure also manifests itself in the filled and unfilled pauses prefacing and following the introduction of this person. Lauren abandons this sentence and proceeds to provide an additional, general observation about friendship in an attempt to defer and mitigate what she is about to reveal ("friendships change" in line 06), followed by a common knowledge component that removes the need for the further unpacking of the claim (Stokoe 2012b). This is met with the interviewer's agreement token "mhm" in line 07, which is followed by another attempt to defer elaborating on the details of this relationship "some friends have been better than others" (lines 08-09). Subsequent lines reveal that the initial part of the extract features three 'glosses', which "upon their occurrence" "seemed to constitute perfectly adequate detailings, that is, perfectly adequate narrative/descriptive components" (Jefferson 1985: 436). That the above discussed claims ("I've got some people more supportive than others", "friendships change" and "some friends have been better than others") are glosses is evident in line 10, which features the beginning of Lauren's unpacking of those problematic components. After a slow, deferred and gradual interactional achievement of revealing this delicate matter, Lauren orients to some, however scarce details regarding this problematic relationship, i.e. that her friend and she were both pregnant around the same time. She constructs this friend with a dispreferred and pejorative adjective "rubbish" (lines 11-12), but refrains from provision of further information and finishes her turn with laughter, signifying troubles-resistance (Jefferson 1984).

The speaker's careful achievement of orienting to this sensitive topic is in line with Linell and Bredmar's (1996) observation of what they refer to as the central phase where the most sensitive information is revealed. They notice that this phase is "characterized by limited degrees of concreteness, precision, and depth of penetration" (Linell and Bredmar 1996: 361). This potentially opens the left out information to be inferred by the interviewer.

In line 13 the interviewer engages in co-construction of this sensitive topic and attempts at reformulating the speaker's previous turn in order to 'fish' (Pomerantz 1980) for her further self-disclosure ("So she couldn't empathise"). The interviewer's 'information-eliciting telling' (Bergmann 1992) has an epistemic dimension and seeks the speaker's confirmation or disconfirmation, as she has the primary access to the details (Ruusuvuori 2011). In line 14 the speaker orients to the interviewer's reformulation and elaborates on the trouble-source. The speaker initiates further self-disclosure with outlining the situation between her and her friend and provides an explanation why the friend's behaviour can be construed as lacking empathy. She employs a 're-enactment' of the friend's verbatim locution "oh I can't wait for you to meet my new baby" (line 19), which was originally in a written form, in order to give her account authenticity (Holt 1996) and allow the recipient to connect to the story (Mandelbaum 2013). The speaker also engages in action formation and uses it as a tool for complaining (Holt 2000), as is evident in the next line, when she contrasts her friend's new baby with the unfavourable outcome of the speaker's second pregnancy. This constructs her friend's behaviour as problematic because failure to display empathy and understanding ("I just don't think they they get it") in such an emotionally loaded context is typically a category disjunctive feature of the category friend. In line 24, Lauren discloses that she lost them as friends, which speaks to the gravity of the experience.

In line 26 the interviewer performs mirroring (Ferrara 1994) at the end of Lauren's prior turn ("I just don't think they they get it"), which aims not only at displaying empathy but also at managing the interactional business and is an invitation for elaboration on the issue at hand (Pawelczyk 2011). This successfully indexes more self-disclosure and in line 27 the speaker embarks on further explanation why the friend is constructed in a negative way. What is particularly interesting is that the speaker selects a figurative expression on two occasions ("they're wrapped up in their own world" in lines 27-28 and "I don't really fit into their mould anymore" in lines 29-30) when proffering incumbency to two different categories of people, namely those who have offspring and those who do not, and thus orients to the MCD 'family status'. This has been observed to be the case also in other instances of invoking the speaker's childless status as prob-

lematic (for example in extract 2). Drew and Holt (1998) observe that employing figurative ex-pressions can serve as a tool for managing disengagement in interaction as well as summarising the ongoing topic, which can be observed in Lauren's last turn. Finally, in lines 30-31 the speak-er delivers scaled down evaluation "so they they were a bit rubbish" of the prior much more emotionally loaded description "she was rubbish she was really rubbish" (line 11-12), which signifies termination of the current topic and smooth transition to the next.

5.2.3.2. Family

The category 'brother' is invoked several times during the course of the interview and in all those cases emerges without the interviewer's intervention. The speaker voices her expectations towards her brother on several occasions and constructs him only in negative terms using dis-junctive category-activity pairs, which exacerbate the fact that he has failed to fulfil the expected and normative pattern of behaviour, such as showing/projecting empathy. For example, in the extract below, almost at the very beginning of the interview, the speaker invokes the category 'brother' in terms of failing to display any interest following her miscarriage:

Extract 8


```
01   I:   So why did you agree to talk to me
02   L:   Because (2.0) I- I'm annoyed that it's a taboo (.) [subject] (.) It's
03   I:                                                      [Mhm]
04        one of the things that (.) I- I- (.) I think through my counselling I've
05        found out that I'm quite angry about it all £really£  ((laughter ))
06        (1.0) when um when I first started my counselling (.) we sort of both
07        thought we did this- we're gonna do this (.) anger pie chart (.) and
08        my- even my counsellor said >you're not a very angry person< £so
09        I'm not too sure this is gonna be (.) any good£ (.) but (.) it turns out
10        (.) I WAS £q(h)uite a(h)ngry::£ (.) u::m um I'm £quite angry£ like
11        my- my brother (.) [for] example (.) it's a taboo subject to HIM (1.0)
12                           [Mhm]
13   I:   I>I mean  had to text him today to tell him↓< (1.0) that (.) I just had
14   L:   an operation a certain day and I didn't get any <sort of> (.) oh
15        wo::rd (.) what's your operation or sorry to [hear] that <it's [just]>
16                                                     [Mhm]          [Mhm]
17   L:   (.) oh and then (1.0) and my brother hasn't asked me how I am
```

167

18   ↓<u>once</u> °in all of this° (1.0) °so::°

The turns directly preceding Lauren's trouble talk about her brother presented in extract 8 contained a lengthy interactionally achieved meaning making about miscarriage as a taboo topic. The interviewer orients to the speaker's (unfeatured) previous turn and enquires about the reasons for her consent to share her experience of loss. She produces a multiple turn unit about her strong negative emotions that emerge as a result of silence surrounding this topic. Lauren invokes such emotional stances as "annoyance" (line 02) and "anger" (line 05) and speaks in generalities why she is experiencing those emotions. In lines 06-10 the speaker delivers an account of an event which happened during one of her counselling sessions and led to discovering her feeling of anger. Line 08 features an account of her counsellor's verbatim locution "you're not a very angry person", which emphasises that Lauren's general disposition is not characterised by this emotion, and the anger she is experiencing emerged as a result of her miscarriages. This is followed by the speaker's enactment of surprise delivered in smiley voice "it turns out I was quite angry" and contrasting her general disposition. In line 10 Lauren produces a self-initiated repair and corrects her use of past tense ("I was quite angry" to "I'm quite angry") to underline the fact that those emotions are still present, and expands on how the taboo character of miscarriage directly impacts upon her life.

Lauren transitions from an account of experiencing a less targeted feeling of anger to a more concrete source of anger directed towards her brother. This is evidenced in line 11, where the category brother is invoked by the speaker. The category 'brother', just like other categories within the same membership categorisation device 'family', are replete with category obligations and can be locally occasioned as inherently moral, especially in such delicate contexts as an experience of loss. Jayyusi (1984: 149) remarks on the consequences of what happens, when an incumbent of such a moral category fails to fulfil their expectable obligations and responsibilities: "where we encounter an X, the being or doing of Y is programmatically relevant, so that where it is not found, an explanation or redescription is required" (original italics)" and continues that "(o)ften judgment follows hard on the heels of explanation or redescription". The discursive ascription of category-disjunctive activities such as lack of display of any sign of empathy on the side of the speaker's brother not only positions him in a negative light but also constructs him as the source of her anger. The trouble telling is interactionally managed as an emotional display via the use of extreme case formulations "my brother hasn't asked me how I am once in

all of this" (lines 17-18) or an account of an interactionally dispreferred response (or lack of it) to her news about having had an operation recently (lines 14-15). She employs a 're-enactment' of the brother's preferred (albeit absent) verbatim locution "oh word what's your operation or sorry to hear that" which, unpacked, conveys surprise enacted via the 'oh-token' (Heritage 1984), expresses interest marked by a question "what's your operation" and displays empathy "sorry to hear that". The verbatim locution offers an example of a potentially expectable reaction that could have been provided by her brother to this traumatic event in her life, and is a resource for the action of complaining about the 'absent activities' (Stokoe 2012b) tied to the category 'brother'.

5.2.4. Emotions

Narrating personal experiences, especially in the emotionally charged context of miscarriage is likely to index emotions (Mulvihill and Walsh 2014), as is the case in this interview. Lauren often constructs accounts of the emotions she has experienced, however, the analysis shows that a lot of emotion work was done indirectly. Displays of emotion work feature prominently throughout the whole interview and can be traced in other extracts provided in this section. The examples below demonstrate only a fraction of those meaningful elements of interactional events.

Extract 9

```
01  I:   Yeah I know (.) that a lot of umm women (.) they don't want to see
02       any trace of a child so you know no pregnant women no buggies no
03       children around
04  L:   YEAH yeah I've heard my brother's friend's friend (.) told me that
05       (2.0) that they couldn't have (.) >I'd heard that they they couldn't
06       have children they've just (.) completely shut themselves away from
07       everybody<
08  I:   Mhm
09  L:   I think if I'd done that I wouldn't h(hhh)ave any friends left ((laugh-
10       ter)) [cos] they've all been pregnant
11  I:        [Yeah]
12  L:   So I do (.) I have- (.) >I try not to avoid things< there was (1.0) there
13       was a night when we're invited to the party (1.0) one- a small party
14       and I realised there'd be four women there (.) and three of them are
```

15		pregnant and <u>me</u> (1.0) and just thought I <u>can't</u> (.) I can't do that (.)
16		and I felt <u>bad</u> and I spoke to my friend and (.) she understood (.) but
17		(.) other than that (.) I've [<u>not</u>-] I've tried <u>not</u> to avoid any- anything
18	I:	[Mhm]
19	L:	(.) I'm (.) <u>DREADING</u> seeing my friend >round the corner< (.) cos
20		she's just had a new <u>baby</u> and (1.0) I'm expecting a text any moment
21		>when are you coming [over]< and I'm dreading that (2.0) but umm
22	I:	[Mhm]
23	L:	(.) but I know I'll put a smile on my face and (.) and I'll go round and
24		I'll (.) be supportive and (.) and and then I'll just come h(hhh)ome
25		and have a big cry ((laughter)) probably (.)
26	I:	Yeah

The extract starts with the interviewer orienting to Lauren's previous turn, which is not featured in the above example and which was about a woman who found it difficult to cope with loss and therefore she made a decision not to be around children, as it was too emotionally straining. The interviewer is interactionally engaged in the co-construction of this sensitive topic, she delivers a 'common knowledge component' "you know" which is a packaging device, which proffers shared knowledge of the troubles as effected by the miscarriage(s) that some women have experienced. The interviewer's short-cutting description of the category 'women' is hearable as women who experience problems with conception, as evidenced by Lauren's category resonant description invoked in line 04. In orienting to the interviewer's categorial upshot, Lauren brings up an account of her "brother's friend's friend", which in the situated context of its production is hearable as gendered, and refers to a woman. What is interesting is that, Lauren (line 05) uses the plural pronoun 'they', which is understood as a woman and a man via the standardised relational pair 'couple' invoked by the category resonant description of not being able to have children. This constructs the traumatic experience of not being able to have children as shared by both people in the relationship, rather than as a feminine experience only.

In line 09, it becomes clear that Lauren's small story (Georgakopoulou and Bamberg 2008) of a couple who isolated themselves as a result of their childless status serves as a preface for orienting to her own personal experience. By referring to someone else's experiences with a perceived similarity to the Lauren's, she defers the disclosure of emotionally sensitive material. The speaker approaches the sensitive topic gradually and consciously, as also evidenced by pauses, self-repairs and false starts. In line 08 the interviewer produces the token "mhm" which serves as a continuer and invitation for elaboration. In line 09, Lauren evaluates the story and contrasts it with her own experience when she discloses "I think if I'd done that I wouldn't have

any friends left cos they've all been pregnant". An unpacking of Lauren's turn in line 09 points to a few observations, such as that she uses extreme case formulations (Pomerantz 1986) when referring to her friends ("they've all been pregnant" and "I wouldn't have any friends left") to legitimate her assertions. Consequently, she positions herself outside the experience of a successful pregnancy and employs humour to display 'troubles resistance'.

In line 12 Lauren is approaching the central phase of her self-disclosure, where she gets maximally close to the issue (Linell and Bredmar 1996). She produces yet another presequence "So I do I have I try not to avoid things" characterised by perturbed delivery (false starts and unfilled pauses) before she elaborates on the sensitive topic. She formulates a story of a party she was invited to and which she decided not to attend. The preface is employed as a contrastive device to emphasise that the situation she is about to describe is an exception to her usual behaviour. The speaker gives an account of her reasons for declining to participate in the party, she discloses that "I realised there'd be four women there and three of them are pregnant and me". In justifying the declining of an invitation, she invokes a category-resonant description of women whose situated category predicate was pregnancy and constructs herself outside of it. What could be inferred is that the speaker's aspired for identity as mother and her failure to achieve it is constructed as the reason for her discomfort (as evident by the use of modal verbs "I can't", "I can't do that" in line 15), and this is constructed as a warrant for not attending the party. In line 16 Lauren invokes her friend, the organiser of the party, who is constructed as someone who "understands" her reasons, which validates Lauren's point.

In lines 19-21 the speaker engages in another trouble telling and refers to her feelings of dread towards seeing her friend and her new baby. Similarly to the previous story, she prefaces it with "other than that I've tried not to avoid any anything", which contrasts her further self-disclosure and might be interpreted as a face saving strategy. It is also applied as a distancing tool where the speaker makes a distinction between herself and other people who isolated themselves, whom she had brought up in her previous turns. In lines 23-25 the speaker invokes the category of a good friend by means of the friend-friend standardized relational pair and the reference to the moral duties and obligations that those categories carry. She constructs herself with category-bound predicate "supportive" (line 24) and invokes category-resonant descriptions putting her friend first with "I'll put a smile on my face", "I'll go round" (to meet the baby) and "I'll just come home and have a big cry probably". This trouble-telling is managed with observable difficulty as evidenced by numerous pauses, self-initiated repairs and lastly, with laughter which,

given the situated context of its production, is hearable as an unconvincing attempt at 'troubles resistance'.

The next extract features Lauren's account of how her experience of miscarriage has complicated her friendship:

Extract 10

```
01   I:    So (.) it wouldn't be very supportive if you probably went there
02         and cried
03   L:    No it wouldn't be very nice for her at all and I- (.) I think (.) that's
04         one of the things that makes me angry about this is (.) that (.) a few
05         years ago (.) if a- if I friend got pregnant I'd be so excited (1.0) and
06         I'd be wanting to buy it clothes and >I'd be [wanting] to see it<
07   I:                                                [Mhm]
08   L:    a::nd (2.0) but then (1.0) <with my friend Sylvia being pregnant>
09         these last few months (.) she's known it it's hard for me (.) >I ha-
10         ven't been able to sit there< and COMPLETELY (.) <INDULGE
11         her about talking about her pregnancy> (.) we have and <it's got
12         easier over the months> but she's missed out because she hasn't
13         had the (.) excitement from [me] >and I'm missing out cos I don't
14   I:                                [Mhm]
15   L:    get the excitement< anymore (1.0) and it's just that it makes me
16         quite angry really (1.0) that (1.0) °all that excitement's been taken
17         away and° (.) I can- I- I feel like a few friends <I haven't been par-
18         ticularly supportive> (.) and (1.0) my friend Amy she had a baby a
19         month ago and >I haven't even seen her< (2.0) umm (.) which- (.)
20         Lauren a few years ago (.) would've been (.) >[you know]< straight
21   I:                                                 [Mhm]
22   L:    round there and wanting to see the baby and hold the baby but-
```

Throughout the whole interview the speaker constructs friendships as bearing a lot of importance in her life. Extract 10 starts with the interviewer reacting to Lauren's previous turn and reformulating and evaluating what she had said. In line 03 onwards Lauren confirms the interviewer's understanding and elaborates on the difficulties that she is experiencing regarding her childless status and her friend's pregnancy and her new baby. The speaker articulates a distinction between her actual behaviour and her 'would have been' behaviour if the situation were different. This account can be interpreted within the theoretical framework of biographical disruption where "the expectations and plans that individuals hold for the future" necessitate "a fundamental rethinking of the person's biography and self-concept" (Bury 1982:169). Lauren juxtaposes

her taken-for-granted assumptions pre-miscarriage about what her reaction to her friend's pregnancy and her new baby would have been with coping with her current predicament. In line 05 she addressed a generalised category friend, and thus constructs herself as a friend, which is accessible thanks to the friend-friend standardised relational pair. In lines 05-06 she engages in facework and manages and negotiates her identity by reference to positively loaded activities and predicates tied to being a good friend in the past, such as being "excited" following an announcement of her friend's pregnancy, "wanting to buy clothes" and wanting to "see" the baby. The positively constructed account of her past self serves to preface and mitigate her actual response to the situation, which is attempted with observable difficulty as evidenced by the lengthy pauses and a false start (line 06).

In line 08, after a prosodically deferred introduction, Lauren invokes her friend Sylvia as an incumbent of the category friend and makes relevant her pregnant status, which constructs this category as belonging to the MCD 'family status'. Thus, Lauren's friend's pregnancy is professed as a category based reason for her departure from the socially expectable behaviour of a good friend, which unfolds in subsequent lines. Lauren prepares the self-disclosure by first referring to her friend's epistemic access to the speaker's emotional disposition regarding the situation "she's known it it's hard for me", which can be understood as justification for what she reveals next. In lines 09-11 she brings up disadvantages following from her departure of being a good friend and employs a modal verb "not being able to" to emphasise that failing to fulfil the obligations of a good friend (such as "sit and indulge her about talking about her pregnancy") result from her current situational circumstances rather than her fixed characteristic or choice. Although she mitigates her actions slightly with indicating a change "it's got easier over the months" (lines 11-12), she uses it as a transition tool before she further elaborates on the negative impact of her inability to cope with the situation. In lines 12-15 she tends to the consequences of her behaviour and invokes the phrase "miss out", which is hearable of being dissatisfied with the status quo. Lauren distances herself from the result of this situation by using the passive voice construction "all that excitement's been taken away" (lines 16-17), which is uttered in quieter voice, indicating upset, and which takes the blame away from her and thus alleviates face-threats. Both cases of distancing detailed above can be described in terms of accountability of intentionality. Edwards (2008: 180) observes that "intentionality is not explicitly attended to except in circumstances where the action in question faces, or has faced, some kind of difficulty, postponement, or obstacle to its performance, or some other departure from normal expecta-

tions". By invoking those interactional resources Lauren accounts for failing to adhere to the normative expectations tied to the category good friend.

The trouble telling contains numerous interactional cues signalling its delicate character, such as pauses, false starts and self-initiated repairs. She invokes her emotional stances and employs them as transition devices and they are used to preface the disclosure of sensitive information and ward off face threats. The speaker also distances herself from the situation and her own dispreferred behaviour, which departs from the expectable behaviour of a good friend, through constructing her identity within the miscarriage related context. What is interesting, is that the speaker does not refer to her loss directly, but it is instead left for the recipient to be inferred. What invites particular attention is the speaker's use of a third person reference form in line 20: "Lauren a few years ago (…)". The speaker refers to her pre-miscarriage self and invokes the category friend through reference to category-bound predicates such as visiting a friend and her baby, "wanting to see the baby" and "hold the baby". This relates to Land and Kitzinger's (2007: 519) observation that "categorical self-references work to mobilize a set of category-bound inferences about the type of person that the speaker can be understood to be an instantiation of". The speaker deploys the third person reference in order to contrast her current self with the person she used to be and does facework when she highlights that she used to be a good friend before her losses.

5.2.5. Grieving

Whilst the topic of grieving is directly brought up by the interviewer, its indirect references could also be identified in other parts of the data. When faced with an experience of loss, survivors often draw on normative discourses of grief that provide them with tools to 'perform' grieving and to comprehend the situation (Reimers 2003). The extract below exemplifies how the speaker relies on already available cultural and discursive resources for 'doing' grieving:

Extract 11

```
01   I:    Would you say that you ↑grieved
02   L:    Yeah
03   I:    Did you go through a grieving process
04   L:    Yeah (.) yeah definitely (.) yeah  (.) umm (.) I do very much see those
05         three pregnancies (.) I don- (1.0) I do see them as babies I see- I've
06         always talked about them as potential babies
07   I:    Mhm
08   L:    So to me they [existed] (1.0) the three babies that I haven't got (3.0)
09   I:                  [°Mhm°]
10   L:    umm (3.0) °can't remember what my point was sorry° ((laughter))
11   I:    I asked whether you grieved
12   L:    OH YEAH (2.0) umm (1.0) so yeah there- there's that element that-
13         (2.0) you're upset about the potential loss (.) the potential baby that
14         you could've had [and] >you do grieve that because< (.) even in that
15   I:                     [Mhm]
16   L:    two weeks >of my first pregnancy< you- (.) I think- (.) this is- that
17         was one of the <things I said> to the EPU >that clicked with them<
18         that- (1.0) <the minute you find out you're pregnant> you become a
19         mom (1.0) so:: you're looking at your [body] and you're planning
20   I:                                          [Mhm]
21   L:    the future with your baby (1.0) >you know< you're thinking about
22         what rooms it's gonna sleep [in] do I need a bigger car or a- >you
23   I:                                [Mhm]
24   L:    know< you think about all those things you look after your body and
25         you know that everything you're eating [is] (.) >going to the ba
26   I:                                           [yes]
27   L:    by< so you become a mum (2.0) and you imagine your life as a mom
28         and then it's just >taken away from [you]< (2.0) so I definitely
29   I:                                        [Mhm]
30   L:    grieved for that (1.0) and umm (3.0) yeah >you know< things like the
31         Christmas day you- you think (1.0) you know one of those babies
32         would've (2.0) been >maybe [all of] them< (1.0) life would be
33   I:                               [yeah]
34   L:    so different so you- you miss them (2.0) even though >you'll never
35         know what they'd look like you don't know if they're< boys or girls
36         or (2.0) but you- you think about this sort of [things] >you know<
37   I:                                                  [°Mhm°]
```

The topic of grieving is opened by the interviewer who asks if Lauren experienced it after her miscarriages. The speaker produces a short acknowledgment token "yeah", but does not elaborate on the topic initially. In line 03 the interviewer tries to elicit self-disclosure by reformulating and slightly expanding on the already asked question, which successfully solicits further elaboration from the speaker. In lines 04-06 the speaker proffers a strong confirmation with an acknowl-

175

edgment token "yeah definitely" and admits that she perceives the pregnancy losses as the losses of her "babies". This turn is achieved with multiple self-repairs and false starts which might point to the delicate nature of the topic (Linell and Bredmar 1996). The speaker formulates a self-initiated repair of "babies" and alters it with "potential babies", which is uttered with prosodic emphasis. In line 07 the interviewer displays her alignment as a hearer with a backchannel continuer "mhm" inviting further elaboration and the speaker reaffirms the existence of "the three babies" that she never had. This part of her self-disclosure is observably emotionally challenging, as evidenced by the long silences that are produced after "the three babies that I haven't got" and losing the thread of what was being said, which is uttered in quiet voice. This followed by laughter, which indicates an attempt to display troubles resistance.

In line 12 the interviewer supplements Lauren with what the topic of the conversation was, which is acknowledged as an aid in remembering with the emphatic agreement token 'oh yeah'. Interestingly, the loss of the interactional continuity of the thread in line 10 allows Lauren to transition from the use of first personal pronoun "I" to the general "you" to narrate her experience from a more distanced perspective. It also has other significant interactional consequences, namely that it becomes clear in the subsequent lines that Lauren delivered several glosses up to this point of the conversation (for example, "I do see them as babies" in line 05, and "I've always talked about them as potential babies" in line 06). These become unpacked as glosses starting with line 14 when Lauren supplements her account with the further details and expands on the meaning of a potential baby.

Although in the initial part of the excerpt (lines 05-06), Lauren makes relevant the category baby, the category mother can be easily inferred as these are inexplicably interlinked by means of a standardised relational pair, 'mommy-baby'. If the speaker constructs her potential babies, then she is also doing identity work and constructs herself as their mother. This is overtly confirmed in lines 18-19 when the speaker brings up the category 'mother' explicitly by proffering "you become a mum". For her, being pregnant is synonymous with being a mother, however, she never explicates if the status of being a mother ceases with miscarriages. The category mother is negotiated as complicated and a bit vague. It is constructed as both, instantaneous, following the news of a successful conception "the minute you find out you're pregnant you become a mom" (lines 18-19) and potential, with the view to the future "you imagine your life as a mom" (lines 27-28). The speaker elaborates on the meaning of pregnancy and articulates positively loaded category-bound and generated activities in line with dominant motherhood and pregnancy

discourses, such as ones related to the female body "you're looking at your body" (line 19), "you look after your body" (line 24) and "you know that everything you're eating is going to the baby" (lines 25-27), and she also invokes category-bound and generated activities pertaining to the preparation to the changes that having a child provokes in practical terms such as "planning the future with your baby" (lines 19-21, "thinking about what rooms it's gonna sleep in" (21-22) and "do I need a bigger car" (line 22). These activities can be seen in terms of credentials of incumbency (Jayyusi 1984) for the category mother and generating them can be seen in terms of interactionally achieved face work on the side of the speaker. As category mother is an exceptionally morally loaded category undergoing social scrutiny (Sutherland et al. 2014), the speaker not only exerts knowledge of socially acceptable and expectable practices during pregnancy but by invoking them she is doing identity work. The speaker interactionally positions herself as adhering to those practices and, by doing so, distances herself from any potential attribution of blame for the fact that her miscarriages happened. This is also evidenced in the next line (28) when she constructs her loss by means of passive voice "it's just taken away from you", which diminishes her agency. The idiomatic quality of the above mentioned statement allows it to work as a summarising device (Heritage 1988) and effects Lauren's transition to the topic of grieving "I definitely grieved for that" (lines 28-30). This statement makes a symbolic link between the meaning of her pregnancies, becoming a mother of the potential babies and the complicated grieving for the potential things that have not happened yet.

In lines 30-36 the speaker further constructs the aspired for/potential meaning of the losses. One again, she invokes the category baby and elaborates on how she understands grieving. She constructs grieving as missing out on being a mother, although she does not invoke this category directly, she makes a reference to category-bound activities such as "missing them", imagining what they would be like and what life would be like with them. She thus engages in identity work and negotiates the meaning of the aspired for category mother.

5.2.6. Summary

Lauren narrates the experience of her multiple losses through the prism of the aspired for category 'mother'. She constructs herself as the mother of the lost babies, although the category 'mother' emerges an ambiguous. It is both, instantaneous after hearing the news about the successful

177

conception and embedding a future potential of what it means to be a mother once the baby arrives. The interviewee attributes a lot of symbolic meaning to the category 'baby' and ties it to the normative practices that one engages in in preparation for the new family member such as the practical changes that it entails: "planning the future with your baby", "thinking about what rooms it's gonna sleep in" and "do I need a bigger car". These are filtered through her experience of loss when she constructs herself in line with discourses of motherhood by invoking such category-bound activity typically associated with being a parent such as 'missing them'.

Lauren invokes her body twofold: on the one hand she constructs herself as adhering to the normative practices while pregnant such as looking after one's body in order to ward off face threats and disclaim any potential responsibility related to her inability to sustain a pregnancy. In other words, she positions herself in line with good mothering practices. On the other hand, Lauren orients to her body and constructs via reference to such negatively loaded adjectives as "broken", "faulty", "useless" and "rubbish", which not only point to but predominantly invoke the feeling of blame. What could be inferred on the basis of this emotionally charged context of this trouble telling is that her account of guilt was linked to her inability to fulfil the reproductive function as a woman. Lauren's emotions are clearly evident on the interactional level of her account especially via the prosodic cues she produces: multiple pauses, self-initiated repairs or quieter voice.

Lauren continuously positions herself as having primary access to her experience of loss as contrasted with her husband. She makes relevant the MCD 'gender' and 'family status' in constructing him as unable to understand her suffering and as someone who provides support rather than experiences pain to the same, or similar degree as her. This is constructed as insufficient and reinforces her loss as feminine.

5.3. Sarah

Sarah is a white married middle class woman in her mid-forties. She suffered two miscarriages within the space of just a year, seventeen years prior to the interview. At the time when the miscarriages happened she was already a mother of three. Apart from having first-hand, private experience of early pregnancy loss, Sarah exhibited extensive knowledge of the topic of miscar-

riage thanks to her professional background as a counsellor specialising in pregnancy loss and termination.

5.3.1. Womanhood tied to motherhood

This section explores Sarah's constructions of the category woman through references to body and reproductive pressure. She rarely discusses her personal experiences here, but uses the interactional space of the interview to present her locally occasioned meaning making in elaborating on these issues, as grounded in her professional and common-sense knowledge.

5.3.1.1. Body

In the extract below, Sarah addresses the significance of the female body to the category woman in explaining why miscarriage is a taboo issue:

Extract 1

```
01  I:   U:mm so do you think that a miscarriage is a taboo topic
02  S:   (.) ↓u:::mm u:::mm (.) u:::mm ↓taboo u:::mm .hhh (1.0) I think it ↑is
03       (1.0) and it isn't an easy one (0.5) to come out with (0.5) as far as
04       (2.0) if you like a u:::mm normal bereavement u:::mm (1.0) I think
05       (2.0) <women (1.0) probably might> discuss it more if somebody else
06       brings the subject [up] or if a woman (1.0) shares >with another
07  I:                      [Mhm]
08  S:   woman (.) I've had a miscarriage< (.) the::n (.) the information might
09       come out but I don't think it's often just generally spoken about (.) I
10       think especially not with men (1.0) u:::mm
11  I:   [Mhm]
12  S:   [I don't] think it's something (.) they genuine- >generally< find it
13       very easy to- wouldn't bring it up in a conversation (1.0) u:::mm (1.0)
14       whereas °the loss of a child after birth would be a very different sto-
15       ry° u:::mm ↓so::
16  I:   Why why do you think it is different
17       U:::mm (1.0) I personally don't think  it's different (.) I think it's still
18       a loss (.) it's still as (0.5) much of a- a grief as a- (1.0) but there's
19       something about the hiddiness u:::mm for a lot of people (.) they
20       don't (.) see it happen u:::mm (1.0) sometimes for women they will
```

179

21		just miscarry at early (0.5) stages >°and it will be like a very heavy (.)
22		period°< and (0.5) they won't actually (.) see anything (.) so:: (1.0) a-
23		again >it's something that< (.) probably (.) the::y wouldn't want to- to
24		talk about (.) I- I don't know why but I get a sense that there is
25		<u>SHAME</u> around it
26	I:	°ok°
27	S:	(.)°and I don't understand why° (1.5) there is (1.0) I think (1.0)
28		>phhartly that might be< u:::mm (3.0) I'm thinking about my own
29		experience as a- a woman >°you feel like your body is made< (.) to
30		carry (.) children°
31	I:	Mhm
32	S:	And (.) <when it fails you> (1.0) >in some way I put that in kind of
33		£q(hhh)uotes£< because (.) sometimes it's just a body's normal pro-
34		cess of (0.5) getting rid of something that that wasn't right o::r .hhh
35		u:::mm (2.0) °could be attached to° to >trauma or something< but
36		there actually there's a sense of (0.5) <u>as a woman you should be able</u>
37		<u>to</u> (0.5) bring a baby into °full term (.) have a birth of
38	I:	Mhm
39	S:	a child° so (0.5) .hhh when that goes wrong (2.0) u:::mm I don't
40		know if <u>that's why</u> there's the secrecy (1.0) sometimes around it (1.0)
41		and the hiddenness and the not being able to talk about it quite so eas-
42		ily .hhh (1.0) it's because (0.5) you've not managed to hold that baby
43		you:::'ve- (1.0) your body has not been able to somehow (1.0) contain
44		nurture and grow it so::: (1.0) u:::mm

The interviewer opens the topic of miscarriage with a general question of whether it is a taboo issue. The beginning of Sarah's turn features a number of disfluencies (filled and unfilled pauses, a false start and an outbreath), which indicate some interactional troubles, after which the speaker orients to, and comments on, the difficult character of this type of loss. In lines 03-04 Sarah juxtaposes the experience of miscarriage with "normal bereavement" and constructs the former as more taboo. What is particularly interesting is that in line 05, almost at the very beginning of the interview, Sarah invokes the category woman through a direct reference to this categorial term and as belonging to the MCD 'gender'. The speaker links this category to the experience of miscarriage, and thus constructs miscarriage as a feminine experience. The occasioned invoking of the category woman and tying it with early perinatal loss provides a symbolic frame through which the speaker negotiates femininity in the locally-contingent context of miscarriage. In lines 5 and 6 Sarah invokes such category-generated predicates as 'discussing' and 'sharing' in the context of revealing sensitive information and accentuates the fact that miscarriage is only dis-closed to another woman ("if a woman shares with another woman"). In line with Ochs' (1992) notion of 'indexicality', both verbs, 'discuss' (sensitive information), and in particular 'share',

denote verbalising sensitive personal experiences and help to constitute gendered meanings, which in this case further constructs the experience of miscarriage as feminine. In line 10 the speaker reiterates the gendered meanings by emphasising that the sensitive personal experience of this type of loss is not disclosed with men, and in doing so, she positions the category men outside the context of miscarriage. In more detail, Sarah emphasises the taboo nature of miscarriage by constructing it as something that a woman "comes out with", which indicates its secretive character. This is further exacerbated with the use of modal verbs, such as 'might' ("I think women probably might discuss it more" in lines 04-05) and conditional sentences, such as "if somebody else brings the subject up" in lines 05-06, specifying possible circumstances where miscarriage emerges as a topic of conversation. The use of the neutral categorial formulation "somebody" in lines 05-06 is gendered, as evidenced by the elaboration that immediately follows it "or if a woman shares with another woman I've had a miscarriage". Stockill and Kitzinger (2007) argue that even non-gendered terms, e.g. 'people' (which could also be extended to "somebody") can become gendered in particular local interactional contexts, in other words, "the interactional meaning of gender is not intrinsic to gendered linguistic forms but to the action a linguistic form is used to do on any given occasion of use" (2007: 233).

Sarah repeatedly constructs miscarriage as socially delicate and shrouded in silence, and contrasts this type of loss with the loss of a child after birth ("whereas the loss of a child after birth would be a very different story", lines 14-15), which sets the groundwork for the further explication of the topic. The last sentence is uttered with soft volume, which brings the TCU to an end and is also confirmed by means of a falling intonational contour at the end of Sarah's turn. In line 16 the interviewer topicalises Sarah's comparison and requests a more granular account of meaning with her comment of why she thinks these types of losses are different. Sarah produces a repair and underscores, both lexically and prosodically, that these are her observations, rather than personal views (lines 17-18). In an interactionally arrived at meaning construction, expanding on the taboo nature of miscarriage, Sarah delineates a number of reasons in support of her observations. After some hesitation in the form of a number of pauses, self-initiated repairs and a false start, she eventually arrives at constructing miscarriage as linked to a locally occasioned and vague 'hiddenness' (line 19). In negotiating the meaning of this concept, Sarah directly invokes the category 'woman' (line 20) and ties it to category occasioned activities referring to bodily manifestations of miscarriage, for example, "they don't see it happen" (lines 19-20) "miscarry at early stages and it will be like a very heavy period" (lines 20-22) and "they

won't actually see anything" (line 22). All these activities also indirectly index women as it is exclusively them who have access to this embodied experience. In the line preceding the explicit mention of the category 'woman' (line 19), however, Sarah uses a gendered-neutral category "people". This category, unpacked, is hearable as synonymous with the category woman, as evident in the subsequent turns (lines 20-22) where the speaker proffers the gendered categorial formulations.

In lines 22-25 Sarah elaborates on the topic and after some latched, deferred and highly mitigated sequences arrives at the feeling of shame, as experienced by women who have suffered a miscarriage ("I get a sense that there is shame around it"). The interviewer produces a continuer "ok" in subdued prosody, which provokes further elaboration by the speaker, who also uses quieter volume when she claims limited epistemic access to understanding why shame is linked to miscarriage ("and I don't understand why"). In line 27, however, Sarah changes her position and undertakes an attempt at explaining the link between shame and miscarriage. She initiates her telling by indicating epistemic access to this experience on the basis of her incumbency of the category woman "I'm thinking about my own experience as a a woman". This personal reference to her experience is immediately followed by a narration with a change in personal deictics to a general "you", swiftly presenting a more distanced perspective when she orients to the physical underpinnings of shame: "you feel like your body is made to carry children" (lines 29-30) This epistemic stance not only ties the category woman with the embodied activity 'carry children', but constructs it as exclusive and inherent to this category. The interviewer delivers a continuer "mhm", and in line 32 Sarah continues with the concept of shame and elaborates on it by bringing up the reason for this phenomenon, which occurs "when it body fails you". This is followed by an idiomatic phrase "I put that in kind of quotes", which mitigates it and allows Sarah to distance herself from this claim. She then normalises miscarriage by constructing it as "it's just a body's normal process of getting rid of something that that wasn't right" (lines 33-34). In lines 36-39 Sarah returns to the issue of shame and draws on normative social expectations regarding reproduction by means of category disjunctive activity of failing to give birth to a child: "as a woman you should be able to bring a baby into full term have a birth of a child so when that goes wrong". She utters "as a woman you should be able to" with prosodic salience, which puts emphasis on the culturally familiar notion that a woman should become a mother. Sarah draws on normative discourses of femininity and motherhood and links the female body not only

with the expectation of becoming pregnant at some point, but highlights the importance of a successful completion of this process.

Finally, in lines 43-44, Sarah once again brings up the significance of the body for the category woman, though here tying it with category-occasioned predicates: "your body has not been able to somehow contain nurture and grow it". What is observable throughout the whole extract is that there is a pattern of the speaker's construction of the female body as a separate entity that has agency, rather than the woman herself, over the process of pregnancy, for example, "sometimes it's just a body's normal process of getting rid of something that that wasn't right" (lines 33-34). It is thus often the body itself, rather than the woman, that as a product of the interaction emerges as agentive category and is tied to category predicates and activities (for example, 'carry children' or 'contain nurture and grow it'). As motherhood and womanhood are often constructed through the lens of social and moral obligations, Sarah's reference to an agentive body can be understood as an interactional attempt to both address the social cost faced by women who fail to adhere to those obligations (the concept of 'hiddenness' and 'shame'), and to secure the location of responsibility outside the category woman.

5.3.1.2. Pressure

Extract 2 features a locally managed act of meaning-making on the continuation of the subject matter discussed in extract 1.

Extract 2

```
01   I:   Do you think this- becau- that it's like some kind of ↑pressure (.) to
02        have a ↑baby (.) do you think that this comes from (1.0) from the
03        ↑outside (.) or is this something that >a woman feels< (.) because she
04        is a woman
05   S:   I think it's a stro:::ng (2.0) female (0.5) instinct (1.0) u:::mm (3.0) not
06        with all but majority of women to have a child is (0.5) is quite a big
07        ↑drive in there (.) so I think probably self-pressure (.) yes there can be
08        pressure from outside (.) [and family] (.) <when are you going
09   I:                            [Mhm]
10   S:   to start a family (.) the grandparents sort of thing> u:::mm I think a lot
11        of it can be SELF-pressure and the timing o:::f you know I- >I have a
```

12		twenty::: <u>six</u>< year old daughter who (.) has <u>started</u> to have a conver-
13		sation with me abo:::ut <should I be thinking about> (1.0) you know
14		(0.5) £<u>babies</u>£ ((laughter)) (.) because she loves her jo:::b (.) works
15		full-ti:::me but <she is in a very steady relationship> (.) u:::mm (.)
16		you know she say- sinc- umm a lot of my <u>friends</u> a:::re
17	I:	Mhm
18	S:	should I be worried abou- and of course-
19	I:	Should I be worried about me not wanting a [baby or]
20	S:	[<u>No</u>:::] no it's mo:::re
21		<well I'm not sure she entirely does> (1.0)
22	I:	Mhm
23	S:	at the moment so there was a little bit of that in there but it was
24		mo:::re (.) will <u>time run</u> ↓out
25	I:	Ok
26	S:	What if I really want a <u>baby</u> (1.0) when I'm thirty (1.0)
27	I:	Mhm
28	S:	you know they're <u>good questions</u> but u:::mm a- but's it's <u>interesting</u>
29		that's she's beginning to think that way
30	I:	Mhm
31	S:	And I wonder what that pressure is about (0.5) whether that's her own
32		desire or whether that's <u>others asking</u> (1.0) °friends having babies I
33		don't know (.) what that one is° (1.0) u:::mm (1.0) so <u>biological pres-</u>
34		<u>sure</u> perhaps (1.0) I definitely see- have seen a handful of women who
35		.hhh (3.0) have (1.0) >either terminated or miscarried and then are
36		getting< (1.0) mid to late thirties (1.0) <u>and</u> (1.0) <might not have been
37		bothered before but are suddenly> (2.0) <u>very aware</u> that they're reach-
38		ing that time when their fertility is gonna end (.) and <u>then</u> sometimes
39		can set in a <u>real</u> desperation for a child

In an attempt to elicit some more information about the hitherto brought up concepts of 'hidden-
ness' and 'shame' surrounding miscarriage, the interviewer enquires about their possible founda-
tions and orients to Sarah's category woman. The way the question is constructed can be read as
containing a presupposition that women experience pressure to have a baby, however, this is
invoked based on the speaker's previous turns and can be seen as lacking the interviewer's epis-
temic certainty (Hayano 2011). The formal constraints of the question design include a choice of
two possible alternatives: whether the pressure is external or internal, and the speaker first sides
with the latter option and addresses it with more detail. In line 05 Sarah orients to the category
woman and provides an elaboration on the issue of internal pressure that women experience.
Sarah displays epistemic certainty regarding the source of the pressure and invokes the topic of
nature in explaining it ("I think it's a strong female instinct") and thus something one cannot

argue with[30]. The interviewee's epistemic stance that provides an explanation based on nature is endorsed with an extreme case formulation "strong" uttered with prosodic salience, which constructs the source of pressure as something undisputable and further categorises women through the prism of their bodies. In line 06, Sarah mitigates her claim by narrowing down the scope of women who experience pressure to 'majority' rather than 'all' and reiterates with prosodic emphasis that it is "a big drive". In line 07 the speaker recapitulates her observations with a direct reference to self-pressure before briefly touching upon other sources of pressure, such as family. In lines 08-10 she invokes the category of grandparents and produces a category-resonant description by means of a double-voicing of grandparents articulating expectations towards a woman to start a family ("when are you going to start a family"). The categorical formulation of grandparents "embeds them in a culturally familiar plot" (Stokoe 2012b: 296) where grandparents put pressure on their children to become parents. The 'cultural familiarity' is evident in the phrase "the grandparents sort of thing", which has an idiomatic quality and proffers the category as known-in common, that is "package and assert as common knowledge what people understand about particular category members" (Stokoe 2012b: 291).

In line 10 the speaker returns to the topic of self-pressure and brings up the concept of timing, which she utters with prosodic salience, but eventually abandons the sentence ("I think a lot of it can be self-pressure and the timing of"). Sarah then delivers a common knowledge component "you know", which appeals to the shared cultural knowledge between the recipient and the speaker and allows her to terminate the sentence without further unpacking. What can be inferred when Sarah mentions the issue of 'timing' is that she refers to the concept of the biological clock through which women can often be constructed. Díaz (2021: 765) addresses the concept of the biological clock and its implications for women's life in terms of the perceived pressure and regulating reproduction: "By determining reproductive time as quantitative, standardised, linear, and irreversible and by outlining the passing of time through pressure, risk, and burden, the biological clock determines when it is possible and desirable to have children and regulates reproduction, gender, and the female life course".

In line 11 Sarah produces an account featuring her daughter. This evidences how categorial formulations regarding women follow category-resonant descriptions of activities of an individual who is constructed as an incumbent of this category in order to give authenticity to her

---

[30] Cf. Sokalska-Bennett (2017) for the concept of nature used as argumentation strategy.

claims about the self-pressure and timing (cf. Stokoe 2012a). The regulatory function of the concept of the biological clock is evident in Sarah's account of her daughter's worries regarding reproduction. In the context of "time running out" the daughter is constructed through locally occasioned predicates conventionally associated with the category 'woman' who might be considering embarking on another stage of her life, that is. becoming a mother. The speaker articulates such activities as being in a steady relationship and having a full-time job, which are linked to stability and might normatively point to a suitable moment in a woman's life to have a child. The speaker employs a number of re-enactments of her daughter's concerns, such as "should I be thinking about you know babies", "a lot of my friends are" or "should I be worried", which serve to narrate her account as more authentic (Holt 1996). Both, the re-enactments and the discourse marker "you know" (lines 13 and 16) are used as tools to help the recipient to connect with the story (Mandelbaum 2013). What is interactionally interesting is the employment of laughter in line 14 when Sarah discusses her daughter's concerns about having children, which might be observable as linked to the disclosure of more delicate and more personal information.

In line 19 the interviewer initiates a repair in order to ask for clarification and elaboration of the speaker's abandoned utterance "should I be worried" by pointing to its possible completion, which initiates a co-constructed negotiation of Sarah's daughter's concerns. This is followed by an instantaneous dissafiliative emphatic "No no it's more", promptly mitigated by two self-initated repairs "well I'm not sure she entirely does" and "so there was a little bit of that in there", which ease the dissafiliative action delivered by the speaker (Linström and Sorjonen 2013). The issue of time is brought up yet again in lines 24 ("will time run out"), and the falling intonational contour signal turn termination. The interviewer's affiliative "ok" (line 25), provokes more elaboration on the topic of time, and line 26 features another reference to women and timing ("what if I really want a baby when I'm thirty"), which further constructs the category woman through reference to age and fertility and the loss of the reproductive potential.

In lines 28 and 29 the speaker proposes a topic termination. This is followed by the interviewer's continuer 'mhm', which facilitates some further disclosure about the speaker's daughter. Sarah also makes a successful attempt at closing the topic of her daughter, which is observable by prosodically less pronounced "friends having babies I don't know what that one is", uttered as if she was talking to herself. She shifts the topic, and in line 33 raises the issue of reproductive pressure and time once again, and in this instance refers to "biological pressure". She gives an example of women who have suffered pregnancy loss and constructs them as experienc-

186

ing a change of heart regarding having offspring, which is triggered by their pending symbolic loss of reproductive potential, which is evident in her invoking of the MCD age ("they are getting to mid to late thirties"). Sarah invokes extreme case formulations "[women] are suddenly very aware" and "a real desperation for a child" (line 39) which emphasises the significance of childrearing for women.

5.3.2. Making sense of loss

Making sense of loss is the major theme of the interview and it is therefore worth analysing selected examples to show how complicated coping was for Sarah following her experience of miscarriage. What becomes evident throughout the interview is that Sarah constructs her grieving process as comprising two stages. The first stage concerns the period of about two years directly following her miscarriages, which she constructs as a challenging time in her life and which possibly hindered her response to loss. She continuously describes this period through reference to her inability to grieve stemming from trying life circumstances (see, for example, extracts 3 and 4). The second stage is constructed as a period when she was able to look back in her losses, and where she gives an account of her grieving.

5.3.2.1. Coping

Extract 3 features the disclosure of some details regarding Sarah's reaction post losses.

Extract 3

```
01   I:   So (.) so how was it in your ↓case
02   S:   ↓Ye:::s (.) probably not- (0.5) u:::mm I didn't have to seek counsel-
03        ling (0.5) or ever think I should seek counselling (0.5) interestingly
04        (1.0) u:::mm (1.0) I think because it was not something generally
05        talked about (1.0) we're talking here (1.0) gosh (1.0) u:::mm (1.0) um
06        ((counting quietly)) about seventeen eighteen years ago
07   I:   So you already had children
08   S:   So I already had my three
09   I:   °Three°
```

10	S:	My youngest then would've been about four
11	I:	Mhm
12	S:	(1.0) u:::mm my- I- my marriage was in trouble then at that time (1.0)
13		so it was quite a traumatic time (1.0) u:::mm (1.0) I::: (1.0) almost
14		(1.0) °to be honest didn't <u>hardly</u> register them° (1.0) it wasn't until
15		<u>years</u> later (1.0) that it hit me (0.5) so it was very much- (0.5) .hhh but
16		I think what can happen (.) if there's a history of trauma (1.0) in- in a
17		woman's life (.) an- and they °miscarry° (0.5) what can happen i:::s
18		(1.0) u:::mm (1.0) .hhh they can shut it away (0.5) and just not deal
19		with it (0.5) o- on any level emotionally o::r (0.5) .hhh >bu- but but
20		what was interesting was< (1.0) u:::mm I'm reading >a very interest-
21		ing book at the moment called the body keeps the score< (.) which is
22		>by a guy called Bessel van der Kolk< and he writes (0.5) um a lot on
23		trauma (.) he's a doctor and um >looks on the effects of the body
24		which is what I'm interested in in dealing with my clients is< (0.5)
25		how the miscarriage has affected them [physically] sometimes (0.5)
26	I:	[°Mhm°]
27	S:	u:::mm for <u>me</u> (1.0) <when I recognised about> (0.5) two years
28		(.)↑later (1.0) that actually I wanted to mark th- the °miscarriage°
29		(1.0) so I went back to the area where we lived and I went to a small
30		chapel and had a little ↑service
31	I:	Mhm
32	S:	(1.0) .hhh u:::mm because for me it wasn't quite ↑complete (0.5) I'd
33		almost wanted to have some- (0.5) .hhh so obviously it's a <u>different</u>
34		service to a normal (.) £funeral£ u:::mm but >some Anglican church-
35		es do a very small< service for (0.5) apparently miscarried <u>and</u> >ter-
36		minated so that's interesting< (1.0) not sure many do (.) but I found
37		°one that did° (.) u:::mm (1.0) but <u>actually</u> >on the morning of that (.)
38		even though I was in the middle of my cycle< (.) I began to bleed and
39		I thought (0.5) .hhh that's- m- my body is almost ↓remembering

The interviewer initiates the topic of Sarah's experience of miscarriage by asking a very general and open ended question "So how was it in your case" which, except for setting a topical agenda (Hayano 2013), grants a lot of interactional freedom as to the shape of the response. In lines 02-06 Sarah undertakes an interactional attempt to organise her account and employs a range of devices in deferring the disclosure of emotionally delicate details concerning her miscarriage. These include prosodic features of perturbations of delivery, such as numerous filled and unfilled pauses, topicless introductory turns (e.g. "we're talking here", line 05) and a false start ("probably not", line 02), which all can be classified as signs of sensitivity (Linell and Bredmar 1996). In line 06, Sarah formulates a relative time reference of her miscarriage "about seventeen eighteen years ago", which is preceded by a multifunctional pragmatic marker "gosh" indicating em-

phasis and surprise, as well as realisation of something (Downing and Caro 2019), in this case that it was a long time ago. Bamberg (2012) observes that temporality is a significant feature of narratives that allows for making stories cohesive. Organising stories with employing the temporal dimension is also a sense-making tool. In line 07, the interviewer joins in and produces a formulation seeking clarification that the speaker already had children ("so you already had children"), which is followed by Sarah's immediate agreement and provision of more information regarding the age of her youngest child (line 10). The interviewer delivers a continuer "mhm". Then, in line 12 Sarah initiates the disclosure of sensitive personal information surrounding the circumstances of her miscarriage and reveals some potentially face threatening details. Her account presents a gradual and stepwise approach to the central phase of her disclosure and is replete with (filled and unfilled) pauses characteristic of sequences delaying the divulgence of sensitive issues. Firstly, she briefly admits that the time of her miscarriage coincided with her going through marital problems ("my marriage was in trouble then at that time") and adds an evaluation of this time using a mitigated extreme case formulation "it was quite a traumatic time", followed by numerous pauses. This prefaces a highly delicate disclosure "I almost to be honest didn't hardly register them", as evident by the perturbed delivery, an affiliative discourse marker "to be honest", and quiet voice. This comprises the central phase of the disclosure, where the speaker employs a range of face-saving strategies such as a limited degree of penetration, vagueness or retreating, and returning to the sensitive aspects of her miscarriage experience (Linell and Bredmar 1996). In lines 14-15 she delivers a gloss "it wasn't until years later that it hit me", which is soon abandoned after via "so it was very much". The gloss is unpacked in the later part of the extract.

Sarah's interactional management of her miscarriage account features different voices, which manifests itself in narrating the experience from a personal perspective (lines 12-13) using the personal pronoun I, mixed with lengthy insights of a therapist, who exerts professional knowledge on the topic (lines 15-25). Such a switching of perspectives, as well as the disproportion in the length of the personal vs professional parts of the turn can also be seen in terms of face-preservation repertoire as it considerably dilutes the sensitive personal information. Interestingly, Sarah initiates narrating her experience from a personal perspective in line 12, but, completes the turn with the change of voice to the professional one, as if it concerned her clients rather than depicted her own experience, which can be further observable as a distancing practice.

In line 27, after an extended retreating from the sensitive details surrounding her own miscarriage and providing extra (or even superfluous) information from the professional perspective, Sarah returns to the issue at hand and delineates the temporal and spacial aspects of her delayed reaction to the loss ("when I recognised about two years later that actually I wanted to mark the miscarriage"). It is here that Sarah starts unpacking the gloss from earlier in the extract. She puts a lot of interactional effort in not merely describing, but predominantly justifying what happened, as it can be seen as morally problematic and non-normative, i.e. that it did not provoke an emotional reaction soon after the loss occurred. Sarah fills in the details of her account, such as focusing on the bereavement practises employed ("so I went back to the area where we lived and I went to a small chapel and had a little service" in lines 29-30), which can be described as a ritual. As Pointer (2022: vii) observes rituals "have a normative function when they provide a sense of safety and security through establishing a set way of doing things and reaffirming communal values". The speaker spells out the reasons justifying engagement in religious practices, such as "I wanted to mark th- the miscarriage" (line 23) or "for me it wasn't quite complete I'd almost wanted to have some [funeral]" (lines 32-33). This part of her account is observably emotionally challenging for Sarah, which shows through prosodic cues such as numerous pauses, quieter voice when uttering the word "miscarriage", and interactional devices such as a self-initiated repairs (line 28 and 33). Thus, Sarah's detailed account of the ways in which she commemorated her loses, is not only an attempt to normalise and mitigate her previous disclosure about a delayed post-loss reaction, but also a way of remedying the perceived transgression of the moral order.

Lastly, starting with line 37 Sarah constructs her loss as having a physical manifestation two years post her actual miscarriages when she provides a description of bleeding on the day of the service. What becomes apparent at this point is that this part is observably difficult by means of the provision of a detailed account regarding the topic of funeral, which prefaced the deferred disclosure of the events on the day of the symbolic ritual. She links the miscarriages with the bereavement ritual ("on the morning of that even though I was in the middle of my cycle I began to bleed") and emphasises the extraordinary character of this occurrence by means of the phrase "even though". She then produces a rationale for this unusual incident ("that's my body is almost remembering"), which allows for a symbolic continuation of the past with the then present) and constitutes a sense-making device. This provides the grounds for Sarah to construct her losses in

line with the theory of "continuing bonds" (Klass et al. 1996) elaborated on in the later part of the interview (see section 1.1.2.3.).

Extract 4

```
01   I:   But at the time when it happened
02   S:   yes
03   I:   you almost like blocked ↑it [you didn't want to-]
04   S:                              [I- YES (.) I think] the  rest  of  life
05        was  too  °difficult (0.5)  I  was  managing  three  children  and (0.5)
06        u:::mm  my  marriage was very unstable so it's almost as if I didn't
07        have the emotional capacity to be able to look at the loss around it
08        (0.5) so it was really just to keep going (0.5) now I don't need to think
09        about (0.5) another baby° (0.5) >it was a very< (1.0) <quite cold (.)
10        logical  way  of>  °like  (1.0)  you  know  (.)  that's  probably  good  I
11        wouldn't have probably coped with° (1.0) you have a lot of self-talk
12        that come in I think u:::mm (1.5) °to justify wh:::y (1.0) that had been
13        right° o:::r
14   I:   So did you- did you tell many people about your loss (.) at that ↓time
15   S:   No::: (0.5)  I ju:::st (1.0)  n- not a soul (1.0) nobody (0.5) °no° (1.0)
16        so
```

Extract 4 features an account of Sarah's coping, as provoked by the interviewer's request for elaboration and clarification on her delayed reaction post miscarriage. The interviewer asks a question with an embodied presupposition "you almost like blocked it" (line 03) with a rising intonation soliciting confirmation, which is met with the speaker's overt agreement. Sarah engages in action formation and provides a justification of her non-normative response to loss. She initiates the trouble-talk with a general explanation of the reaction based on the grounds of experiencing ongoing problems in other areas of her life at the time ("the rest of life was too difficult", lines 04-05). This is followed by an extended account (lines 05-09) delivered in a markedly quieter voice, which signifies a more problematic and delicate part of the self-disclosure (Hepburn 2004), where the speaker discloses her initial inability to recognise the loss. Sarah provides an interactionally achieved explanation why the delayed reaction had happened, i.e. that she was managing three children whilst experiencing marital problems. She narrates her account by invoking a number of descriptive adjectives such as "difficult", "unstable", "cold" (way of thinking) and verbs "to manage" and "keep going", which all point to the difficulty of her situation as well as producing various mitigatory utterances, such as "I think", "so it's almost as if", "it was really just" while attending to the occasioned moral requiredness of her account.

In lines 08-13 she constructs the loss as a pragmatic solution to a prospective problem of having to care for another child, which stands in opposition to normative 'good mothering' practices. This morally loaded topic is thus carefully crafted by the interviewee and she employs interactional strategies to diminish the face-threats of her self-disclosure. Linell and Bradmar (1996: 355) note that such face-saving strategies include, for example, "reducing the perceptual or cognitive salience of their corresponding expressions", which is observable in Sarah's account twofold. Firstly, in lines 09-10 she produces a syntactic embedding ("it was a very quite cold logical way of like") which both follows and precedes the threatening details (Linnel and Bredmar 1996) and secondly, she switches to a quieter voice quality, which indicates morally sensitive information (Hepburn 2004). Both particularly delicate parts of her self-disclosure are delivered in a quieter voice and include two verbatim locutions that could be read as her internal monologue post loss: "now I don't need to think about another baby" (lines 08-09) and "that's probably good I wouldn't have probably coped with" (lines 10-11), which give her account authenticity (Holt 1996) and allow the recipient to connect to the story (Mandelbaum 2013). In lines 11-12, Sarah distances herself from her troubles talk via switching to the general pronoun "you" and justifies her reaction by constructing it as processed through her inner dialogue "you have a lot of self-talk that come in", used as a preamble for more delicate disclosure as evident by the preceding filled and unfilled pauses and soft voice quality: "to justify why that had been right" (lines 12-13). In line 14, the interviewer enquires whether Sarah told many people about her loss at the time when it occurred. The interactional details of the interviewee's response in line 15 featuring an elongation, another elongation, upgrade and another upgrade, as well as followed by quieter speech all point to the taboo aspect of the account.

Overall, Sarah's self-disclosure in extract 4 features active interactional effort to construct her delayed reaction to loss as non-normative on the basis of her inability to recognise it, which can be seen as related to Heritage's (1984) idea of "no-fault" and face-saving quality of her account[31]. This interactionally achieved inability to recognise the loss mitigates the speaker's socially troublesome reaction, alleviates face-threats, and thus normalises her experience.

---

[31] Although Heritage's (1984) research concerned dispreferred responses to e.g. invitations, I think this can be extended beyond this concept.

Extract 5

```
01   I:   So did you: (.) did you cope with it yourself or did anyone help ↑you
02   S:   Yeah I did u::m (.) no (.) I did go through a little bit of therapy (1.0) a
03        little bit of counselling (1.0) and that helped (1.0) u::m °in fact the
04        woman that was doing the counselling was >a play therapy so there
05        was a lot of< (.) toys and um  >I don't know whether you know much
06        about play therapy< (.) it's done with [children] (1.0) and it's using
07   I:                                          [°ok°]
08   S:   sort of soft toys and games um and° I couldn't really .hhh (.)°grieve° I
09        had told her the story (1.0) but it was a very .hhh (1.0) you know
10        [how] we can rehearse stories >and it was very much °a rehearsed
11   I:   [mhm]
12   S:   story°< and um (.) >°the session was nearly coming to an end actual-
13        ly°< and um she actually placed this kind of little rag doll (1.0) into
14        my arms um (1.0)  >which I have never done myself as a therapist
15        and I think I'd be careful about doing it< but (1.0)  it was then >that I
16        had something physical< that I managed to really there's something
17        (1.0) there's a lot to be said for working things out through a physical
18        process I think .hhh (.) sometimes if my clients haven't been able to
19        grieve I'd managed to get them a [stone] (1.0) or let them to
20   I:                                     [°°mhm°°]
21   S:   choose a stone to represent a baby (.) and as soon as they picked a
22        stone up (.) the emotions would've come (0.5) so it's interesting to me
23        (0.5) that relationship between body an- cos sometimes I had- I can't
24        go ↑there
```

The interviewer makes relevant the topic of coping and enquires about the received help. As open-ended, the posed question opens up the chance of a wide range of possible answers. The interviewee's response centres around the topic of grieving and therapy. In line 02 Sarah initially admits that she went through this experience by herself and did not receive help, but she quickly initiates self-repair and clarifies that she in fact received some help in the form of therapy and counselling. Sarah's account of coping is replete with communicative and prosodic cues, suggesting its delicate character throughout. For example, her account of grieving is continuously deferred with providing general details of the therapy sessions rather than attending to her personal experience. In lines 03-08, before she elaborates on the help she received during a therapeutic session, she produces a lengthy syntactic embedding stretching over a few lines and explicating in generalities what play therapy is, which precedes the threatening details (Linnel and Bredmar 1996) that are to be revealed. This part of her account is delivered in a markedly quieter voice, which indexes some interactional trouble. Similarly, Sarah uses subdued prosody when

she utters the emotionally loaded word "grieve" (line 08) when she discloses that she "couldn't really grieve", which indicates some interactional trouble. Moreover, the use of the modal verb "couldn't" signifies inability, something external and beyond her choice, which is employed as a face-saving strategy, as grieving is a socially normative response to loss.

In lines 08-16 the speaker provides an account of the events during one of her therapy sessions. Following the disclosure about her inability to grieve she constructs her response to loss in lieu of grieving. She discloses that she had told the therapists the story ("I had told her the story" in lines 08-09), which is framed and upgraded as "a rehearsed story". Sarah's lexical choice of verb "rehearse" is significant as it, in the given locally occasioned context, denotes a matter-of-fact repetition of the same details following her loss and strips her response to loss of emotion. Sarah's "you know how we can rehearse stories and it was very much a rehearsed story" (lines 09-12), has an idiomatic quality evidenced by the common knowledge component 'you know', which refers to shared cultural knowledge between the interviewer and the speaker and deletes the need for its unpacking. She uses the plural personal pronoun "we" to construct using/reliance on the rehearsed stories as common practice. This discourse marker "you know" (line 09) also prefaces potentially face-threatening divulgence of details, evidenced by Sarah's attempt to mitigate it and seeks the hearer's involvement, which as Schiffrin (1987: 54) observes "seems to be marking some kind of appeal from speaker to hearer for consensus". Moreover, Pawelczyk (2011: 151) observes that 'you know' is also a tool for facilitating intimacy and it "tends to precede a potentially threatening or traumatic thought or idea that is about to be revealed", which is applicable here.

In lines 12-14 Sarah finally arrives at an attempt to elaborate on the details of the therapy session and why it aided her grieving process, and starts with a temporal description "the session was nearly coming to an end actually" uttered in quieter voice and typical of relating stories . She then proceeds to say what actually happened: "she [the therapist] actually placed this kind of little rag doll into my arms", which is again followed by a lengthy syntactic embedding deferring more details. Sarah switches from personal narrative to speaking from the therapist's perspective and provides an evaluation of her therapist's method ("which I have never done myself as a therapist and I think I'd be careful about doing it"). In lines 15-16 she almost spells out the details of how the therapist's intervention helped her and says "but it was then that I had something physical that I managed to really" and then she abruptly stops, and her personal account ultimately trails away into nothing. She interrupts her account and quickly switches her voice to the thera-

pist's when tending to some details regarding the physical process of grieving. In this way she departs from her own experience and instead shares her professional experience of helping people who, similarly to her, exhibited an inability to grieve. This is confirmed in the last line when she constructs her inability to grieve with an idiomatic "sometimes I had I can't go there", characterised by limited degree of penetration. Grieving is thus indirectly constructed as a normative response to loss and thus a departure from a normative reaction to miscarriage has to be accounted for by the speaker in a face-saving attempt.

Sarah's account of her therapy session is interesting on two levels. Firstly, because she narrates two different accounts of events throughout the course of the interview. In extract 5 she admits to receiving some help, however, in extract 3 she denies undergoing any therapy in relation to the miscarriages. This possibly points to a number of issues, such as that constructions of memories should not be perceived as giving access to the faithful accounts of events and that multiple versions of the same event are possible and can be subject to change depending on various interactional business at stake (Edwards and Potter 1992; Edwards and Middleton 1987; see also Kosatica 2022). For example, one way of reading the differing versions of the recounted events is that at the beginning of the interview the speaker chose not to divulge the fact of undergoing therapy because it was a too delicate issue for her, but changed her mind later on. And secondly, the way Sarah orients to the topic of coping and any parties accompanying her in this process in terms of therapy is also interesting because there is a consistent lack of mention of anyone that provided any form of support, which constructs her experience as a very personal and solitary process.

5.3.2.2. The meaning of loss

In extract 6 Sarah and the interviewer jointly construct the meaning of loss. Although it is Sarah who has the primary epistemic access to her experience, the interactional efforts of the interviewer, who remains in the interviewee's frame of reference, help to facilitate her self-disclosure (Pawelczyk 2011).

Extract 6

```
01   I:   did you meet any negative reactions °when you told ↓people°
02   S:   u:m no I didn't actually (0.5) I think .hhh (1.0) my kind of se::nse
03        (2.0) was that I- I >probably instigated this conversation< that I prob-
04        ably (1.0) having met a bit of (.) kind of (.) quiet when I told (.) a few
05        people (.) I then would jump in and say (0.5) .hhh but actually >you
06        know (.) I would have then had two little ones (.) to bring up cos my
07        marriage broke down< after my (.) third child u::m (1.5) .hhh where
08        would we have li::ved >how would it worked out and they all sort of
09        said yes you know kind of a common along agreed with it< (2.0) °that
10        it would've been very difficult to (1.0) so um°
11   I:   that's from the prac[tical]
12   S:                       [EXACTLY]
13   I:   perspective
14   S:   yes I think there's still a reluctance to go there and in a- an emotional
15        way somehow °I don't know why° whereas I think if I- (0.5) people
16        had known °°I- (0.5) um lost a child just after childbirth or (0.5) that
17        the child was one (.) it would have been a very different reaction
18        though°°
19   I:   yhm (1.0) maybe people maybe think it's different than you know
20        losing a family member] that you knew
21   S:   yes yes
22   I:   and losing someone who [you never knew]
23   S:                          [who's not yet known] yes yes (1.0) °so
24        somehow it's not got the same ↓weight° (.) and in some sense it
25        doesn't co- cos you don't yet it's not like I lost a child that I knew so::
26        it's a different one (.) it's a different one (1.0) um but you know it
27        was a life that began that would have [become] so it's maybe not a
28   I:                                         [mhm]
29   S:   particularly straightforward thing to (.) >you know< put words to
30        (1.0) >you know< I think sometimes
```

The interviewer starts with a content question with a presupposition concerning people's reactions to the news about her miscarriages. Based on the previous turns, which are not featured in this extract, the interviewer's question assumes that the interviewee shared her experience with someone and aims at soliciting further details. Sarah orients to the question by constructing a mitigated and vague account of people's reactions. She starts by denying experiencing any negative reactions and continues constructing her account as if trying to recall the events in question. This isevidenced by epistemically downgraded phrases "I think" (line 02), "my kind of sense was that" (lines 02-03), "I probably instigated this conversation" (line 03) and "that I probably" (lines 03-04). Interestingly, in lines 02-03 the speaker uses the word 'probably' twice in an at-

tempt to recount her past experiences, which might suggest some problems while employing memory as an interactional device (Bolden and Mandelbaum 2017). In lines 04-05 Sarah refers to her own account of a self-repair in a situation when she told some people about her losses and which was met with silence ("I then would jump in and say" in line 05). Such a perceived lack of a reaction in the form of silence can be discerned as a dispreferred recipient uptake in this situation, especially when faced with a delicate disclosure, which is proffered as requiring the fixing of the trouble source in order to help the recipients align with the speaker. This is followed by an account detailing Sarah's self-repair in the form of a verbatim locution of her own potential words, which concerned the circumstances of her losses and justification why having two more children would have been problematic for her. In lines 06-08 she employs past modal verb constructions to convey hypothetical problems that the successful pregnancy would have meant, such as "I would have then had two little ones to bring up cos my marriage broke down", "where would we have lived" and "how would it worked out". This constructs the miscarriages as a practical and convenient outcome, a way out of a potentially problematic life situation. She prefaces these with the common knowledge component "you know" (lines 05-06), which constructs the hypothetical problems as having idiomatic quality and as referring to common sense knowledge that bringing up three children as a single parent is challenging. In lines 08-09 Sarah constructs people's reaction to her disclosure as commonly accepted and aligning with her "they all sort of said yes", followed by Sarah's unpacking of this confirmation, uttered in a quieter voice: "that it would've been very difficult to". Admitting that successful pregnancies would have meant potential difficulties requires a lot of face work, as evidenced already in the turns preceding the disclosure of sensitive information. A deferred and gradual approach to revealing the delicate details, along with false starts, self-initiated repairs, and perturbed prosody such as filled and unfilled pauses are all carefully used in preparing the ground for self-disclosure about the meaning of her loss.

Sarah's self-disclosure is followed by the interviewer's alignment in line 11, which aims at supporting and validating the speaker's stance. The interviewer does more, however, because she not only evaluates the teller's stance and accepts it, but she also tries to diminish the face-threatening value of the speaker's stance. The interviewer does this by introducing a division of perspective from which to view the loss: into the practical, and emotional – although she leaves the latter to be inferred (which is evidenced in lines 14-15, discussed below). This is met with the speaker's emphatic acknowledgment token "exactly" showing alignment with the speaker's as-

sessment even before she finishes a sentence and claims the epistemic floor back. In lines 14-15 when the teller briefly aligns with the interviewer and orients to her division into the practical versus emotional perspectives, Sarah acknowledges that she still experiences a reluctance to revisit her losses in an emotional way, but distances herself from this claim by means of passive voice with agent deletion "I think there's still" and a lexical substitution for the word loss or miscarriage using a figurative expression "reluctance to go there". The use of figurative language allows the speaker to signal and manage her disagreement from the ongoing topic (Drew and Holt 1998), and her epistemic claim "I don't know why" in line 15 in enacted to allow for a transition onto a safer interactional territory, rather than elaborate on the emotional aspect of her losses. In lines 14-18 Sarah diminishes the meaning of miscarriage by juxtaposing pre-birth and post-birth loss. She proposes potential situations where losing a child is bound to provoke an emotional response such as the loss of a baby just after birth or when the child is one year old. In line 15 she employs a self-initiated repair to change the personal deictics from 'I' to 'people' and distances herself from this claim to ward off prospective face threats. In lines 19-20 the interviewer offers an affiliative and epistemically downgraded assessment of the teller's claim proposing a possible explanation for this situation, which is met with the speaker's emphatic confirmation. Sarah engages in a collaborative co-completion of the interviewer's turn, which signals affiliation and allows for further expansion on the topic. In lines 24-29 Sarah carefully constructs miscarriage as having different significance than an embodied loss of a child ("somehow it's not got the same weight"). Her active management of face work can be observed on a number of levels: for example, she employs the use of modifiers such as "somehow" (line 24) and "in some sense" (line 24), which in this occasioned interactional context can be read as an attempt not to be "firmly committed to this proposition (…). This is not because the speaker herself doubts the truth of this proposition but because she is unsure how her co-conversationalists will respond" (Coates 1987). Moreover, the speaker appeals for the interviewer's consensus on the matter (Schiffrin 1987) with the use of the discourse marker "you know" repeated three times (lines 26, 29 and 30). Another strategy for doing facework is providing a contrastive, though a rather equivocal description of the meaning of miscarriage "it was a life that began that would have become" (lines 26-27) and "it's maybe not a particularly straightforward thing" (lines 27-29), which scales down the previous proposition and points to the complicated nature of this type of loss.

Finally, the way Sarah constructs the meaning of miscarriage, that is, as something that is on the one hand not straightforward and easy to capture with words, and on the other represents a different weight to an embodied loss, functions to both account for and normalise the absence of her emotional response to her miscarriages.

5.3.2.3. Continuing bonds

Extract 7 features an account of Sarah's complicated grieving process as invoked by the interviewer's question about coping.

Extract 7

```
01   I:   So:: after th- the two years mentioned (.) how did you ↓cope
02   S:   U::m (1.0) I think it was a (2.0) a probably (1.0) quite well as far as
03        (1.5) it was a slow processing (1.0) °so there were times when I'd
04        have a real ↓cry (2.0) <and then> there times when >to be honest I
05        did practically think that that would have been very difficult< (1.0)
06        u::m (1.0) I was very worn down and tired >by a lot of life circum-
07        stances< so (0.5) .hhh bringing two more into the [world] would have
08   I:                                                    [°mhm°]
09   S:   been a challenge° (1.0) u:m so then there were moments like feeling
10        (.) well (0.5)  maybe that was just a kind of (0.5) god given hhh (1.0)
11        gift in a way of- of not- >I do have a strong< faith [so] my sense was
12   I:                                                        [°mhm°]
13   S:   that hhh (2.0) >°although it's obviously for me a mystery like for
14        most people I had a real sense that they were° ↑somewhere< (1.0) so
15        whether that was for my own comfort or whatever but I- I'm <a be-
16        liever in more than this [life]> so hhh (1.0) that was reassurance for
17   I:                           [°°mhm°°]
18   S:   me (.) >because I had a sense< (.) that might >sound a little bit
19        strange that one day I'd see [them]°< (2.0) and I'd spoken to a few
20   I:                               [°mhm°]
21   S:   women who've had that same feeling° and I did when I went to the
22        service had a (.) <very very strong visual> (.) um (.) >experience if
23        you like< (.) of seeing myself in the field playing with two [boys]
24   I:                                                                 [°mhm°]
25   S:   (1.0) >°now I have no idea of the sex obviously of the children°< but
26        (.) at the end of the service the man who led it (.) said .hhh I hope this
27        is ok to speak this out >I've not had it happened to me before but I
28        had a picture of you< (.) with um two blond haired boys (.) which is
29        exactly what I'd seen (1.0) so explain ↓that (.) I don't know how you
```

199

30	explain ↓that (1.0) but <u>again</u> it rooted a sense of <u>ok</u> (.) so I think you
31	know (.) I think there's more to it than this (.) so that helped for the
32	grieving process for me because (.) .hhh I was <u>sad</u> that I didn't have
33	them <u>here</u> with me and that °my children didn't grow up with them°
34	<u>but</u> (1.0) a sense of °°one day I- I might meet them°° (1.0) so yeah
35	(1.0) that was part of the process

The interviewer's enquiry orients to the previously established division of Sarah's two stage response to loss and requests some details concerning the latter. After a number of false starts suggesting some interactional trouble, in lines 03-04 the interviewee admits that she coped well and elaborates on it by linking it to overt displays of an emotional reaction, such as crying, which is a socially normative response to a significant loss. It is already at this point that the delicate nature of her self-disclosure is observable by means of a markedly quieter voice stretching over a few lines (03-10). The speaker interactionally transitions from an emotional display following her losses using falling intonation, and it transpires that an account of her crying preambles a face-threatening disclosure featuring spelling out some details about another side of the grieving spectrum. Namely, Sarah constructs miscarriage as a way out of a potential situation, which would have further complicated her life. Not only does this description contrast the emotional and practical responses to loss, but by first orienting to her emotional response it allows the speaker to make a safer transition to disclosing more face-threatening information. What is more, similarly to, for example, extract 06 Sarah engages in facework by highlighting the potential difficulties that the successful pregnancies would have generated and by pointing out the reasons for it, that is that she was "worn out" and "tired" (line 06). Employing the use of such adjectives emphasises the claim that it would have been too much for her, had she been presented with more complicating factors in her life, such as two additional children to take care of. This prefaces a face threatening disclosure where the speaker reveals that suffering the miscarriages was a "a kind of god given gift" (line 11), which symbolises something positive and desirable as perhaps god knew what she needed at that time. It is also a reference to authority, god's intervention in order to help her, which is difficult to refute. Arriving at this problematic self-disclosure is interactionally managed by directly preceding it with numerous mitigatory devices, for example in line 09 she uses the phrase "um so there were moments", which signifies an occasional, rather than fixed character of such considerations. She also uses the verb "feel" to describe an emotion or sensation that she experienced, something on a more internal level, as well as an adverb of

possibility "maybe", and an adverb of degree "just", which all work to soften the strength and prepare the addressee for the central part of the interviewee's self-disclosure.

What is important is that Sarah does not use the phrase "a kind of god given gift" merely as a turn of phrase but refers to its religious implications, as evidenced in the later turn when she reveals that she has strong faith ("I do have a strong faith", line 12). Opening up about her religious beliefs allows for a smooth transition to talk about a continued relationship with her lost children, which pertains to the theory of continuing bonds (Klass et al. 1996). Revisiting her loss was thus not only based on acknowledging its meaning, but also performed through maintaining ties with her lost children. In line 14 Sarah constructs her lost children as living in a different world ("I had a real sense that they were somewhere"), which is uttered in quieter voice indicating its emotional character, and that she believed in a possibility of a reunion ("I had a sense that might sound a little bit strange that one day I'd see them", lines 18-19), which she narrates as a source of reassurance for her. She alleviates the face-threatening value of her assertions by repeatedly constructing those as resulting from her religious beliefs, rather than, for example, scientific facts: "I am a believer in all that those lives" (line 16-17) and "I do have a strong faith" (line 12). Sarah supports and normalises her construction of an ongoing relationship with the bereaved by bringing up a similarity of experience of some women she had spoken to ("I'd spoken to a few women who've had that same feeling", lines 20-22), which is again uttered using subdued prosody.

This is followed by narrating an unusual story of an occurrence during a service commemorating her losses when she underwent a strong visual experience. The teller goes beyond a simple construction of her losses as children and personifies them by attributing a specific gender and even some visual characteristics such as blonde hair to them. She also reifies this by constructing them through category-tied activity 'play'. She authenticates her account by invoking the person who led the service and who was constructed as undergoing the exact same vision as the interviewee. In lines 29-30, the speaker engages in facework by claiming a lack of alternative explanation of such an unusual occurrence ("so explain that" and "I don't know how to explain that"). This allows her to transition to explaining it via her religious beliefs as "I think there's more to it than this" (lines 31-32). The story is significant on two levels: on the one hand, the teller manages credibility of her beliefs about the children existing in a different world, which helps her in the grieving process, which she even articulates openly ("so that helped for the

grieving process for me", line 32). On the other hand, it symbolises lost potential, which allows her to revisit and most importantly reconstruct the meaning of her losses.

In lines 33-34 Sarah elaborates on her revisited response to loss by employing emotionally loaded adjective such as "sad" when referring to the lost potential her miscarriages symbolised ("I was sad that I didn't have them here with me and that my children didn't grow up with them"). This is followed by Sarah's reiteration in her belief that she will meet her lost children: "one day I I might meet them" uttered in sotto voce which may signify extreme upset (Hepburn 2004). In lines 35-36, the speaker delivers a formulation ("so yeah that was part of the process"), which terminates the disclosure. Sarah's account of her belief in meeting her lost children one day allows her for a reconstruction of the meaning of her losses in line with the normative discourses of bereavement, but also to some extent, normative discourses of motherhood, which function to compensate for the delayed and unemotional response to loss directly following her miscarriages.

5.3.3. Men and grief

At no point of the interview is Sarah's ex-husband's coping with miscarriages and his reaction to the losses brought up. The husband figure is only inferred through the interviewee's orientation to her marital problems and thus miscarriage was continuously constructed as a feminine experience. Extract 8 features Sarah's construction of the category man as invoked by the interviewer in relation to coping following an early perinatal loss.

Extract 8

```
01   I:   Do you think that um >when it comes to miscarriage< men and wom-
02        en deal differently with ↑it
03   S:   Mhm very my- from what I've seen very differently um (1.0) I'd def-
04        initely like to do a support group for couples (.) °at some stage but
05        anyway° u::m (.) I think (.) often women clients will say (1.0) that
06        they- the man because (1.0) well (1.0) hhh >°it's a difficult one cos I
07        know some of them do grieve°< (0.5) in one situation the:: where the
08        guy th- the man was really grieving he would wait till his wife had
09        gone to sleep (.) and then he'd just have a really good cry (0.5) .hhh
10        because I think they have such a sense of °responsibility often° (0.5)
```

11		for their wife for the woman and they see <u>her</u> grieving and <u>her</u> suffer-
12		ing (0.5) >they don't want to add into it they almost feel that they
13		have to be a man< and <u>fix it</u> (.) but they don't know how to <u>fix it</u> (0.5)
14		so they will be very practical (.) oh common you know >we'll try
15		again or we'll go on holiday< or they won't (.) often show their emo-
16		tion (1.0) some <don't get it> they will be saying to their wives °it
17		wasn't anything or it's better that it's gone anyway° and (.) or they'd
18		or they just >have very little emotional attachment to it compared to a
19		woman< [so] it's very different experience >isn't it< physiologically
20	I:	[mhm]

The interviewer enquires whether women and men deal differently with loss, and thus invokes two gendered categories. Sarah orients to it and produces a quick and unambiguous confirmation with an agreement token "Mhm very" (line 03) , which is soon left off and upgraded with an intensified and validated confirmation "from what I've seen very differently". She employs prosodic emphasis on the intensifying adverb "very", which accentuates the differing response to loss. What is evident from the first lines of this extract, is that Sarah speaks from the position of her professional identity as a therapist and constructs her response via references to her professional expertise based on first-hand experience of her clients. This aims at giving her words credibility. In lines 03-05 Sarah produces a syntactic embedding about willingness to organise therapy for couples, which departs from the main subject and defers elaboration on the issue at hand. In line 05 Sarah brings up an account of her women clients and, in this way supports her further claims with evidence. In line 06 she invokes the category man, but immediately abandons it, and instead produces an observation: "it's a difficult one cos I know some of them do grieve". Based on that, it can be inferred that Sarah was going to articulate something of a contrastive quality, but decided otherwise. In lines 07-09 she delivers a category resonant description of a man going through a grieving process who found a miscarriage particularly trying, but felt that he could not openly grieve and display his emotions. Sarah exerts her professional knowledge by offering an explanation for this particular behaviour and on this basis she returns to providing category specific generalisations in line with discourses of hegemonic masculinity (Connell 1987; Eckert and McConnell-Ginet 2003) . In line 10 Sarah moves from a single description to a categorial formulation "I think they have such a sense of responsibility often" as evident by means of a plural personal pronoun "they". She ties the category man with "a sense of responsibility (for the woman)" and constructs the category woman as having primary rights to grieve and suffer after a loss ("they see her grieving and her suffering", lines 11-12, and "they don't want to add into it", line

12). In line 14 she delivers a common knowledge component "you know" and proffers men being practical as known in common. She further unpacks it by using an in situ category-generated predicate of trying to find a solution to a problem and make it better ("they almost feel that they have to a man and fix it", lines 12-13) as well as ties the category man with proposing some practical solutions such as going on holiday ("we'll go on holiday", line 15) or trying for a baby again ("we'll try again", lines 14-15).

In line 15 Sarah invokes the category man again and also ties it to unemotionality but provides different occasioned reasons for this. Some possible explanations concern a lack of understanding of the meaning of loss for the woman ("some don't get it", line 16) and minimising it ("they will be saying to their wives it wasn't anything", lines 16-17), seeing positives in the loss ("it's better that it's gone anyway", line 17) or display little emotional attachment to the miscarriage ("they just have very little emotional attachment to it compared to a woman", line 18). In lines 18-19 she reiterates that men experience the grieving process differently and clarifies that the difference lies in the physical aspect of pregnancy. In line 19, Sarah produces a common knowledge component "isn't it", and by doing so, proposes that this upshot constitutes mutually shared knowledge between the speaker and the interviewer. What can be inferred from this is that the difference in attachment, and thus a varying reaction to the loss is based on the fact that pregnancy is an embodied experience only for a woman and thus miscarriage is constructed as a feminine experience.

To sum up, the extract demonstrates how Sarah speaking from the position of a therapist constructs the category man as tied to unemotionality, in line with hegemonic discourses of masculinity. The speaker foregrounds two different reasons for this failure to display emotions following a miscarriage. On the one hand, men are constructed as someone who feels they are not granted the right to grieve openly and whose role is to support their wife, and on the other hand their lack of emotionality is explained through their lack of understanding of the loss of through lack of attachment. In both cases, what is significant is that man's grief is always constructed through the prism of the woman's grief and her experience of loss, and thus miscarriage is at all times constructed as a feminine experience.

5.3.4. Summary

Sarah provides a lot of insight into the experience of pregnancy loss and often changes voices from personal to professional. She offers her perspective on the links between womanhood and motherhood and describes the category 'woman' through the biological desire to reproduce. She also contrasts the category 'woman' with the category 'man' and specifies some occasioned reasons why men fail to understand the loss suffered by the woman.

One of the major topics, however, when Sarah narrates her own phenomenological experience of loss is her coping with her two losses. She constructs the circumstances around the time the miscarriages happened as complicated since she was facing relationship problems. This is constructed as strongly influencing her direct response to loss which could be described as relatively unemotional, and which contradicts normative motherhood and bereavement discourses. She gives some occasioned reasons for it, for example, she employs such adjectives as "worn out" and "tired" to emphasise the claim that it would have been too much for her to deal with two extra small children in addition to her three little children.

She then undertakes a lot of interactional effort to provide an account in order to repair the face-threatening, and potentially perceivable as non-normative, self-disclosure. For example, she constructs herself in line with normative bereavement practices when she gives an account of her organising a symbolic service for her lost babies a few years later after the miscarriages happened. Sarah also constructs herself as the mother of her lost children via reference to the standardised relational pair 'mother'-'baby' when referring to the lost potential her miscarriages symbolised (for example: "I was sad that I didn't have them here with me and that my children didn't grow up with them"). She also invokes category-generated activities of imagining what they might have looked like or meeting them one day, which orients to a continued relationship with her lost children pertaining to the theory of continuing bonds (Klass et al. 1996).

5.4. Marianne

Marianne is a white married middle class woman in her early thirties. She had suffered one miscarriage, over two years before the interview took place. At the time of the interview she was seven months pregnant. Her first pregnancy came as a shock as it was not planned, however, she

was deeply affected by its negative outcome and underwent some therapy. Soon after the miscarriage, Marianne and her husband decided to try for a baby again and experienced some problems conceiving, but were eventually successful.

5.4.1. Coping

Extract 1 features an account of the moment Marianne realised she found it difficult to deal with the loss. The interviewer's question, which is not featured in this extract but which eventually led to this disclosure was "Ok so how did it happen to you I mean what were the circumstances an- wh- how what help did you receive straight after". Marianne offers a granular account of the medical encounter with her gynaecologist who performed a pregnancy ultrasound and confirmed that she had suffered a miscarriage.

Extract 1

```
01  M:   The point of- (.) I think (.) of all of that was that u:m (1.5) the doctor
02       who I spoke with he said that (.) .hhh within six weeks everything will
03       be back to °normal°
04  I:   mhm
05  M:   Everything will be like (.) before (.) so: one thing that the doctors
06       don't tell you because they are (.) medical doctors is that your body
07       <can (.) recover within six weeks> but not necessarily yo(hhh)u
08       (.)↑yourself [so::]
09  I:                [You] mean mentally
10  M:   <Yeah mentally> so what happened next well (.) I continued to carry
11       u:m to work even m(hhh)ore ((laughter)) <cause you have to focus on
12       something< u:m and after six weeks °actually I didn't feel much bet-
13       ter° (0.5) mentally and u:m
14  I:   mhm
15  M:   it was such- °it was rather getting worse and worse° (1.0) >we decid-
16       ed in September to go for a short holiday to Spain which didn't help at
17       all (0.5) it was a lovely holiday but (.)°it didn't help at all°< so I think
18       I spent October and November working more and more and more and
19       then i:n hhhh <December> (.) what happened was my mother in law
20       and my mother came to (.) London (.) we went to central London and
21       there was a (1.0) protest against abortion with all those lovely
22       £pictures£ ((laughter))
23  I:   nice
24  M:   and yeah very nice and u::m (0.5) I left my mother and (.) u:m my
```

24	mother in law >on the opposite side of the street °I went to those
25	people and I said u:m I act(hhh)ually started £screaming£ at those
26	people that they £had no right£ to put such pictures and so on and so
27	(.) they were prepared (.) they were very proffe- very nice people
28	>°they calmed me down and that made me realise that I need help cos
29	I'm not dealing properly<° so (.) I called my work that I'm not gonna
30	come (.) >I called my best friend telling her what happened what to
31	do she said< you need to find someone to help you

The initial part of the extract features the interviewee positioning herself as a patient and invoking the category 'doctor' through the lens of the inferred moral obligations embedded in this category in the situated context of narrating her miscarriage experience. Marianne constructs the category 'doctor' though linking it with its constitutive feature of providing care by focusing on the patient's physical health only. In lines 02-03 she reports on her doctors' words "within six weeks everything will be back to normal". This proposition bears the features of a glossed over component, that is "on its occurrence, is quite adequate, but which turns out to have been incomplete, ambiguous, even misleading" (Jefferson 1985: 462). The prosodic features, such as quieter tone of voice when she utters the word "normal" (line 03) already point to the sensitive character of Marianne's troubles talk at the beginning of the extract. Although the speaker is not unwilling to share her story, the unpacking of the gloss is interactionally facilitated by the recipient, who provides an auspicious environment for her self-disclosure. In line 04, the interviewer delivers a continuer "mhm", which is followed by the further construction of the category doctor and thus unfolding the details of the gloss. In lines 05-08 the category-constitutive feature of providing care is constructed as an umbrella predicate: on the one hand the moral obligation of the category doctor to provide care can be inferred as fulfilled, but on the other it contains a certain absence, a fracture of necessary care post miscarriage. This lack allows the speaker to construct recovery as not only a physical process, but predominantly as related to the mental (and thus cognitive, behavioural, and emotional) well-being. This is evidenced in lines 05-08, where Marianne separates the effect of miscarriage on the body and on the person who has experienced it (using the personal pronoun 'you') and underscores that they both might need a varying amount of time for recovery. The doctor is therefore constructed as someone who transgresses the moral obligation tied to this category to some extent, as they did not recognise the complicated and multifaceted nature of recovery after a miscarriage.

In line 09 the interviewer engages in the co-construction of the account, reframes one of the components of the recovery process as a mental well-being and encourages Marianne to fur-

ther unpack the gloss from the beginning of the ("everything will be back to normal", lines 02-03). The speaker's primary epistemic access to the experience, however, is preserved by the interviewer's "you mean" (line 09). This is followed by Marianne's immediate agreement, after which she continues to delineate an emplotted and temporally organised narrative account of her coping by means of which she tries to "provide connections, coherence, and sense" (Mendieta 2013: 136) to her lived experiences. She uses temporal organisation of her story to depict her coping as a gradual and lengthy process and provides grounds for evaluating particular events. For example, in lines 10-11 she talks about some coping mechanisms she had applied to deal with the difficult reality of her loss such as centred her attention on work. She displays troubles resistance (Jefferson 1984) by using humour in line 11 and immediately switches from the first personal pronoun "I" to the general "you" ("cause you have to focus on something", lines 11-12) as a way of distancing herself from the traumatic situation. The delicate nature of this troubles talk is evident by the speaker's use of quieter delivery: "actually I didn't feel much better" (lines 12-13), soon shadowed by un upgraded account of her coping also uttered in a quieter tone of voice "it was rather getting worse and worse" (line 15). This is followed by her assessment of this coping mechanism as unsuccessful and a description of another attempt to feel better ("we decided in September to go for a short holiday to Spain", lines 15-16), which again failed ("it didn't help at all", line 17, uttered in quieter voice). This constructs her as inconsolable despite an active effort to recover and prepares ground for the speaker's account of the single moment she realised she needed to seek assistance.

In lines 18-20 Marianne carefully crafts her self-disclosure, specifies the characters, time and location before spelling out the sensitive character of the event, namely that it was an anti-abortion protest. The delicate nature of this event is evidenced by Marianne's deployment of irony in line 22: "protest against abortion with all those lovely pictures". Clift (1999: 534) comments on the mechanisms of the use of irony in a narrative and its power:

> "both characterizing the foregoing narrative as an episode and confirming the speaker's dual perspective on it: as participant in the realms of both inside and outside meaning, with the principal as the subjective "I" who is the ironist-narrator of the event rather than the objective "me" within the frame who is participant in it".

This dual perspective facilitated by irony is significant as it allows Marianne to signal her distancing from the event and her disagreement with such demonstrations or at least with such a graphic depiction of foetuses. The ironic construction of those pictures also serves another inter-

actional goal, namely, it also prefaces and justifies the reaction, which they provoked. In line 23, the interviewer engages in co-construction of irony ("nice"), which is accepted and confirmed by the speaker who echoes an intensified version of the interviewer's evaluative adjective "and yeah very nice" (line 24). This is followed by an account of Marianne's realisation she was not coping and she needed to seek professional assistance after an intense emotional outburst as a reaction to the event. Marianne discloses that she "actually started screaming at those people" (line 25), and uses humour to reduce the emotional load of the disclosure. She continues in quieter voice and reveals some further delicate details that it was then when she realised she was not coping and needed help. At the end of the extract, in lines 30-33 the speaker reiterates her need for help by invoking her friend. Members of this category are hearable as someone who one can turn to in times of crisis, someone worthy of trust and who has one's best interest at heart, which gives her words credibility and confirms her inability to cope by herself. Moreover, indirectly, it also contrasts and contradicts the doctor's affirmations limiting recovery to a physical and time-specific process.

5.4.2. The meaning of pregnancy and loss

In extract 2 the interviewer invokes the subject of coping, which triggers a gendered account of loss. Marianne focuses on the radically dissimilar reactions to post-miscarriage between the interviewer and her husband. Marianne refers to two stages of her coping, pre- and post-therapy. However, she does not tend to her coping directly or divulge sensitive details. Instead she mediates her self-disclosure by referring to her husband's reaction first. This reduces the prominence of her own reaction.

Extract 2

```
01   I:    Oka:y (.) so:: so how did you cope in general
02   M:    (1.0) ((laughter)) overall u:m my husband is a very patient man ((laugh-
03         ter)) to be honest £because he£ was able to (0.5) bear me for so many
04         months when °things were going worse and worse and worse° and um
05         .hhh u:::m (1.0) then for u:m again for the next few months when I had
06         my journey and I wanted to talk about this and he didn't um (0.5) he
07         wasn't necessary keen on u::m (1.5) returning to the °past° he wanted to
08         look forward to the ↑future (0.5) >he's a typical man< he::::: (0.5) he
```

09		doesn't understand what's happing with the woman when something
10		like that ↑ happens (2.0) but he was there for me hhh u::mm
11	I:	Why do you think he doesn't understand or why do you think <u>men</u> don't
12		understand
13	M:	U:mm (3.0) well (1.0) his main argument was (.) it was so <u>EARLY</u> that
14		u::m (1.0) it was just so <u>early</u> ↑yeah (0.5) so I think he didn't have that
15		(3.0) opportunity to have a ↑bond
16	I:	Mhm
17	M:	With the ↑child (0.5) like for example <u>now</u> because now I'm like seven
18		months pregnant [he's] (.) he's more keen on having that baby a:nd then
19	I:	[mhm]
20	M:	honestly I am and he's more engaged with everything (.) and he £talks
21		to her£ an- and basically it's like he's he's very engaged and he said
22		he's gonna stay with the baby when I'm [gonna] u::m have to go back to
23	I:	[mhm]
24	M:	work and everything and I'm like okay okay (1.0) I think that a man has
25		to have a longer period [to::] (1.5) get <u>used</u> to the thought and actually
26	I:	[mhm]
27	M:	see that there's something happening that there's something developing
28		growing >and so on and so on< (1.0) u::m and basically with early mis-
29		carriage for them it's just like (1.0) hhh it [happens↓] (.) it's like
30	I:	[mhm]
31	M:	°biology physiology° whatever ↑yeah
32	I:	Mhm

The extract starts with the interviewer enquiring about Marianne's coping. In line 02, the interviewee invokes her husband and constructs him with a positively loaded attribute "patient man" in relation to enduring her behaviour. She employs laughter both before invoking her husband and straight after (line 02), to display troubles resistance (Jefferson 1984) and diffuse the seriousness of her troubles talk before she proceeds to spell out the details of her self-disclosure. She employs the verb "to bear" (line 03), which allows for an inference that Marianne must have found the post-miscarriage period extremely challenging and perhaps posed unspecified difficulties for her husband. This can be seen as a form of distancing from the sensitive topic at hand, but can also result from a positive face-need (Goffman 1959). The delicate nature of her account is also discernible when she constructs this challenging period with an expression "things were going worse and worse" (line 04) uttered in subdued prosody, which embeds limited degrees of concreteness (Linell and Bredmar 1996) and allows her to interactionally transition to the next stage of her coping.

Before explicating details of the second stage of her process of recovery (starting in line 05), it is worth noting that throughout the whole extract the experience of coping post-loss is constructed as an exclusively feminine experience. The husband is constructed as a bystander

210

bearing witness to the woman's management of her trauma and her attempt to restore her life situation. Thus, the description of both stages of her coping (pre- and during therapy) is based on a similar pattern of gendered construction of coping. In line 06 in explaining the second stage of her coping, Marianne constructs the process of managing loss as facilitated through her therapy sessions by using the metaphor "journey". This figurative noun signifies a process with a beginning, middle and (possibly) an end, and in Marianne's case, revisiting the past, that is the traumatic experience of loss, was its constitutive element. Marianne elucidates her and her husband's varying response to loss through incumbency to gender categories. She brings up the figure of her husband once again and in doing so, she invokes the category "typical man" (line 09), which she ties with category occasioned predicates of not wanting to revisit the past and instead being focused on looking forward to the future. Jayyusi (1984: 28) observes that in situations "[w]here an action is used to generate a character (or attribute) for persons involved in it, rather than an explanation by specific reason, that character or attribute is then usable to project further explanations of actions, stances or involvements of the categorized persons." This is visible in line 09 where the speaker invokes the category 'man' and thus accounts for her husband's behaviour by representing him as the member of this category. This allows Marianne to project further explanations of what the category 'man' entails, for example, she generates a category-bound predicate of not being able to understand the emotions experienced by a woman, which indexes unemotionality, a core concept of hegemonic masculinity (Connell 1987). The speaker claims membership to the category 'woman' both directly, through invoking this categorical name in line 09, and also indirectly, as it is locatable through the occasioned collective of categories - MCD, and more precisely through a 'standardised relational pair', 'married couple' when she invokes the category 'husband' ("he's a typical man he he doesn't understand what's happing with the woman when something like that happens", lines 08-10). In line with the discourses of femininity and emotionality, she constructs herself as the only party with full epistemic access to the experience of miscarriage, as opposed to her husband whose supportive role has been emphasised ("he was there for me", line 10). The interviewer then requests elaboration on why the husband did not understand her emotions ("Why do you think he doesn't understand", line 12). The lack of understanding is self-repaired and further extended by the interviewer to the category 'man', as invoked previously by the speaker. The interviewee consistently constructs her husband as an incumbent of the category 'man', as evident by her referring to him/category 'man' interchangeably. The interviewer orients to it and engages in the co-construction of Marianne's categorial formulations. In line 13 the interviewee asserts that the husband's lack of an emotional

reaction to and even understanding about the early prenatal loss stems from the fact that developing a bond for men necessitates a longer period of time. She puts prosodic salience on the word "early" twice (lines 13 and 14), which emphasises her contrastive, albeit inferred, stance on the matter. In line 15, she finishes her turn with an upward intonational contour, which together with the long pause preceding her observation, can be indicative of the speaker's low epistemic access (Hepburn and Bolden 2013) and seeking confirmation from the recipient. The interviewer aligns with her claims by means of an agreement token "mhm" (line 17).

In lines 19-23 Marianne continues and validates her claim by giving an example of her current ongoing pregnancy and a radically different reaction of her partner, who is constructed with positively loaded predicates "keen on having that baby" (line 19), "he's more engaged with everything" (line 21), "he talks to her" (line 21-22) and "he said he's gonna stay with the baby" (line 23). These references/items reveal an active engagement on the part of her husband and put him in a positive light. Justifying the husband's lack of understanding of miscarriage through an explanation on the basis on not developing a bond, as well as contrasting it with the current positively assessed active engagement in the successful (thus far) pregnancy, not only explains, but more importantly, mitigates his lack of an emotional reaction. Having described her husband in more favourable light, in line 24 Marianne provides a categorial formulation: "I think that a man has to have a longer period to get used to the thought". Stokoe (2012: 295) observes that "categorial formulations follow descriptions of individual activities or events; that speakers treat their own or each other's descriptions as category-resonant or category-bound and, via a common knowledge component, propose that knowledge of such categories is shared, or pursued as shared." Although Marianne does not directly deliver a common knowledge component such as, for example, 'you know', the turn-final raising intonation in line 15 when she talks about her husband's inability to form a bond can be construed as pursuing shared categorial knowledge, and thus justifying her husband's unemotional reaction explainable on the basis of his incumbency to the category 'man'. This is confirmed in lines 28-32 when Marianne provides a category-resonant description when explaining men's unemotional reaction to early miscarriage by means of reference to biology ("it happens it's like biology physiology"). Reiteration of miscarriage as a feminine experience is achieved by virtue of the contrastive work of the speaker's emotional reaction to loss, on the one hand, and the husband's failure to acknowledge its importance, on the other.

The interviewer topicalises the issue of Marianne's husband inability to understand the woman's experience of loss, who as an incumbent of the category man, is also topicalised later in the course of the interview. Extract 3 features a gendered account of her coping:

Extract 3

```
01   I:   Do you think men can understand what a woman is going through?
02   M:   °I don't care° (2.0) it doesn't matter if- a- (.) it really doesn't matter if
03        they understand >I really don't care if they understand< (1.0) <what
04        matters is> how they behave
05   I:   °Fine°
06   M:   Because (.) you can understand what happens with the other person
07        (2.0) and still not give her support and you can completely not under-
08        stand what's happening and give her as much support as you [can]
09   I:                                                              [mhm]
10   M:    >and really help that person< .hhh (.) I know that my husband
11        comp(hhh)letely £didn't understand what's happening£ with me (.)
12        and he's a very poor man because <first of all I was shouting at him
13        .hhh for six months after the miscarriage (.) then I was crying for the
14        next three months when I was going through the pathway (.) then I- I
15        finished going through the path(hhh)way £and then I got pregnant£
16        and then I again started crying god knows why because of hormone
17        levels> £and u::m£ (1.0) I think quite recently last week- this week
18        sorry this week we had .hhh visitors from Baby Steps >and the guy
19        told my husband no don't worry whatever you do nine months of
20        pregnancy is always your fault< ((laughter)) £whatever happens just
21        get used to it£ ((laughter)) so yeah (1.0) I think (1.0) it doesn't [matter]
22   I:                                                                      [mhm]
23   M:   if they understand or not (1.0) the question is what they do because my
24        husband really hhh really for six months he was (0.5) a marvelous per-
25        son and >he really tried to take care of me the best way he could<
```

It is worth noting at this point, however, that despite the fact that it has already been established by means of a co-constructed accomplishment by both the interviewee and the recipient that men fail to fully understand women's experience of perinatal loss, the interviewer enquires about it again. She asks a very similar question of whether men can understand what a woman is going through. Interestingly, Marianne resists the interactional constraints of this polar question, and rather than directly agreeing or disagreeing, she offers a response from a different perspective. This allows her to specify what is of importance to her ("I don't care it doesn't matter what matters is how they behave", lines 02-04). Based on the previous extract, the inability to understand

the woman's experience of loss is constructed as a category-bound predicate, however, in this extract the focus is shifted and the speaker constructs the category 'man' as indexed by the category-expectable predicate 'supportive' (lines 06-08). The failure to understand women is constructed not as a matter of choice, but as an ingrained umbrella predicate linked to men, which is accepted as status quo and does not undergo moral scrutiny so long as the supportive role is fulfilled. This allows Marianne to position her husband, as an incumbent of the category man, in a positive light as someone who managed to fulfil his obligation of offering support to his wife ("you can completely not understand what's happening and give her as much support as you can", lines 07-08).

In lines 10-12 Marianne reiterates that her husband was unable to comprehend the meaning of her loss, therefore she situates him outside this experience, as the witness and recipient of her emotions. She uses the adjective "poor" (line 12) to describe the husband as someone deserving pity or sympathy as a result of the interviewee's activities. In order to illustrate her point, Marianne organises her account of coping post loss in a temporal order to show the progression of this process and constructs a three part list (Jefferson 1990) of her emotional states accompanying different stages of coping. Lerner (1994) notes that such lists accomplish various types of interactional work in a given local context. For example, by deploying a three part list (lines 12-17) Marianne not only provides insight into different stages of coping and different displays of her emotional reactions, but also manages to downgrade her reaction as exhibiting potential signs of irrationality and save her husband's face. Although the speaker invokes displays of emotional behaviour such as shouting (for six months), crying (for three months) and then crying again (when she got pregnant again), her account is characterised by a limited degree of penetration, which indicates the sensitive nature of her self-disclosure (Linell and Bredmar 1996). She fails to provide any further explanation of those reactions except for the last one, which she accounts for by employing an epistemically downgraded explanation on the basis of female biology as a result of pregnancy: "god knows why because of hormone levels" (lines 16-17), which can be seen as indexing irrationality as linked to discourses of femininity (Ochs 1992).

In line 17 Marianne continues her account of irrationality/heightened emotionality. She refers to a visit from an organisation providing prenatal educational programmes and accounts for her husband's inability to understand her loss. She deploys a buffer topic (Jefferson 1984) as a form of comic relief from the previous self-disclosure concerning the process of coping post miscarriage. The speaker employs a 're-enactment' of a verbatim locution ("don't worry whatev-

er you do nine months of pregnancy is always your fault", lines 19-20) performed by an employee of the organisation that visited them in order to give her account authenticity (Holt 1996) and allow the recipient to connect to the story (Mandelbaum 2013). What can be inferred from this double voicing is that during the period of pregnancy Marianne might potentially exhibit irrational behaviour, which will not be understood by her husband, but which should be accepted by him. In lines 21-23 the speaker employs a proposition "so yeah I think it doesn't matter if they understand or not", which is a categorial formulation that follows a descriptions of her husband's individual activities and thus constructs him as an incumbent of the category 'man'. By downgrading the importance of lack of understanding and emphasising the role of the supporter ("the question is what they do", line 23; and "he really tried to take care of me the best way he could", line 25), Marianne again constructs miscarriage as a feminine experience.

Extract 4 is a continuation of the gendered explanations of coping post miscarriage:

Extract 4

```
01  I:   So why do you think women u::m (.) react differently
02  M:   To be frank u::m (2.0) I don't know why women in general (.) I I know
03       why I did u::m (2.0) look at that differently first >at the beginning I
04       thought um ok nothing happened I'm going to get pregnant very soon
05       again< °which actually didn't happen° (.) and the second thing is that I
06       think a wo- woman women (.) women (.) in general think much more
07       about the ↑future (.) about the ↑possibility about what it could look
08       ↑like
09  I:   °The ↑baby°
10  M:   Yeah (.) and men in general are more focused on what is here and
11       ↑now °at least my husband° (1.0) I think that this is the main difference
12       is that the moment you get pregnant you start to imagine how it's gon-
13       na look like how how the baby is gonna change your [life] what to do
14                                                          [mhm]
15  I:   and women have that tendency to plan everything in ↑advance so you
16  M:   start thinking .hhh about how you are gonna cope with this what to do
17       how to how to organise this and that and so on and so on >because a
18       baby changes the life of a woman< and men are like(?) (.) are like(?)(.)
19       well when we have a problem we're gonna need to find a solution and
20       we're gonna £find it£ and I go ok(?) ok(?) fine
```

The interviewer's question which initiates the conversation presented in extract 4 pertains to the gender categories as previously invoked by Marianne. The interviewer enquires about the possible reasons why women exhibit a different reaction to miscarriage to men, although the latter

category is not directly stated, but only inferred on the basis of the previous interaction. In line 02 Marianne aligns with the category embedded in the question, but manages her response by first claiming lack of epistemic knowledge as for why women in general react differently. Her response is then followed by an individual description based on her personal experience, which reveals that her initial reaction post-miscarriage ("at the beginning I thought um ok nothing happened", lines 03-04) differed from what happened next. The change in the reaction is attributed to the speaker's unfulfilled belief that conceiving again would have been possible sooner. The prosodic ques in this initial part of the extract, especially long and multiple pauses when Marianne is managing her account subtly build the emotionality of her disclosure. The speaker's upset is also evident by her quieter voice when she clarifies that her belief in quick conception were unsubstantiated ("which actually didn't happen", line 05).

When explicating a differing reaction to early perinatal loss, in line 06, the speaker invokes category woman and formulates a category-generated predicate "focusing on the future", which embeds an occasioned gendering, as it is seeable as tying femininity with motherhood. Although not specified directly, it is revealed in later turns. Contrary to her initial claim from the beginning of the extract about lack of epistemic certainty being the reason why women react differently to loss, her individual personal description is followed by a categorial upshot, which constructs her as an incumbent of this category. Marianne's initial response in lines 06-08 is characterised by a certain vagueness and a limited degree of penetration, which is followed by the interviewer request for clarification of the occasioned meaning of the "future" brought up by the speaker. Marianne briefly aligns with the interviewer that what is meant is having a baby. What can be inferred from her account is that the meaning of loss is tightly related to the inability to conceive again, thus her failed expectations can be seen as generating or at least contributing to her emotional reaction to miscarriage. This is also evidenced later in the turn, when she narrows down her assertion of women focusing on the future to designing plans for the new family member, which starts as soon as a woman finds out about the pregnancy ("the moment you get pregnant you start to imagine how it's gonna look like", lines 12-13). In line 10, Marianne contrasts the category-occasioned predicate of women focusing on the future with a category-generated description of men "being focused on here and now". This is followed by a mitigated repair "at least my husband" (line 11), uttered in subdued prosody, which downgrades her epistemic certainty regarding attributing this predicate to the category "men".

Marianne oscillates between the personal pronoun "I" when narrating her own account, and category-generated content pertaining to women in categorial terms, which is a way of more than just asserting her incumbency in this category. Indeed, she uses her common sense knowledge about the category 'woman' and her own personal experience of loss to generate the meaning of an unsuccessful pregnancy for women. She proffers that a miscarriage puts an end to the prospective plans that women envisage on learning they are expecting, which can provoke a different (presumably stronger and more emotional) reaction to what men experience when faced with this type of loss.

In later lines Marianne also elaborates on the differing gendered approaches to the meaning of pregnancy for both men and women, and constructs them as polar opposites. She constructs the category 'man' as linked to the practical approach to life, by tying it to the category-occasioned predicate of being focused on what is here and now, and managing difficulties when they arise, rather than being preoccupied with potential future problems ("men are like are like oh when we have a problem we're gonna need to find a solution and we're gonna find it", line 19-21). Women, on the other hand, are constructed as directing their attention to the future plans related to being a mother and its life-transforming aspects. The speaker emphasises that a pregnancy "changes the life of a woman" (lines 18-19), and there is no mention of a similar consequence for men. Thus she further ties a successful pregnancy (and, by implication, having a baby) with femininity and motherhood. The contrasting gendered perspectives on life, not only significantly affect the way men and women see pregnancy, but more importantly, the differing approach to the meaning of pregnancy are portrayed as the starting point from which to view the loss.

5.4.3. Pressure

In the extract presented below, Marianne reveals the circumstances of disclosing her loss to her mother in law. The interviewer's question, which is not featured in this extract, but which eventually led to the speaker's self-disclosure was "when you miscarried did you tell many people about it". The act of revealing the fact that Marianne suffered a miscarriage is constructed by her as a necessity rather than a choice, a result of her mother in law's dispreferred behaviour of putting pressure on the interviewee.

Extract 5

```
01  M:  One person that (.) needn't to know (.) but on the other hand (.) needed
02      to know (.) £to shut up£ ((laughter)) because my mother in law was ob-
03      sessed with having grandchildren and sh- each time u::m over the phone
04      and everything she'd ask about children and I remember then (.) because
05      of my husband's birthday (0.5) we spoke with her the next day it hap-
06      pened hhh and °of course she asked° (.) MARIANNE (.) when am I
07      gonna have some grandchildren and I just £left the room£ ((laughter))
08      a(h)nd my husband had to deal with it and .hhh (.) I remember when I
09      went to visit her in August (.) and unfortunately we had a very bad year
10      last year u::m (0.5) I spoke with my mother in law and her husband ac-
11      tually died (1.5) the next ↑day or two days ↑later u::m (1.5) and again
12      she asked about grandchildren and I said like (1.0) well (.) I would be
13      very grateful mom if you wouldn't ask me about that because (1.0) °two
14      months ago we lost a child° so I would appreciate it if you (.) actually
15      stopped ↑asking (.) >and it's a hilarious situation because she got very
16      very sad< (.) and I maybe put her in a bit u:m (0.5) awkward situation
17      >but she didn't understand when we tried to tell< he- explain to her not
18      to ask certain ↑questions .hhh (1.0) the joke was that the moment she
19      stopped asking my mother started asking the same question °and I was
20      just like Jesus Christ° ((uttered with perceptible annoyance))  ((laugh-
21      ter))
22  I:  And then did you::r did your mother in law know you were ↑pregnant
23  M:  ((shaking head with disagreement))
24  I:  Okay so she didn't know about the miscarriage
25  M:  ((eating))
26  I:  ((laughing)) tough situation I have to say pressure pressure to get a baby
27  M:  Yeah exactly ((laughing))
```

Marianne's reluctance to disclose the miscarriage to her mother in law is observable from the beginning of her turn when she constructs telling her about it as being a practical choice charac-terised by a clear agenda of changing the mother in law's dispreferred activity. The speaker's emotional stance is managed by means of negatively loaded lexical selection such as: the use of the verb "shut up" (the mother in law needed to "shut up", line 02), constructing the mother in law's what with extreme case formulations pertaining to her characteristics such as "obsessed" (lines 02-03) with having grandchildren or the frequency of engaging in a dispreferred activity, such as asking about having grandchildren "each time over the phone and everything" (lines 03-04). The speaker sheds light on two situations when her mother in law asked about having

grandchildren, which provoked Marianne's expressive emotional response. Firstly, Marianne narrates an account of her display of a strong emotional reaction to her mother in law's question after which she decided to leave the room during an on-going conversation. In lines 04-06 the speaker provides a syntactic embedding about the temporal details of the situation deferring the disclosure of sensitive information (Linnel and Bredmar 1996). Before Marianne reveals her mother in law's direct words, she precedes them with an observation uttered in quieter voice "and of course she asked" (line 06), which embeds a negative evaluation by means of the adverb "of course" pointing to the frequency and inevitability of the mother in law's nosy activity. She then delivers a verbatim locution of the mother in law's question: "Marianne when am I gonna have some grandchildren" (lines 06-07) enacted in a louder, emphatic voice. Holt (2000: 249) observes that reported speech in storytelling "can be said to 'show' rather than 'tell' the recipient what was said and in doing so it gives them 'access' to it". In line 08, Marianne describes another situation where her mother in law's enquiry upset her. The speaker carefully manages her troubles-talk and the disclosure of sensitive information is gradual and stepwise. She first provides the temporal details, which is directly followed by a syntactic embedding tending to some extra details that happened around the time of the event. The details, however, are unrelated to the story itself, which defers the revealing of some sensitive information. In lines 11-12 Marianne discloses that her mother in law asked the infamous question again and moves to the central phrase of her disclosure when she delivers an emotionally loaded re-enactment of the response she gave her. The speaker expresses a direct request asking the mother in law to stop asking this question. The emotional stance is managed by means of prosodic devices such numerous pauses and subdued prosody when she discloses: "two months ago we lost a child" (lines 13-14). This is followed by Marianne's managing of the troubles talk and engaging in facework by providing a justification for her strong and direct request and the negatively loaded constructions of the mother in law as oblivious to Marianne's needs. The speaker emphasises her undertaken, yet failed attempts to signal to her mother in law that certain questions, and what can be inferred, specifically questions about becoming a grandmother, are not welcome.

Both accounts of Marianne's display of a strong emotional reaction as provoked by the mother in law's questions, such as leaving the room mid-way through a conversation or voicing a very direct request that the mother in law refrained from asking sensitive questions, are mitigated in a number of ways. For example, in a face saving gesture the speaker interactionally manages the troubles talk by employing humour twice: firstly, she uses *nonverbal* vocalisations

such as laughter (for example in lines 02 and 07), and secondly verbal laughter substitutes such as introductory descriptions of (non)laughables, such as "it's a hilarious situation" (line 15) or "the joke was" (line 18). Marianne uses both of these in the sense proposed by Jefferson (1984) to exhibit troubles resistance. Although Jefferson (1984) delineates only the *nonverbal* vocalisations such as laughter as an interactional tool to signal that the troubles teller is managing, the descriptions of (non)laughables can be observed as serving a similar function in the occasioned interactional business in question. What can be seen in the sequential organisation of the troubles talk is that the speaker's use of humour is not an invitation to regard the two described situations as laughable, but to exhibit "troubles receptiveness" (Jefferson 1984: 351).

In line 18, Marianne uses humour as a resource serving a different function when she introduces a buffer topic, which Jefferson (1984: 351) explains as a recurrent troubles talk situation where both parties engage in laughter; "a time-out for pleasantries". The buffer topic stretches across the lines 18-26 and is initiated by the troubles teller with describing a new pressure source, that is her mother who started asking unwelcome questions as soon as the mother in law's questions subsided, which is followed by the speaker's laughter. In line 25, in a slightly delayed gesture, the interviewer aligns herself as a troubles recipient and co-constructs the situation of facing so much pressure regarding reproduction as problematic, and also joins in with laughter. This is accepted by Marianne who delivers an emphatic agreement and starts laughing again.

What is evident throughout the extract is that the speaker positions herself and her reactions at the centre of the troubles telling and constructs herself as the recipient and of the troubles and also as someone who manages and resolves them. Her husband is featured in the stories, but is left out as a much more passive party, which again points to the fact that miscarriage is constructed as the speaker's experience only.

5.4.4. Blame

Extract 6 features an account in which Marianne accomplishes the blurring of the boundaries between the loss and the inability to get pregnant again and combines these two in re-constructing the complicated meaning of the loss.

Extract 6

```
01  I:    Did you meet with any negative reactions (.) from people or something
02        that actually ((unclear)) when someone said something
03  M:    ((laughing)) (1.5) ((laughing)) yeah yeah (0.5) regardless of the fact
04        that (.) my mom my mother in law was very supportive (0.5) and com-
05        passionate (.) .hhh wh- what (.) irritated me the most was that (2.0)
06        both of them >all they could say< was that (.) oh you cannot get preg-
07        nant because you get so stressed >°if you're gonna relax then you're
08        gonna get pregnant°< (.) that was ↓irritating (.) .hhh and the other
        thing that (.) °which killed me (.) was that (.) when I spoke with my
10        ↓husband (1.5) and I ((laughing)) (1.5) like at that time (.) we were
11        trying to have a baby↓ u::m (1.5) °we both wanted a baby° (.) and (.)
12        one day I came from Crossway (.) and °I was talking to him about dif-
13        ferent things and I was crying and he said like° (1.0) .hhh don't you
14        think that we cannot get pregnant because °you are so stressed and
15        emotion[nally] (.) disturbed at the ↑moment° ((laughing)) (2.0) and I
16  I:            [mhm]
17  M:    remember he killed me ((laughing)) and I look at him and go like (1.5)
18        don't you think that maybe we cannot get pregnant because we just
19        don't do it £often enough£ ((laughing))
20  I:    mhm
21  M:    (2.0) and he was like but we do it like three times a week (.) and I
22        l(hhh)ike (.) yeah on Sunday when you have a day off ((laughing)) this
23        is your three times a week ↑yeah .hhh and I remember that
24        ((laughing))
25  M:     this ((laughing)) convers- this ((laughing)) on the other hand was so
26        surreal >and on another hand he was pissing me off so much< because
27        I am like (1.0) .hhh (1.0) you cannot (.) blame (.) ME (3.0)
28        bec(hhh)ause it doesn't work this way ↑yeah it's like I see I calculate
29        my fertile days and everything >and so on and so on< and then you are
30        at work and °you are too tired° yes
31  I:    mhm
```

The extract starts with the interviewer enquiring about any negative reactions that Marianne ex-
perienced in the context of the miscarriage she had suffered. The speaker orients to the negative
reactions, however, the focus of her troubles telling is not on the loss itself but on the inability to
conceive for the second time. Her attempt to deliver the sensitive details of her self-disclosure is
gradual and deferred. This is evidenced already at the very beginning, when in line 03 the speak-
er initiates her turn with laughter, pauses and a syntactic embedding about her mother in law's
support and compassion, which all defer, but also mitigate what comes next. In line 06 Marianne
makes relevant the problems with conceiving. She delivers a re-enactment of the remarks by her

mother in law and, in particular, her husband as well, who attributed the blame for their inability to conceive again to the speaker's emotional state at that time ("oh you cannot get pregnant because you get so stressed", line 06-07). The speaker's upset is manifested in the subdued prosody when she continues the verbatim locution: "if you're gonna relax then you're gonna get pregnant". The same interactional device, quieter voice, has been used by the speaker a few times throughout the extract, which, too, points to the highly emotional character of her troubles talk (for example, lines 09, 11, 12-13).

Marianne actively dissociates herself from the full responsibility for not being able to get pregnant and accomplishes it by means of a few interactional devices. For example, she provides an account where she conveys her emotional stances such as annoyance with the use of the negatively loaded: adjective "irritating" (line 08), verb "to irritate" (line 05) and a hyperbole "the other thing that which killed me" (lines 08-09) as provoked by the attempt to apportion the blame to her. Another discursive device to disclaim the sole responsibility is the employment of laughter and humour during her troubles telling. For example, in line 03 the situated interactional deployment of laughter displays troubles resistance (Jefferson 1984). A closer investigation shows that laughter is employed both as prefacing the revealing of the sensitive details (lines 10) and comes directly after (line 15 and 17), for example when she reveals that her husband attributed the blame to her ("don't you think that we cannot get pregnant because you are so stressed and emotionally disturbed at the moment", lines 13-15) and when she resisted the responsibility for the situation and instead proposed an alternative interpretation of the roots of the problem. In line 17 the troubles teller introduces a three-part buffer topic (Jefferson 1984) and enacts a verbatim locution, which is a suggestion to her husband that they both had a sexual intercourse too infrequently to successfully conceive ("don't you think that maybe we cannot get pregnant because we just don't do it often enough", lines 18-19). This is followed by a re-enactment of her husband's attempt at defending himself regarding the fulfilment to the perceived obligation on his part ("but we do it like three times a week", line 21), and the speaker's final, humorous response providing the numerical details of their intercourse on a weekly basis ("yeah on Sunday when you have a day off, line 22"). In line 25 the trouble recipient joins in with laughter after the speaker reveals further details of her confrontation with her husband about the frequency of their sexual encounters.

The speaker starts laughing once again and starts elaborating on the topic. She provides an account where she actively resists being attributed exclusive accountability for the problems

with conceiving. She delivers an emotionally loaded re-enactment of her words to her husband "you cannot blame me because it doesn't work this way yeah" (lines 28-29). In a defensive act she puts prosodic salience on the word "me", which is uttered with emphasis and produces a long pause, which gives more prominence to her claims. She constructs herself as fulfilling obligations on her part, that is ensuring she calculates fertile days. She contrasts her fulfilled obligation with her husband's failure to perform his role because of his lack of presence (being at work) or being tired and thus failing to engage in a sexual activity, which ultimately serves to defend her version of the events and disclaims her sole responsibility regarding fertility problems.

5.4.5. Grieving and the social status of perinatal loss

Extract 7 features the topic of grieving as occasioned by perinatal loss.

Extract 7

```
01  I:    Yeah do you think that grieving for a baby that (.) let's say (.) you never
02        knew (.) is different from losing a family member that you ↑knew
03  M:    I think it's more difficult because when you do that (.) people in general
04        (1.0) don't ↑understand (0.5) [and] quite often when you let yourself
05  I:                                  [mhm]
06  M:    (1.0) grieve (0.5) .hhh there is a period of time (0.5) separating the event
07        (0.5) from the moment when you let yourself do ↑it (0.5) and people
08        quite often reason how come something that happens six months ago a
9         year ago or two years ago can have an impact on your life ↑now .hhh
10        (0.5) plus if you go and tell them my husband ↓died (2.5) they're very
11        ↓sympathetic (1.0) and if you tell them I miscarried in sixth (.) eighth (.)
12        tenth (.) or twelfth week (1.0) up to twelfth week they are like ((shrugs
13        her shoulders)) (1.0) they're like (.) it ↓happens (1.0) because they don't
14        see that unborn baby as a real ↑person
15  I:    mhm
16  M:    (2.0) and quite often they will tell you oh even the church doesn't see it
17        as a person ↑yeah (3.0) it's jus- it's just more difficult because >you
18        don't have space for your pain (.) you don't have space for your feelings
19        (.) you don't have time to recover< (1.0) so I think it's just you're ex-
20        pected to carry ↑on (3.0) I think it's just something °more difficult°
21  I:    As if pretend that nothing had happened [really]
22  M:                                            [Yeah] mhm
23  I:    That it wasn't important
24  M:    Mhm
```

The interviewer asks a question about possible differences between grieving after a miscarriage and after the death of a family member, which contains a distinction of the two categories of losses. The interviewer orients to Marianne's previously generated nominal term 'baby' (see, e.g. extract 2), which personifies the loss, and juxtaposes it with an abstract family member. In line 03 the speaker aligns herself with this distinction, constructs grieving after miscarriage as more difficult and spells out some reasons for this situation. She asserts that this type of grief fails to incur social validation as people display a lack of understanding ("it's more difficult because when you do that people in general don't understand", lines 03-04). What is interesting is that the interviewee constructs grieving post perinatal loss as a permissible process that occurs as a result of the survivor's active decision to grieve ("when you let yourself grieve", lines 03-06). Using a three part list, the speaker constructs the onset of the grieving process as not always triggered instantaneously after experiencing miscarriage, but as one which can be delayed and happen at any later stage ("something that happens six months ago a year ago or two years ago", lines 08-09), which was the case in her situation (see extract 1). Marianne articulates a delayed grieving reaction as devalued because people fail to recognise the gravity of the situation and reinforces her assertion that such type of loss lacks social validation by stating that people "don't see that unborn baby as a real person" (lines 13-14). Juxtaposing the two adjectives "unborn" and "real" pertains to the ontological dimension of loss and points to embodiment (perhaps understood as the necessity to possess a fully formed human body) as a category-constitutive feature of being regarded as a person. In lines 16-17 Marianne legitimises her claim by referring to the people's appeal to authority that even the institution of church fails to recognise the miscarried foetus as a person. She enacts her surprise via the 'oh-token' (Heritage 1984) ("oh even the church doesn't see it as a person", lines 16-17). In line 17, she seeks confirmation of this claim from the recipient as evidenced by the upward intonational contour and a lengthy pause that follows, but is not met with one. In the final lines of the extract the speaker once again links the complicated character of grief following an intangible loss such as followed by miscarriage and recapitulates the constrains that come with it using a three part list ("you don't have space for your pain you don't have space for your feelings you don't have time to recover", lines 17-19). This is followed by her construction of a social expectation "to carry on", which is uttered with a downgraded epistemic certainty and followed by a lengthy pause, and another appeal for confirmation via rising intonation, which again does not happen. Not only does it pertain to the highly

regulatory character of grieving post miscarriage (and grieving in general) and its social devaluation, but it can also be considered along the lines of disenfranchised grief, where the "survivors are not accorded a 'right to grieve'" (Doka 2002: 5). She finishes her turn with "I think it's just something more difficult" (line 20), which recapitulates her words. This is followed by the interviewer's attempt to co-construct the meaning of perinatal loss, which is met with Marianne's agreement.

5.4.6. Summary

A substantial part of the interview features Marianne's coping, which she organises in a detailed and temporally ordered account of loss. The speaker narrates two stages of her coping: pre- and post-therapy, and positions herself and her reactions at the centre of her troubles tellings. She consequently constructs herself as the recipient of the troubles related to her incumbency in the MCD 'miscarriage' and also as someone who actively strives to manage and resolve them.

Marianne negotiates the meaning of miscarriage by invoking other categories in the MCD 'miscarriage'. For example, she brings up the category 'doctor' and constructs him as transgressing the moral obligation tied to this category, i.e., she emphasises that he did not recognise the complex and multidimensional nature of recovery after a miscarriage. The doctor is therefore constructed as someone who transgresses the moral obligation tied to this category to some extent, as he did not recognise the complicated and multifaceted nature of recovery after a miscarriage. Very early on in the interview Marianne draws a line between the doctor's focus on miscarriage as a solely physical experience, and underscores it as predominantly linked to the emotionally challenging reaction post-loss.

Marianne relies on common sense knowledge stored in categorisations when she delivers a gendered account of loss, when contrasting her emotional reaction to miscarriage and her husband's inability to understand it. She consistently constructs her husband as an incumbent of the category 'man' and invokes various category-bound predicates, which result in and justify placing him outside this experience. For example, she delivers a category-bound predicate of a 'man' not being able to understand the emotions experienced by a woman who has suffered a loss, which indexes unemotionality, a core concept of hegemonic masculinity (Connell 1987), and positions her husband as a bystander rather than the 'experiencer'. She justifies his lack of un-

derstanding of her emotional response to loss by explicating that developing a bond for men necessitates a longer period of time. She emphasises her husband's role as supporter, which consequently constructs her as the only person with full epistemic access to the experience of miscarriage. The speaker puts a lot of interactional effort, though, to save her husband's face.

The employment of the gendered categories, and in particular the contrastive use of the standardised relational pair husband-wife, allows Marianne to narrate the experience of perinatal loss as feminine. She refers to common sense knowledge about the category 'woman', whom she ties with life-transforming aspects of becoming a mother by invoking a category-generated predicate of focusing on the future plans related to having a child. The speaker emphasises that a pregnancy "changes the life of a woman", and in this way she further links a successful pregnancy (and, by implication, becoming a mother) with femininity and motherhood. Contrasting the varying perspectives on the meaning of pregnancy constitutes the background for understanding the meaning of loss.

Although Marianne seemed very open to talking about her experiences, there were numerous instances where emotional content was discursively and prosodically marked as sensitive. What deserves particular attention is her numerous displays of troubles resistance (Jefferson 1984) by means of employing laughter and verbal laughter substitutes (such as "it was hilarious") when she tends to some sensitive material. Humour is used by the speaker in her management of delicate content, for example, when she resists being attributed blame for problems with conceiving and discloses an amusingly narrated story about her and her husband's infrequent sexual encounters. She also deploys a number of buffer topics (Jefferson 1984), for example, about the social worker, who referred to female emotionality during pregnancy, which aimed at diffusing the seriousness of her troubles talk before she proceeds to spell out the details of her self-disclosure.

5.5. Eve

Eve is a white middle class woman in her late fifties. She has suffered four miscarriages within a period of around three years, which happened about 20 years prior to the interview. She did not experience problems with conceiving, but she underwent treatment to help with the birth of a healthy baby. The four losses were followed by a problematic pregnancy, which nonetheless

resulted in the birth of a healthy baby girl. She has been an experienced local telephone contact for an organisation helping women with coping post perinatal-loss, although the service has not been so popular in the recent years. On her suggestion, the interview took place in the safe environment of her house.

5.5.1. The meaning of loss

This section discusses Eve's construction and negotiation of the meaning of loss via topicalising the differing perspectives of women who have suffered losses contrasted with the medical staff's perception of perinatal loss.

5.5.1.1. Patient/doctor perspectives

Extract 1 features Eve's negotiation of the differing perspectives of women experiencing miscarriage and the medical staff that assist them. Eve received professional help in two different places, the first was a general hospital that dealt with the physical aspects related to her miscarriages and their consequences, and the second was a specialist miscarriage clinic, whose aim was to prevent further losses. This extract starts with the interviewer asking about the circumstances of Eve's treatment received at a general hospital, and makes relevant three possible categories: patient, mother and woman, which the interviewee might identify with.

Extract 1

```
01  I:     Do you think that when you went to this normal hospital (.) um you
02         were treated as a patient or or as a mother or as a ↑woman as a
03         ↑person=
04  E:     =Just as a patient just as (0.7) an (1.0) a faceless person actually I
05         mean I was there (.) with my £face£ (.) but it was just (1.5) <irrele-
06         vant I think> (1.0) and I think because they deal so much with the
07         <positive pregnancy outcomes> (0.5) the assumption is that if one
08         goes wrong that doesn't matter because (.) it'll be followed up with a
09         positive one (.) it just means you wait a little bit longer (0.5) the fact
10         is that actually as a miscarrying women you don't see it like that (1.0)
11         doesn't occur to them
```

```
12  I:   So how do you think the perspective of a (.) of a patient of a person
13       who had a miscarriage and the doctor  ho- how is it ↓different
14  E:   It- It's so much more personal for the person (.) who is having the
15       miscarriage (.) the person who is having a miscarriage has lost (0.5)
16       their motherhood (0.3) of that child (.) >even if they've got other
17       children< (.) their motherhood for that child °has just gone° (0.3) and
18       that's a different thing from just being ill (0.5) which is what doctors
19       are used to dealing with (1.0) .hhh but our consultant (.) because he
20       dealt with women with (.) .hhh difficult pregnancies or not becoming
21       pregnant when they wanted to (.) or miscarriage (.) a lot (1.0) um
22       (0.3) perhaps because he's got his own ↑children was a similar ↑age °I
23       don't ↓know° (0.5) .hhh >maybe because of the kind of man he was<
24       (0.5) he was sympathetic all the way through and he gave my husband
25       and I a lot of space to be (.) upset together (.) he'd leave us alone in
26       the consulting room while he went away and then he'd come back
27       when he'd felt we'd had .hhh time to think (.) and he didn't rush us
```

In line 04 Eve orients to the category patient with a 'no gap no overlap' response and ascribes it an occasioned category-generated predicate "faceless". In lines 04-05 she unpacks the meaning behind this predicate as being in the hospital in the physical sense ("I mean I was there with my face"), as someone anonymous and whose individuality and emotions were not recognised ("but it was just irrelevant I think"). In line 06 she validates her claim by means of referring to the medical staff's assumptions that a miscarriage will be followed by a healthy pregnancy, which she constructs as the normative situation. Eve contrasts those assumptions with an experience of miscarriage, which she constructs in the eyes of the medical staff as an intermediary stage in the process with the ultimate goal of having a healthy pregnancy ("it just means you wait a little bit longer", line 09). This assumption downgrades the meaning of the experience of miscarriage and fails to recognise its effects on the survivor ("if one goes wrong that doesn't matter because it'll be followed up with a positive one", lines 07-09). In lines 10-11 Eve invokes the categories of medical staff and a women-survivor in a contrastive manner. First, she delivers a gloss: "as a miscarrying woman you don't see it like that", which is followed by the medical staff's failure to understand the meaning of this type of loss ("doesn't occur to them"). In line 12-13 the inter-viewer makes an attempt to encourage the interviewee to further unpack the gloss and enquires about the differences between the perspective of a person who had a miscarriage and a doctor. The interviewer replaces the categorial name "woman" with the non-gendered noun "person" (who had a miscarriage), which Eve proffers as a gendered categorial formulation. In lines 14-17 the speaker discusses the meaning of miscarriage and constructs the loss as personal, and thus

having an individual and emotional character. She ties the category woman with lost mother-hood, puts emphatic prosody on "that child" (line 16) and underscores the meaning of individual losses. In line 18 she invokes the category doctor and constructs it via reference to the category-constitutive feature of dealing with ill patients. What can be inferred is that doctors tend to the physical aspect of the miscarriage, but fail to recognise the individual and emotional character of this type of loss. Given the importance of having a loss recognised by a women who has suffered a miscarriage, this failure to see past the woman's bodily experience is constructed as a category-disjunctive feature of the category doctor within the MCD 'miscarriage'.

Eve counters this categorial formulation, and provides a description of her health consult-ant, whom she constructs as sympathetic. In lines 19-24 she gives a number of occasioned rea-sons for it, such as brings up his experience of dealing with women with all kinds of pregnancy problems or the fact that he had children himself, which defers Eve's introduction of more per-sonal sensitive material. After the lengthy description of the reasons validating the claim that the consultant was sympathetic, Eve provides an account of his behaviour following the moment she was informed about a miscarriage, such as leaving the room in order to give the couple space. Eve indexes emotions and constructs both her husband and she as being "upset together" (line 24), which in this local context of the on-going talk is a category-resonant description within the MCD 'miscarriage', more specifically the standardised-relational pair 'wife-husband'. What is noteworthy is that at this point the speaker's husband is proffered as sharing the incumbency within MCD 'miscarriage' as facilitated by the doctor's behaviour.

5.5.1.2. Reactions to loss

This extract presents the ways in which Eve negotiates different people's reactions to her miscar-riages. The topic is initiated by the interviewer, who enquires if the speaker experienced any negative reactions following the news about her losses. The question is unfeatured in the extract, as there was a minor recording error during the interview. The extract illustrates the moment the problem is rectified and the interviewer wants to return to the interactional business at hand.

Extract 2

    01   I: So um (.) this (.) you were talking about this lady=

02 E: =yeah so we um it was at work (0.5) and I'd been in the morning to-
03   to the hospital (1.0) discovered that I was um (0.3) miscarrying <u>again</u>
04   (0.5) and they'd given me an appointment the next day for day sur-
05   gery (0.5)
06 I: Mhm
07 E: U::m (0.5) and I'd said to thi- this lady >°that it was you know all
08   finished again°< and she was like oh well at least you haven't got to
09   go to the meeting have you ((laughing)) (2.0) £like I'd swap those two
10   (3.0) °but um° (2.0) she's a lovely lady and she would be appalled to
11   realise °you know°£ (1.0) >and I didn't say anything to her< °I just
12   we- went away and .hhh° (3.0) um but that's the kind of thing because
13   people <u>don-</u> (0.5) °don't think° (3.0) and they <u>don't intend</u> to be (0.5)
14   ↓°unkind° (1.0) and <u>even my mother</u> (1.0) although she was (1.0) she
15   had been through a miscarriage and she had said to me as a (0.5) .hhh
16   as a teenager (.) >and we'd met someone else who was having a mis-
17   carriage she talked to them and she said< .hhh yeah I remember (.) it's
18   one of the <u>worst</u> things <I'd ever (.)↓<u>experienced</u>> (1.5) but she still
19   (1.0) >I think she found it very <u>difficult</u>< (2.0) to know how to (1.0)
20   therefore handle me >cos she didn't want to see me going through
21   ↓it< um (4.5) but- (2.0) therefore she almost kind of ignored ↓it (1.5)
22   rather than talk about it because it was (1.0) awkward °for ↓her° (2.5)
23   °um° (2.5) my sister was very very kind and sympathetic but (1.0) >°I
24   suppose she didn't know what to say she hadn't been through it°<
25   (2.0) .hhh um but she bought me flowers and and a nice little plant for
26   the garden >and stuff like that< so she <u>tried</u> to kind of <u>be</u> (0.5) helpful

In line 01 the interviewer topicalises Eve's mentionable from before the recording error in order to elicit the story. The speaker orients to the interviewer's formulation with a 'no gap no overlap' response and provides the special and temporal background to her story. She situates the event on the same day as when she found out about her miscarriage and a day before a scheduled surgery. She uses the past continuous tense "I was miscarrying" (line 03) illustrating the fact that Eve was in the process of miscarrying when she went to work and when the event in question happened. The adverb "again" uttered with louder tone of voice emphasises the recurrent aspect of her losses. In lines 07-08 the delicate nature of her losses is evident by means of an idiomatic expression "it was you know all finished again", which is characterised by a limited degree of penetration, as well as the discourse marker "you know", which "tends to precede a potentially threatening or traumatic thought or idea that is about to be revealed" (Pawelczyk 2010: 151). Moreover, this emotional part of Eve's turn is prosodically marked by an extended stretch of quieter speech when she refers to the event of her miscarriage. This is followed by a verbatim locution of the colleague's words as a reaction to Eve's miscarriage and the pending surgery to

remove the foetus "oh well at least you haven't got to go to the meeting have you" (lines 08-09) re-enacted to give her account authenticity (Holt 1996). The culmination of this story is interactionally achieved by employing laughter to display 'troubles resistance' (Jefferson 1984), but given the local context of the account it is also proffered as a non-verbal evaluation of the woman's remark as particularly inappropriate. This is further evidenced in the next line "like I'd swap those two" (line 09), which unequivocally constructs experiencing a miscarriage and going to a meeting at work as bearing different weight. In line 10 Eve is experiencing some interactional trouble, marked by two prolonged pauses and quieter delivery of "but um" and decides to mitigate the colleague's insensitive reaction by constructing her using a positively-loaded adjective "lovely" and as being unaware that she acted incorrectly "she would be appalled to realise". After this she delivers a common knowledge component "you know", which allows Eve to abandon the sentence without further elaboration. In line 13 Eve invokes the category 'people', which is constructed in the situated context of its production as people who are faced with the news about someone's early pregnancy loss, that is they temporarily enter the bounds of the MCD 'miscarriage'. This transient category is attributed a lack of awareness about the emotional burden on the person who has suffered this type of loss ("people don't don't think", line 13) and thus, as a consequence, they display a category-disjunctive behaviour ("they don't intend to be unkind", line 13). The category formulation is constructed as having an idiomatic quality by means of "that's the kind of thing" (line 12), which works as a summarising device for the lady's behaviour. What becomes apparent here is that the colleague from the individual description in the initial part of the extract can be seen as an incumbent of the category 'people'.

This is also true of Eve's mother, which is observable in the subsequent lines, when Eve smoothly transitions to talking about her as fitting within the category 'people' with "even my mother" (line 14). Unveiling the ways the subtle categorial work is achieved allows for unfolding the sequential deployment of its moral underpinnings via an individual's description an as the incumbent of this category. This part of Eve's account (12-23) is observably emotionally difficult for her as marked by numerous instances of interactional trouble in the form of long filled and unfilled pauses. The speaker gradually produces a lengthy disclosure about her mother's own experience of miscarriage, as well as her being sympathetic towards someone who was having a miscarriage. Even then contrasts it with the mother's actual response to her daughter's losses. Eve delivers a verbatim locution of her mother's words describing the emotionally challenging nature of this experience by means of two extreme case formulations "it's one of the

worst things I'd ever experienced" (lines 17-18). At this point it becomes clear that Eve's mother does not function only as a member of the previously mentioned category 'people' within the MCD 'miscarriage', she is also an incumbent of the category 'mother', whose membership within MCD 'family' is somewhat 'stable' or 'fixed' due to the category's unfailingly and uniquely moral character. Simultaneous membership to two different MCDs 'miscarriage' and 'family' creates a situation where Eve's embarkation on negotiating categorisation work seems inevitable. In lines 14-22 Eve evaluates but also justifies her mother's reaction when she constructs her as failing to display sympathy. The mother is proffered as unable to help, which stemmed from the fact that she found it emotionally challenging to see her daughter go through it and which was expressed with an epistemically downgraded proposition: "I think she found it very difficult to know how to handle me" (lines 19-20). Eve does not explicitly mention the category daughter but it is available via reference to her mother, and thus via the standardised relational pair mother-daughter. What also transpires is out the interviewee evaluates her mother's behaviour negatively, as evidenced by the later turns when she talks about a perfect/desirable/ideal reaction to miscarriage in extract 3. The mother then can be inferred as somebody who cared about her daughter a lot and for this reason it was emotionally difficult for her to look at her daughter's suffering. In line 21 the speaker continues and constructs her mother as unwilling to talk about miscarriage and failing to recognise it via the downgraded construction "she almost ignored it". Lines 21-22 feature three attempts at turn termination and disengaging from the troubles talk marked by downward intonational contour. Eve finally ends this part of her disclosure by drawing on a justification for her mother's reaction as "it was awkward for her" (line 21), which constitutes her third attempt. This evaluative phrase has summarising properties and allows the speaker for a smooth transition to a topic change. In line 23 Eve invokes her sister and constructs her using two positively loaded adjectives "kind" and "sympathetic", which are delivered first, before she embarks on a more negative assessment. She contrasts the positive evaluation with a conjunction "but" (line 23) and proffers her sister as not knowing what to say as she had no subjective experience of going through a miscarriage. She then produces a three-part list describing positively assessed behaviour on her sister's part. Eve signals turn termination with a formulation summarising her sister's reaction constructed as trying to be helpful, however, the mitigation "kind of" (line 26) could be inferred as embedding a certain lack, perhaps lack of understanding of this experience as she was only a bystander performing activities aiming at being supportive.

The following extract features a direct continuation of the subject matter discussed in the previous extract.

Extract 3

```
01  I:    What do you think umm (.) the perfect reaction would be
02  E:    Yeah (.) well £that's the difficult thing isn't ↓it£ .hhh (0.5) I think
03        almost a perfect reaction is (1.5) to express sympathy (.) like you
04        would for a bereavement (.) and to admit (.) that actually you don't
05        know <what to say> (0.5) because (.) in many ways ther- >there isn't
06        (.) there's nothing really that can be said< (.) that will make it ↓better
07        (1.0) except to acknowledge (1.0) <that it is bad> and that it's not (.)
08        to be °brushed under a carpet° (1.5) and I I would still struggle to
09        know what to say to somebody (2.0) >except that I think you know<
10        (.) I would acknowledge their loss (2.0) and offer a listening ear as
11        somebody who'd been through it because I know (.) .hhh that could
12        be useful (1.0) and I think (.) if I hadn't gone through it ((unclear)) for
13        other things that have come ↓up (2.0) different things to acknowledge
14        (0.5) that because I haven't gone through it (0.5) I don't know what
15        it's like (0.5) and therefore I don't know what to say (1.0)  >rather
16        than assume I know exactly how they're feeling< (1.0) so the I know
17        how they're feeling bit when they haven't been through it (0.5) that's
18        wrong too (.)°because they don't° (1.5) and I think we need to
19        acknowledge sometimes (.) that we °don't know how people are feel-
20        ing°
```

In line 01 the interviewer's topical focus is on a perfect reaction of people with whom are shared the news about someone's miscarriage. Eve orients to it without bringing in her own subjective experience. Before the speaker offers her perspective, she prefaces it with an appeal to shared knowledge marked by a question tag in "that's the difficult thing isn't it" (line 02). She delivers this phrase in a smiley voice, which could be interpreted as pursuing intimacy between the participants. In lines 03-04 Eve offers an epistemically downgraded perspective as evident by the use of the verb "think" (line 02) and thus accentuates that it constitutes her opinion rather than, for example, proffering it as a fact. In a similar manner, she also uses a mitigating adverb "almost" (line 03). In line 04 Eve makes relevant the concept of bereavement, but refers to it only in the context of it being understood in a normative way, and thus covertly situates miscarriage outside of it ("express sympathy like you would for a bereavement", lines 03-04). She constructs in her view a perfect reaction to the news about miscarriage by expressing sympathy and acknowledging this type of loss, rather than disenfranchising it. This part of her response is deliv-

ered without any observable difficulty and her prosodic cues point to a relative ease with which she tends to that perspective. In lines 07-08 the speaker invokes an idiomatic expression "that it's not to be brushed under a carpet", which works as a summarising device (Heritage 1988) and, together with quieter tone of voice marking turn termination, effects Eve's transition to talking from the perspective of her own subjective experience. Interestingly, Eve situates herself not as a recipient of people's reaction, but as someone who displays a reaction to someone else's loss "and I I would still struggle to know what to say to somebody" (lines 08-09). She adds a contrastive element "except that" (line 09) and produces a discourse marker "you know" (line 09) to build intimacy "by making an appeal to being understood and creating the salience of the information it frames" (Pawelczyk 2011: 153). The salient information: "I would acknowledge their loss", proffers Eve as someone who recognises the significance of perinatal loss, and thus someone who can be referred to as sympathetic. She constructs herself as someone willing to offer tangible help in the form of listening and her subjective experience of loss is constructed as an asset thanks to which she is able to understand someone who is going through miscarriage. In line 13 she switches her perspective from talking about displaying her own reaction to talking about people outside the bounds of this emotionally challenging life event. In lines 14-16 she gives her proposition authenticity by delivering several hypothetical verbatim locutions ("I haven't gone through it", "I don't know what it's like", "I don't know what to say" and " I know exactly how they're feeling") of an abstract person who is constructed as someone who does not know how a miscarriage survivor is feeling because they do not possess first-hand experience of perinatal loss. This is produced in the form of an upgraded four-part list. Based on the last item on the list, Eve continues with a phrase with an idiomatic quality: "the I know how they're feeling bit" (lines 16-17), which as well as proffering shared cultural knowledge with no need for the further unpacking, also has a summarising quality and signals Eve's pending attempt at topic termination. Eve finishes her turn by emphasising the importance to acknowledge lack of understanding of miscarriage as based on the lack of phenomenological experience of this type of loss.

While offering her perspective in this extract, Eve does not overtly refer to categorial formulations. The fact, however, that this part of the interview comes directly after categorisation work topicalised in extract 2, the speaker's proffered propositions should be treated as a moral and cultural backdrop for those categorisations. Eve's categorial formulations from extract 2 (including Eve's co-worker, mother and sister) can be thus "interpretable as 'reluctantly' performed instances" (Pomerantz and Heritage 2013: 215) of negatively assessing people's reac-

tions, who (fully or at least partially) failed to fulfil category-generated and category-bound obligations.

5.5.1.3. Symbolic meaning of miscarriage

Extract 4 features a negotiation of the meaning of two types of loss: miscarriage and losing a family member. The division is invoked by the interviewer who gives the epistemic floor to the interviewee:

Extract 4

```
01  I:    So how would you (.) how would you compare having a miscarriage
02        to losing a (.) a relative
03  E:    .hhh (1.0) I think it's actually not as dissimilar as people think (1.5) it-
04        it's different (1.0) because you're not losing somebody you know .hhh
05        but then you don't have the memories of that person (1.0) and not
06        having the memories can make it (0.5) worse in some ways (0.5) be-
07        cause if you lose relative you have memories for you (0.5) >can look
08        back at those memories and rejoice in the good memories< but a-
09        (0.5) certainly in the early stages of bereavement (.) >that makes you
10        very sad< (0.5) because (.) you think back to those memories (1.0)
11        >whereas for the miscarriage you don't have those memories< (1.5)
12        <but you have lost your child> (1.0) and the picture you had of that
13        child (0.5) it's not a real child you've °lost° (0.5) but you do have a
14        picture of your head of °what you've lost° (1.5) .hhh I think you get
15        over it more quickly °though° (1.5) umm (2.0) and for me (1.0) >I
16        know it's not the same for every woman< (0.5) for me having a child
17        (1.0) eventually managed to lay all those unpleasant memories to
18        °↓rest° (2.0) so now I- I don't get upset by °those miscarriages° now
19        (1.0) whereas I can still look back and feel upset about the death of
20        my mother or my father (0.5) because I know what I'm °missing for
21        them° (1.0) >whereas for the miscarriages< I now feel I have (0.5)
22        what I lost (1.0) but I think that depends on (2.0) on an individual I
23        >know that there are women< who (0.5) still struggle with the loss of
24        a miscarriage (.) even though they have <°one or more children°>
25        (0.5) they miss (0.5) °those individual children° (1.0) I- I very seldom
26        regret (1.0) that I didn't have °those children°
27  I:    Hmm
28  E:    >Occasionally< (.) but not for the most part
```

In line 03 Eve delivers a preamble referring to the general social belief that the two types of losses are dissimilar and briefly contradicts it, albeit without giving reasons to validate her claim. Instead, she produces a prosodically emphatic "it's different", after which she precedes to spell out some reasons for it. In line 04 she invokes a vague category via the personal pronoun "you", which can be categorised under the MCD 'miscarriage', and thus refers to a person who has suffered a miscarriage – though not specifically a 'woman' at this point. Suffering a loss is thus a category-constitutive feature for this category member and the MCD 'miscarriage' allows for identifying the other member as accessible via the standardised relational pair survivor-lost person (not yet a 'baby' at this point). Eve negotiates the meaning of miscarriage related loss and constructs it as intangible by means of contrast with bereavement understood normatively: "you're not losing somebody you know" (line 04) and "you don't have the memories of that person" (line 05). She uses general nominal expressions "somebody" and "person" to describe the other member of the MCD miscarriage, which constructs it as embodied, but elusive and unconcrete. Thus, these constructions embed the category-constitutive feature of the category 'miscarriage survivor' as suffering an intangible loss because of the lack of history related to the lost person. The descriptions are followed by Eve's mitigated evaluation of this loss as "worse in some ways" (line 06). The speaker validates her claim by constructing a standard mourner as having memories of the bereaved and rejoicing in them (lines 07-08). What can also be inferred on its basis is that suffering a miscarriage provokes a severe emotional reaction in the survivor. In line 11 Eve returns to the topic of miscarriage memories once again and contrasts it with standard bereavement "whereas for the miscarriage you don't have those memories". Interestingly, she rushes through this part, similarly to some other parts describing bereavement and memories (lines 07-08 and 09-10), but delivers "but you have lost your child" (line 12) with prosodic salience. She uses slower speech and louder voice when she utters "have lost", which gives this phrase prominence. Eve transforms the lost person into a child under an MCD 'miscarriage' and elaborates on the meaning of loss using this passivised category. The baby is constructed as "not real" (line 13) and as synonymous with "a picture" (lines 12 and 14), which refers to its symbolic rather than embodied meaning. This symbolic meaning of miscarriage can be inferred as embedding dreams, hopes or future plans, which act as a reminder of what has been taken away. She emphasises it by articulating it on two occasions in lines 13-15 ("it's not a real child you've lost" and "you do have a picture of your head of what you've lost"). The speaker delivers the noun "lost" in subdued prosody when uttering both of those phrases, which signifies the delicate char-

acter of this type of loss. This is followed by her mitigated observation: "I think you get over it more quickly °though°" (lines 14-15), and the quieter tone of voice when articulating the conjunction, which signifies topic termination. This is followed by two long pauses after which the speaker decides to transition from categorial work to a description of her own experience "and for me" (line 15), which is temporarily abandoned. Instead, Eve produces a rushed syntactic embedding ("I know it's not the same for every woman", lines 15-16), through which not only does she position herself as a member of the category 'miscarriage survivor', but most importantly, she refines this category by narrowing it down to 'women'. The syntactic embedding is also used to manage the locally situated goal of deferring the disclosure of sensitive personal information, which follows soon after. She constructs an account of her coping and reveals that having a child aided her healing process ("for me having a child eventually managed to ley all those unpleasant memories to rest", line 16-18). Although in line 18 Eve claims that she does not get upset by her losses anymore, the deployment of some prosodic features such as long pauses and quieter tone of voice when she utters "rest" and "those miscarriages" points to some interactional trouble and/or emotional displays of sensitive material. In lines 19-21 the speaker contrasts her miscarriages with the loss of close family members, and constructs those losses as upsetting and persisting, resulting from her experience of knowing them and having memories of them ("I know what I'm missing for them"). In line 21 she returns to the topic of miscarriage again and provides yet another contrasting description about the meaning of this loss for her. She produces a gloss "I now feel I have what I lost" (lines 21-22), which is later unpacked in extract 5. In line 22 Eve invokes the category 'woman' via the MCD 'miscarriage' and she ties it with a category-constitutive feature of struggling with loss but delivers a situatedly produced meaning of loss. The speaker emphasises the flexible and occasioned character of the meaning of this type of loss for women ("I think that depends on on an individual", line 22) and proceeds to delineate an example of women who struggle with their loss(es) despite already having children. She articulates the meaning of their loss as grieving for individual children, which she contrasts with her personal experience ("I very seldom regret that I didn't have those children", lines 25-26). The sensitive character of her disclosure is evident by the pauses and by subdued prosody when she refers to the lost children, both the women's and her own. What is significant in Eve's constructions of the category 'women survivors' in light of their varying attribution of the meaning of loss is that they occur as occasioned products of interaction. The category woman in the situated context of its production is by no means a rigid and unchanging template that is external

to the process of categorisation. In either case, the category 'woman' within the MCD 'miscarriage' is positioned as suffering and grieving, and thus miscarriage is consequently and consistently constructed as a feminine experience. What is significant is the categorical absence of 'men'. They are not constructed as incumbents within the MCD miscarriage, which contains only two categories 'woman' and 'baby'.

Extract 5 is a continuation of the conversation on the subject matter presented in the previous extract.

Extract 5

```
01  E:   And I have met people who've had (.) a miscarriage and stillbirth
02       (0.5) and would say that the two (2.0) are almost °exactly the same°
03       (1.0) which surprised me (0.5) I felt that >that a stillbirth where you
04       actually had a baby to look at and< (.) hold (.) <would then be worse
05       (.) than having a miscarriage early on> but °actually they said they
06       felt equally bad for both°
07  I:   That's really °interesting°
08  E:   °Mhm° okay (.) that probably depends on an ↓individual (2.0) and
09       everybody's reaction to it (.) to bereavement and loss (.) is different
10       (.) because >I think< because of their (.) the rest of their experience in
11       life↓ (2.0) umm >and I think< if yo- if you have lots of issues going
12       on in your life as well (2.0) .hhh then miscarriage takes on a different
13       (.) kind of proportion to somebody >whose life is going ok other-
14       wise< (1.0) .hhh I think the first miscarriage I recovered from a lot
15       ↓quicker (1.0) that I did >maybe the later ones< (1.0) because they
16       were kind of accumulative and >I began to feel that I really had lost
17       motherhood altogether< (1.0) and not the motherhood of that one
18       °child°
19  I:   Mhm so for you it was mo::re (.) the idea of being a mother [rather]
20  M:                                                              [yeah]
21  I:   than those [particular]
22  E:              [yeah]
23  I:    Rather than a mother of those [particular]
24  E:                                  [That's right]
24  I:   °Babies° (3.0) that's why it's probably not as hard [now]
25  E:                                                       [Yeah]
26  I:   Because you're a [mother]
27  E:                    [That's right] °that's right yeah°
28  I:   So but you know women who (.) see this differently ↑yes
29  E:   Yes and I've had women (0.5) ring >who've actually got children< (.)
30       and are still (.) devastated >°by having a miscarriage°< (1.0) and are
31       devastated by the loss of that child (0.5) and not >the loss of mother-
32       hood because they still have those °other children°<
33  I:   °°Mhm°°
```

238

```
34  E:    And I think sometimes that's because it's a ↓shock (2.0) >it was less
35        of a shock to me because it was the first pregnancy< (2.0) .hhh and >I
36        kept saying to my husband who kind of< (.) assumed you know that
37        >we would try for a baby (.) we'd become pregnant reasonably quick-
38        ly (.) we'd have the baby and you know and that's the way things
39        ↓worked< right from the start (.) I suppo- >well I may not become
40        pregnant I- I've no idea whether everything works< (1.0) if it does (.)
41        I may not stay pregnant (.) because (.) there could be issues there hhh
42        (0.5) umm (1.0) and so I was kind of ready (0.2) for the possibility
```

In line 01 Eve makes relevant the category 'woman' in the MCD 'miscarriage', but employs the non-referential term "people". She further validates her belief about women displaying a strong emotional response post-loss and constructs it as a category-constitutive feature. She delivers a description of women who suffered both miscarriage and stillbirth and found those losses equally painful, which could be inferred from Eve's subdued prosody prefaced by a long pause when she utters "exactly the same" (line 02). She provides an account of her surprise and explicates the reasons for it. In lines 03-04 she admits that she would classify stillbirth as more emotionally challenging due to the tangible aspect of this type of loss ("you actually had a baby to look at", lines 03-04) and the possibility of a physical interaction by means of the verb "hold" (line 04) which is normatively tied with the category 'mother' or 'parent'. This is contrasted with miscarriage, which is constructed as loss that does not offer such an embodied experience and she proffers it by referring to the early pregnancy stage. In lines 05-06 the interviewee signals end of turn by recapitulating "actually they said they felt equally bad for both" articulated in quieter voice. The interviewer orients to the speaker's account of surprise and aligns with it by taking a similar stance "that's really interesting" (line 07). Moreover, the interviewer displays understanding of the emotionally charged nature of the on-going talk, as manifested by her last word produced with subdued prosody. This is followed by Eve's acknowledgement and elaboration on people's reaction to bereavement and loss. She attempts to recapitulate her previous observations and tries to provide occasioned reasons for them. Her efforts to summarise the topic are evidenced by the falling intonation at the end of a phrase, both in line 08 ("that probably depends on an individu-al") and in lines 10-11 ("the rest of their experience in life"), which are additionally followed by long pauses in both cases. The speaker, however, decides to keep going as the interviewer re-frains from providing any reaction. In lines 11-14 she observes that the differing responses to miscarriage might be dependent on other life circumstances and proceeds to orient to her own subjective experience of loss. She discloses that there were differences between coping after suf-

fering her miscarriages. This part is characterised by prosodic and interactional devices evidencing the delicate character of her self-disclosure. In lines 14-15 Eve draws a line between her first miscarriage and the ones that followed later and admits that she coped better with the former. At this juncture she starts unpacking the gloss from the previous extract where she said "now I have what I lost". She achieves this part with a lot of mitigation ("I think", "maybe", lines 14 and 15) and perturbed delivery in the form of pauses both preceding and following sensitive information. In lines 15-16 after a pause, she provides a reason for the other losses being more emotionally challenging ("because they were kind of accumulative"). She continues, and arrives at the central phrase of her self-disclosure when she reveals the meaning behind her losses: "I began to feel that I really had lost motherhood altogether and not the motherhood of that one child" (lines 16-18). Eve uses a quieter tone of voice when she utters the word "child" (line 18), which signifies some interactional trouble. The interviewer orients to the speaker's disclosure and engages in the co-construction of her account. The interviewer produces a formulation "so for you it was more the idea of being a mother" (line 19), topicalises Eve's words and seeks confirmation. In line 19 the interviewer does not reach a completion point as the speaker produces a mid-turn overlap aligning with her. The interviewer progresses to finish the formulation, which again Eve aligns with when the interviewer's speech is made sufficiently available for a response, which occurs several times as evident in the lines 19-27. In line 24, the interviewer arrives at a completion of her formulation and utters the word 'babies' in subdued prosody to signal the end of her turn. This is followed by a long pause, where the interviewee does not proceed to elaborate, and thus the interviewer assumes the interactional floor, produces an observation, which is aligned to by the interviewee and eventually initiates a topic change. In line 28 the interviewer enquires about women who see the meaning of loss differently to the speaker. In response, Eve constructs another possible meaning of miscarriage based on descriptions of some women who shared their story with her. She uses prosodic salience on "devastated" and "that child" in explicating that some women suffer emotionally because of the significance of the individual losses as their need for motherhood has already been fulfilled. In line 33 the interviewer delivers a continuer "mhm" and the speaker continues by producing an attempt at topic completion "and I think sometimes that's because it's a shock" signalled by a turn-final downward intonational contour. This is followed by a long pause and is not taken up by the interviewer, which provokes Eve's transition to delineate her own personal experience. She reveals that her first miscarriage did not come as a shock to her and in line 33 invokes her husband. She refers to his assumptions about having a healthy pregnancy and constructs it by using a three part list of a normative progression from

trying to conceive to a successful delivery: "we would try for a baby we'd become pregnant reasonably quickly we'd have the baby" (lines 37-38). Eve then produces a common knowledge component "you know" (line 36) followed by a generalising phrase "that's the way things worked" (lines 38-39), which both work towards an idiomatic quality of her husband's assumption and assert it as common knowledge. This refers to the normative discourses of pregnancy, which assume a healthy pregnancy and a successful delivery. In line 39 Eve contrasts her husband's assumptions with her (as it appears, later substantiated) worries and fears regarding pregnancy and conceptions.

Both, extract 4 and 5 feature Eve's interactional attempt to negotiate the meaning of miscarriage and she accomplishes it by means of constructing the category woman within the MCD 'miscarriage'.

5.5.1.4. Losing a baby

This extract features Eve's negotiation of the meaning of miscarriage as provoked by the interviewer's enquiry pertaining to the diminished significance of this type of loss.

Extract 6

```
01   I:    Do you think that coming back to the reactions of people (.) >because
02         I wanted to ask about it< umm (.) do you think did you feel that they
03         >sort of< lessened the importance of um of your ↑miscarriage=
04   E:    =Yeah (2.0) I think (3.0) they didn't regard it (1.0) as (.) losing a baby
05         (2.0) they regarded it >as a miscarriage< and the two (.) descriptions
06         (1.0) are different (3.0) I- I think people wouldn't expect you to talk
07         about (1.0) .hhh I've lost the baby unless it's later in s- (0.5) the preg-
08         nancy (1.0) if i- it's six seven eight ↑months and you (.) then lose the
09         baby then that's how people would describe it (1.0) but describe it >as
10         miscarriage in the early weeks< (.) and mine were (1.0) .hhh early and
11         the twelve >nearly twelve weeks< was the latest I got (.) the others
12         were all (.) seven to nine weeks so people (0.5) couldn't see a preg-
13         nancy (.) they only knew because I was (2.5) emotionally fragile and
14         therefore told people and therefore they did not regard it as °losing a
15         baby° (2.0) to them it was °losing° (2.5) a little (0.5) unidentifiable
16         splotch
17   I:    And for ↑you=
18   E:    =It was °losing a ↓baby° (3.0) and for most of the mothers that had
19         ever rung me (.) that is how they describe it >you know< I have °lost
```

241

20	my baby° (2.0) I pictured this baby from the moment that I bec- that I
21	knew I was pregnant (1.0) I fast forwarded (1.5) nine months (1.0) to
22	the day when I will hold the baby in my arms and <u>that's </u>what °I've
23	lost° (2.0) but other >°people don't see it like that°< unless they've
24	gone through it themselves

The interviewer returns to the speaker's mentionable from an earlier part of the interview about the negative reactions of people in the face of Eve's news about her miscarriages and orients to the consequences their behaviour had on the perception of the importance of this emotionally challenging experience. In line 03 the interviewer finishes her turn with rising intonation, which seeks Eve's confirmation and elaboration. In line 04 the speaker produces a 'no gap no overlap' response with an agreement token "yeah", which might signify good rapport with the interviewer. The agreement token is followed by some speech disturbance in the form of a number of long unfilled pauses. The speaker offers her perspective and invokes a juxtaposition of two different perspectives as how to view perinatal loss, that is, as losing a baby vs. as a miscarriage. Eve orients to the interviewer's category 'people' within the MCD 'miscarriage' and negotiates its attributes. In line 04 she invokes category-bound predicate of failing to regard miscarriage as losing a baby and elaborates on her proposition. In lines 06-07 she produces a long pause and proffers some expectations that incumbents of the category 'people' exert towards those who have suffered the losses, but abandons the sentence in lieu of a verbatim locution, also preceded by a pause: "I've lost the baby", which helps the recipient connect to her proposition. The speaker utters the word "baby" (line 07) with prosodic emphasis and provides a condition for the loss to be regarded as losing a baby (lines 06-10) which is managed with some signs of interactional trouble, such as two self-initiated repairs (lines 07 and 08) and several unfilled pauses. She constructs the incumbents of the category 'people' as proffering the category 'baby's' membership within the MCD 'miscarriage' as conditional upon belonging to the MCD 'stage of pregnancy'. Eve delivers a three part list specifying the temporal details of the third trimester of a pregnancy ("unless it's later in s- the pregnancy if i- it's six seven eight months"), which could be inferred as exhibiting a tangible proof that someone is carrying a baby, i.e. related to the physical changes that a woman's body undergoes. In line 09 by contrast, she elucidates that early pregnancy loss is constructed as miscarriage and transitions to talking about her own personal experience. She gives an account of her losses and provides details regarding their duration, and proffers them all as early, which she utters with louder emphatic voice. She continues by saying there was no discernible physical proof of her pregnancy to people, which she constructs as the basis for not re-

garding her loss as the loss of a baby. In this emotional part of a turn, Eve's speech is characterised by certain disfluencies, for example, she delivers a long pause before disclosing that she was "emotionally fragile" (line 13), which she contrasts with the lack of the visible pregnancy. Eve's emotions are also manifested on two occasions when she refers to losing a baby (lines 14-15) and when she uses quieter tone of voice, which signals some interactional difficulty. In lines 15-16, Eve topicalises people's perception of her loss and constructs it using an idiomatic expression "a little unidentifiable splotch", which is additionally preceded by two pauses also signalling some interactional trouble. This figurative phrase is employed as an interactional resource twofold: on the one hand, it is used by Eve as a discursive device to construct her loss as at best misunderstood, and at worst disenfranchised, and on the other hand, it functions to signpost the end of the self-disclosure and terminate the current turn. In line 17, the interviewer fishes (Pomerantz 1980) for Eve's perspective of her own loss, and using the turn final rising intonation gives the conversational floor to the speaker. It is immediately oriented to by Eve with a 'no gap no overlap' response in the form of a gloss "It was losing a baby" (line 18), which is uttered with observable difficulty as marked by subdued prosody and followed by a long pause. In line 18 Eve validates her claim and builds her account by bringing up other women with a similarity of experience. What is notable is that for the first time during the course of the interview, Eve overtly constructs women in the MCD 'miscarriage' as 'mothers' and their losses as 'babies', and again, the emotional aspect of this part of her turn is marked by quieter tone of voice when she utters "I have lost my baby". In other extracts (for example extract 4 or 5) the category mother could only be inferred thanks to the standardised-relational pair mummy-baby, however, it is only the category 'baby' that is invoked directly. In line 20 Eve unpacks the gloss and although it is not clear whether she is speaking from her own personal experience or from the perspective of an incumbent of the category 'woman' in the MCD 'miscarriage', she constructs the meaning of the category baby as a potential future. The baby is constructed using a predicate typically tied to the SRP mummy-baby, namely "holding the baby in one's arms" (line 22), and Eve proffers it as a symbolic aspect of loss. The speaker terminates her turn with prosodically marked emotional difficulty (quieter tone of voice) by summarising that other people in the MCD 'miscarriage' fail to see the meaning of loss in the same way.

5.5.2. Miscarriage as a feminine experience

5.5.2.1. Self-blame

Extract 7 starts with the interviewer enquiring about Eve's husband's coping following the miscarriages.

Extract 7


```
01   I:    Yeah you mentioned all the things that your husband (.) umm he was
02         obviously very very supportive (.) umm (.) how did he (.) deal with it
03         because I presume men (.) deal with it slightly ↓differently
04   E:    They do (.) they do (.) they they switch off much quicker from it (0.5)
05         which is (.) I think quite °difficult° because (0.5) while I was still griev-
06         ing (1.0) °he was quite happily getting on with his life and saying (1.0)
07         oh we'll try again and it'll be fine° (2.0) and so that was (.) it caused a
08         certain amount of ↓friction (1.0) I think also (0.5) as time went on (1.0)
09         an- and it became clear that (0.5) i- it the next time >wasn't necessarily
10         going to be fine because next time £it'd already been not fine£ and the
11         next time it'd already not been fine and so on< (2.0) I think he found
12         that hard (0.5) but °didn't really talk about it very much° (2.0) and that
13         and that caused friction because I felt (0.5) >a lot of guilt< (0.5) be-
14         cause it was me >becoming pregnant so he'd done his bit (.) and been
15         very successful< and now (.) I couldn't (.) do my bit (.) which was to
16         keep it going (0.5) and so there was this feeling (.) >°if he'd married
17         somebody else he would have been  happily with children by now°<
18         (1.0) um and his argument yes but I didn't want to marry >somebody
19         else I wanted to marry you< (1.5) was (1.0) >you know< (0.5) not al-
20         ways what I- I was prepared to hear (0.5) or to take on board (1.5) .hhh
21         and whether we would have continued to have those sort of arguments
22         (0.5) even though we planned this life I- that was ↓separate (.) I don't
23         ↓know (1.5) >°as it happened we didn't have to (0.5) to face it°< but
24         (2.0) that that was the difficulty (1.0) and say he didn't talk about it (.)
25         men don't (1.5) umm he was in theory a telephone contact for the mis-
26         carriage association (0.5) for probably fourteen fifteen years (.) and he
27         never got a °single phone call from a man°
```


Extract 7 starts with the interviewer enquiring about Eve's husband's coping following the miscarriages. The construction of the question is worth investigating as it might be hearable as leading and imposing the interviewer's categories. Firstly, in the build up to the main point of the

question, the interviewer topicalises the previously obtained information from the speaker: "you mentioned all the things that your husband" (line 01), abandons the completion of the phrase and makes an inference on its basis "he was obviously very very supportive" (lines 01-02). This part of the question can indeed be seen as containing the interviewer's presupposition, which is followed by an enquiry about the husband's coping. Then the interviewer invokes the category 'man' (line 03), and thus places Eve's husband as the member of this category. The interviewer gives the epistemic floor to the speaker whose choice is either aligning with or resisting the use of the categorical formulations. The construction of the question shows that the interviewer's role in co-constructing the account of loss is significant and that it is a product of a joint interactional accomplishment. This is evidenced in line 04, where Eve topicalises the category 'man' and aligns with the interviewer's presupposition. She elaborates on and explicates that men "switch off much quicker from it" (line 04), which can be inferred as experiencing a less severe (or perhaps even a lack of) emotional reaction post miscarriage. Eve transitions from a categorical formulation to drawing an example from her subjective experience of loss and gives an account of contrasting coping by her husband and she. In lines 05-06 she discloses "I was still grieving" and juxtaposes it with her husband's dispreffered behaviour of moving on ("he was quite happily getting on with his life and saying oh we'll try again and it'll be fine", lines 06-07). The emotional character of this troubles talk is evidenced by Eve's subdued prosody and long pauses both preceding and following this part of her disclosure. She tries to draw this topic to a close and sums it up "and so that was it caused a certain amount of friction" (lines 07-08). Although she initially signals turn completion using downward intonation and a long pause, she instead decides to elaborate and unpack the topic of encountering friction in the relationship further. She constructs the progression of the situation using a three part list pertaining to her unsuccessful pregnancy attempts and delivers some of the disclosure in smiley voice, which signifies troubles resistance (Jefferson 1984). In line 11 she produces a long pause and provides a category-resonant description of her husband covertly experiencing an emotional reaction post loss but choosing not to talk about it, which is in line with hegemonic masculinity of an 'unemotional man' (Lakoff 1975; Connell 1987; Eckert and McConnell-Ginet 2003). In line 13 the speaker constructs a gendered account of the perceived moral obligations regarding reproduction. The categorical work is subtle here, as Eve does not overtly name any gendered categories. What allows for the reading of her account as gendered is the preceding and subsequent turns with mentions of the category 'man' (see lines 4 and 25). Consequently, invoking the category

'man' allows for the inference of the category 'woman' as a member of the standardised-relational pair husband-wife, in the occasioned context of its production. In line 13 the speaker discloses that she experienced guilt and gives an occasioned reason for it: "because it was me becoming pregnant". What can be inferred is that being pregnant is normatively tied to a bodily experience which indexes femininity and she was unable to fulfil this role as a woman. She contrasts it with her husband being successful at fulfilling his obligation in the reproductive process. This is followed by an account of Eve's inability to sustain the pregnancy where she uses the modal verb "couldn't" with emphatic prosody to accentuate her point ("I couldn't do my bit which was to keep it going"). In lines 16-17 Eve constructs a hypothetical situation pertaining to the normative order in life of a couple, that is, getting married and having children ("if he'd married somebody else he would have been happily with children by now"), and what can be inferred is that she used to blame herself for their childlessness and failure to fulfil her moral obligation to her husband to give him the family he wanted. She then delivers her husband's verbatim locution with a response he gave her ("yes but I didn't want to marry somebody else I wanted to marry you", lines 18-19) the focal point of which was marrying Eve, that is the person of his choice, rather than having children. What comes directly after that is managed with a hearable difficulty as evidenced by numerous long pauses, when Eve reveals that she found having those conversations emotionally challenging. In line 24 she brings up her husband's failure to talk about the losses, which she constructs as difficult for her. She then transitions from an individual description to a categorical formulation "men don't" (line 25), thus constructs her husband as an incumbent of this category. What she also accomplishes is that by invoking failure to talk about emotions as a category-bound feature of the category man, she indexes hegemonic masculinity in the occasioned context of miscarriage, and thus places men outside of this experience. This is further validated by Eve giving a description of her husband's voluntary work aimed at helping men who have found the experience of this type of loss challenging, and pointing out that he never got a single phone call from a man.

5.5.3. Summary

In her accounts of loss Eve frequently negotiates the meaning of miscarriage: both related to her personal perspective of this subjective experience and to the perspectives of people within the

bounds of the MCD 'miscarriage' (for example, medical professionals and family). She often proffers this type of loss as disenfranchised, with an exception of her medical consultant whom she constructs as sympathetic. For example, Eve's interactional management of an account of her mother's and sister's reaction to her loss reveals that she reluctantly evaluated them rather negatively. Both the mother and sister, as members of the moral categories within the MCD 'family', were constructed as failing to understand her and her needs, and thus failed to fulfil category-generated and category-bound obligations. The part of her disclosure dealing with family members is observably emotionally difficult for her, as evidenced by the numerous instances of interactional trouble.

In constructing the meaning of loss, Eve negotiates the category 'baby' within the MCD 'miscarriage'. The baby is ascribed a symbolic meaning, it is "not real" and it is synonymous with "a picture", which refers to dreams and hopes that one has for a baby and the changes that it necessitates. It is intangible, elusive and unconcrete. Eve emphasises that having a child aided her healing process as "now she has what she has lost". For her, miscarriages meant the loss of motherhood, rather than the losses of particular children. At one point, the speaker claims that she does not get upset by her losses anymore, however, some prosodic features such as long pauses and quieter tone of voice when she tends to more hearably emotional content points to the narrated material as still being sensitive for her.

Eve puts the category 'woman' at the centre of the experience of loss. The 'woman' in the situated context of its production is proffered as a flexible category, whose meaning is reworked and reconstructed and the possible differences between its incumbents are recognised, but whose constitutive feature is always suffering because of the loss. Miscarriage is thus constructed as an ultimately feminine experience and this is exacerbated by the relative absence of men within the MCD 'miscarriage'. The only exception is Eve's husband, who is constructed as both inside, but mainly outside this experience. His insider's status is evident immediately following the news about miscarriage when Eve's medical consultant leaves them both in the room to "be upset together" and when he is reported to have cried. More importantly, however, the husband is, usually positioned as a witness to Eve's coping with loss as observable by her notable juxtaposition of her still grieving and him "happily getting on with his life". Related to that, Eve constructs a gendered account of the perceived moral obligations regarding reproduction and constructs herself as having experienced feelings of guilt as a result of the fact she failed to perform her moral obligation to deliver a healthy pregnancy.

Both the interviewee and the interviewer work collaboratively to align with each other and co-construct the meaning of miscarriage. The speaker employs various interactional devices (such as the discourse marker "you know" and question tags) in pursuit of intimacy between her and the recipient which aid the collaborative project.

5.6. Hannah

Hanna is a middle class woman in her late fifties who described herself as work-oriented. She has suffered one miscarriage about twenty years prior to the interview. The pregnancy came as a shock to her and she revealed that she would never have consciously tried for a baby, so she remained childless. The interview took place in a safe environment of her house.

5.6.1. Miscarriage as taboo

The extract features the very beginning of the interview where the interviewer enquires whether Hanna regards miscarriage a taboo topic in the UK.

Extract 1

```
01  I:   Do you think that (.) miscarriage is a taboo topic in the UK?=
02  H:   =I think it is (0.5) um (3.0) I think it it it is it's a difficult thing be-
03       cause (1.0) um (2.5) and I also think it depends on what stage (2.0) it
04       happens
05  I:   Mhm
06  H:   And um (1.5) >I'm not talking about my own case I'll come on to my
07       own case< but um (0.5) with my umm (0.5) my ↓cousin (1.5) um
08       she's had a lot of problems (0.5) and um <she has announced that she
09       was ↓pregnant> (0.5) >because it was after three months< (1.0) and
10       then after after >she's never been able to go beyond (.) sort of four
11       months< and (1.0) she's got a- she's actually got a um genetic (1.0)
12       chromosome [problem as she found out]
13  I:              [So she's had multiple] miscarriages
14  H:   So yeah she's had three °I think° .hhh um (1.5) and (1.0) the awful
15       thing is >when you've told people and everybody gets very excited
16       and you get very excited yourself and then you get a miscarriage and
17       then you know you know it's sort of you know< (0.5) then it kind of
```

18	goes away and that that that's that's that's °you know° so people kind
19	of get embarrassed I think (1.5) cos >it's a bit it's a bit like <u>death</u><
20	people don't like to talk about <u>death</u> and in a way that's what <u>it is</u>
21	umm (1.0) I guess (0.5) <so umm> it's awkward and it's one of those
22	things that's not easy to comprehend because there are so many rea-
23	sons for why it might ↓happen so it's um you know people don't like
24	to ask questions about things like that because they know it's going to
25	be painful for the other person (0.5) so I think in any in any situation
26	where it's painful for the (0.5) individual (0.5) it's happening to .hhh I
27	think people do get ↓embarrassed °I think it is a bit taboo yeah°
28	Mhm both sides probably they don't know how to react

The speaker provides a 'no gap no overlap' affirmative response followed by some clear signs of interactional trouble in the form of numerous long pauses, multiple repetitions and a false start (lines 02-04). Hanna directly refers to miscarriage as difficult and the difficulty of this experience as being linked to the stage when it happens, but does not elaborate further on the exact meaning of her proposition. The interviewer produces a continuer "mhm" (line 05), which is followed by Hanna's rushed through syntactic embedding clarifying that she is not talking about her own experience but glosses that she will do it later (lines 06-07). This can be observable as a gradual and deferred approach to revealing sensitive material. In line 07 it becomes clear that Hanna starts unpacking the abandoned phrase "I think it it it is it's a difficult thing because" from line 02. She validates her proposition that miscarriage is a challenging life experience by giving an example of her cousin who has suffered multiple miscarriages. She delivers a stepwise description of her problems and reveals that her cousin announced she was pregnant and gives an occasioned reason for this "because it was after three months" (line 09). As both the speaker and the recipient are members of the same culture, the speaker refers to the common sense knowledge about when it is 'safe' to reveal the news about someone's pregnancy and the three months mark is generally regarded as past the period of the greatest risk of miscarriage. The interactional details of the ongoing talk point to the observation that both the speaker and the recipient treat it as shared knowledge as the speaker constructs it as having an idiomatic quality that deletes the need for further unpacking and is accepted by the interviewer. It is worth noting at this point that the idiomatic phrase "because it was after three months" contains the idea of secrecy embedded in miscarriage as a possible unfavourable end of a pregnancy that one might not want to reveal should it happen.

In lines 09-10 Hanna continues her cousin's story by stating "and then after after", abandons the current sentence, and instead produces yet another idiomatic phrase "she's never been able to go beyond sort of four months" (lines 10-11). This information is oriented to by the interviewer in line 13 when she seeks confirmation from the speaker and produces a formulation with an inference that the cousin suffering multiple miscarriages. The interviewer provokes overlapping speech, which results in a slight topical shift, as Hanna orients to it and elaborates of her cousins losses (line 14). A description of an individual person's losses is followed by a categorial formulation as evidenced by Hanna's shift to the use of the general pronoun "you" in line 15. The speaker invokes the category 'woman' within the MCD 'miscarriage'. She prefaces the categorisation with "the awful thing is" (lines 14-15) which already at this point of Hanna's formulation can be inferred as leading to some unfavourable outcome. Firstly, however, the speaker links the news about pregnancy with the feeling of excitement and constructs it as a category-generated feature for the category 'pregnant woman' ("you get very excited yourself", line 15), but also for the recipients of the news ("everybody gets very excited", line 15). This is followed by invoking the MCD 'miscarriage' and Hanna transition the category 'pregnant woman' to the category 'miscarriage survivor'. She states directly what follows the news about a pregnancy: "then you get a miscarriage", but also specifies the meaning of miscarriage by means of an ambiguous idiomatic expression "it kind of goes away"(lines 17-18). This part of Hanna's categorial work (lines 17-19) is delivered with hearable interactional difficulty, as marked by multiple repetitions of the common knowledge component "you know", hedging devices "sort of" and "kind of", and the pronoun "that".

In line 19 the speaker constructs the category 'woman' within the MCD 'miscarriage' as linked to the category-generated predicate "embarrassed", which is delivered with a downgraded epistemic certainty (followed by "I think", line 19). In line 19, Hanna gives an occasioned explanation for the embarrassment and juxtaposes miscarriage with 'death', but mitigates it with "it's a bit like" (line 19) and "in a way that's what it is" (line 20) , which constructs it as similar in an unspecified way to death. The speaker negotiates the meaning of miscarriage and proffers it as "awkward" (line 21) and "not easy to comprehend" (line 22). This is followed by the speaker invoking the category 'people' and tying it with the predicate "not wanting to ask questions about things like that". In line 26 the speaker invokes the category 'woman' without directly referring to the category name but by means of a category-constitutive feature of experiencing pain as a result of this type of loss. In line 27 Hanna signals turn termination by using downward

intonational contour when uttering the word "embarrassed" and reifying that "it is a bit taboo". The interviewer orients to it by displaying agreement and upgrades Hanna's proposition that both sides do not know how to react to a miscarriage.

What is interesting is that at no point in the extract does Hanna proffer categorial formulations with the category 'woman' by directly referring to this category name. Instead, she uses the expressions "people", "individuals" or the general pronoun "you". It is possible to infer the category 'woman', however, thanks to the category-bound and category-constitutive predicates, which follow an individual description of Hanna's cousin, who in the local context of the ongoing talk, as it is unfolded in the subsequent turns, is constructed as an incumbent of the category 'woman'.

5.6.2. Accounting for the pregnancy

Extract 2 features Hanna's account of her reaction about finding out about her pregnancy and the loss that followed very soon after. The interviewer's unfeatured question that ultimately provoked Hanna's disclosure was: "So how about your case when did you find out you miscarried". As part of her unfeatured response, the speaker reveals that the pregnancy came as a shock to her as she and her husband had not had unprotected sex and were not trying for a baby.

Extract 2

```
01  H:   And um and then she::: even came she even she said you're ↓pregnant
02       and I nearly fell on the floor (0.5) I mean I just thought (.) that's (.) just
03       (.) not (.) possible (1.0) >I cannot be pregnant there's no way I can be
04       pregnant it's absolutely impossible I'm pregnant< (1.0) .hhhh AND
05       (2.0) she said you know this is what the results are telling me (1.5) so
06       we tried to think (1.5) I told Andrew and we both went like (.) oh my
07       god (1.5) um and >we were trying to think how< (1.0) >and the only
08       thing we could think of< is that when we were making love (0.5) the
09       ↓condom (0.5) sort of (0.5) >I think he kind of put it on the wrong way
10       round and he had to change it round the other way<
11  I:   Mhm
12  H:   so maybe that was something to do with ↓that (1.0) so maybe you
13       know it's not a- you know cos it's not a- even a condom is not a hun-
14       dred percent [safe] (3.0) .hhh just one of those things and it was really
15  I:                 [Mhm]
```

16 H: weird because (4.0) hhhhh I I'd always been very ambivalent about
17   having children and I was never really sure whether I wanted
18   °children° (2.0) a:::nd maybe because I was very much into my career I
19   was doing a lot of travelling I was always worried (1.0) >about a lot of
20   things< if I had a child (.) would I love it I might not like it °I mean
21   stupid things° .hhh um (1.0) >and I was always worried if anything
22   happened between Andrew and myself what would I do if I was a sin-
23   gle mother and I was still trying to work< (0.5) .hhh I was also the
24   main breadwinner (.) <so we were very> (0.5) my salary was very im-
25   portant and (1.0) um so all of those things lots of things I was maybe a
26   bit scared about (0.5) ° having ↓kids° (0.5) >and it was always one of
27   those things I'm gonna do later< (1.0) in life but the kind of later never
28   really arrived (.) but then suddenly (2.0) (finger snapping) >oh my
29   god< (2.0) and then and then it was weird because (4.0) from kind of
30   never (.) even dreaming of being pregnant (1.5) the moment somebody
31   told me I was (0.5) suddenly I FELT (0.5) pregnant which is (1.0)
32   which is very difficult to explain but you suddenly feel (.)↓different
33   and you (1.0) (laughter) I even sort of we went out for dinner and I
34   wore like (.) baggy clothes cos I thought I need to be nice and loose
35   (laughter) It was kind of (0.5) really bizarre °really bizarre° and actual-
36   ly I actually thought if this if this has happened (2.0) fine (1.0) that's
37   how it's gonna be a:::nd let's just go with ↓it and I got you know in a
38   way I started to feel really good about it (2.0) umm this kind of lasted
39   maybe (1.0) two days and suddenly I had the most (1.0) incredible
40   stomach (1.0) cramps

In this extract Hanna describes in detail the moment she was at a hospital and a medical profes-
sional confirmed her unexpected pregnancy. The interviewee constructs a lengthy account detail-
ing a deep feeling of shock at hearing the news by means of a phrase "I nearly fell on the floor"
(line 02) pertaining to the physical manifestation of the sudden occurrence. What is more, in
lines 02-04 the speaker produces an upgraded four-part list further topicalising her shock and
disbelief regarding her pregnancy. Hanna puts prosodic salience on the first part of the list
"that's just not possible" by uttering it in louder voice and also by separating the words using
short pauses. This is followed by the medical practitioner's confirmation of Hanna's pregnancy
based on medical evidence. In lines 06-07 she constructs her husband as equally shocked as the
speaker using an idiomatic phrase "oh my god", which in this local interactional context refers to
an exclamation expressing disbelief/shock. This is followed by a description of the couple's at-
tempt to rationalise the possibility of conception, which contains intimate technical details re-
garding their sexual encounter and what might have led to Hanna becoming pregnant. The sensi-
tive content is delivered with numerous pauses, especially in line 09 when the speaker utters the

word "condom", which is both preceded and followed by a pause, which is then mitigated by "sort of" and followed by another pause. Hanna then produces a rushed explanation of what might have happened with the condom and makes an attempt at terminating the turn with a formulation "so maybe that was something to do with that", which ended with a falling intonational contour. After a pause, however, she decides to continue by pointing out a potentially fallible nature of condoms. In line 14, after a long, three-second pause, the speaker undertakes yet another attempt at turn termination and produces an idiomatic summarising phrase "just one of those things".

In line 14, Hanna smoothly transitions onto another topic with an opening "It was really weird because", a long pause and a long audible inbreath, which mark and are followed by the disclosure of sensitive material. The speaker reveals that she had never been sure whether she wanted children and provides a number of occasioned reasons for it. In line 18 she negotiates her position of why having a child might have been problematic and delivers a three-part list specifying the importance of her career at that time, frequency of travelling and experiencing worries. The last part of the list is multifaceted and is described in more detail and eventually links the worries with potential problems with her career and the importance of her position as the main breadwinner. In line 23 she implicitly constructs having a child with a possibility of lost income, which is followed by a formulation "so all of those things lots of things" employed as a summarising device articulating her fears and justifying her decision against becoming a mother. She downgrades the potentially face-threatening self-disclosure by proffering that the decision about having children was postponed ("it was always one of those things I'm gonna do later in life", lines 26-27) until it was finally too late. In lines 27-28 she delivers an idiomatic phrase "but the kind of later never really arrived", which contains agent deletion and was employed as a face-saving strategy.

In line 28, Hanna contrasts her hesitancy or reluctance to have children with the unexpected actual event of finding out about her pregnancy. The contrast is marked with a conjunction "but" and followed by her display of surprise as evidenced by the exclamation "oh my god". In line 30, the speaker delivers a single description of feeling pregnant, and elaborates on its meaning by moving to a categorial formulation and constructing it via a reference to category-generated predicate of "feeling different" (lines 32-33). This can be seen as an umbrella predicate where a lot of meaning could be inferred on the basis of common societal knowledge about pregnancy and normative behaviour linked to it. In line 32, it becomes clear that Hanna invokes

the category of a pregnant woman by means of the general pronoun 'you', and positions herself as an incumbent of this category. In the subsequent lines she constructs the category pregnant woman by tying it with certain normative preferences as for attire, such as wearing baggy clothes. She thus positions herself as somebody who despite not consciously trying to become a parent, quickly accepted her status as an incumbent of the MCD 'pregnancy' after the initial shock. The self-disclosure about the clothes is both proceeded and followed by laughter which signifies a display of troubles resistance.

In lines 36-37 Hanna constructs the event of pregnancy as outside her control by means of deleting agency ("I actually thought if this if this has happened"), but as something that she decided to accept ("fine that's how it's gonna be and let's just go with it"). This is followed by the speaker's false start, intimacy building discourse marker "you know" (Pawelczyk 2010), and most importantly, by Hanna's attempt at upgrading her acceptance of pregnancy to a mitigated, yet more socially acceptable, feeling of enjoyment at the fact she became pregnant: "in a way I started to feel really good about it" (lines 38). In the very final lines of her disclosure Hanna constructs her miscarriage through reference to the normative bodily manifestations of this type of loss ("I had the most incredible stomach cramps", lines 39-40).

In extract 2 Hanna narrates a gradual process of undergoing a change in conceptualising the meaning of pregnancy from being very hesitant about wanting a child and never consciously trying to conceive, through her shock at discovery of her pregnancy, acceptance of the status quo and the ultimate loss that followed soon after.

5.6.3. The loss and validation of the pregnancy

Extract 3 is a direct continuation of Hanna's account of the event of her miscarriage.

Extract 3

```
01  I:    Mhm
02  H:    And I was in absolute agony .hhh umm (1.5) so we phoned the doctor
03        (2.0) and um (2.0) I had to go to (2.0) >an- and I think I started bleed-
04        ing< (1.0) um (3.0) and um (1.5) >the doctor said I had to go to the
05        hospital< a:::nd in the hospital (0.5) I had to wait and wait and wait
06        but eventually they did a um (0.5) a scan you know with the roller
```

```
07   I:    mhm
08   H:    .hhh a::nd they said >there's nothing ↑there< (5.0) so (3.0) ~it was
09         very °odd°~ (2.5) >it was like I was pregnant but I hadn't been preg-
10         nant< (2.0) I was for- maybe looked like >I was pregnant for like two
11         seconds< and then it was gone
12   I:    mhm
13   H:     and so:: (1.0) i- it must have been a miscarriage °and um° (3.0) I
14         don't even know <how long I'd been pregnant> an- and the pregnan-
15         cy was proven by the blood test >or whatever I- it was a blood test<
16   I:    mhm
17   H:    but um (1.0) it it it >it was almost I knew and then it was gone< (2.0)
18         u::m (1.0) and that was quite hard °actually in all-° (1.0) it was you
19         >you kind of psyche yourself up and suddenly get excited and then<
20         pff °it's gone° (3.0) and it was very painful as well I mean it was it
21         was a very unpleasant experience (.) it was like having  period pains
23         but it was <a million times (.) worse> (0.5) so it was it was quite scary
24         and when I did have the scan I was really disappointed (2.0) °when
25         they said there was nothing I was very I was very sad° (3.0) but <I
26         had not told anybody> (.) I didn't want anybody to know (1.0) be-
27         cause I thought there's no point (2.0) because it wasn't like we were
28         trying for a baby .hhhh ~umm it was very personal~ and >I thought
29         you know this was one of those things that's happened< I wo- let's
30         just move ↓on
31   I:    Mhm
```

The extract starts with the interviewer's continuer "mhm" orienting to the end of Hanna's turn from the previous extract. In lines 02-11 the speaker further elaborates on the details of her mis-carriage. Her account of loss is organised chronologically and Hanna gradually approaches the central part of her disclosure. Firstly, she reveals that she experienced physical symptoms such as excruciating pain and bleeding, as a result of which she phoned her doctor and went to a hos-pital. This part of her disclosure features notable disfluencies, such as numerous long pauses, which index delicate content. In lines 08-09, Hanna's self-disclosure seems particularly challeng-ing for her, as marked by a number of discursive and prosodic devices. For example, she delivers a rushed through idiomatic phrase that a USG scan showed that "there's nothing there", which is characterised by a limited degree of penetration and may be indicative of the speaker's unwill-ingness to name the product/object of her loss. What is especially noteworthy is the rising into-nation at the end of this idiomatic expression, which signals some lack of certainty, which will be addressed when scrutinising the subsequent turns of Hanna's troubles talk. The sensitive character of this self-disclosure is also evident by two very long pauses following it, and by shaky voice when she utters "so it was very odd" (lines 08-09). This formulation could be seen

as an attempt at turn termination via quieter tone of voice at the end of the phrase, as well as a long pause that follows it. In line 09, after the lack of interviewer's intervention, she decides to pick up the topic and elaborate on it. The speaker undertakes an interactional effort to negotiate her pregnancy through the focus on its brief duration. Hanna's uncertainty, which shows through her prosody in line 08 discussed above, is also visible in the next subsequent lines. For example, she constructs her pregnancy as fleeting or transient ("I was pregnant for like two seconds and then it was gone", lines 10-11) and ephemeral ("it was like I was pregnant but I hadn't been pregnant", 09-10), as if she has to validate the fact it had happened. This is observable in line 13 when she proffers: "it must have been a miscarriage", which signifies a deduction, an attempt at a confirmation that the pregnancy really happened. This is followed by further authentication of the tangibility of her pregnancy ("and the pregnancy was proven by the blood test", lines 14-15). In line 16 the interviewer delivers a continuer "mhm" and thus gives the floor to the speaker to continue. Hanna once again constructs her pregnancy as fleeting: "it was almost I knew and then it was gone" (line 17).

In line 18, Hanna invokes the category woman within the MCD 'miscarriage' and ties it to category-bound predicate of experiencing an emotional reaction following the loss. She constructs it as resulting from excitement with being pregnant. The categorial formulation is both preceded and followed by Hanna's individual description of finding the loss challenging, which signifies her positioning as an incumbent of the category woman within the MCD 'miscarriage'. In line 20 Hanna signals topic termination with a quieter tone of voice when she utters "it's gone" and produces a long pause. She shifts the topic and expands on the physical pain she experienced and constructs it with an extreme case formulation "it was a million times worse" (line 23). In line 24 the speaker decides to return to the topic of her reaction to the loss and invokes the feeling of disappointment and sadness and addresses the fact she did not tell anybody. She specifies the reasons behind it and proffers there was no point as they were not actively trying for a baby. In line 28 the emotions in her speech are observable via shaky voice when she discloses that "in was very personal" after which she delivers an idiomatic "I thought you know this was one of those things that's happened" (line 29), which together with an embedded common knowledge, allow Hanna to abandon the sentence without further elaboration. The speaker tried to terminate the turn by proposing the course of action following the loss ("let's just move on").

5.6.4. Family

In extract 4 Hanna continues with an account of her reaction post-loss. At the beginning of the extract the speaker signals topic termination by means of downward intonational contour ("Just cut it out", line 01) and proceeds to proffer the consequences of her decision to keep the news about her miscarriage confidential. Hanna describes an event of her husband's birthday in detail, which evidences the ways in which she progressively constructs and negotiates the social meaning of the categories within the MCD 'miscarriage'.

Extract 4

```
01   H:   Just cut it ↓out (1.0) and (1.0) um but it all thhhhurned into a big dra-
02        ma .hhh because Andrew (.) told his aunt (3.0) °he had a Thai aunt
03        who lives in England° and um <who was living in England at that
04        time> and he told his aunt <I didn't know> °he'd told his aunt° and
05        then
06   I:   He told his aunt when you were pregnant
07   H:   That I'd had the miscarriage
08   I:   Ok
09   H:   (3.0) and then ((laughter)) it was that summer (0.5) it all happened in
10        the sort of early summer >must have been around< May June time I
11        can't remember now (2.0) .hhh but in the summer we had a big family
12        party cause it was Andrew's birthday (2.0) >°can't remember which
13        birthday it was (0.5) but we had a lot of people came must have been
14        his fortieth birthday< it was yeah it was his  fortieth birthday yeah so I
15        was around thirty eight at this time thirty seven thirty eight° (2.0) so
16        all relatives came and (1.0) during the big party (2.0) Andrew's aunt
17        said to my mother (1.5) we're really sorry to hear about Hanna's mis-
18        carriage (2.0) and of course my parents went (.) ballistic (1.5) they
19        went completely ballistic and they said how could you not tell us you
20        know this is you know this is destroyed trust between us and (.) they
21        were >absolutely distraught< .hhhhh and tha- that was probably the
22        worst thing (1.5) °about the whole episode°
23   I:   Mhm
24   H:   Actually it was horrible it was awful and I- >I didn't want to say any-
25        thing to anybody cos there was no point< um I di- I discuss a lot with
26        my mom (0.5) we're very close (1.0) but this was one thing I just real-
27        ly didn't want to share (0.5) >cos I didn't see the point< cos I knew
28        people would be upset .hhh and they'd ask questions and >I didn't
29        have any answers< (1.0) and so it made it very (3.0) >very difficult<
30        (1.0) the reaction was really (2.0) that reaction was (0.5) °you know
31        was very awful° (0.5) >but it was as much as ↓anything< (0.5) >I
32        guess it was a double shot for them a because I hadn't told them and
```

33		they couldn't understand why (0.3) I hadn't said anything< (2.0) .hhh
34		and b because I guess they were actually very disappointed .hhh and I
35		(0.5) I found it hard to handle (2.0) I can't remember very well what
36		happened but um (2.0) it took us a while to get over that (1.0) you
37		know there was a big trust [issue] that'd been um (2.0) kind of cut
38	I:	[mhm]
39	H:	damaged °between us° (2.0) so it was a whole period of (1.5) I don't
40		know as much as six months but .hhhh (1.5) it wa::s (1.5) >it was
41		almost< very <u>surreal</u> >it was almost< <u>unreal</u> because this thing had
42		sort of <u>happened</u> .hhhh but (3.0) and >it's a very <u>momentous</u> thing< it
43		it obviously to have a baby (0.3) t- to be pregnant >it's incredibly
44		momentous it's creating life and the rest of it< .hhhh um (2.0) and so
45		(3.0) and yet whe- when you experience a miscarriage (1.5) you have
46		all of that inside you but then (0.5) there's ↓<u>nothing</u>

The emotional character of this extract is observable already at its beginning when Hanna introduces the topical point of the disclosure. The speaker accentuates that keeping the miscarriage confidential posed serious problems for her, and uses emphatic prosody when she utters "it all thhhhurned into a big drama". In line 02 Hanna specifies that her husband "told his aunt". The speaker is narrating the details of her account with a number of markers of speech disfluencies, for example, she repeats the same information that her husband told his aunt three times (lines 02 and twice in line 04), and separates it with rushed through syntactic embeddings that defer the divulgence of sensitive details. In line 02, the speaker produces a long pause, and instead of elaborating on the events of that day, she uses subdued prosody to introduce extra, unimportant details about the aunt, which she self-repairs in the subsequent lines. In line 06 the interviewer seeks Hanna's confirmation as for the matter of what exactly was revealed by the husband and the speaker orients to it providing a repair specifying that the husband revealed the news about the miscarriage. This is accepted by the interviewer in the next line after which Hanna continues after a long pause and preceded further divulgence of details with laughter, which can be seen as an indication of troubles talk. The speaker tends to temporal details of the event and undertakes interactional effort to recall the situational particulars of the day. She is thus approaching the focal point of the disclosure carefully and gradually, by also providing a lot of extra information such as the reason for the celebration, her husband's and her own age at that time, etc. In line 15 she slowly approaches the central phrase of her disclosure, that is, she invokes her parents and their reaction to the news of her miscarriage, which was divulged by the aunt. In lines 17-18 Hanna provides a re-enactment of the aunt's verbatim locution "we're really sorry to hear about Hanna's miscarriage" and allows the interviewer to connect to the story (Mandelbaum 2013).

The speaker constructs her parent's reaction to the surprising news using extreme case formulations: first she uses the adjective "ballistic" (line 18), and self-repairs it to an upgraded "completely ballistic" (line 19), and "absolutely distraught" (line 21). This is followed by a verbatim locution of her parent's words uttered with prosodic emphasis and employed to give her account credibility. The re-enactment of their words is significant as it contains subtle categorisation work, as evidenced by two instances of a common knowledge component "you know" proffering shared categorial knowledge. An individual description of Hanna's parents' reaction ("going ballistic") is followed by subtle categorial formulations pertaining to category-bound predicated related to trust between members of the MCD "family", and especially the morally-loaded categories of parents. What can be inferred on the basis of the parents' proposition is the perceived obligation of their daughter to reveal important information in her life, thus invoking category-bound obligation for the category 'daughter'. Hanna's simultaneous membership to two MCDs 'family' and 'miscarriage' generates a situation where the parents invoke Hanna's perceived moral obligation as failed. In lines 21-22, the speaker constructs the event as challenging using an extreme case formulation "that was probably the worst thing" and uses an idiomatic phrase "about the whole episode", which allows for a transition to Hanna's justifying why she decided to conceal her miscarriage.

The speaker proffers she did not reveal the fact she had suffered a miscarriage "because there was no point" and invokes a close relationship between her and her mother, which speaks to the SRP of mother-daughter. In line 26 this is directly followed by adducting a contrastive element, which is discursively marked with a conjunction "but". The speaker explicates that despite the close relationship it was the only thing she did not want to share. In lines 29-31 she returns to the challenging nature of the event. This emotional turn is prosodically marked by numerous long pauses and discursively by numerous repetitions of the fact that the reaction was "awful". She proffers her parent's reaction as the main difficulty for her to manage using a summarising idiomatic expression "but it was as much as anything", which together with the downward intonational contour signals turn termination. In line 31 Hanna evaluates but also justifies her parent's reaction by constructing them through their membership to the MCD 'family' by invoking category-bound predicate of expecting their daughter to share significant information. What is interesting, the speaker also invokes a category-resonant description pertaining to her parents becoming prospective grandparents, which can be invoked on the basis of her proposition that they were actually very disappointed (line 34). In lines 35-40 Hanna makes an interac-

tional effort to recall the temporal details of the consequences of the broken trust between her and her parents, which she accomplishes using epistemic downgrading ("I can't remember very well", line 34; "I don't know", lines 38-39). This part of her account is also prosodically marked by numerous long pauses, audible inbreath and quieter tone of voice when she utters "between us".

In line 40, Hanna proffers a topic change and after a long audible inbreath and two long pauses offers her perspective on the meaning of miscarriage. She constructs the miscarriage as "surreal" (line 41) and thus having a dream like quality, as something intangible, and upgrades it to having an even less tangibility with "almost unreal" (line 41). She validated her claim by constructing pregnancy as being "momentous" (line 42) via linking it to creating a new life. The idiomatic expression "and the rest of it" that follows directly after embeds unspecified, yet significant meaning of pregnancy. The phrase is delivered as a short-cutting device, which appeals to shared knowledge and deletes the need for further unpacking (Stokoe 2012b). This part of her turn (lines 42-47) is offered with numerous speech disfluencies such as long pauses, audible inbreaths and self-initiated repairs which all index observable interactional difficulties. In lines 45-46 she delivers contrast by means of "and yet" and proffers miscarriage as the end of something using another idiomatic expression "you have all of that inside you but then there's nothing", which deletes the need to go into detail and clarify the meaning of miscarriage. What is noteworthy, Hanna positions herself as an incumbent of the category 'woman' within the MCD 'miscarriage' via the general personal pronoun "you" (line 45), which follows an individual description.

The interviewer plays a minimal role in the co-construction of Hanna's account. Apart from the clarifying intervention from line 07, the interviewer produces sparse continuers, which give the interactional floor back to the speaker.

5.6.5. 'Foetus', 'baby', 'person'

Extract 5 features Hanna's negotiation of the categories 'foetus', 'baby' and 'person' in the MCD 'miscarriage'.

Extract 5

```
01  I:    Yes definitely would you see::: um (0.5) would you see this experi-
02        ence as a baby or maybe (1.0) as a ↑foetus
03  H:    (3.0) Um (5.0) I think as a foetus actually (3.0) because you can't im-
04        agine a baby >you know< until >because of what it would've looked
05        like you can kind of foetuses all look the same< so I suppose at that
06        stage yes more of a foetus actually than a baby >it's an interesting
07        question you asked< but no never really I never really envisaged a
08        child (1.0) no because it was something still here inside my tummy
09  I:    Mhm
10  H:    Um (3.0) and (3.0) a ger- almost like you know a germ of life if you
11        like rather than a (.) person as such (1.0) no I'd never felt I'd lost a
12        person (3.0) you know it was much more kind of generic (2.0) baby
13        (3.0)  foetus (1.5) you know
14  I:    Mhm
15  H:    It's more o- >it's it's kind of like you've lost< the idea o- of a baby
16        rather than (2.0) actual baby °it's hard to describe but um as for no I
17        didn't I didn't actually envisage a child° (3.0) >because I think a child
18        maybe has it's own personality it's a it's it's it's its own being I
19        couldn't imagine what that might look like or anything< (0.5) no it
20        was mo::re (0.5) it was something small and more inside me
21  I:    Mhm
22  H:    Rather than something external
23  I:    °Ok° (3.0) so I guess that's why you probably::: or did you feel like a
24        ↑mother (0.5) at that ↑time=
25  H:    =Yeah oh yeah yeah yeah (0.5) definitely (1.0) my maternal instincts
26        came out (.) for sure
27  I:    Mhm
28  H:    And you feel protective and you feel you want to be protected (0.5)
29        that was that was probably the most (0.7) surprising thing for me (0.5)
30        >cos I've always been< very self-sufficient and pff strong woman ect.
31        but actually (0.5) you suddenly feel (0.5) no actually °I want to be
32        protected°
33  I:    Ok
```

The interviewer's query in lines 01-02 invoke the categories 'baby' and 'foetus' in the local in-
teractional context of constructing the meaning of loss for the speaker. Hanna orients to the dis-
tinction after two considerable pauses, which signify some interactional trouble already at the
beginning of her turn. The speaker initiates by proffering that she saw her loss as a foetus, which
is marked by a certain degree of hesitancy as evident by an epistemic downgrade ("I think", line
03) and a long pause following her statement. Hanna proceeds to validate her proposition by
invoking the category 'baby' and ascribes it a category-generated predicate of having an appear-
ance ("what it would've looked like", lines 04-05). She refers to it as shared in common between
herself and the recipient, which is discursively marked by the common knowledge component

"you know" (Stokoe 2012b) and thus ascribes her categorial formulation as having an idiomatic quality. Hanna then, in line 05, provides a contrast by constructing foetuses as looking all the same. She makes relevant the stage of the miscarriage, which is constructed as occasioned MCD, and proffers the category foetus as an incumbent of this MCD. Interestingly, the MCD is constructed not simply as 'miscarriage', but as unspecified 'early pregnancy stage'. This is delivered with a formulation containing an epistemic downgrade "so I suppose" (line 05) followed by a recapitulation "more of a foetus actually than a baby" (line 06). In subsequent lines, Hanna continues to ascribe category-generated predicates to a "foetus" such as not having an external presence ("it was something still here inside my tummy", line 08). This is followed by the interviewer's minimal contribution with a continuer "mhm" (line 09), which signals to the speaker to continue. In line 10, Hanna experiences some interactional trouble manifested as speech disfluency in the form of two long pauses, and a false start after which she finally refers to the category 'foetus' using an occasioned idiomatic expression "the germ of life" (line 10), which constructs the product of pregnancy as something minimal and not having an embodied character. She then juxtaposes it with losing a person, who can be inferred as having a bodily presence.

In line 12, Hanna continues her negotiation of the category 'foetus' and interestingly introduces another category name 'generic baby', which she places alongside it. Those two can be understood as either closely linked or even synonymous, and are proffered as known in common by means of the common knowledge component "you know" (line 13), appealing to the recipients understanding. The interviewer produces a continuer "mhm", which provokes more elaboration on the side of the speaker. In line 15, Hanna starts unpacking the category of a 'generic baby' as not being real but being an idea of a baby, which constructs the loss as something intangible and disembodied. In line 17, she juxtaposes a 'generic baby' with a 'child' and ties the predicate of possessing a personality and being an individual ("it's its own being", line 18), but also with a disembodied entity ("I couldn't imagine what that might look like", lines 18-19). She focuses on the size ("it was something small", line 20) and constructs it via category-generated predicate "inside" (line 20), as opposed to "external" (line 22).

In line 23-24 the interviewer experiences some interactional trouble. She undertakes an attempt to ask a question, which is hearable as a proposition, but which is abruptly abandoned in lieu of a question about whether the speaker felt like a mother. This triggers some interesting category formulations. In line 25, Hanna delivers a 'no gap no overlap' emphatic response and constructs herself as a mother at the time of finding out about her pregnancy. She constructs it

via category-bound predicates such as "feeling protective" (line 28) and "wanting to be protect-ed" (line 28). She emphasises that those feelings arose in her suddenly and her pregnancy was surprising for her, as she otherwise positions herself as a "self-sufficient" (line 30) and "strong" (line 30) woman outside the MCD 'pregnancy'. What is worth noting, Hanna's negotiation of the categories 'mother' and 'foetus' constructs them as a standardised-relational pair within the MCD 'miscarriage', and allows her to position herself as a mother.

Hanna builds her account with some interactional trouble, such as speech disfluencies, for example, filled and unfilled long pauses, false starts and repetitions. Rather than being interpret-ed as discursive manifestations of emotions in her turn, these point to the active management and negotiation of the meaning of loss. In lines 06-07, Hanna delivers an observation "it's an inter-esting question you asked" pointing to the fact that she might have not considered it in the past and the interviewer provoked a new area of meaning negotiation, hence, numerous pauses mark moments of thought formulation. Given the interactional constraints of the interview, being faced with such a query, Hanna tries to accomplish the task of providing an answer and embarks on the process of categorisation.

5.6.6. Childlessness

At the beginning of the extract the interviewer topicalises Hanna's unfeatured mentionable con-sidering issues related to pregnancy, such as whether she might have experienced other miscar-riages she did not know about or whether she might have had problems conceiving had she con-sciously tried.

Extract 6

```
01   I:   Do you think that was (.) you ask those questions because of this mis-
02        carriage=
03   H:   =Oh sure (.) yeah yeah yeah definitely (.) >I don't think I would have
04        thought about it otherwise< (3.0) so (3.0) °°and yeah it wa- it was
05        disappointing°° (1.5) and in a way it was more disappointing because
06        .hhhh (3.0) <as I'd never> I would- >here I say without< any children
07        (2.0) um I was never gonna consciously go out and get pregnant (2.0)
08        as there were too many reasons why I was scared to do that (0.5) so in
09        a way (0.5) it would be much better (2.0) if I'd just got pregnant with-
10        out doing anything (0.5) >if you know what I mean< um (0.5) and
11        then >I would have been probably very happy about it and who know
12        if I'd had a baby I might have consciously gone and had< another one
13        (1.0) .hhhh so it's it's a shame (2.0) it's a real shame (2.0) °that it it
14        didn't work ↓out° umm (3.0)
15   I:   Mhm
16   H:   Because I now >as soon as I got to the menopause< (2.0) I grieved
17        (4.0) and I still do a bit (.) but I grieved (4.0) ever so much (1.5) for
18        the children I'd never ↓had (5.0) so a menopause is different >but it's
19        like the ultimate miscarriage< because (1.0) once you get (.) to >the
20        menopause that's it< (.) no chance (.) I mean a man can go on and
21        have children at any age (.) but for a woman there's a- (1.0) it stops
22        (1.0) and tha- and that's the real ↓taboo (1.0) is menopause (1.0) be-
23        cause nobody talks about menopause even less that they thhhhalk ab-
24        hhhhhout (.) miscarriages
```

The interviewer enquires whether those questions arise as a consequence of her own loss. Hanna emphatically delivers a 'no gap no overlap' response marked by a great deal of certainty and adduces that the experience of her loss provoked those thoughts. In lines 04-05 after some speech perturbations (two long pauses) the speaker undertakes a slight change in the topical focus of her turn and glosses that "it was disappointing". This part is uttered in sotto voce signifying extreme upset (Hepburn and Bolden 2013) and at this point it is not yet clear what Hanna is exactly referring to. In line 05-06 the speaker upgrades her disclosure to "in a way it was more disappointing because", abandons it and delivers several failed attempts at elaborating. This part is emotionally trying for the speaker as marked by some signals of interactional trouble such a as syntactic embedding ("here I say without any children", line 06) deferring the disclosure of sensitive information, a false start ("I would", line 06), and such prosodic features as an audible inbreath and long pauses. In line 07, Hanna reveals she never planned to consciously conceive and elaborated on the reasons behind it. She invokes fear: "I was scared to do that", but this part of

her account is characterised by a limited degree of penetration. This is followed by a mitigated proposition hinting at the fact that becoming pregnant without meaning to would have been a preferred option for her ("it would be much better if I'd just got pregnant without doing anything", lines 09-10). She speculates about the 'would have been' status of her life, had this happened and invokes prospective feeling of happiness and possibly having more children. What becomes clear is that the gloss from the beginning of the extract ("it was disappointing") has been unpacked as the disappointment at the childless status. This is further confirmed in line 13 when she covertly offers in emphatic prosody "it's a shame" and upgrades it to "it's a real shame" before she discloses in subdued voice "that it it didn't work out". In this way, the speaker constructs miscarriage as a lost opportunity to become a mother. Arriving at this part of her emotional account is observably difficult for the speaker and she undertakes interactional effort at turn termination as evident by quieter tone of voice and downward intonational contour followed by a long pause.

In line 15, in order to elicit more information the interviewer proffers a continuer "mhm", which prompts Hanna to further unpack the gloss. The speaker arrives at the central phrase of her self-disclosure and tropicalises menopause. She constructs it in a symbolic way, as the end of the possibility of motherhood. The speaker invokes grieving for the potential children that she had never had. She puts prosodic salience on the verb 'grieve', both in line 16 and also 17, as well as delivers an emphatic extreme case formulation "ever so much" (line 17), which all underscore the emotional character of her account. This is followed by Hanna drawing a similarity between miscarriage and menopause in that they both mean losing the possibility of having a child, only she upgrades menopause using an adjective "ultimate". In line 19, Hanna invokes gender and links the menopause with losing the possibility to procreate. She does not explicitly mention the category 'woman', however, it is accessible via the standardised relational pair man-woman, when she makes relevant the category "man" (line 20) as contrast. She explicates that fertility does not end for men in a similar way, and the possibility of having a child remains open for men irrespective of their age. Although not specified directly, this contrast is based on the idea of the biological clock, where female fertility is a process that undergoes termination at menopause. In the final part of her account, Hanna brings up the taboo nature of menopause, and likens it to miscarriage. In the two final lines, the speaker uses humour to deflate the delivery of the observably sensitive material and exhibit troubles resistance.

5.6.7. Menopause

Extract 7 is a direct continuation of the subject matter discussed in extract 6, that is childlessness.

Extract 7

```
01  I:   Why do you think that ↓is
02  H:   Beca:::use it's about growing older (1.0) it's about >for women it's
03       about< well people think it's about >losing your sexuality< you lose
04       the possibility to (0.3) recreate to procreate (1.0) it's very unpleasant
05       and people try (1.0) and I don't know why it's a big taboo I'd tried to
06       talk about it to people but I um (0.5) I've found that >you know<
07       when I went through the menopause <it was a very lonely (.) pas-
08       sage> .hhhhh um (2.0)
09  I:   So did you think about those miscarriages a lot=
10  H:   =Yeah I did I did I did I did because I really I really (0.5) I grieved
11       (0.5) I grieved I was really- I was like I'd- (2.0) when I got to the
12       menopause it was (3.0) it's like a death when you grieve for some-
13       body (0.5) °when somebody dies .hh (0.5) and I grieved for the chil-
14       dren I hadn't had (0.3) and I was I felt really emotional about it (.) I
15       really really really felt sad that I hadn't had children and I still do° (.)
16       >I mean< the really annoying thing ((laughter)) wa- it wa- it was only
17       when I got to the stage in my life when it was like (.) no chance at
18       having children that I really wanted to have them (2.0) and then it was
19       too late and then I thought why didn't I feel like this phh ten years ago
20       (.) fifteen years ago (.)°twenty years ago° (3.0) and that was really
21       hard
```

The interviewer orients to Hanna's mentionable from the previous extract, which related to the taboo character of menopause. The interviewer enquires about the reasons behind it and gives the epistemic floor back to the interviewee as marked by the rising intonation terminating the question. In line 02 Hanna topicalises aging and, after a self-initiated repair, invokes gender in order to narrow down the topic to discussing the category 'woman'. The speaker ties women within the MCD 'menopause' with the category-bound predicate of "losing sexuality" (line 03) and "the possibility to procreate" (line 04). Hanna constructs those categorial formulations as common sense knowledge ("well people think it's about", line 03) and makes it very clear, as evidenced by the self-initiated repair in lines 02-03 that she does not proffer those as her views. It is not exactly clear whether Hanna holds those propositions as true or not, but what is clear is that she

constructs them as shared in wider society, and thus validates those formulations. In line 04 Hanna continues and constructs menopause as unpleasant. She undertakes an attempt to elaborate "and people try", but abandons the phrase and instead starts narrating her own personal experience. She constructs menopause as a very lonely passage despite her attempts to talk to other people about it. In line 08 she terminates her turn as evident by a long inbreath and a long filled and infilled pause.

In line 09 the interviewer undertakes an interactional effort to return to the topic of miscarriage and enquires whether Hanna thought about it during her challenging period of menopause. The speaker orients to the query with a 'no gap no overlap' response and produces an emphatic agreement via multiple repetitions of the phrase "I did". The speaker delivers this part of her account (lines 10-12) with observable interactional trouble as marked by numerous repetitions, false starts and pauses. She discloses that she grieved and draws a similarity of a loss following a miscarriage to "a death" (line 12).

In lines 13-14, the speaker discloses: "I grieved for the children I hadn't had" in subdued prosody, which signifies upset. She continues with the same quieter voice and constructs herself via category-bound predicate "emotional" for the category 'woman' within the MCD 'miscarriage'. She divulges that she experienced sadness and emphasises her upset using extreme case formulations with multiple repetition "I really really really felt sad" (lines 14-15) and once again specifies the reason for her sadness as her childlessness. She upgrades her account and directly constructs herself as still experiencing those emotions. In line 16 the speaker indicates a slight shift of the topical focus ("I mean the really annoying thing"), which is followed by laughter to diffuse the seriousness and emotional load of the account, before she elaborates. She constructs a change in her outlook on being a mother as soon as she physically was not able to procreate. She delivers "I really wanted to have them" (line 18) in emphatic prosody, thus underlining the significance of becoming a parent when it was already too late. In the final lines of her turn, the speaker constructs her regret at not being a mother and employs hypothetical questions asking herself "why didn't I feel like this". She continues using a three part list ("ten years ago fifteen years ago twenty years ago", lines 19-20) referring to the period in her life when she was still physically able to bear children. She aims at turn termination as evident by subdued prosody when she delivers the last part of the list and when she recapitulates "that was really hard" (lines 20-21).

5.6.8. Summary

Hanna gives an account of her unplanned pregnancy, loss and the aftermath of it. In doing so, she constantly negotiates and reworks the meaning of loss, especially that it came as a shock and she initially looked at it through the prism of not considering motherhood. The way she narrates her experience of loss allows the recipient to trace its symbolic trajectory starting with Hanna positioning herself as a professional, career-driven woman who had not considered becoming a mother, as it posed too many uncertainties; to someone who deeply regretted her voluntary childlessness.

The speaker constructs the meaning of her miscarriage through focusing on the void that it leaves, a void that was created as a result of being pregnant for a very short time. Oftentimes, Hanna constructs her pregnancy with downgraded epistemic certainty and attributes it dream like qualities, which give an impression that the speaker undertakes an attempt to validate the fact that it really happened. She reworks the meaning of her miscarriage when she topicalises the menopause and which is proffered as changing the status of her childlessness of choice into involuntary childlessness. She constructs herself as an incumbent of the category 'woman' within the MCD 'miscarriage' and category-bound predicate of experiencing strong emotions following her loss. When narrating her account of loss when her reproductive potential was open, she constructs it as an upsetting experience, but when contrasted with the later part of her self-disclosure when she discusses menopause, the change in the emotional load she experienced is clearly indicated. Interestingly, the boundaries between the MCD 'miscarriage' and 'menopause' are slightly blurred, as it was Hanna's simultaneous membership to both that ultimately resulted to experiencing such extreme upset. The speaker's construction of the meaning of miscarriage is reworked and reconstructed, but what is shared in all the constructions of loss, is the category 'generic baby', whose category-constitutive feature is its symbolic, intangible quality of representing the would-have been potential of being a mother. At no point of the interview, Hanna constructs the loss as losing a specific baby. For her, miscarriage represents the symbolic loss of motherhood, but only when she reached menopause, and her reproductive potential was gone.

Hanna offers her account freely and shares very sensitive information, although frequent instances of interactional trouble are observed. These often constitute various speech disfluencies such as numerous pauses (both filled and unfilled) of substantial length and multiple false starts. She employs numerous repetitions, which often serve an interactional function of validating her

point via emphasis. She does not need much intervention from the interviewer, whose role is limited to occasional topic change, clarification but most often just infrequent continuers "mhm".

5.7. Lilian

Lilian is a middle-class women in her mid-forties with a PhD in embryology. She has suffered one miscarriage after three successful pregnancies. The miscarriage happened around ten years prior to the interview and at that time she had three young children, the eldest was five and the youngest was only one year old. At the time of her miscarriage, Lilian's marriage was experiencing serious challenges and the interviewee and her husband eventually split up a year after the miscarriage. The interview took place in a busy coffee shop, which did not offer much intimacy, but it was the speaker's choice that was respected.

5.7.1. Womanhood and motherhood

Extract 1 focuses on gendered categorial formulations pertaining to the woman's social and biological aspects of becoming a mother.

Extract 1

```
01  I:   Talking about to to to women about it in the UK it's um (.) you only
02       get it tested after (0.5) your third miscarriage ↑yeah
03  L:   Yeah (0.5) you have to have recurrent miscarriage to have it even
04       investigated (0.5) °yeah°
05  I:   So you can imagine (0.5) you have to have at least three
06  L:   yeah
07  I:   to find out you have this gene [that]
08  L:                                  [Yeah yeah]
09  I:   That makes you unable [to]
10  L:                         [Yeah] and the thing is wi- with fertility (0.5)
11       and miscarriage >and things like that< (0.5) you can't make it better
12       (.) you can't buy it (.) you can't fix it (2.0) so I think it's a big … to
13       part as well (1.5) I think >you know< it makes (2.0) an- and it totally
14       relates to >you know< identity and society (1.5) your place in society
15       where you are
```

16 I: <u>Mhm mhm</u> (1.5) how do you mean (0.5) how does it relate
17 L: Your role as a ↑woman
18 I: Mhm
19 L: >Your role within a family< (.) you role as um (1.5) >you know< as a
20   woman in society (1.5) I mean it's probably a little easier now be-
21   cause um there's a lot more (1.0) career women (1.5) <u>but</u> still they're
22   still umm >what's it's called< you know a <u>desire</u> (1.0) an innate de-
23   sire to reproduce
24 I: Mhm
25 L: So there's a sacrifice (1.5) and I think <u>that sacrifice</u> I don't think I
26   think when you're a woman in the middle of you know if you're at the
27   height peak of your stuff (.) and you decide to not have children I
28   think you then get the trauma afterwards (1.5) I think if you're not
29   following your natural cycle (1.5) it gets dramatic
30 I: You said (0.5) natural cycle would you think it's something natural
31   for women or would you say it's pressure from the outside (2.0) to be
32   a mother=
33 L: = No I'd say it's an <u>innate</u> (0.5) <u>natural</u> desire
34 I: ↑Natural
35 L: Yeah to reproduce I think (2.0) you know it's survival (0.5) it's a sur-
36   vival technique
37 I: Mhm biologically
38 L: Yeah biological survival yeah

The interviewer topicalises the speaker's unfeatured mentionable related to her background in embryology and expands on it by adducting that miscarried embryos are tested only after a woman's third miscarriage. The interviewer gives the epistemic floor to Lilian and seeks confirmation as evident by the rising intonation at the end of her turn. The speaker orients to it and affiliates with the interviewer's proposition, but fails to take the topic further. In line 04, the quieter tone of voice signals turn termination, which is oriented to by the interviewer who continues the topic and reformulates the mentionable (lines 05-09). This is collaborated by the interviewee who offers numerous affiliation markers ("yeah"), including overlapping speech, but refrains from adducting any new information. In line 10 the speaker shifts the topical focus to the issue of fertility, which she underscores with louder tone of voice. She topicalises miscarriage and problems with fertility and employs a three-part list "you can't make it better you can't buy it you can't fix it" (lines 11-12). She then links them to the wider issues of identity and society and the woman's place is society. Starting with line 10, it is traceable how the speaker gradually unfolds the construction of the category 'woman'. Firstly, Lilian provides a category-resonant description where she indexes fertility and miscarriage. She does not invoke the category name directly

but instead uses the general pronoun "you" when she uses the three-part list. The "you" is unveiled as gendered in line 17 ("Your role as a woman") following the interviewer's intervention in the preceding line. In line 18 the interviewer produced a continuer "mhm" prompting the speaker to elaborate. Lilian continues and clarifies that fertility is linked to the role of a woman in family and also in wider society (lines 19-20).

In line 22-23 Lilian constructs the category woman by means of a category-constitutive predicate of being characterised by "an innate desire to reproduce". The adjective "innate" constructs the desire as something natural and strong and constituting the essence of being a woman. Although not directly stated, it indexes being a mother as natural for women. This is followed by the interviewer's another continuer, which signals that the speaker is still holding the conversational floor and should continue. Lilian elaborates on women's innate desire to reproduce and further constructs this as category-constitutive feature for women. She constructs the category 'woman' as not only having a natural cycle ("if you're not following your natural cycle", lines 28-29), which relates to the idea of the biological clock, but predominantly as facing serious consequences if disregarded ("it gets dramatic", line 29). The idea of the natural cycle proffered by the speaker is topicalised by the interviewer in lines 30-32, who proposes an alternative source of the desire to have children in order to elicit more detail on her categorial propositions. The interviewer puts forward the pressure from the outside but gives the epistemic floor back to Lilian ("would you say it's pressure from the outside to be a mother"), who provides a 'no gap no overlap' response. In line 33, the speaker promptly disaffiliates with the interviewer's proposition and emphatically reaffirms her previous stance by means of louder prosody put on "innate" and "natural". In line 34 the interviewer once again seeks confirmation, which can be interpreted as encouragement to further elaborate on the topical focus. This is followed by Lilian explicating that the biological pressure is linked to survival.

Lilian's categorial formulations construct women through the focus on biology. The speaker indexes womanhood and motherhood as inseparable by constructing women's desire to have children as universal to all women, as something "natural" and "innate". The speaker constructs women who consciously decide against becoming mothers, and thus fail to listen to the natural cycle as facing grave consequences, as the aftermath of their decision is bound to surface later in their life. What can be inferred based on line 11, women who have suffered a miscarriage and who find it difficult to have children, face similar serious consequences as they cannot fulfil their "innate desire to reproduce" (lines 22-23).

Extracts 2 and 3 presented below feature a dynamic part of an interview which was interrupted by a fellow customer at the coffee shop where the interview was taking place. The man was sitting at the table next to the interviewer and interviewee and must have overheard at least a part of the conversation. He approached us upon leaving and admitted that he was not entirely sure what the interview was for but he left his business card. It turned out that his wife had suffered several miscarriages and the man claimed she might be willing to talk. It is interesting how this occurrence affected the course of the interview and how it significantly changed the trajectory of the interactional business at hand. The interactional underpinnings of this interruption will be investigated below.

5.7.2. Hospital care

Extract 2 features an exchange between the speaker and the interviewer, who topicalises the care Lilian received at the hospital after her miscarriage.

Extract 2

```
01  I:   Do you think that also influenced (.) um the way they dealt with ↑you
02       (.) that you were someone who worked there↑
03  L:   Yeah I think otherwise (0.5) um (3.0) there was a little bit of um (2.0)
04       because I had the DNC (0.5) there was a- (0.5) there was mixed mes-
05       sages >because I was having a DNC whether I was in for a termina-
06       tion or whether I was from< (1.0) you know (1.5) I felt a little bit
07       (5.0) yeah I think I felt I think on my notes (0.5) >I still got the ex-
08       rays and stuff like that< (0.5) but on my notes they wrote TOP which
09       is termination of pregnancy which isn't (1.0) they made a mistake and
10       it was like I said no this is a ↓DNC (0.5) so I was (1.0) quite offended
11       by that
12  I:   Mhm
13  L:   >°I remember being offended by that°< and really clearly saying (0.5)
14       °you know° this is a DNC °you know°
15  I:   Because one would be your choice and one wouldn't be yeah
16  L:   Mhm mhm ((eating))
17  I:   Sometimes the medical names for [you know] foetuses and the
18  L:                                   [yeah  yeah] ((A  fellow  customer
19       approaches us and gives a contact to himself))
```

The interviewer orients to the speaker's unfeatured mentionable that she used to work as a clinical embryologist and enquires whether this had any influence on the way she was treated as a patient. The query is oriented to by Lilian with a brief confirmation in line 03 ("yeah"), which is followed by a shift in topical focus. namely, Lilian is undertaking an interactional attempt to provide an account of a contrastive situation to otherwise being well-cared for as a patient. The speaker's turn (line 03-11) is managed with visible emotional difficulty as marked by numerous speech disfluencies such as long filled and unfilled pauses, false starts (e.g. "there was a little bit of um", line 03; there was a-, line 04; "I felt a little bit", line 06) and repetitions ("because I had the DNC", line 04; "because I was having a DNC", line 05). The unfolding of the account is achieved in a gradual and stepwise way. Before she reaches the central phrase of her self-disclosure, the speaker secures the information that she was in the hospital to have the DNC twice before she reveals that there was a misunderstanding and her hospital notes included an error (line 08). After a lot of deferring, Lilian spells out that the mistake concerned the reason for her DNC described as TOP ("termination of pregnancy", line 09). This is followed by a false start "which isn't" (line 09) and reiterates that it was a mistake. In line 10 she validates her point and delivers a verbatim locution of her words to a recipient who can be inferred as a member of medical staff "no this is a DNC". Lilian then signals turn termination twofold: prosodically, "DNC" is proffered with downward intonational contour and discursively, she closes the topic by providing an account of the experienced emotions "I was quite offended by that" (lines 10-11). The interviewer orients to her disclosure with a minimal acknowledgement token "mhm" (line 12), which is read by the speaker as an invitation to continue. In lines 13-14, Lilian does not add any new details, but reiterates that she was offended and that the reason behind her hospital stay being a DNC. A large portion of her turn is uttered in subdued prosody, which signals emotional difficulty. In line 14, what is significant the speaker proffers the discourse marker "you know" twice which is employed to present information that the speaker wishes the recipient to accept (Schiffrin 1987). The speaker employs "you know" in a similar manner also in line 06 before she attempts to disclose her feelings as a result of the misunderstanding but abandons the sentence and defers the divulgence of sensitive information.

In line 15 the interviewer orients to Lilian's disclosure that she was offended and tries to elicit more disclosure in terms of the reasons why she experienced those emotions. The interviewer reads it as a gloss that she wishes Lilian to unpack and offers a proposition related to the possible reasons for her emotions: "Because one would be your choice and one wouldn't be"

(line 15). She signals handing over the conversational floor back to the speaker with the turn final "yeah". This is met with a brief agreement "Mhm mhm", but the gloss does not become unpacked. The interviewer then shifts the topical focus but is soon interrupted by the fellow customer, who approaches and briefly enters the interactional sphere. When the man leaves the topic becomes abandoned and the interviewer and interviewee comment on the impromptu encounter.

5.7.3. Lack of support

Extract 3 features the interactional attempt to return to the business at hand. The interviewer makes relevant the help received at the hospital and the speaker, instead of orienting to it, shifts the topic to the lack of support from her partner. Although the gloss "the lack of support I got was from my partner" does not become unpacked in this extract, the speaker returns to this topic in extract 5.

Extract 3

```
01   I:    I must admit you were probably lucky with the level of help you re-
02         ceived um=
03         =yeah the lack of support I got was from my partner
04   L:    Mhm (1.0) ok (0.5) so you got support from medical professionals=
05         =I got medical support (0.5) °I didn't get emotional support°
06         Mhm ok so (0.5) did you tell many people about it (.) that it
07   I:    ↓happened
08   H:    (2.0) um I think family knew (1.0) >°yeah family knew°< (1.0) cause
09         it happened during half term so I had to get some help with the kids
10         cause I had my kids were um <five three and one>
11         Mhm
12         So
13         five three and [one]
14                         [yeah]
15   I:     Ok that's very little children (3.0) yeah so did you tell many people
16         that you were pregnant
17   L:    Family (.) cause I was sick so
18   I:    That would be a natural thing to tell ↓them
19   L:    (2.0) The kids knew cause I was sick (.) cause I wasn't the same
20   I:    So they knew (2.0) what were people's reactions when you told them
21   L:    Um (3.0) just sort of (.) oh that's a shame (2.0) you know
22   I:    (3.0) Did you meet any (2.0) positive reactions (.) I mean something
23         that helped you or some negative reactions that you thought that's
```

24		totally out of ↑place
25	L:	(7.0) No my family is not really (2.0) doesn't really talk about emo-
26		tional ↑stuff (3.0) >I'm the only one that does really< so (2.5) yeah
27	I:	So they wouldn't (1.5) acknowledge the ↑loss or
28	L:	They're more ↓practical
29	I:	What would they say
30	L:	Um well I asked for help I had a miscarriage would you be able to
31		come and help with the kids so they said yeah °so° (2.0) that was it

What comes next instead is an attempt on the side of the interviewer to elicit some more self-disclosure from Lilian, which proves somewhat challenging and, as a result, provokes a very dynamic exchange. In line 03 the interviewer experiences some interactional trouble as evident by an acknowledgement marker "mhm" followed by two pauses and proffers a formulation "so you got support from medical professionals". This is oriented by the speaker with a 'no gap no overlap' response clarifying that the help received was medical. Lilian then adduces a contrastive element and utters in subdued prosody that she did not "get emotional support" (line 05), which points to the emotionally-laden weight of her disclosure. In line 06, as the speaker does not elaborate on the topic of the lack of emotional support and builds very short turns, the interviewer decides against pursuing the topic further due to its delicate character. Instead, the speaker shifts the topical focus and enquires whether Lilian disclosed the event of her miscarriage to anyone. The speaker produces an epistemically downgraded phrase "I think family knew" (line 08) and repeats it as in quieter voice as if to herself "yeah family knew" adding certainty to the statement. She then provides some information detailing the circumstances surrounding her loss, such as some temporal details ("it happened during half term", line 09) and the reasons behind telling her family ("I had to get some help with the kids", line 09). She normalises asking for help with her children by making relevant a category resonant description specifying the age of the children. What can be inferred is that they were too young to fend for themselves. In line 13, the interviewer echoes Lilian's words, which is met with her brief agreement in a turn terminal overlap (Jefferson 1984), which does not result in any elaboration. In line 15 the interviewer co-constructs Lilian's account and adduces that they were very little children and undertakes an attempt to elicit some more disclosure by formulating a similar question to the one from line 06, whether Lilian told many people that she was pregnant. This initially brings a similar response ("family", line 17) with a justification ("cause I was sick", line 17), which is oriented to by the interviewer who engages in a co-construction of her account and normalises what the speaker

offers. The interviewer signals turn termination with downward intonation, which is followed by the speaker's pause and further clarification that her children knew about the pregnancy because she was feeling sick. This pertains to the category-bound predicate typically associated with pregnant women, and is interactionally treated as such, as it is not seen as requiring elaboration. In the subsequent line, the interviewer delivers a formulation ("so they knew", line 20) and enquires about people's reactions. Lilian's response which is delivered using verbatim locution is of idiomatic quality ("oh that's a shame", line 21), as indicated by the common knowledge component "you know" that follows it and which deletes the need for further unpacking. The phrase "oh that's a shame" is proffered as something which is typically used in situations pertaining to bereavement, a formulaic response to someone's disclosure of loss. Lilian mitigates it by prefacing it with "just sort of", which can be inferred as containing some lack, such as a possible unfulfilled expectation of a more empathetic response. Although it is not stated directly, this expectation can be seen as normative for members belonging to the MCDs 'family' and 'miscarriage', as displaying sympathy, and thus exhibiting care when a fellow family member needs it, is a constitutive predicate of this category. In subsequent lines, the interviewer enquires further about any reactions that the speaker experienced and she clarifies that her family does not talk about emotions. It becomes clear at this point that the speaker delivered a gloss in line 21 "oh that's a shame", which is unpacked when she refers to her family's inability or unwillingness to talk about emotions, followed by the interviewer's intervention in the preceding lines. Lilian's turn in lines 25-27 bear the interactional signs of an emotional difficulty. The speaker produces a very long pause of 7 seconds before she embarks on a further unfolding of her disclosure, she then starts but abandons a phrase "no my family is not really", produces another pause, finally provides an explanation and follows it by another pause. In line 27 the interviewer proffers a formulation "so they wouldn't acknowledge the loss" and seeks confirmation as evident by the upward intonation, which is oriented to by Lilian indirectly, that is rather than agreeing or disagreeing, the speaker offers a rephrasing of the topical focus to attributing them a fixed characteristic of being "practical", which can be seen as further unfolding of the glossed over component from line 21. The speaker signals end of turn by uttering "practical" with downward intonation, which is oriented to by the interviewer who further makes inquiries into Lilian's family reactions by asking what they would say. The speaker provides a very brief account of asking her family to come and help her which she delivers a verbatim locution conveying their agreement "yes" (line

31). This testifies to Lilian's mentionable from the previous lines that her family exhibited lack of emotional capacity to offer sympathy.

Although Lilian refrains from any direct criticism of her family reaction, the interactional details of this part of the interview evidence the emotional difficulty with which she offers her account. Not only do the prosodic features, such as long pauses, point to the challenging nature of her experience, but also the short turns characterised by limited degree of penetration. In this extract, Lilian does not offer her self-disclosure easily and the interviewer has to assume a very active role in order to keep the conversation going, which results in a very dynamic co-constructed account of Lilian's experience of loss.

5.7.4. Guilt

The interviewer signals a change from a more general conversation about trauma (unfeatured) directly preceding this extract to the content more focused on Lilian's subjective experience of loss.

Extract 4

```
01  I:    Going back um (0.5) to your experiences (1.0) um (3.0) so you said
02  L:    that you didn't really:: um (1.0) talk to people from this emotional
03        side (0.5) do you think that despite the fact that they you didn't talk
04        about it (.) they understood what you were going through they just
05  I:    chose not to ↑talk
06  L:    (2.0) no::: um (3.0) no they didn't know what I was going through
07        (2.0) >they may have known what I was going through if they'd had
08        their own experience but< (2.0) it wasn't something that was dis-
09        cussed (2.0) emo::::tional (0.5) emotional responses weren't a part of
10        my family's remix so
11  I:    Ok (1.5) [do you]
12  L:             [Just practical] you know get on with it (.) you can always
13        get pregnant again if you want to (1.5) >but I was having problems
14        with my marriage at that point< so actually (3.0) um I'd have thoughts
15        about having miscarriage um (2.5) if I wasn't pregnant I'd be able to
16        do this this and this
17  I:    Mhm
18  L:    So:: and then I lost the baby so (.) I had quite a lot of guilt because
19        (2.5) I'd had those thoughts and I- I- I believe that (1.5) thoughts can
20        °can manifest as actions so°
```

```
21  I:    Mhm mhm (3.0) so you felt guilty because you you thought tha:::t
22        (2.0)
23  L:     Yeah cause well my marriage wasn't very good at that time
24  I:    Mhm
25  L:    And I got pregnant as a (2.0) kind of consequence of trying to fix up
26        the marriage
27  I:    °I understand°=
28  L:    =Then (1.5) actually there was (3.5) °there was a kind of sense of re-
29        lief°
30  I:    Mhm
31  L:    And also I think now looking back >if I haven't if I hadn't lost that
32        baby< (2.5) the marriage would have continued (0.5) longer and
33        would have been (0.5) °not a good thing° (0.5) cos actually I think it
34        was °a good thing for the marriage to split° (2.5) so (1.5) yeah
```

At the beginning of the extract the interviewer experiences some interactional trouble, as manifested by filled and unfilled pauses (line 01) while attempting to redirect the interview to elicit personal account. She enquires whether the people Lilian shared her miscarriage news with understood what she was going through despite being silent about it. Based on the previous extracts, for example extract 3, the "people" in line 02 refers to Lilian's family, as they were the only ones she disclosed the fact she had suffered a miscarriage. Upward intonational contour at the end of the interviewer's turn reverts the floor to the speaker. Lilian orients to the question with a negative response and constructs them as failing to understand. In lines 07-08 she proffers a condition for them recognising the significance of miscarriage: "they may have known what I was going through if they'd had their own experience". In this way, the speaker positions the members of her family whom knew about her miscarriage as potential incumbents within the MCD 'miscarriage'. What is significant, they are constructed not as mere recipients, but as hypothetical active experiencers who have access to what such a loss entails. Lilian then constructs understanding the significance of miscarriage as a category-constitutive feature of active categories who have first-hand experience of such a loss. This is followed by the speaker's reiteration of the proposition from extract 3 that the family failed to discuss emotional issues. In lines 09-10 Lilian delivers an idiomatic phrase "emotional responses weren't a part of my family's remix", which has a summarising property and signals turn termination. In line 11, the interviewer produces a brief acknowledgment followed by a pause, which affects overlapping speech as a result of misunderstanding of who is holding the interactional floor. The interviewer retreats and the floor is assumed by the speaker, who invokes a phrase which takes on an idiomatic quality as evident by the common knowledge component "you know". The phrase "you can always get

pregnant again if you want to" (lines 12-13) is thus asserted as common knowledge as something that is said to a miscarriage survivor, is not oriented to by the interviewer, which means that the both the interviewer and interviewee share "unspecified inferences enough to progress the sequence underway" (Stokoe 2012b: 291).

In line 13, Lilian proposes a topical shift and discloses that her marriage was undergoing problems at the time of her pregnancy and the miscarriage that followed soon after. This part of her turn is observably difficult as marked by the speaker's active management of prosodic ques. For example, a long pause precedes a face-threatening disclosure that Lilian had had thoughts about having a miscarriage before it occurred, which is also followed by a pause. In a face-saving gesture, Lilian then elaborates on what a miscarriage would have potentially meant: "if I wasn't pregnant I'd be able to do this this and this" (lines 15-16). The interviewer proffers a continuer "mhm" urging the speaker to tend to some more details of her account. Lilian then divulges that the thoughts about having a miscarriage were actually followed by the loss, which is constructed be the speaker as resulting in her experiencing the feeling of guilt. Lilian's disclosure about guilt is followed by a long pause, which prepares ground for what comes next, that is spelling out the reasons for her blaming herself. In lines 19-20 the speaker makes a link between experiencing a miscarriage and her thoughts, which she constructs as having the power of manifesting as actions. When proffering the relationship between thoughts and actions, Lilian uses subdued prosody, which points to the emotionally-laden character of her troubles-talk. In line 21 the interviewer delivers a formulation of Lilian's words "so you felt guilty because you you thought that", but rather than finishing it, she designs the end of her turn to be open for elaboration by the speaker. She signals it with prosodic cues, that is by prolonging the last word in her turn, which is understood by Lilian as handing in the conversational floor to her. The speaker orients to it, but does not immediately bring up the source of her guilt. Rather, she gradually and carefully prepares the ground for the central phrase of her self-disclosure. Firstly, in line 23 she underscores experiencing marital problems and after a continuer proffered by the interviewer, the speaker reveals that the pregnancy was effected to fix up the relationship. The interviewer displays empathy by producing an affiliative response "I understand" in subdued prosody, after which Lilian continues with a 'no gap no overlap' response. In lines 28-29 the speaker reaches the central phrase of her self-disclosure and reveals face-threatening details surrounding her loss, namely, that she felt a sense of relief. This is achieved with some interactional difficulty, as evidenced by quieter tone of voice and a mitigation "a kind of sense of relief", which point to the

sensitivity of the disclosure. The interviewer produces another continuer which facilitates further elaboration and more face threatening content, which the speaker decides to offer. In the final lines of the extract, the speaker carefully constructs the loss as having positive consequences. She proffers that experiencing a miscarriage meant that her marriage did not last as long as it would have had she had a successful pregnancy. The prosodic features, especially, the quieter tone of voice when she says that it was "a good thing for the marriage to split", which culminates the turn, point to its emotional character.

The extract illustrates how Lilian slowly and gradually prepares ground for self-disclosure and how she carefully manages the divulgence of more and more sensitive content. Lilian puts a lot of interactional effort into carefully opening the topic and gradually approaches the central face of her troubles-talk. Despite the fact that the interviewer stays in the background and the floor-holding is mainly done by Lilian, she plays a significant role in the co-construction of Lilian's account. It is through numerous continuers and active displays of empathy that the interviewer prepares a safe space for the speaker to reveal sensitive content.

5.7.5. Men and grief

The interviewer topicalises Lilian's account of her marital problems surrounding the miscarriage and delivers a formulation "so do you think that you said that you didn't receive much support from your partner" (lines 01-02), which is briefly oriented to by the speaker with "yeah". This is followed by the interviewer extrapolating and invoking the category 'man' as an incumbent of the MCD 'miscarriage' and asking whether men can understand the loss.

Extract 5

```
01   I:   Alright (3.0) um so do you think that you said that you didn't receive
02        much support from  (.) partner
03   L:   Yeah
04   I:   Do you think that men can understand the loss (.) like ↑that
05   L:   >I think so (.) an empathic man yes< (3.0) °yeah° (2.0) but not (1.0)
06        not a man who is (1.0) who is not empathic
07   I:   °Okay° (1.0) so would you say that there are many men who would
08        understand ↑it
09   L:   I think there are more men (1.0) around (1.0) now (1.0) >well I think
```

10	there are more< (1.0) well I thi- I think it's really <u>subjective</u> because
11	you have men who ar- a lot more (0.5) kind of men in my circles of
12	people who are in touch with their feelings (2.5) <u>but</u> before (0.5)
13	>there were a lot more men who weren't< so it just ↓depends (1.5) I
14	think if you surrou- >if you're in touch with your feelings and you
15	surround yourself with people who are< (0.3) <u>feeling</u> (1.5) which is
16	your vibration (.) with people then (0.5) I think you would be (0.5)
17	yeah I think you would meet men >who are in touch with their feel-
18	ings and who would feel that ↓loss< (1.5) male babies are mo::re sen-
19	sitive than female ↓babies (1.5) and so:: (1.5) if you think they have to
20	shut >you know< they shut dow- in our (0.3) <u>especially</u> in our country
21	(.) in patriarchal society >you know< men aren't supposed to feel

In answering the question, the speaker also goes categorial but specifies another MCD for the category 'man', namely 'empathy'. Empathy is thus not a category-bound predicate for men but a tool to discern their membership in a group who are capable of understanding this type of loss. In lines 07-08 the interviewer enquires further whether "there are many men who would understand it" and hands the floor to the speaker by means of upward intonation. Lilian orients to the question by contrasting the current times with the past but does it in a slightly chaotic way and her proposition is marked by some interactional trouble. She starts off by proffering that "there are more men around now", (line 09) but abandons the sentence in lieu of undertaking another attempt at constructing a response. The new attempt, however, also remains unfinished. In line 10, the speaker tries to develop the subject and starts off by employing an epistemic downgrade "it's really subjective", and continues but again, abandons the sentence. Instead, she produces a self-initiated repair and narrows down her proposition to being based on her own experience and the men that she knows personally ("a lot more kind of men in my circles of people who are in touch with their feelings", lines 11-12). She contrasts the prevalence of such men in her life currently, with the past and signals end of turn with "so it just depends", which has summarising properties and finishes with downward intonation.

After a pause, the speaker resumes her response, engages in subtle categorial work and invokes category-generated predicates for 'women' within MCD 'miscarriage'. Although Lilian does not bring up this category name directly, but instead uses the general pronoun "you", the category women can be inferred twofold: on the one hand, it is inferred thanks to the standardised relational pair women-men, and on the other thanks to the speaker's incumbency in this category. Lilian's individual description (lines 10-13) is followed by a categorial upshot of her description. The speaker invokes category-generated predicates for women such as being "in touch

in your feelings" (line 14) and surrounding "yourself with people who are feeling" (line 15) and constructs these as a condition for meeting men who are also in touch with their feelings and thus "who would feel that loss" (line 18). The category men is thus conditionally constructed as legitimate members within the MCD 'miscarriage' if they are willing and able to connect with their own emotions.

In line 18 Lilian extrapolates her categorial upshot and constructs male babies by ascribing them a category-generated predicate of being sensitive. Lilian offers her proposition with some interactional difficulty as evident by self-initiated repairs in line 20. She constructs the cause of the change that indexes men as unemotional, namely that it is the society that restricts them ("men aren't supposed to feel", line 21). This is proffered as known in common vis the common knowledge component "you know" articulated in lines 20 and 21 "as part of the ongoing maintenance of a commonly shared, objectively existing world" (Stokoe 2012b: 292).

5.7.6. Middle son's reaction to loss

As part of the ongoing discussion about men, (un)emotionality and miscarriage that followed her categorial formulations in extract 5, Lilian offers an account of how her miscarriage affected her middle son. The content was generated without the interviewer's direct intervention, that is, Lilian's disclosure was not provoked by a question from the interviewer. It was spontaneously offered by the speaker following an unfeatured conversation about the fellow customer who had approached the interviewer and interviewee in the coffee shop.

Extract 6

```
01  L:   >In fact the mos-< (0.5) the biggest um (0.5) the person who had the
02       most- (0.5) the miscarriage had the biggest an impact was on my mid-
03       dle son↓
04  I:   He was ↓five=
05  L:   =No he was ↓three and he was (0.5) because he was saying (2.0) that
06       this baby was going to be his because he felt his sister was Mark's
07       (0.5) who was the older one (2.0) >so he said this baby was going to
08       be his and he talked about this baby this baby for a long time< he'd
09       said it was a boy and he was called Jack and he had a connection to it
10       (2.0) and he talked about it for years (1.0) a long time↓ (3.0) and
11       sometimes occasionally still brings it up↓
```

```
12  I:    [°Really°↑]
13  L:    [And he is] fifteen now (2.0) so he is very empathic yeah↓
14  I:    So you'd think at the age of three he wouldn't really understand it
15  L:    No he had a um (1.0) he definitely yeah
16  I:    (3.0) So that was very traumatic for the=
17  L:    =Yeah
18  I:    for your son
19  L:    Yeah yeah (3.0) cause that was his baby yeah (5.0) that was going to
20        be his baby (2.0) cos his perception was that the (0.5) my my daughter
21        was my other (1.0) and they do connect they're they're very similar
22        so=
23  I:    =So he just wanted to have [someone]
24  L:                              [Yeah] yeah and actually he's got problems
25        he's on the autistic spectrum he's does have problems with (2.5) so-
26        cialisation so=
27  I:    =Ok
```

What is clearly observable at the beginning of the extract is that Lilian's account is manged with some interactional difficulty. In the two first lines, the speaker produces three self-initiated repairs and three pauses that follow them while trying to introduce the new topical focus. Finally, in line 03 the speaker makes relevant her son as the person who has suffered the most as the result of her miscarriage. In line 04 the interviewer specifies the age of the child uttered with epistemic certainty and marked by the downward intonation. This is oriented to by Lilian with a 'no gap no overlap' response repairing the interviewer's turn and claiming the epistemic floor back. In line 05 the speaker elaborates and clarifies why the miscarriage had the biggest impact on the son. He is proffered as an incumbent within the MCD 'miscarriage' and is constructed as making a claim at the baby ("this baby was going to be his", line 06) because of the special connection his brother had with his sister.

Interestingly, the account featuring the middle son echoes a categorial description which would typically be associated with women in the MCD 'miscarriage'. For example, exhibiting a strong emotional reaction following the loss, which manifested in him talking about the baby long after the miscarriage happened. The middle son is constructed as someone who personified the baby by giving it a name and gender ("it was a boy and he was called Jack", line 09), despite the fact that they were in fact unknown due to the early stage of the pregnancy. He is also described as someone who had a connection with the baby and someone who would bring up the loss years after the miscarriage occurred.

In line 12 the interviewer displays surprise with "really" uttered with upward intonation which interactionally overlaps with Lilian's turn elaborating on her son's age. This is followed

by the speaker's formulation "so he is very empathic yeah" (line 13) linking her son's description with the topical focus from the previous extract. Also, in this way she signals turn termination.

In line 14 the interviewer orients to the speaker's account of her son and engages in its co-construction by delivering a formulation pertaining to the boy's ability to understand the loss at his very young age when the miscarriage happened. Lilian provides a strong confirmation that the son definitely possessed the ability to experience an emotional reaction to the loss. This is followed by a further corroboration of Lilian's account by the interviewer who delivers another formulation "so that was very traumatic for the" (line 16), which is instantly oriented by the speaker with a 'no gap no overlap' response providing a confirmation of the interviewer's proposition. In line 19, the speaker delivers another emphatic strong confirmation and after a long pause repeats the reasons for the middle son's emotional reaction to the loss and again frames it through a description which could typically be associated with women in the MCD 'miscarriage' ("cause that was his baby yeah", line 19 and " that was going to be his baby", lines 19-20) and again topicalises the connection between her other son and her daughter. In line 23 the interviewer immediately orients to Lilian's recapitulation and in a corroborating gesture provides yet another formulation ("so he just wanted to have someone"). In overlapping speech Lilian affiliates with the interviewer and provides a justification for her son's 'non-normative' behaviour. She explicates that he is on the autistic spectrum and constructs him as having problems with socialisation. This is accepted by the interviewer with a 'no gap no overlap response'.

The claimed ownership over the baby by the son raises a question of where and how Lilian positions herself within the MCD 'miscarriage' and whether/and if yes, then to what extent this complicates or/and influences her miscarriage experience. Although a holistic answer to this issue is impossible to obtain, extract 7 sheds some light on Lilian's grieving process.

5.7.7. Continuing bonds

Extract 7 features Lilian's account about her grieving process as provoked by an unfeatured conversation about her therapy.

Extract 7

```
01  L:   And actually (0.5) >my miscarriage was probably one of the least
02       traumatic things< (0.5) that's happened ((laughter)) (4.0) but it still
03       was significant and I think (1.0) I think what it was (1.0) for me the
04       significance was (1.0) to go through that and actually (1.0) to really
05       get to know to realise that there really was no emotional support
06  I:   Ok yeah (2.5) alright (2.5) um (2.5)
07  L:   And also and also the realisation that that actually I just have a con-
08       nection to that child (3.0) and you know I've done processes to kind
09       of acknowledge it (0.5) >acknowledge that baby cos it wasn't
10       acknowledged cos at that time it was like oh my god< (2.0) well that's
11       probably a good thing (0.5) you know tatatata and (0.5) you know
12       (0.5) not really looking at the (0.5) emotional (0.5) attachment
13  I:    Mhm mhm (1.0) some people even have continuing bonds=
14  L:   =Yeah I- I do °yeah°
15  I:   ↑So
16  L:   (2.0) No- not to- (1.5) not to <not on a daily basis> but I do (1.0) I do
17       have connection still
18  I:   (2.0) So wha- what would this connection be (0.5) °how does it mani-
19       fest (1.0) itself°
20  L:   (3.0) Just energetic (0.5) yeah yeah
21  I:   Just the ↑feeling
22  L:   (1.0) yeah
23  I:   Are you ↑religious
24  L:   Spiritual
25  I:   Spiritual
26  L:   yeah
27  I:   So do you believe that this baby is somewhere ↑or
28  L:   (3.0) No I- I believe I believe (2.0)  I believe in soul (2.0) and spirit
29       >and I believe in unity< (2.0) so I believe tha- that child (1.0) that the
30       energy of that child's (3.0) is still around °and I don't believe that you
31       lose connection after death°
32  I:   mhm
33  L:   And I still have connections with other people (0.5) °that had died in
34       my life (.) so°
35  I:   Would you say it's a um (0.5) exactly the same sort of connection↑
36  L:   Yeah (0.5) yeah
37  I:   And the fact that you didn't know the child it would still be the same
38       connection ↑yeah
39  L:   (1.0)  I kind of feel that I did know the child
```

 The extract commences with the speaker topicalising miscarriage and constructing it as "proba-
bly one of the least traumatic things that happened" (lines 01-02). This potentially face threaten-
ing disclosure may sound as if the speaker was not affected by her loss, however, in the situated

context of its production, that is when narrating her (unfeatured) therapy experience and challenging life situations that she had been through, the loss is constructed as one of, but not the most, traumatic experiences. The disclosure is followed by laughter which is employed to mitigate its face threatening nature, which is confirmed by what comes next. Lilian further mitigates her disclosure by providing a contrastive element, discursively introduced with "but" followed by reaffirming the loss as "still significant" (lines 02-03).

Lilian's contribution that is offered next is discursively marked as demonstrating emotional difficulty via a repetition ("I think I think", line 03), self-initiated repairs ("what it was for me the significance was", lines 03-04; "to get to know to realise", line 05). She gradually and carefully embarks on disclosing the central point of her self-disclosure and finally reveals that the significance of miscarriage was realising "that there really was no emotional support" (line 05). In this emotional turn, Lilian uses passive voice and discursively places herself outside the miscarriage experience. The interviewer orients to Lilian's disclosure with a minimal acknowledgement "Ok yeah" and experiences some trouble trying to set the direction of the conversation as marked by some lengthy pauses (line 06).

The prolonged turn-final pause on the side of the interviewer probes the speaker to continue and it is her who changes the topical focus of the conversation. Lilian proffers yet another emotionally laden turn and glosses that she has "a connection to that child" (line 08), which is followed by a long pause and no direct unpacking of this proposition. Instead, she discloses that acknowledging the baby was a process, as the loss was not acknowledged after it had happened. This part of Lilian's contribution is marked as emotional, which is observable by repetition of the same phrase ("acknowledge it acknowledge that baby", line 09), and the first phrase is prefaced by a mitigation "kind of" (line 09). In line 10 Lilian constructs the reason for why the baby was not acknowledged in the first place and uses a phrase "oh my god" (line 10), which in this interactional context is an expression of a shock or surprise. This is followed by an account of the speaker's reaction constructing the miscarriage as beneficial, but using a mitigation "probably" which has face-saving properties and is proffered with less epistemic certainty ("well that's probably a good thing", lines 10-11). The disclosure is preceded by a discourse marker "well", which indicates that problematic content is going to be delivered (Bolden 2015). The speaker proffers the discourse marker "you know" twice at the end of her turn, which seeks the interviewer's understanding and the first one is followed by an idiomatic "tatatata" has an additional interactional function of allowing her to proceed without unfolding the meaning of it. In the final

line of her turn, Lilian reveals using a passivised phrase that she was "not really looking at the emotional attachment", which can be inferred, given her previously offered content, as failing to display an emotional reaction to the loss.

In line 13 the interviewer orients to Lilian's mentionable from lines 07-08 about the speaker's connection with the lost baby and topicalises continuing bonds as part of the conversation about Lilian's grieving process. This which provokes a very dynamic exchange between the interactants. Lilian tends not to produce many extended turns which influences the interactional design of the conversation and contributes to the joint collaborative effort in the co-construction of Lilian's account of loss. The interviewer undertakes numerous interactional attempts to probe Lilian into unfolding the gloss about her connection with the baby. Rather than referring directly to Lilian's situation, she employs a general proposition "some people even have continuing bonds" (line 13), to which Lilian orients with a "no gap no overlap response" (line 14). It is only a short acknowledgement with which she positions herself in this experience, but she fails to elaborate on it. The interviewer probes the speaker to provide further details with "so" uttered with rising intonation, thus giving the conversational floor to Lilian. The speaker orients to with some interactional difficulty evidenced by some pauses and self-initiated repairs at the beginning of her turn, and clarifies that the connection with the child is ongoing albeit not on everyday basis. In lines 18-19, the interviewer undertakes yet another attempt aiming at eliciting further information about the connection and asks about the nature of the relationship. The speaker offers a minimal response followed by a long pause and constructs the connection as "just energetic". The interviewer displays understanding and affiliation with "Just the feeling" (line 21), but simultaneously, the ownership of this experience is preserved as Lilian's with the upward intonational contour, which signals that it is the speaker who poses the ultimate epistemic knowledge. Lilian proffers a minimal acknowledgement token "yeah", followed by the interviewer's continuous attempt to elicit more content. The interviewer enquires whether the speaker is religious, to which Lilian produces a one-word repairing response "spiritual". The interviewer's repetition of the speaker's turn displays connectedness with Lilian's ongoing talk (Drew 2013), which is met with her agreement ("yeah", line 26). The interviewer keeps probing and enquires whether Lilian believes the child is somewhere. The speaker hesitates, as marked by a long pause at the beginning of her turn, disaffiliates with the question and elucidates that she believes "that the energy of that child's is still around" rather than the child itself. She offers her proposition with some speech disfluencies preceding this disclosure (lines 28-30) such as numerous pauses, self-

initiated repairs and repetitions. The end of her ongoing turn is uttered in subdued prosody when she discloses that she does not "believe that you lose connection after death". She proffers this as general truth as marked by the pronoun "you". The interview produces an acknowledgement token "mhm", which provokes some more disclosure on the part of the speaker. She reveals that she still has connections with other dead people, which is oriented to by the interviewer trying to link these two kinds of ongoing relationships with the dead, but who recognises the speaker's primary epistemic access to her experience, as marked by the upward intonation. This is met with Lilian's minimal affiliative response ("yeah yeah", line 36). The interviewer seeks further confirmation by invoking the potential difference between the two kinds of relationships: "And the fact that you didn't know the child it would still be the same connection yeah" (lines 37-38). This is met with Lilian repairing the interviewer's proposition when she constructs her connection with the lost child as based on her knowing it, but mitigates it by employing a verb "feel", which frames the relationship outside the physical dimension.

5.7.8. Summary

This section illustrates Lilian's account of miscarriage, and in particular, the discursive and interactional ways in which she narrates and negotiates her subjective experience of loss and its changing meaning as a result of/connected different life circumstances. The speaker offers her contributions regarding the general issue of miscarriage and gender easily and with a lot of confidence. For example, she relies upon categories and constructs women through the focus on biology. In doing so, she links fertility to the role of a woman in family and also in wider society, and ties this category with "an innate desire to reproduce". She thus indexes motherhood as natural for women.

When narrating her own experience, however, Lilian oftentimes produces short turns, which results in the interviewer having to put a lot of interactional effort in eliciting more personal content. This proves to be somewhat challenging at times and, as a result, provokes a very dynamic exchange, where the interviewer acts as a particularly active conversationalist who joins in the collaborative effort to co-construct her interlocutor's experience. Lilian produces a few glosses, which the interviewer recognises and probes Lilian to unpack. For example, when Lilian gives an account of her family's reaction to her miscarriage: "oh that's a shame", thanks to the

interviewer's efforts, the gloss is unpacked as Lilian's family's inability or unwillingness to talk about emotions.

Thanks to this joint interactional effort between the speaker and the interviewer, Lilian offers some interesting insight into her experience of loss. Nowhere in the interview, however, does Lilian offer a coherent linear narrative of the miscarriage. It is the different topical foci and different small stories that make it possible to elucidate a co-constructed retelling of her miscarriage story in a fragmented non-linear way. From this, it is possible to piece together Lilian's construction and negation of her miscarriage and the ways its meaning undergoes transformation as she refers to different life circumstances in different parts of the interview.

Starting with her contribution about the lack of emotional support from her partner, and having to take care of her three small children at that time, she constructs miscarriage as potentially beneficial, given the challenging life situation she was facing. Yet, she also delivers an emotionally loaded account of her time in the hospital following the loss. The construction of loss is far from being proffered as straightforward. She goes back and forth in discursively reassessing the miscarriage connected to different stages in her life. She constructs her feelings of blame in a face-threatening disclosure that she had thoughts about having a miscarriage before it occurred. Finally, when topicalising her grieving process, she reveals that she has an ongoing relationship with the baby and her belief that the lost child's energy is still around. She ultimately constructs the baby as someone she "feels" she knew.

5.8. Joslyn

Joslyn is a white middle-class woman in her mid-sixties. She suffered one miscarriage at ten weeks in her mid-twenties as a result of an unplanned pregnancy, which was later followed by the birth of two healthy children. Joslyn claimed not to have been emotionally affected by her loss, which significantly influenced the course of the interview. Not only was the interview the shortest out of all of the conducted ones, but it was consequently also the least 'rich' in findings.

On Joslyn's suggestion the interview took place in a safe space of her living room. Probably due the limited room in her small flat, Joslyn's husband was physically on the scene, however, he was not wearing his hearing aids and there was no contribution on his side. It cannot be

assessed whether he heard what was being said by either the interviewee or the interviewer, but his presence seemed to be of minimal importance to the course of the interview.

5.8.1. Miscarriage not as taboo

Extract 1 features the onset of the interview commenced by an opening question whether miscarriage is a taboo issue in the UK.

Extract 1

```
01  I:   Alright so the first ↓question (0.5) do you think that miscarriage in the
02       UK (0.5) um is a taboo ↑issue
03  J:   No (.) I don't think so (2.0)
04  I:   Ok (0.5) um (2.0) so you think that people talk about it ↑openly
05  J:   °Um° (5.0) well you see I- um (5.0) I would have said so but then I'm
06       older (0.5) and as you get older (0.5) you tend to (.) be much more
07       comfortable talking about things (.) u:::m
08  I:   So you think that younger people nowadays wouldn't be::: ↑open
09  J:   Well I think so my- >I mean< my um nephew's wife had a miscar-
10       riage and she was- she was probably more open about it at the time
11       than I was when I had mine (1.0) >you know she just told us that she
12       had a miscarriage whereas I didn't tell anybody back then<
13  I:   [Mhm]
14  J:   [Yeah]
15  I:   So:: (0.3)
16  J:   °Yeah I assume they got through it ok°
17  I:   ↑Yeah so you think tha- I think people have really different perspec-
18       tives some people for some people it's taboo and some people think
19       no problem
20  J:   Yeah yeah so it must be a personality thing=
21  I:   =Probably probably
```

Joslyn orients to the question and proffers a short negative response without any elaboration. This is followed by a two-second pause when the interviewer is waiting for the speaker to take the issue further, which does not happen. The interviewer takes the conversational floor and makes an attempt at eliciting some more details on the topic. In line 03, she provides a formulation based on the interviewee's earlier proposition, in the form of a polar question: "so you think

that people talk about it openly". Joslyn interactionally resists the constraints of the yes-no question design and prepares floor for a less straightforward answer as signalled by "well" (line 04). What is noteworthy are the two lengthy, five-second pauses in line 05 at the beginning of Joslyn's turn, which point to some interactional trouble. The second pause is followed by a mitigated affirmative response ("I would have said so", line 05). The speaker then invokes a category-resonant description by means of invoking age. She first delivers an individual description ("but then I'm older", lines 05-06), soon followed by a generalised one ("and as you get older"), with which she positions herself as an incumbent of this category within the MCD 'older age'. She invokes a category-tied predicate for 'older people' of being "much more comfortable talking about things" (lines 06-07). In this local interactional context Joslyn's proposition can be inferred as being more open to talking about difficult issues such as miscarriage.

The interviewer is undertaking an attempt at eliciting more information and delivers another formulation based on the speaker's prior turn whether younger people would not be open to talking about miscarriage. The upward intonation signals handing over the conversational floor to the speaker, who orients to the enquiry with an affirmative response "Well I think so" (line 09). She then delivers a repair preface "I mean" (line 09) and narrows down her answer to an individual example particularising her family member's experience of loss. In line 10 Joslyn juxtaposes her nephew's wife's and her own experience of loss and positions herself as less open to talking about it when the miscarriage occurred. This is followed by the co-conversationalist's overlapping speech where the interviewer delivers a continuer "mhm" and the speaker prepares ground to terminate her turn. In line 15 the interviewer fishes for some more details with "so", but Joslyn proffers a proposition of summarising quality "Yeah I assume they got through it ok" (line 16), which is uttered in quieter tone of voice signalling turn termination. The interviewer claims the conversational floor and initiates a formulation "so you think tha" (line 17), which at this point can be read as an attempt at asking for clarification or confirmation. It is, however, abandoned in lieu of the interviewer's proposition about people's varying perspectives to experiencing early perinatal loss. What is significant is that the interviewer invokes a different reaction to loss than that offered by the speaker, that is, she makes relevant people for whom this loss is taboo. In this way, the interviewer co-constructs the speaker's propositions by drawing on them and also by adducting alternative perspectives. In line 20, the speaker affiliates with the interviewer's proposition and proffers the differences in people's personalities as the possible cause

of their varying response loss. This is met with the interviewer's 'no gap no overlap' affiliative, albeit mitigated, response ("probably probably", line 21).

5.8.2. Accounting for the reaction post loss

Extract 2 features a subtle co-construction of a normative reaction to miscarriage as a joint interactional accomplishment between the interviewee and the interviewer.

Extract 2

```
01  I:    So was it was it your first ↑pregn[ancy or was it]
02  J:                                 [Yeah (.) first pregnancy]
03  I:    °Ok so that was your first pregnancy° (0.5) because I remember in the
04        email you said something like (0.5) it didn't really affect you that
05        much so is it ok to have (.) to have an interview yes=
06  J:    =Oh yes yeah yeah
07  I:    Why do you ↑think because I think (0.5) many people actually are
08        affected [by it]
09  J:             [I know] (0.5) yeah
10  I:    So that was also your question like (0.5) is it ok >so why do you
11        think< you weren't affected by it
12  J:    (2.0) I was young (1.0) it was my first pregnancy (1.0) um (2.5) I
13        wasn't (.) trying to be pregnant >it was an accident< um (3.0) I was
14        pleased that I was pregnant but um (2.5) but I miscarried (0.5) it was
15        all >it was just like a period it was just like a heavy heavy period I
16        didn't have a lot of pain< (1.0) the staff (0.5) were >you know< kind
17        of fine and matter of fact about it (1.5) I just (.) thought I would I- the
18        I >you know< I felt sad that I- (2.0) that the kind of future that I had
19        imagined >you know that in a six months' time I was going to have a
20        baby< (1.0) so I had to sort of (.) adjust to the fact that I didn't have
21        that future anymore
22  I:    Mhm=
23  J:    =But I just knew that I- >you know< I'd get preg- I imagined I'd get
24        pregnant again no trouble an- (3.5) °yeah I think I mean° (2.0)
25        °°yeah°°
26  I:    So you just didn't worry that you might not have children [after that]
27  J:                                                              [No no]
28  I:    So that's [probably]
29  J:             [never] entered my head (3.0) °°yeah°° (2.0) you know I
30        haven't I didn't have a lot of losses in my life prior to that time (2.0)
31        so (2.5) you know if somebody's had a lot of grief
32  I:    Mhm=
```

33   J: =Then another loss is more traumatic

The extract is opened by the interviewer who enquires whether the miscarriage was Joslyn's first pregnancy. After the speaker's swift confirmation resulting in a terminal overlap (Jefferson 1984) and no elaboration on her side, the interviewer claims the conversational floor, delivers a formulation of Joslyn's turn and redirects the topical focus. In lines 03-05 the interviewer topicalises the speaker's mentionable from their email correspondence when organising the interview. The very fact that Joslyn enquired in an email to the interviewer whether her relatively unemotional reaction post loss qualifies as adequate for the interview about the experience of miscarriage, positions her reaction as (socially) unusual or non-normative. This is further confirmed in lines 07-08 where, after the speaker's empathic confirmation that she had not been emotionally affected by the loss, the interviewer constructs her reaction to loss as non-normative and makes enquires why that was the case. In line 09 Joslyn orients to only a part of the interviewer's query and confirms in a terminal overlap (Jefferson 1984) that a lot of people are indeed affected, but fails to refer to her own experience at this point. This is followed by the interviewer undertaking yet another attempt to link Joslyn's mentionable from the email and constructing her reaction as non-normative: "that was also your question like is it ok so why do you think you weren't affected by it" (lines 10-11).

Starting with line 12 Joslyn offers her account with perceptible interactional difficulty as evident by numerous long pauses. She commences her response by proffering a three part list providing an explanation to her unemotional reaction to miscarriage. First, she invokes her young age at the time, which is both preceded and followed by a pause, and left off as sufficient elucidation. Then the speaker proffers her loss as the first miscarriage she had experienced, and lastly, she constructs her pregnancy as an accident. This is followed by a long pause, after which she delivers a face-saving clarification that she was pleased about her pregnancy ("I was pleased that I was pregnant", lines 13-14). She then contrasts it by using a preamble "but" with the loss that occurred, which also acts as a subtle transition to the topical shift about the physical circumstances of her miscarriage. In lines 14-15 she initiates by delivering a false start "it was all", which is quickly self-repaired and the speaker tends to the bodily details of her loss ("it was just like a period it was just like a heavy heavy period I didn't have a lot of pain", lines 14-15). She then invokes her hospital experience and constructs the medical staff as "fine and matter of fact about it" (line 17), which is preceded by a common knowledge component "you know", which speaks to the normalisation of miscarriage.

This is followed by some false starts ("I just thought I would I- the I"), which point to some interactional difficulty with which she offers her account. In line 18 Joslyn invokes her negative emotions following the loss ("I felt sad") for the first time and elaborates on the occasioned reason for them. She proffers the meaning of her loss and links the lost pregnancy with the loss of the future she had imagined. The interviewer delivers a continuer "mhm" (line 22), which is oriented to with a 'no gap no overlap' response on the speaker's side. The account of emotions following the loss of Joslyn's future with that particular baby is contrasted with certainty that she was going to have children in the future. The contrast is discursively marked with "but" (line 23), and the speaker first constructs this certainty with the use of the verb "know" ("I just knew that I you know I'd get preg", line 23) and quickly initiates a self-repair to downgrade the strength of her conviction at that time by employing the verb "imagine" ("I imagined I'd get pregnant again no trouble", lines 23-24). In this way, the speaker constructs the loss as an individual occurrence, and not, for example, as the prospective loss of motherhood in general.

In line 26 the interviewer displays her understanding of the speaker's account and delivers a formulation promptly confirmed by Joslyn, which results in turn-final overlap. The interviewer reads the speaker's brief agreement with no elucidation as being handed over the conversational floor and makes an attempt at delivering another formulation, which is interrupted by Joslyn's overlapping contribution (line 29). The interviewee claims the floor and decides to continue her account with a summarising "never entered my head" (line 29). This is followed by a long pause and "yeah" uttered in sotto voce and another pause, which all signal turn-termination. The speaker, however, decides on a slight topic change and elucidates why she was not traumatised by the loss. She goes categorial and invokes a person within the MCD 'loss', whose category-tied predicate is 'experiencing a lot of grief' (lines 31-33). The more loss is experienced, and thus the more grief someone feels, the next "loss is more traumatic". In lines 29-30 preceding this category formulation, the speaker positions herself outside the MCD 'loss' and in this way justifies her relatively unemotional reaction to her miscarriage.

5.8.3. Men and grief

Extract 3 illustrates how Joslyn, in managing her account of loss, strives to recall other people's reactions to her miscarriage as invoked by the interviewer's enquiry at the beginning of the extract.

Extract 3

```
01  I:   So what were people's reactions when you told ↓them (2.5) do you
02  J:   remember that=
03       =°°I can't remember°° (3.0) just (3.0) probably loving and (0.5) sym-
04       pathetic (3.0) °°yeah°° (1.0) °I can't remember if I told any friends°
05  I:   4.0) just trying to remember who my friends were £at that time£
06  J:   ((laughter)) (5.0) >can't remember<
07  I:   Do you think that (1.0) um >because you don't really remember the
08       reaction of your husband< (0.5) do you think that um (0.5) when a
09       miscarriage happens (0.5) um men and women react ↓differently (0.5)
10       to something like ↓this
11  J:   (2.0) <Probably> (1.0) I think <as a general rule> (1.0) the woman
12       probably feels >more strongly about ↓it< I think Stuart was just
13       ↓supportive (0.5) for me but I don't think he had (0.5) >I mean we
14       can ask him< but I don't think he didn't have any particular (0.5)
15       °°grief he just I don't think (1.0) yeah (3.0) um°°
16  I:   Why do you think this might be that men (.) would react differently to
17       miscarriage
18  J:   (4.0) I think gen- men generally react differently (2.0) to (2.0) emo-
19       tional (0.5) things (1.0) not all men (0.5) >but you know < probably>
20       a big chunk of them< (2.0) but there mi- >you know< but also I mean
21       I- (1.5) I think I think if if I as the carrier of the baby (0.5) were not
22       even attached to it myself (1.5) it would be very difficult for him (2.5)
23       who who >you know< had no body changes or (1.5) I think it would
24       be difficult for him to actually have any sort of attachment or (2.0) so
25       his attachment would be to the idea (2.0) °and um° you know we were
26       probably only use- had the idea for about six weeks
```

The interviewer finishes her turn with "do you remember that" (lines 01-02), which refers to the speaker's mentionable from an earlier part of the interview that the miscarriage happened over forty years ago. Joslyn orients to it with a 'no gap no overlap' response and admits to problems with recalling the details of the events following her loss. Her turn is marked by some interactional difficulty, which is particularly evidenced by prosodic features such as numerous instances

of long pauses and quieter tone of voice, and also sotto voce. Interestingly, despite clearly strug-gling to remember, as evidenced both by admitting to it on two occasions (lines 03 and 06) and the prosodic features signalling interactional trouble, Joslyn manages her account by inferring people's reactions as based on normative discourses of bereavement. The speaker does not in-voke particular people ("just trying to remember who my friends were", line 05) and constructs those abstract people's reactions in general as "loving and sympathetic" (lines 03-04), which is preceded by an adverb "certainly" (line 03) downgrading the epistemic certainty of her proposi-tion. When Joslyn is approaching the end of her turn she employs laughter, which can be seen as an indication of troubles talk, followed by reinstating that she struggles to remember the details post loss.

As the interviewer's attempt at provoking some disclosure regarding Joslyn's miscarriage is not particularly successful in terms of provision of rich information, the interviewer under-takes yet another attempt at eliciting some information. Now it is the interviewer who is experi-encing some interactional trouble as evidenced by a number of pauses and false starts while changing the topical focus from the speaker's personal experience to an invitation to proffer her thoughts on the subject. The interviewer invokes gender and queries whether "men and women react differently" (line 09) to loss. The speaker orients to the question with some hesitation as marked by the initial long pause, the adverb "probably" and another pause. She signals speaking in generalities with "as a general rule" and goes categorial proffering the different ways in which men and women approach this type of loss. The speaker positions the category 'woman' at the centre of the experience and attributes it a category-constitutive feature of "feeling more strongly about it" (line 12). She then invokes the individual experience of her husband, who in the situat-ed context of its production, can be inferred as a member of the category 'man' accessible via the standardised relational pair 'men-women'. Interestingly, the speaker does not overtly place her subjective experience of loss as belonging to the category women in a similar manner.

In lines 12-13, Joslyn brings up the category-tied predicate "supportive", and constructs her husband in line with this category-expectable feature. She then juxtaposes this with con-structing her husband as not exhibiting any particular emotional reaction effected by the loss, which consequently places him outside the MCD 'miscarriage'. The interactional details of this part of Joslyn's turn are particularly interesting. Firstly, the speaker delivers a false start ("but I don't think he had", line 13) followed by a short syntactic embedding: "I mean we can ask him" (lines 13-14). As Joslyn's husband was present during the interview, the speaker's words could

be read as an invitation to her husband to co-construct the experience of loss and to tell his story. The husband exhibited no reaction and refrained from joining in, perhaps as a result of having no hearing aids, which was later suggested by Joslyn. The lack of reaction on Joslyn's husband's part provoked her further contribution and she elaborated on the previously abandoned sentence adding that "he didn't have any particular grief" (line 14). After this the speaker experiences some trouble: she produces another false start "he just I don't think" (line 15) and decides against unfolding it further. Instead, she signals turn termination marked with two long pauses and a filler. The interviewer claims the conversational floor and extrapolates Joslyn's husband's experience of loss to the category 'man'. She enquires about the possible reasons "men would react differently to miscarriage" (lines 16-17) and thus she co-constructs Joslyn's husband as an incumbent of the category 'man' in the occasioned MCD 'miscarriage'. The speaker manages her turn with observable difficulty. Following a very long pause, a self-initiated repair and two more pauses, she proffers that "men generally react differently to emotional things" (lines 18-19). Given the contexted particulars of this part of the interview, Joslyn's proposition can be inferred as men exhibiting a less strong emotional reaction in general compared to women, including a challenging experience of perinatal loss. She then downgrades her proposition by narrowing it down to "a big chunk of" men (line 20), rather than "all men" (line 19). Next the speaker shifts from constructing the all-encompassing category 'man' to an individual account of her and her husband's experience of loss. She builds her pre-self-disclosure with some trouble as evidenced by multiple repetitions of, for example, "I" or "I think" and positions herself at the centre of the miscarriage experience. She frames herself by referring to normative discourse of pregnancy, that is, by constructing herself as "the carrier of the baby" (line 21) and invoking "body changes" (line 23) and juxtaposes it with placing herself outside the MCD 'miscarriage' in terms of her emotional reaction. She uses her own subjective experience of loss ("if I as the carrier of the baby were not even attached to it myself", lines 21-22) as a springboard from which to justify her husband's unemotional reaction by stating that the lack of the physical experience of pregnancy is grounds for not forming an attachment with the baby "I think it would be difficult for him to actually have any sort of attachment", lines 23-24).

In line 25, the product of loss, that is 'baby' is repaired to "the idea", when Joslyn proposes that her husband's "attachment would be to the idea". This is followed by a face-saving gesture indexing a short time of the couple being aware of the pregnancy ("we were probably

only use- had the idea for about six weeks", lines 25-26), employed to justify their relatively unemotional reaction to miscarriage.

5.8.4. Grief following miscarriage

Extract 4 topicalises the distinction between grief following a miscarriage and the death of a relative and enquires about the possible differences between the two.

Extract 4

```
01  I:   Do you:: do you think that um (0.5) grief after losing a baby that you
02       never had um (0.5) is different than grief after losing a family
03       ↑member
04  J:   (5.0) You mean somebody that actually lived and
05  I:   Ye- [yes]
06  J:      [Yeah] yeah um (8.0) yo- one would imagine that it would be dif-
07       ferent (2.0) because (3.0) you hadn't actually had a relationship [with]
08  I:                                                                    [Mhm]
09  J:   You've you've had a relationship with the (2.0) um (2.0) an image or
10       a fantasy (4.5) but (3.0) I think all grief (2.5) is about (1.5) the rela-
11       tionship that we have in our head (0.5) with the person so (2.5) it's
12       probably just the same (0.5) I think it should be different bu- but um
13  I:   Why do you think that it should be different
14  J:   Well because of the fact that you haven't actually had a (1.0) physical
15       bodily relationship (.) with somebody (.) it's just a fantasy relation-
16       ship in a way
17  I:   Mhm
18  J:   And and you you're grieving (0.2) you're grieving for the (1.0) fanta-
19       sy baby and and the fantasy life (1.0) that you were gonna have um
20       and so that's a lot what grief is about anyway >isn't it< [that's] about
21  I:                                                            [mhm]
22  J:   grieving the loss as associated with (2.0) um (2.0) um that are associ-
23       ated with the loss of a person
24       So it's basically like grieving for the future and grieving (.) the past=
25       =Yeah yeah so if my son died or something (0.5) I would be grieving
26       the boy the man that I know an- and the boy that I ↓had but I would
27       also be grieving the future that I'm not ↓having that I'm not gonna
28       ↓have and the fantasy grandchildren that I might have had and all that
29       sort of thing yeah (2.0) yeah so it's probably much the same
```

Joslyn's contribution starts with a very long, five-second pause, after which she seeks the interviewer's confirmation regarding her understanding of the question. Although the speaker's turn's design is based on a polar question, it already contains an invoked difference between the two loses, namely, that the family member is constructed as somebody "that actually lived" (line 04). What could be inferred, albeit what remains unsaid - a miscarriage is an intangible loss. After a brief confirmation on the side of the interviewer, which overlapped with Joslyn's "yeah" (lines 05-06), which denotes a great level of certainty that her understating was correct, the speaker takes to proffering her thoughts on the subject. Joslyn's proposition, however, is preceded by an eight-second pause, indicating interactional trouble, perhaps pointing to the lack of epistemic certainty, as evidenced by the use of the gender-neutral, indefinite pronoun "one" and the modal verb "would". Both of those discursive devices mitigate her response and can be used as a way of distancing herself from what she is about to say. Joslyn carefully draws a distinction between the two types of losses and states that "one would imagine that it would be different" (lines 06-07). She then specifies the reason for it and invokes a lack of relationship between the miscarriage survivor and the product of loss. Interestingly, Joslyn does not directly refer to categorial names within the MCD 'miscarriage', but instead uses the pronouns "one" and "you", which are inferred as a 'genderless' miscarriage survivor. Taking the occasioned context of the interview, it could be extended to a woman (for example based on what Joslyn's proclaimed in the previous extract (3) on gender categories, as it is the woman who is put at the centre of this experience).

While indexing the occasioned reason explicating the difference between the two types of losses, she states that "you hadn't actually had a relationship with" (line 07) and fails to finish it, thus leaving off the name of the category this relationship is not with. The interviewer delivers a minimal overlapping continuer "mhm" followed by Joslyn's repaired contribution about a relationship: "You've you've had a relationship with the um an image or a fantasy" (lines 09-10). The speaker thus constructs the product of loss, that is the category within the MCD 'miscarriage' as "image or fantasy", which accentuates its intangible, immaterial character.

After some long pauses, the speaker resumes her negotiation of the meaning of the miscarriage-related categories and proposes that "all grief is about the relationship that we have in our head" (lines 10-11), and constructs the relationship as not based on the somatic experience, but as symbolic, as could also incorporate a non-tangible loss of a, for example, miscarried baby. Joslyn uses the nominal term "person", which is used in the occasioned context of both types of losses, thus giving more prominence to the previously constructed intangible loss as "image or

fantasy" (lines 09-10). Such a proposition leads the speaker to reach a conclusion that "it's probably just the same" (lines 11-12).

This is followed by Joslyn offering a more personal perspective, as she shifts her personal pronoun to "I", when she claims "I think it should be different" (line 12). The interviewer orients to it and enquires about the reasons why. Joslyn then constructs the significance of a physical bodily relationship, and puts emphasis on the lack of such a somatic experience in terms of miscarriage and refers to it as a "fantasy relationship" (lines 15-16). Following the interviewer's continuer "mhm", the speaker elaborates on the meaning of perinatal loss, and invokes a category-tied predicate of the "fantasy baby", and related to it "fantasy life". These constructions with the adjective "fantasy" construct the object of loss as based on forming mental images, as something almost unreal, as it is not based on a physical bodily relationship, but on the survivor's imagination.

Joslyn then delivers a formulation which could be understood as contradicting her proposition that grieving after the two types of loses should be different. She proclaims that grief is about "grieving the loss as associated […] with the loss of a person". In line 20, Joslyn tries to engage the interviewer with a question tag "isn't it", which is briefly acknowledged by her with and agreement token "mhm". In line 24, however, the interviewer engages in a co-construction of the meaning of loss and delivers a formulation "So it's basically like grieving for the future and grieving the past", which is instantly taken up by the speaker, with an emphatic agreement. In order to illustrate this proposition, Joslyn gives an example of a prospective death of her son and specifies its occasioned meaning, as both grieving the past and the future. She constructs the potential grandchildren as "fantasy", which allows her to conclude with a turn-final formulation "so it's probably much the same" (line 29), which draws parallels between the two types of loses.

5.8.5. Summary

Joslyn constructs and negotiates the meaning of miscarriage in terms of her own experience, as well as her proffered views on the subject. The interview is opened with a general question of whether miscarriage is a taboo topic in the UK, which is oriented to with a negative response, and which sets the tone for the rest of the conversation. This means that the starting point from

which to view this type of loss is not constructed as a traumatic, and life-altering event in one's life. The co-construction of the meaning of loss and the interactional efforts between the speaker and the interviewer, who strive to reach agreement and affiliation, result in a negotiation of alternative perspectives, and thus negotiation of the significance and seriousness of this experience in some people's lives.

Joslyn's propositions on the meaning of perinatal loss mirror her subjective experience of miscarriage. Unlike all the other interviews, the speaker oftentimes constructs it as a minor event in her life that had little to no significance for her future. She recurrently positions herself outside the centre of the MCD 'miscarriage', i.e., she refrains from constructing herself as emotionally affected by the loss. This is contrasted by Joslyn's categorial formulations within the MCD 'miscarriage', when she positions the category 'woman' at the centre of the experience and attributes it a category-constitutive feature of "feeling more strongly about it".

On the other hand, there has been one instance during the interview where the speaker links the lost pregnancy with the loss of the future she had imagined. The account of emotions as a result of the loss of her future, is then contrasted with the speaker's projected certainty that she was going to have children in the future. Importantly, in this way the speaker constructs her loss as an individual, accidental occurrence, rather than, for example, as the prospective loss of motherhood in the future. This shows that the negotiation of the experience of miscarriage is not a linear process, but as a constant working and re-working of its meaning(s).

Oftentimes during the interview, Joslyn experiences some interactional trouble as evidenced by numerous long pauses (especially at the beginning of her thoughts), false starts, repetitions and self-initiated repairs. In contrast to the other analysed interviews, where emotional difficulty has been observed, these interactional speech disturbances seem not to result from the emotional nature of Joslyn's turns. Rather, they mark the active ways in which the speaker is managing the recounting and negotiating of the fading memories of a distant life experience.

5.9. Summary of the findings: Constructions of categories within the MCD 'miscarriage'

The previous section featured a detailed analysis of individual women's miscarriage experiences informed by the use of ethnomethodological approaches of CA, MCA and DP. The analytical focus of the section was on the micro-level of interaction to best capture the ways in which women (re-)construct and negotiate this subjective experience of loss as progressively built in

their turns at talk (Stokoe 2012a). The focus of this section is to locate 'culture-in-action' (Hester and Eglin 1997), not only as 'stored' in participant's categories within the MCD 'miscarriage', but as predominantly informed by the fact that they are occasioned products of interaction, whose meanings are generated, reworked and negotiated. In addressing categorial ambiguity, Stokoe (2012a: 346) states: "MCA studies should not be limited to the 'easy' cases in which description and categorization are unambiguous". The topical and interactional context of miscarriage, traumatic on an individual, and taboo on a societal level, lends itself to constructing and reworking new meanings, including women's commonsensical understanding of categories. The previous section showed that the categories invoked by women are by no means unambiguous and stable entities at all times, and with this in mind, this section aims at identifying categories that have been proffered by women interviewees as incumbents of the MCD 'miscarriage' to better understand this clearly painful life experience.

5.9.1. Stable categories

Two major types of categories have been identified as belonging to the MCD 'miscarriage' throughout the analysed data: stable and transient. The categories 'woman', 'mother' and 'baby' have been proffered as stable categories, as they have been constructed as unfailingly belonging to the "MCD" 'miscarriage' by women interviewees. Fig. 2 is a visual representation of the relationship between the stable categories:
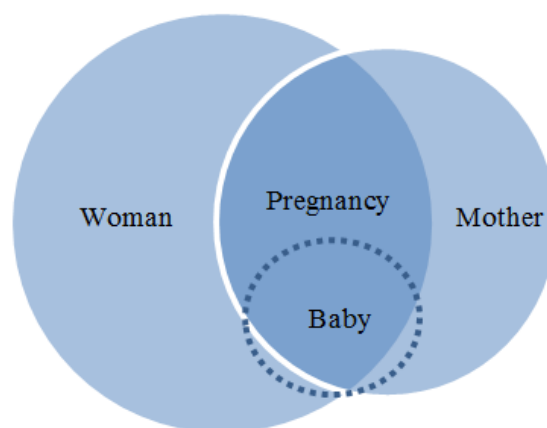
Fig. 2. Stable categories in the MCD 'miscarriage'

As has been presented, the stable categories are proffered as interconnected, and it is the category 'woman' who is persistently positioned at the centre of the experience of loss. What should be noted is that extracting meanings about these individual categories proves to be a challenging task, as they inform each other and oftentimes cannot be separated.

Before explicating the details of the construction of the category 'woman', it is important to be cognisant that it can be an incumbent of multiple MCDs at once. That is, understanding women's constructions of categories within the MCD 'miscarriage' has to be done with taking into consideration other MCDs such as, for example, 'gender', 'family status' or 'stage of life', if they are made relevant in a given interactional context.

5.9.1.1. 'Woman'

The category 'woman' is constructed as unambiguously belonging to the MCD 'miscarriage' and is proffered as its constitutive category.[32] Women interviewees' constructions of the category 'woman' are interactionally achieved by invoking category-constitutive/tied/generated activities and predicates in an action-oriented environment. The speakers move from description to categorisation, and from categorisation to description, position themselves and others as incumbents of the category 'woman', as well as offer their common-sense knowledge about the categories in general. Both categories and descriptions, which are treated as category-resonant by the speakers are "given their meaning reflexively and indexically, in and through action-accomplishing practices" (Stokoe 2012a: 347).

Although a lot of categorisation work performed by women interviewees is subtle and implied, what unquestionably stands out and is often overtly stated is the construction of the category 'woman' as a 'survivor' through invoking extreme upset. Experiencing pain as a result of this type of loss is thus proffered as the category-constitutive feature granting incumbency in the MCD 'miscarriage'. Oftentimes the category name is not specified directly, for example the non-referential term "people" or the general pronoun "you" are employed, but the contextual particulars indexing strong emotions following the loss allow for the inferential upshots to be tied to the category woman-survivor. Interestingly, even the women who construct miscarriage as 'benefi-

---

[32] This can be due to the fact that all the interviewees were women who had primary epistemic knowledge about miscarriage due to their first-hand experience of prenatal loss. Also, even the researcher's choice to interview women somewhat points to their central role as far as this type of loss is concerned.

cial' at the period of time when it occurred (Lilian and Sarah) represent themselves as incumbents of the MCD 'miscarriage' at various moments during the interview as they unfold their stories.

Suffering strong emotions as a result of miscarriage constitutes the basis for the gendering of this category, and of constructing miscarriage as a predominantly feminine experience. Stokoe (2006: 478) observes that "gender identity maintenance works partly by defining the conditions for assigned membership as well as by nominating the characteristics and activities of those who are excluded from particular categories". For example, Marianne and Eve position themselves as miscarriage survivors with primary epistemic access to their loss and continuously position their husbands as outside the MCD 'miscarriage'. They manage their categorial upshots by simultaneously invoking 'gender' as an MCD when explicating their lack of an emotional reaction. Similarly, Lauren also positions her husband as unable to comprehend her grief, and she also orients to gender in her interactions when managing her category-resonant descriptions of her husband holding back from displaying his upset and assuming the supportive role. Interestingly, the stable incumbency within the MCD 'miscarriage' is not only based on what is said, but also on what is absent. The category 'man' tends to be generally unfeatured in some women's accounts of loss (for example, in Sarah's and Lilian's), which further contributes to the categorial gendering of the MCD 'miscarriage'.

Another major finding is the constructions of the category 'woman' through references to the female body, both relate to it its reproductive potential, often through the focus on age, as well as bodily manifestations of miscarriage as an embodied loss. As the women's deployment of categories functions as interactional and discursive resource(s) in action-oriented environments, it has been observed that the specifics of the women's subjective experience of loss contributes to their constructions of categories. For example, what features in Hanna's accounts of loss is her simultaneous incumbency in four different MCDs: 'miscarriage' and 'family status', and 'age' and 'gender' which she invokes as crucial and which significantly affected her constructions of the category 'woman'. As a childless woman, Hanna makes relevant the category 'woman' through the focus on the category's reproductive potential and, in particular the concept of the biological clock, where female fertility is a process that undergoes termination. In her categorial upshots, moving between categorisation and description, she negotiates the category-constitutive predicate of experiencing strong emotions following her loss, which culminated with her reaching menopause. Not only is menopause likened to miscarriage, but new meanings are constructed for miscarriage as representing the symbolic loss of motherhood altogether. Sarah

offers her propositions on the physical underpinnings of shame, which she links to miscarriage: "you feel like your body is made to carry children", which indexes pregnancy as natural for women. She thus constructs the embodied activity 'carry children' as exclusive and inherent to the category 'woman'. Sarah also invokes the regulatory function of the biological clock through the MCD 'age' ("they are getting to mid to late thirties") when she constructs the pending symbolic loss of reproductive potential for women reaching a certain age and emphasises the significance of childrearing for women ("a real desperation for a child"). Lauren also invokes the MCD 'age' and the reproductive pressure she experiences. She positions herself as an incumbent of the category 'woman' within the MCD 'miscarriage' and specifies the consequences of her childlessness as a result of recurrent miscarriage. Lilian indexes fertility and miscarriage in constructing the role of a woman in family and also in wider society and constructs womanhood and motherhood as inseparable by means of women's desire to have children as universal to all women. What can be inferred for the category woman in the MCD 'miscarriage' is that they may face grave emotional consequences if they disregard their natural cycle. She proffers the category woman by invoking a category-constitutive predicate of being characterised by "an innate desire to reproduce". The adjective "innate" constructs the desire as something natural and strong and constituting the essence of being a woman, thus although not directly stated, it ties womanhood with motherhood.

The significance of the female body for the category 'woman' is also manifested in women's constructions of bodily manifestations of miscarriage, which both directly and indirectly index femininity, as it is women who are sole recipients and experiences of this embodied loss. Most interviewees offer category-resonant descriptions detailing the physical circumstances of their losses, which could be considered as category-generated features for the category 'woman' within the MCD 'miscarriage'. For example, most of the interviewees index bleeding or pain. In some instances, the female body as part of the MCD 'miscarriage' is constructed as a separate entity from the category 'woman' and is given agency over the process of pregnancy and miscarriage. For example, Sarah's propositions "when it body fails you" and "your body has not been able to somehow contain nurture and grow it" are employed as face-saving discursive devices, which aim at securing the location of responsibility for the loss outside the category 'woman'.

Another recurrent finding made relevant in women's constructions of the category woman is self-blame. Although this is not necessarily stightforwardly constructed as a category-bound feature of the category 'woman' per se, it is based on the perceived moral obligations and responsibilities located in the common-sense knowledge about the category 'woman'. It is also

305

inseparately linked to the already detailed aspect of the (loss of the) reproductive potential or inability to carry the pregnancy to full term. Self-blame in women's constructions of loss is proffered as category-resonant descriptions where women positioning themselves as incumbents of the category women-survivors, that is, experiencing a strong emotional reaction constituted the basis for re-telling their miscarriage stories. In other words, the feelings of self-blame can be attributed to falling under the category-constitutive predicate of experiencing and managing emotional pain. The discursive constructions of self-blame have been employed in a number of ways depending on the contexted particular (Jayussi 1984) of the interviewees. For, example Lauren proffers her feelings of self-blame in invoking the body with the focus on the problem with fulfilling the reproductive function by means of such adjectives as "useless", "rubbish" or "broken". In this way she likens her body to a machine that should perform the reproductive function that it can normally fulfil. Eve, on the other hand, orients to gender in explicating the varying reactions to loss between her husband and she. The interviewee constructs herself by means of experiencing the feelings of guilt as a result of failing to fulfil her role as a woman in terms of her reproductive potential.

5.9.1.2. The 'mother'-'baby' standardised relational pair

In order to understand what is lost, one has to understand what *could* have been. It is thus difficult to talk about the meaning of the category 'mother' without explicating the meaning of pregnancy, which is often proffered as a vantage point from which the meaning of loss is constructed. The meaning of pregnancy is not only explicated in terms of the importance of the female body to the category 'woman' in fulfilling the reproductive function, as has been presented in the previous section. It also constitutes a symbolic link between the category 'woman' and 'mother' as interconnected via the category 'baby'. First, it is worth addressing some of the commonsense assumptions that have been identified in the analysed data about pregnancy as the backdrop for the category 'mother' (and 'woman').

Lauren makes relevant normative activities related to the category 'woman', such as getting married and having children and constructs having children as dependent almost entirely on one's choice. In this way she indirectly constructs pregnancy as resulting in a successful completion of the process. Similarly, Eve also proffers some general assumptions about having a

healthy pregnancy and constructs it as a normative progression, from conceiving to commencing with a successful delivery of a healthy baby. Related to this, she also offers her proposition on how miscarriage is seen in the eyes of health practitioners and constructs it as an intermediary stage in the process, with the ultimate goal of having a healthy pregnancy. Hanna constructs the news about pregnancy in very positive terms when she invokes the feeling of excitement and constructs it as a category-generated feature for the category '(pregnant) woman'. She also ties this category with other predicates such as "feeling different", on the basis of which a lot of meaning regarding the common sense knowledge about pregnancy could be inferred.

Explicating the meaning behind the categories 'mother' and 'baby' within the MCD 'miscarriage' first necessitates investigating their meaning in the MCD 'pregnancy'. Recurrent constructions of the category 'mother' as linked to the news about a pregnancy emerge as salient in the analysed data. This features as especially prominent in the accounts of childless women (at the moment when the miscarriage occurred). For example, Lauren's constructions of the category 'mother' are somewhat complicated and ambiguous. On the one hand, this category is proffered as instantaneous, that immediately follows the news of a successful conception: "the minute you find out you're pregnant you become a mum"; and on the other she constructs it with the focus on the future: "you imagine your life as a mum". Lauren invokes category-bound and -generated activities concerning the practical, future changes that having a child entails such as "planning the future with your baby", "thinking about what rooms it's gonna sleep in" and "do I need a bigger car". In a similar manner, Marianne invokes designing plans for the new family member, which is constructed as following the pregnancy news: "the moment you get pregnant you start to imagine how it's gonna look like". Although Marianne does not refer to the categorial name directly, the general personal pronoun "you" in the situated context of its production is hearable as the category 'woman'/'mother'. This is later confirmed when she goes categorial and invokes gender and accentuated that a pregnancy "changes the life of a woman". As there is no mention of an equivalent consequence for men, she ties a successful pregnancy and with femininity and motherhood. Finally, Hanna delivers a category-resonant description and positions herself as mother following the news of her pregnancy. Rather than focusing on the future, she refers to the then present during the brief period of being pregnant. She proffers the categorial formulations by means of reference to the category-bound predicates such as "feeling protective" and "wanting to be protected".

In light of the above, a question arises as to how the loss of a pregnancy affects the constructions of the category 'mother'. That is, if (and how) the category 'mother' in the MCD

307

'pregnancy' transitions into the category 'mother' in the MCD 'miscarriage'. Women interviewees rarely index the category 'mother' in the MCD 'miscarriage' through a direct reference to this category name. The constructions are oftentimes subtle and the category 'mother' is locatable via the standardised relational pair 'mother'-'baby'. It is the category 'baby' that emerges more frequently in women's accounts of loss.

Interestingly, Hanna negotiates the meaning of the categories 'mother', 'baby' and 'foetus', and constructs an occasioned standardised-relational pair within the MCD 'miscarriage' consisting of the foetus and the mother. She proffers an occasioned idiomatic expression "the germ of life", and a "generic baby" which both constructs the product of pregnancy as intangible and disembodied, as unreal and conveying some idea of a baby, rather than being a baby. She contrasts a "generic baby" with a "child" and attributes the latter the predicate of possessing a personality and being an individual ("it's its own being"). The blurring of the category formulations and category-resonant descriptions allow her to position herself as a mother of the lost foetus rather than a baby, which is attributed different qualities.

Eve proffers the meaning of the category 'baby' as future potentiality. It is only the category 'baby' that is invoked directly and ascribed a category-bound feature of being "not real", and synonymous with "a picture", which both index its symbolic rather than embodied character. The category 'mother' could be inferred on the basis of a category-resonant description conveying a symbolic loss when she uses a predicate typically tied to the standardised-relational pair mother-baby, namely "holding the baby in one's arms". Similar constructions, that is, the passivised category 'baby' embedding the loss of dreams, hopes or future plans tied to the category 'mother' feature in other women's accounts as well. Lauren swiftly moves between categorial formulations and descriptions as she negotiates the meaning of the aspired for category 'mother' filtered through the symbolic meaning of her loss. She makes relevant positively loaded activities typically bound to being pregnant such as thinking about names and preparing for the pending life changes and contrasts it with the experience of miscarriage ("and then that's ripped away from you so that's that's horrible") proffered as a category-generated feature of an incumbent in the MCD 'miscarriage'. Lauren also invokes the category 'baby' and thus the category 'mother' could be inferred via the SRP 'mother'-'baby', and makes a reference to category-generated activities for the category 'mother' in the MCD 'miscarriage'. When referring to her lost babies, she proffers such activities as "missing them", picturing what the babies would be like and how they would change her life. Joslyn negotiates the meaning of miscarriage and finds it difficult to name the product of loss. She first refers to it as a 'baby', but soon self-repairs to "the idea", and

308

thus emphasises its symbolic and disembodied character. She positions 'the product of loss' outside the somatic experience of the 'woman survivor'. She also ascribes it other predicates such as being an "image or fantasy", and the "fantasy baby", and related to it the "fantasy life". The adjective "fantasy" proffers 'the object of loss' as based on forming mental images, unreal, a product of the survivor's imagination. By using the nominal expression "the idea" or "image or fantasy", rather than 'a baby', Joslyn does not invoke the category 'mother' via the standardised-relational pair 'mother'-'baby'. Neither, does she position herself as an incumbent of the category 'mother' within the MCD 'miscarriage'.

Using CA terminology, Lilian's account of loss features a 'deviant' case when proffering stable incumbents of the MCD 'miscarriage'. Following her categorial formulations of the category 'man' in terms of (un)emotionality and miscarriage, Lilian offers an account of the impact of miscarriage on her middle son. Although this is not strictly a categorial formulation, given the occasioned context of its production and the fact that Lilian moves between formulations and descriptions, it could be treated as category-resonant. Only a question then arises as to which category exactly her son would fall into. As the individual description of her son follows the categorial formulations of the category 'man', he is proffered as an incumbent of this category in the MCD 'miscarriage' and constructed as making a claim at the baby ("this baby was going to be his"). Interestingly, the category-resonant description of Lilian's middle son echoes a categorial description which would normatively be associated with the category 'mother' in the MCD 'miscarriage' via category-bound predicates. For example, he is proffered as exhibiting a strong emotional reaction following the loss, which is a category-constitutive feature for the category 'woman'/'mother' in the MCD 'miscarriage'. He is also described as having a connection with the lost baby and who personifies it by giving it a name and gender ("it was a boy and he was called Jack"), which all mirror predicates typically bound to the category 'woman'/'mother'.

5.9.2. Transient categories

Transient categories in the MCD 'miscarriage' refer to an unstable or temporary membership of some categories. These categories appear as having limited access to this experience, but in some way contribute to its co-construction. Three major categories have been identified in the analysed data: 'man' (or 'husband'), 'family'/'friends' and 'medical professionals'. They are often

constructed as permeating the bounds of the MCD 'miscarriage', but are generally proffered as witnesses rather than experiencers of the loss (such as the categories 'woman 'mother' and 'baby'), whose incumbency is indexed as fixed.

5.9.2.1. 'Husband'/'man'

The category 'man' during the interviews is usually made relevant by the interviewer who enquired whether men can understand the loss. What has been observed is that it is oriented to by women-interviewees by formulating dichotomised constructions of men and women proffered as incumbents of the MCD 'gender'. One of the most significant findings is that it is always the woman who is constructed as the stable incumbent of the MCD 'miscarriage' with primary access to this experience. Category 'man' is positioned in relation to the category 'woman' and is often proffered in contrast to it. The incumbency of the category 'man' in the MCD 'miscarriage' can be described as transient as the man is not constructed as a recipient or an experiencer of the loss, but rather merely as a witness to the woman's suffering.

One of the most salient constructions of this category in the analysed data is tying it with an inability to understand the loss. In negotiating the meaning of this category, women often proffer category-resonant descriptions featuring their husbands. For example, Lauren's constructions of her subjective experience of loss are formulated as feminine by highlighting her husband's inability to fully understand what she was going through. At first, rather than orienting to the category 'man' as belonging to the MCD 'gender', she makes relevant the MCD 'family status' when trying to explicate the reasons for it. Marianne, on the other hand, provides a gender oriented account of miscarriage where she topicalises the radically dissimilar reactions post-loss between her and her husband. She moves between categorial formulations and descriptions, positions her husband as an incumbent of the category 'man' and generates a category-bound predicate pertaining to his inability to comprehend the emotions experienced by a woman. This directly indexes unemotionality, a concept normatively associated with hegemonic masculinity. She makes relevant the category "typical man" (line 09) and subsequently ties it with category-generated predicates of looking into the future and exhibiting reluctance to revisit the past. Marianne attributes her husband's lack of an emotional reaction following the loss to the fact that developing a bond with the future baby necessitates a longer period of time for the category

'man'. Ultimately, the speaker situates him outside this experience and constructs him as the witness and recipient of her grief.

Sarah invokes the category 'man' in the capacity of a therapist and also ties it to unemotionality. She provides a number of occasioned examples of how it manifested itself, such as failure to comprehend the meaning of loss for the category 'woman' ("some don't get it"), minimising the importance of the loss ("they will be saying to their wives it wasn't anything"), constructing miscarriage as positive ("it's better that it's gone anyway") or displaying limited attachment ("they just have very little emotional attachment to it compared to a woman"). She topicalises the differing grieving process and specified 'gender' as the MCD at play via clarifications based on the physical aspect of pregnancy (and, by inference, the ability to form an attachment quickly) inaccessible to men. She delivers a category-generated predicate of trying to find a solution to a problem and make it better ("they almost feel that they have to be a man and fix it",) and ties men to looking for practical solutions to 'fix' a problem ("we'll go on holiday", "we'll try again"). Similarly, Eve proffers the category 'man' as experiencing a much less severe and enduring emotional reaction compared to the category 'woman' ("they switch off much quicker from it"). She transitions from this categorial upshot to an individual description of her husband understood as category-resonant and validates her point ("he was quite happily getting on with his life and saying oh we'll try again and it'll be fine"). She also invokes failure to talk about emotions and proffers it a category-bound feature of the category 'man'. In this way, not only does she index hegemonic masculinity, but also consequently places the category 'man' outside the MCD 'miscarriage'. Lilian's constructions of the category 'man' are scarce. She proffers it as a conditional incumbent of the MCD 'miscarriage' provided that they are willing and able to connect with their own emotions ("who would feel that loss"). She ascribes a category-generated predicate of being sensitive to male babies and explicates that unemotionality that is typically associated with men is a result of imposing societal norms ("men aren't supposed to feel").

Another major finding in terms of constructing the category 'man', and in particular 'husband' as an incumbent of the MCD 'miscarriage' is the support given to the category 'woman'. In a gendered account, Lauren delivers a category-resonant description emphasising her husband's role as a supporter via different lexical items with the same stem-word 'support' ("he'd just been the supportive one", "he wanted to support me", "he just took this role of supporter", "the support he's given to me's been amazing"). This constructs miscarriage as an exclusively feminine experience. Similarly, Marianne indexes the category 'husband' via the cate-

gory-expectable predicate 'supportive'. Although his inability to comprehend her loss featured prominently in her accounts of loss, it is constructed as an ingrained umbrella predicate linked to men in general, something that is out of their control. Such a positioning of Marianne's husband as a supporter places him in a positive light as someone whose moral obligation as an incumbent of the MCD 'miscarriage' and SRP 'husband'-'wife' to his partner had been fulfilled.

Sarah proffers gender oriented categorial formulations of the category 'man' and ties this category with "a sense of responsibility (for the woman)". The category 'woman' is ascribed having primary rights to grieve and display an emotional reaction post-loss ("they see her grieving and her suffering", "they don't want to add into it). Joslyn describes the various ways in which men and women understand this type of loss and places the category 'woman' at the centre if the miscarriage experience, which is proffered as speaking in generalities. When she referrs to her own experience of loss, she invokes the category-tied predicate 'supportive', and constructed her husband in line with this category-expectable feature for men in the MCD 'miscarriage'. She also, however, provides a contrast to this and placed him outside the MCD 'miscarriage' when she constructs him as failing to display any emotional reaction. She signals speaking in generalities with "as a general rule" and employs categories to proffer the different ways in which men and women approach this type of loss. The speaker positions the category 'woman' at the centre of the experience and attributes it a category-constitutive feature of "feeling more strongly about it" (line 12). She then invokes the individual experience of her husband, who in the situated context of its production could be inferred as a member of the category 'man', accessible via the standardised relational pair 'men-women'. Interestingly, the speaker does not overtly place her subjective experience of loss as belonging to the category women in a similar manner.

Both constructions of the category 'man' as unable to understand the loss and as giving support to his partner mean that the man's reaction is always constructed through the prism of the woman's grief and her experience of loss. In consequence, the construction of miscarriage as a feminine experience is reinforced.

There have been, however, infrequent constructions of the category 'man' granting him a more stable incumbency in the MCD 'miscarriage', for example, the previously mentioned (this section) Lilian's conditional incumbency based on exhibiting an emotional reaction. Sarah also delivers a category-resonant description of a man, who was going through a grieving process and who found the experience of a miscarriage particularly trying. He is constructed through feeling that he could not openly grieve and display his emotions. Finally, although Lauren generally

312

positions her husband outside the miscarriage experience, there are instances when she constructs him as being affected by the loss, yet holding back from displaying his upset due to his assumed role as the supporter.

5.9.2.2. Family and friends

Both this and the following sub-sections exhibit fundamental similarities in terms of the moral obligations imbued in the categories ('family', 'friend's and 'medical professionals' addressed in the next sub-section). Incumbents of those categories play an important role in the co-construction of the miscarriage experience, in particular in validating the loss and providing support. In voicing expectations towards particular category members in the capacity of miscarriage survivors, women proffer categorial upshots, but also often refer to individual descriptions and particular situations. The fact that family members, friends and medical professionals are stable incumbents of other MCDs: 'family', 'friendship' and 'caregivers' respectively, the descriptions are treated as category-resonant. The highly moral character of these MCDs in the situated context of their production, lends itself to negotiating the meaning of the categories belonging to them. Stokoe (2006: 478) observes that "gender identity maintenance works partly by defining the conditions for assigned membership as well as by nominating the characteristics and activities of those who are excluded from particular categories". Although Stokoe (2006) focuses on gender identity maintenance, her observations can be extended to categories in other MCDs as well and in light of Stokoe's (2006) considerations, the findings reveal that women undertook an active interactional effort to delineate the bounds of the categories, not only by tying them with expectable predicates and activities, but often by emphasising their absence. Those categories are morally scrutinised and employed as discursive devices to make sense of and narrate their experience of loss. They also allow women to position themselves in relation to those categories as stable incumbents of the MCD 'miscarriage' and to proffer what is important to them and what they lack(ed).

'Friends'/'family' are a category that emerged in the data proffered as situatedy entering the bounds of the MCD 'miscarriage'. Although these can be regarded as two separate categories, they will be presented under the same section as they carry a very similar set of moral obligations towards the category 'woman' in the MCD 'miscarriage'. What is often made relevant by

women interviewees is unfavourable reactions to the news about miscarriage and, consequently, the perceived lack of support on the side of their family and friends.

Lilian orients to her family in general and constructs them via their inability to recognise the importance of her miscarriage. She specifies the conditions for their potential incumbency within the MCD 'miscarriage' as having first-hand epistemic knowledge via experience: "they may have known what I was going through if they'd had their own experience". She proffers it as category-constitutive feature of active-categories in the MCD 'miscarriage' granting them access to understanding this experience. Lilian thus not only specifies the conditions for incumbency in the MCD 'miscarriage', but she also positions her family outside of it. She delivers individual descriptions of their family as failing to discuss emotional issues and recognising her loss as a result of their inability to understand this experience. She then constructs them via a lens of moral obligations imbued in this category as failing to fulfil their responsibilities towards her resulting from the duplicative organisation of these categories in the same MCD 'family'. Similarly, in a category-resonant description, Eve discloses the details of her mother's reaction to her loss and constructs her as failing to display sympathy. The unfailingly and uniquely moral character of the category 'mother' in the MCD 'family', but also situatedly permeating the bounds of MCD 'miscarriage', is gradually unfolded in a subtle categorial work. Consequently the mother is proffered as someone unable to help, which is a category-disjunctive predicate of this category. Marianne provides a negatively assessed category-resonant description of her mother-in-law as "obsessed" with having grandchildren and consequently engaging in a dispreferred activity of asking about having grandchildren. The mother-in-law's unawareness about Marianne's incumbency in the MCD 'miscarriage' resulted in subsequent questions about grandchildren, which provoked her expressive emotional response. The moment the mother in law learnt about the miscarriage she is described in positively-loaded terms as "supportive," in line with category-bound predicate for the category 'mother'.

Hanna delivers an individual description of her parents' emotionally-loaded reaction to finding out about her miscarriage by mistake, which is proffered as them going "completely ballistic". The description contains subtle categorial formulations indexing the issue of trust proffered as a category-bound predicate related to duplicatively organised incumbents of the MCD 'family', but in a simultaneous context of the MCD 'miscarriage'. Rather than scrutinising the parent's reaction in terms of fulfilling their obligations resulting from belonging to the MCD 'family', the focus is on Hanna's perceived moral obligations towards her parents as an incum-

bent of the category 'daughter'. These are constructed as failed based on a category-bound obligation for this category to share important information with the category 'parents'.

Eve and Lauren orient to their sibling's reactions upon learning about their losses. In Lauren's accounts of loss, the figure of her brother featured prominently. Lauren voices her expectations towards the category 'brother' several times during the course of the interview and constructs him only negatively by using disjunctive category-activity pairs. She invokes the category 'brother' by means of the category-dispreferred predicate of failing to display empathy and show interest following her miscarriage. She constructs this category-disjunctive feature as the source of Lauren's anger. Eve, on the other hand, invokes her sister and ascribed her category-preffered predicates using two positively loaded adjectives "kind" and "sympathetic". The subtle categorial work reveals, however, a contrastive negative assessment preferring her sister as not knowing what to say due to her lack of subjective experience of perinatal loss, and in some way, failing to perform the category-bound predicate of extending full support.

Categorisations of friends are invoked and they emerge while addressing multiple threads of women's narratives of loss. Most women provide category-resonant descriptions featuring friends or close friends, whose reactions are filtered via assumptions about the normative obligations bound to those categories. There are, however, two women who invoke 'generic' friends rather than reactions featuring specific people they knew. For example, Joslyn's account is clearly marked by her experiencing trouble recalling the details of her friend's reaction ("just trying to remember who my friends were"). Thus, in order to manage the account, she invokes abstract people's reactions, which is readable as a category-resonant description via the category-bound predicates "loving and sympathetic". Similarly, Sarah struggles to remember particular situations when she told friends about her loses. She narrates 'generic' memories in the form of a hypothetical situation whereby the news about her miscarriages was met with silence, which was perceived lack of a reaction. It is proffered as a dispreferred recipient uptake in this situation and in need of fixing. Sarah provides a self-initiated repair detailing a number of issues a healthy pregnancy would have meant given the challenging life situation she was facing at that time. She then constructs the 'generic' friends as accepting and aligning with her explanation ("they all sort of said yes"), and thus representing them via an inferred category-bound predicate "supportive". What this means is that the initial failure to display any reaction apart from silence positions the 'generic' friends outside the MCD 'miscarriage', but Sarah's self-repair facilitates their situated incumbency in this device.

Category-resonant descriptions of friends emerge as salient in Lauren's account of loss. As she narrates her experience, she negotiates her status outside the category "mother" and voiced expectations that are tied with the category 'friends' on a number of occasions. Lauren initially constructs her friends' reactions to the news about her miscarriage echoing category-expectable predicates such as "fantastic", "supportive" or "amazing". This is followed by a category-resonant description of a friend who was pregnant at the same time as the interviewee, but her pregnancy was successful contrasted with Lauren's loss. The reaction of the friend is constructed via a dispreferred and pejoratively-loaded adjective "rubbish", which Lauren unpacks as failing to display empathy, and consequently, understanding of the significance of the loss. She proposes it as a category-disjunctive predicate of the category 'friend' and the categorisation is employed by Lauren as a discursive tool for complaining about the lack of support she received from her friend.

Finally, Eve delivers an individual description featuring her colleague who is indexed via a display of particular insensitivity to the news about her miscarriage ("oh well at least you haven't got to go to the meeting have you"). Eve does not invoke the category 'friends', but rather the category 'people' ("people don't don't think") who situatedly enter the bounds of the MCD 'miscarriage'. These two categories are imbued with different moral obligations towards the category 'woman' in the MCD 'miscarriage'. The category 'friends' is duplictively organised, and the category 'people' does not carry the same set of expectations as for providing support. The individual description with the colleague is thus treated as a category-resonant description for the category 'people' in the MCD 'miscarriage', whose category-bound feature is the lack of awareness about the emotional difficulty a miscarriage survivor is experiencing ("they don't intend to be unkind").

5.9.2.3. Medical professionals

In their accounts of loss the women interviewed make relevant and morally scrutinise medical professionals, in particular doctors and nurses. Most women required medical assistance and invoked their hospital experience and other instances they had contact with healthcare professionals. These are constructed through the lens of the moral set of obligations embedded in the categories providing medical care to women in the MCD 'miscarriage'.

Eve negotiates the differing meanings of miscarriage attributed by women survivors and the medical staff that assist them. She constructs herself as an incumbent of the category 'patient', invokes an occasioned category-generated predicate "faceless", and proffers that her emotions were not acknowledged ("but it was just irrelevant I think"). She also formulates category-generated predicate of the category 'medical staff', namely, assuming that a miscarriage would be followed by a healthy pregnancy, and thus regarding miscarriage as an intermediary stage before giving a successful birth. She delivers: "a miscarrying woman you don't see it like that", which constituted ground to morally scrutinise the category "medical staff" by tying them with the predicate of failing to comprehend the meaning of perinatal loss ("doesn't occur to them") and its individual and emotional character. She invokes the category 'doctor' and constructed it via the category constitutive activity of treating ill patients, however, the inability to see past the woman's physical aspect of the loss is proffered as its category-disjunctive feature. Similarly, Marianne positions herself as a patient and delivers a category-resonant description indexing the category 'doctor' in the MCD 'miscarriage' via a set of moral obligations tied to this category. She constructs the category 'doctor' with a category-constitutive feature of exclusively focusing on the patient's physical health ("within six weeks everything will be back to normal"), but which is proffered as containing a certain absence related to disregarding the significance of miscarriage on the woman's mental health. The category 'doctor' in the MCD 'miscarriage' is therefore constructed via a category-disjunctive predicate of transgressing the moral obligation of proving all-encompassing care to the category 'miscarriage survivor'.

Joslyn produces a neutral and minimal categorial formulation of the category "medical practitioners" when she invokes her hospital experience. She only proffers them as being "fine and matter of fact about it", which could be inferred as related to their category-constitutive feature of being primarily responsible for the patient's physical health. It also echoes and validates her own perspective on the loss, which influences the lack of a moral scrutiny of this category, as the category-expectable predicate of providing medical assistance was fulfilled.

Finally, in contrast to her previous categorial upshot featuring medical practitioners as failing to recognise the significance of miscarriage to women, Eve provides an individual description of a doctor proffered in a favourable light. He is ascribed an occasioned category-generated predicate 'sympathetic', which in the context of perinatal loss is proffered as category-expectable. The doctor is proffered as someone who facilitated the husband's situated access to the MCD 'miscarriage' alongside his wife by letting them "be upset together" after announcing the news about the pregnancy loss.

5.9.3. Concluding remarks

These sections have shown how women survivors move between individual descriptions and categorial formulations and vice versa, treating the descriptions as category-resonant. It has also demonstrated how women interviewees rely on commonsense knowledge - which informs their descriptions - and how they use it as a discursive and interactional resource to make sense and verbalise their experience of loss. The categories that women proffer as incumbents of the MCD 'miscarriage' are not always unambiguous and stable entities, but rather products of inter-action. Therefore, often by means of subtle interactional achievement, women index two types of categories with MCD 'miscarriage'. The first type comprises 'stable' categories including 'woman', 'mother' and 'baby', whose incumbency is constructed as constitutive to this MCD. The other category type could be described as 'transient' and constitutes of 'husband'/'man', 'family'/'friends' and 'medical professionals' whose incumbency in the MCD 'miscarriage' is achieved on a situated basis.

One of the major findings of the analysis is that the category 'woman' is almost unfailingly positioned at the centre of the miscarriage experience and is often proffered as interconnected with other stable categories in the MCD 'miscarriage'. It can thus be stated that the existence of this MCD rests on those other stable categories. The category 'woman' is positioned as a 'survivor' by invoking extreme upset – a category-constitutive feature of this category. The data is also replete with constructions of the female body through which the category 'woman' is represented. The body is linked to its symbolic reproductive potential as well as bodily manifestations of miscarriage as an embodied loss. Linked to that, women construct the feelings of blame as linked to the locus of perceived moral obligations and responsibilities tied to the category 'woman'.

The categories 'mother' and 'baby' are proffered as a standardised-relational pair and the category 'baby' constitutes a symbolic link between the category 'woman' and 'mother'. Women invoke the significance of pregnancy as a backdrop for explicating the meaning of loss. It is through the focus on the symbolic meaning of pregnancy, the changes it necessitates and the change in the status in the life of a woman ("the minute you find out you're pregnant you become a mum"), that the women index miscarriage. The category 'mother' in the MCD 'miscarriage' does not feature in women's accounts independently of the category 'baby'. The baby is constructed as representative of the symbolic, future potentiality that was lost.

Transient categories are constructed as witnesses of the woman's management of the experience of loss. The category 'husband' is usually constructed as gendered and belonging to the category 'man', and proffered as a relational category imbued with moral obligations towards the miscarriage survivor. This category often constitutes contrast to the category 'woman'/'mother' and at no time is the category 'husband' proffered as a 'father'. The constructions of the category 'husband'/'man' are often based on the inability to understand the loss, which consequently reinforces the construction of the experience of miscarriage as feminine. The category is tied with the predicate 'supportive', which is proffered as expectable, yet often insufficient to some extent as it is indirectly linked to the inability to comprehend what a woman was/is going through. The constructions of this category are often managed through the prism of the woman's grief and her experience of loss, which positions men as witnesses rather than experiencers. There are, however, occasional instances in the analysed data where the category 'husband' is situatedly placed in the MCD 'miscarriage' as a full-fledged incumbent when he overtly displays an emotional reaction to loss.

The final categories made relevant as bearing a lot of importance in the co-construction of the miscarriage experience for women are 'family'/'friends' and 'medical professionals'. They are proffered with the focus on validating the loss and providing support to the category 'woman'. Their stable incumbency in other MCDs such as 'family', 'friendship' and 'caregivers' allows them to come in contact with women survivors and generate situations where they can situatedly permeate the bounds of the MCD 'miscarriage' as witnesses to the woman's grief. They are thus often constructed through the prism of the moral obligations and responsibilities towards the women survivors, especially by providing support, displaying empathy and validating their loss.

Conclusion

Before explicating particular instances of discourses of femininity that emerge in miscarriage narratives, it is important to first address what comes before the loss occurs, that is, the meaning that it is attributed. There would be no loss without pregnancy, and there generally would be no pregnancy without the desire to become a mother. It is therefore impossible to speak of miscarriage without reference to such concepts as femininity, motherhood, pregnancy and eventually bereavement. The in-depth qualitative analysis of the interviews has indicated that these are indissolubly interlinked in the context of miscarriage narratives. This poses certain challenges as for answering the research questions, as the connections between the concepts often overlap and it is impossible to extricate isolated meanings and put them in neat categories, as was the case with the MCA categories.

It is crucial, at this point, to address a methodological issue of how a micro-level perspective taken on data analysis can be combined with macro-level interpretation of the findings, by referring to the wider discourses of femininity, motherhood, pregnancy and bereavement. Pawelczyk (2017: 144) argues that

> the ethnomethodological approach to studying gender in interaction in not entirely removed from studies of gender construction. Rather, the ethnomethodological perspective, in particular studies utilizing MCA, can inform social constructionist approaches by employing tools to capture in a systematic way the dominant forms of 'culture' and/or (the meaning of) categories which transpire in interactions such as interviews". (Pawelczyk 2017: 144)

A fine grained analysis characterised by empirical demonstrability when applying the methods of CA, combined with MCA allows for 'accessing' certain assumptions about femininity and masculinity (Pawelczyk 2017), as well as bereavement in the context of miscarriage. By applying

one of the core tenets of CA in that "[e]ach unit of talk builds upon the prior talk, and is understood by participants in light of their understanding of that prior talk" (Gardner 2004: 263), I argue that participants' understanding of prior turns, for example, when they do categorisation work, is based on their understanding of shared cultural resources. The lack of such resources in the form of dominant forms of 'culture' that could be drawn on in interaction, would likely contribute to the situations where meanings would be contested and there would be a breakdown in communication. Moreover, applying the methods and insights of the 'critical' strand of DP[33] to analysing miscarriage experiences, especially the understanding of context that contests the 'reductionist' analytic stance of CA (Gardner 2004), also aids the investigation of this social psychological discursive project (cf. Wetherell 1998). In Wetherell's words (1998: 388): "conversation analysis alone does not offer an adequate answer to its own classic question about some piece of discourse - why this utterance here?". It is not simply that the findings directly indicate the existence of discourses. Rather, every time normative social assumptions about men and women are invoked, for example, in women's accounts of miscarriage, they contribute to creating, negotiating, contesting, accepting and maintaining dominant discourses. These assumptions that 'creep into talk' (Hopper and Baron 1998), make up what are termed "symbolic constructs of femininity and masculinity" (Pawelczyk 2017: 144). This means that "situated interactions respond to a wider sociocultural repertoire which makes what is local simultaneously *trans*local" (Ostermann 2017: 348).

I will turn now to answering the research questions posed in this thesis.

1. Which discourses of femininity emerge in miscarriage narratives? Is motherhood discursively constructed as inseparably linked to femininity? How are they linguistically and interactionally indexed?

The overarching discourse constituting the backdrop for this thesis is the discourse of femininity. Although the discourses of motherhood and pregnancy are singled out as separate discourses, they are a part of wider discourses of femininity, which are the starting point from which the meaning of loss is constructed, reconstructed and negotiated.

The most prominent discourses of femininity that featured in women's accounts of loss were connected with the female body and emotionality (cf. Motschenbacher 2009; Worell 2002).

---

[33] Refer to section 1.3.4 for a detailed discussion why a more synthetic approach to anysing women's experiences of miscarriage using the methods of CA, MCA and DP is particularly suited for this thesis.

Discourses invoking the female body will be addressed first as they emerge as relevant at every stage of trying to become a mother; before, during and after the process fails. Apart from the obvious physical aspect, the female body in miscarriage narratives is proffered as a symbolic link between femininity, motherhood and bereavement. The discourses of the body provide women with the discursive devices to negotiate their experience. The body links physical with the dreams and hopes, and it is with the body that for some women that those dreams and hopes start, and are then taken away. It is constructed both as an agent and as a passive party.

Discourses of the body emerge in a number of ways. First of all, the significance of the female body that is linked to the biological desire to bear children has been invoked in some interviews (e.g., with Hanna, Lauren, Sarah and Lilian). For example, the women drew on normative discourses of femininity and motherhood to construct the female body not only with the expectation of becoming pregnant at some point, but also, successfully completing the process of pregnancy with the birth of a baby. This points to the non-normative nature of miscarriage; it interrupts the expected trajectory of a pregnancy. Linguistically, they authenticate their propositions by an appeal to 'biology' or 'nature' and use such adjectives as 'innate' or 'natural', which naturalises women's 'instinct' and 'desire' regarding reproduction and constructs reproduction as exclusive and inherent to women. Constructing women's desire to have children as universal to all women, as something natural and innate indexes womanhood and motherhood as intertwined.

Several women drew on the discourses of the biological clock, a concept based on the uniqueness of the female body to be able to bear children, but with a limited time frame. The concept was linguistically indexed via the references to age and the passing of time. Failing to listen to the natural cycle by women is constructed as potentially resulting in grave consequences and surface later in their life, when a woman realises she had missed the opportunity to become a mother. Women tend to use extreme case formulations (Pomerantz 1980) in constructing the seriousness of failing to listen to one's body, such as "it gets dramatic" or "[women] are suddenly very aware" and "a real desperation for a child". This fertility window for women is contrasted by men's unlimited reproductive potential. Interestingly, when women draw on the concept of the biological clock in interaction, they often use the common knowledge component 'you know', which deletes the need for explaining the concept by treating it as shared knowledge.

Finally, the discourses of the female body as invoking blame and guilt are used in women's accounts of loss. Although the concept of blame is the common denominator, women draw on those discourses differently, depending on the local interactional business at hand. Accounts of blame have been invoked in relation to the failure to fulfil normative social expectations re-

garding reproduction rather than losing a particular baby. The body, which 'fails' indexes femininity and makes it impossible for the woman to fulfil her role to become a mother. For example, the inability to sustain a healthy pregnancy provoked feelings of self-blame in Lauren who used figurative clusters of adjectives ("broken", "faulty", "useless" and "rubbish") that could be applied to a machine, which is supposed to work correctly but fails to fulfil its (reproductive) function. In general, however, accounts of blame are managed by orienting to gender and accentuating the perceived differences between women and men. Being pregnant is normatively tied to a bodily experience which indexes femininity and the inability to sustain a pregnancy is linked and extrapolated to the inability to fulfil a role as a woman to become a mother. In contrast, a husband is proffered as being successful at fulfilling his obligation in the reproductive process through the woman becoming pregnant and it is her who is 'to blame' for any difficulties with the pregnancy thereafter, including miscarriage. There is one instance in the analysed data where the sole responsibility for failing to become pregnant was attributed to the woman by the husband and her mother-in-law. The woman, however, actively resisted being constructed in line with the discourses of blame and instead positioned herself as adhering to the expectable practices of somebody who is trying to conceive by drawing on the discourses of pregnancy.

Although the context of the loss, such as miscarriage, may generally be perceived as lending itself to provoking an emotional reaction, women's constructions of their miscarriage accounts very clearly positioned them at the centre of this experience. It was them, as opposed to men in general, who represented themselves as those who suffered as a result of this life experience and in doing so, they drew on the discourses of emotionality. Despite the radically different and unique miscarriage stories, all the women but Joslyn constructed themselves as exhibiting an intense emotional reaction post loss experienced at various stages while dealing with this experience.

Discourses of emotionality in miscarriage narratives are particularly clearly visible on be basis of contrast of "an emotional woman" vs "an unemotional man", which is used as a linguistic tool to dichotomise the gender oriented perspectives of loss. The woman places herself as the survivor of this challenging life experience, as someone who has primary access to this experience. Emotionality emerges as a relational concept, which allows for constructing the husband (and extrapolating him to the category 'men' in general) as unable to understand the loss. This claim is validated by constructing the husband as failing to display emotions in line with the concept of hegemonic masculinity (Connell 1987; Eckert and McConnell-Ginet 2003), which is based on the discourses of men as unemotional and rational whereby men "are unable to express

their emotions with the same lucidity as women due to the pressure of a patriarchal society"
(Johnson and Meinhof 1997: 17). Various occasioned reasons for failing to express emotions are
proffered such as the lack of understanding of the meaning of loss, focusing on providing sup-
port to the woman and holding back from displaying the husband's upset, minimising the loss or
even seeing positives in the loss. A few of the women provided an explanation of a man's lack
of emotional reaction on the basis of his little emotional attachment to the lost baby, for example
due to the short amount of time the pregnancy lasted and/or the lack of the embodied experience
of being pregnant. The varying emotional response to miscarriage is constructed as problematic
for women, who continuously and unfailingly construct themselves as the bearers of the experi-
ence of loss. Consequently, the husband is positioned as a witness of the woman's grief rather
that a legitimate experiencer having primary rights to this lived experience.

As part of the discourse of emotionality, references to the discourse of heightened emo-
tionality/irrationality emerged as part of Marianne's account of loss on two occasions. She posi-
tions herself as someone who found it particularly trying to control her emotional displays while
she was coping post loss. In order to illustrate her heightened emotions, she brings up overt dis-
plays of shouting, both at her husband and in public, and crying, which index irrationality as
linked to symbolic femininity (Ochs 1992). This is evidenced by her explanations on the basis of
female biology as a result of her ongoing pregnancy at that time.

2.   What category-bound activities and predicates are attributed to the categories of women
      and mothers?

As part of the maintenance of the commonsense world, women invoked categorisations which
were grounded in and further perpetuated dominant discourses of femininity, motherhood and
pregnancy. The analysis has shown that two major types of categories have been identified:
stable and transient ones. The categories of women and mothers are persistently positioned at the
centre of the experience of loss. These two categories are proffered as interconnected, which
lends itself to the fact that extricating meanings is oftentimes an impossible task. The miscarriage
experiences of the women interviewees often provide contrast to the expectable trajectory
starting with the desire to become a mother, followed by a healthy pregnancy and a birth of a
baby. In order to understand how women construct the experience of loss and why they invoke
certain categorisations and related to them, category-bound/constitutive/generated etc. predicates
and activities, I would like to first address this experience 'in a chronological order', as it

generally unfolds in a woman's life, and how the experience of miscarriage influences the way the categories are constructed.

As has been detailed in the section on the discourses of femininity, the category 'woman' is predominantly tied to the biological desire to reproduce. This means that the proffered category-constitutive feature for the category 'woman' is becoming a mother at some point in her life. It is constructed not only as natural and expectable, but as normative and generally achieved without a great effort, a rite of passage. The body has a particular significance to the category 'woman' as it is a vessel, both in a physical as well as a symbolic way, which indexes femininity. Women are constructed via tying them with an embodied activity 'carry children', which is seen as exclusive and inherent to the category 'woman'. What follows is that being pregnant is constructed as the category-bound predicate for the category 'woman', and portraying it as its natural and exclusive property.

Pregnancy is proffered as a link between the desire to reproduce and become a mother. One cannot then talk about the meaning of the category 'mother' without explicating the meaning of pregnancy, in particular in the context of miscarriage, as it is a vantage point from which the meaning of loss is constructed. The status of the category 'mother' (but also 'woman') in the occasioned context of pregnancy is constructed as somewhat ambiguous, in that it is not always invoked using this nominal category expression. On the one hand, the category mother has to be inferred as it is locatable via the standardised-relational pair 'mother'-'baby' and on the other it is sometimes directly constructed following the news of a successful conception. In either case, the category 'mother' is unequivocally constructed as being affected by the changes that a pregnancy necessitates. Some of the category-bound and -generated activities that have been made relevant concern the practical, future changes that having a child entails such as "planning the future with your baby", "thinking about what rooms it's gonna sleep in" and "do I need a bigger car". Pregnancy as an embodied experience was constructed through the focus on category-bound activities typically associated with the category '(pregnant) woman' such as looking after one's body, undergoing medical examinations to ensure the pregnancy is healthy, "feeling different". In either case, pregnancy understood in a normative way, that is as an embodied experience or a symbolic progression to motherhood, is always constructed as a source of positive feelings in women.

3. In what ways are the concepts of femininity, motherhood and bereavement interlinked?

Women interviewees' miscarriage experiences often provide contrast to the expectable trajectory regarding offspring, starting with the desire to become a mother, followed by a healthy pregnancy and a birth of a baby. Given the social expectations regarding the normative process of motherhood, and given the taboo nature of the experience, a woman who suffers a miscarriage has to negotiate her experience via the available discursive resources. One of the major links between the concepts of femininity, motherhood and bereavement in the context of miscarriage is the 'product' of the loss, that is, the umbrella category 'baby'. The contexted particulars such as the circumstances regarding the family status seem to play a pivotal role in constructing women's accounts of loss, and in particular, the way different meaning is attributed to the category 'baby'. Drawing on the discourses of femininity and the reproductive pressure, discourses of the body and emotionality, discourses of pregnancy and dreams and hopes of becoming a mother, women negotiate the meaning of their loss(es) as filtered through their epistemic experience of miscarriage. The category 'baby', is initially constructed as the source of positive feelings by most women interviewees, its loss is particularly significant for Lauren and Hanna, as miscarriage is synonymous with the loss of motherhood. Similarly, Eve also constructs her multiple losses as symbolising the loss of motherhood, the meaning of whose eventually underwent a transformation thanks to the birth of a healthy baby. Marianne blends the experience of loss and the emotions provoked by miscarriage with an account of the difficulties with conceiving again, so the meaning of loss is ambiguous and oscillates between the loss of motherhood and the individual loss she had faced. Yet, the experience is narrated during the late stage of her second, and thus far successful, pregnancy, which must have influenced her local management of recounting the miscarriage story. Lilian and Sarah offer a potentially face-threatening disclosure and construct their losses as a favourable and practical resolution of their problems, as they were going through a challenging period of their lives. They proffer miscarriages as individual losses, as having a lot of significance, and as processed much later. Both women admit to having continuing bonds with their lost children. Joslyn constructs her loss as a 'picture', and underscores her conviction of a heathy pregnancy following the loss. There is as much individuality as the miscarriage stories.

One of the major findings of this research project is the reliance on the discourses of femininity in constructing the 'woman' as a 'survivor' through invoking extreme upset. Suffering is constructed as the category-constitutive feature granting incumbency in the MCD 'miscarriage'. Emotions are locatable on two levels of the accounts of loss. Women interviewees construct various displays of emotions in their miscarriage narratives, but emotions are

predominantly observable in their local management of the ongoing talk in interaction. Notwithstanding the time passed since the loss occurred, prosodic cues signifying emotionally-loaded content such as such as numerous perturbations of delivery (filled and unfilled pauses) and quieter tone of voice, self-repairs or even laughter were present in women's accounts. This might indicate the continuously delicate character of this experience in the lives of the 'survivors' irrespective of their current circumstances, or the length of time that passed.

Another major finding which interconnects femininity, motherhood and bereavement is that women position themselves in line with good mothering discourses, only these are negotiated through the lens of the loss. On the one hand, they construct themselves as adhering to normative pregnancy practices such as looking after one's body and disclaim the responsibility for losing the pregnancy. After the loss occurred, some women invoked category-bound activities which concurrently index motherhood and grieving. For example, Lauren refers to such activities as "missing them", imagining what her lost children would be like and what life would be like with them. Most interestingly, however, Lilian and Sarah represent themselves as mothers of the lost children with whom they maintain an ongoing relationship. Their accounts of loss are characterised by a degree of similarity as both recount a delayed response to loss. In particular, Sarah puts a lot of interactional effort in representing herself through good mothering practices to her lost children such as organising a service commemorating them, thinking about them, imagining their appearance and belief in their reunion at some point. This allows her not only for a reconstruction of the meaning of her losses in line with the normative discourses of bereavement and motherhood, but also aims at compensating for the unemotional response to loss directly following her miscarriages.

4. Is the process of bereavement constructed as gendered? In particular, is miscarriage constructed as an entirely feminine experience?

Women's reliance on the discourses of femininity, in particular with the reference to emotions and the female body constitutes the base for constructing the process of bereavement as gendered. Women interviewees orient to the dichotomised reactions post-loss in constructing women as survivors and experiencers with primary access to the experience of miscarriage, and men as the witnesses of the woman's management of grief. Suffering strong emotions as a result of miscarriage constitutes the basis for the gendering of the process of bereavement, and reinforces the constructions of miscarriage as a predominantly feminine experience. Women move back and forth between category-resonant descriptions featuring their husbands and

extrapolated gendered meanings to the category 'man' in general in invoking a category-bound predicate of failing to understand the significance of the loss to women. In other words, not only did men fail to display an emotional reaction to loss, but they were also ascribed the predicate of being unable to understand the emotions experienced by women as provoked by miscarriage, which was consequently positioned as a predominantly feminine experience. The lack of emotions exhibited by men directly indexes hegemonic masculinity.

What contributes to the further gendering of the process of bereavement post loss is invoking the category-bound predicate 'supportive' for the category 'man'. This is manifested in designing numerous practical solutions of aiding the woman during her process of grieving such as suggesting going on holiday. The support offered by the husbands to the women is generally proffered as expectable, yet often insufficient, as it is constructed through the prism of men's inability to comprehend what a woman was going through. Interestingly, the category 'woman' in the context of miscarriage is proffered as a 'mother' via the standardised-relational pair 'mother'-'baby', which provides a stark contrast to the constructions of the category 'man' who is at no time positioned as the 'father' of the lost baby. The category 'man' is only constructed as relational to the category 'woman', which means that it is only the category 'mother' who is constructed as having a relationship with the category 'baby'. This reinforces the positioning of the category 'man' outside the experience of miscarriage. That said, in the analysed data there are a very few instances where the category 'husband' is conditionally placed as having a full-fledged access to the experience when he overtly displays an emotional reaction to loss.

5. Is miscarriage constructed as a disenfranchised loss?

There are numerous reasons why the bereaved might experience disenfranchised grief: for example when they are not accorded the right to grieve as people consider their loss as being of little importance, or they are perceived as taking too long to heal. In their miscarriage accounts women typically recount having their loss invalidated threefold: by health practitioners, closest family and friends, and finally by their partners. Health practitioners, in particular, doctors and nurses are constructed through the perceived set of professional obligations embedded in those categories. As they are usually the first people to know about the woman's miscarriage even before the woman herself, their reaction and assistance is of the utmost importance. The category 'health practitioners' is constructed as attributing different significance to the loss as the women-survivor. Health practitioners are positioned through the category-constitutive predicate of exclusively focusing on the patient's physical health, and in consequence, failing to comprehend the

meaning of prenatal loss and its individual and emotional character for women. The failure to see past the loss as an embodied experience by the medical professionals contributes to the disenfranchising of miscarriage often already in the initial stages of this experience.

Secondly, closest family and friends, so categories with instilled moral obligations towards the survivor in terms of providing support and displaying sympathy, are also constructed via the dispreferred category-generated predicate of failing to understand the significance of loss for the woman. What is often made relevant by women interviewees is the unfavourable reactions on the side of their family and friends to their news about miscarriage. As a result, the perceived lack of support, understanding and sometimes even interest is reported in their accounts of loss.

Finally, and probably most importantly, women construct their partners as failing to understand the meaning of their loss. As has already been discussed in the earlier sections, the differing perspectives on miscarriage and the dichotomised, gendered accounts of loss, construct women as survivors and their husbands as witnesses of their grief. The category 'husband', positioned via the category-expectable predicate 'supportive' contains a certain lack, insufficiency. Women-survivors construct themselves not only as experiencing extreme upset, but as predominantly being not understood by their partners. This, in turn, contributes to invalidation of their loss and further complicats the co-construction and negotiation of their miscarriage experience.

Aims

By answering the questions above, this is now the time to return to the original aims of the research. One of the aims of the thesis was to identify the discursive and social links between femininity, motherhood, bereavement and miscarriage. As miscarriage is not simply an unambiguous loss, it challenges one's sense of femininity and motherhood and forces women to renegotiate these two essential and interconnected foundations of their identity. In the absence of 'normative' discourses of miscarriage, women have to make sense of the loss by drawing on the available discourses of femininity, and in particular, discourses of the body and emotionality, as well as discourses of pregnancy as a positive experience, typically commencing with the birth of a baby. Instead of a successful and positive experience of motherhood, reaffirming their sense of womanhood, women face the challenge of (re-)constructing their epistemic experience of miscarriage, and related to it, the loss of hopes and dreams imbued with the lost baby, and sometimes even the loss of motherhood altogether. Women negotiate their relationship with the lost

babies, sometimes positioning themselves as mothers or/and maintaining continuing bonds with them, and thus (re-)defining the meaning of motherhood (in the context of early pregnancy loss).

How do the discourses surrounding miscarriage, then, contribute to the silencing and disenfranchisement of this experience? The experience of miscarriage runs counter to dominant discourses of femininity, pregnancy and motherhood, as well as to some extent, also the discourses of bereavement. Miscarriage is thus experienced, both individually and at a societal level as a transgressive, or at least non-normative phenomenon. Talking about such experiences becomes taboo, precisely because they challenge these more dominant discourses. Some women interviewees have raised the issue of the hiddenness, shame and self-blame regarding this type of loss. By extension, because women are reluctant to talk about their experience openly, friends and families, and even doctors, are not equipped to provide support for those going through a miscarriage, which reinforces the 'silencing' surrounding the topic. If there is no space within the normative discourses for constructing a non-normative experience, it contributes to the silencing.

The situation is further complicated and the silence is perpetuated due to the status of miscarriage as a disenfranchised loss. Most women interviewees constructed their loss as invalidated at some point of their grieving process, and/or reported insufficient support. This indicates the seriousness of the lack of understanding of the significance of this experience to women survivors by people who come in contact with them and who learn about their loss. If a woman shares her grief, and is faced with a failure to understand her loss, or even to display sympathy, she is probably less likely to disclose her experience again. Consequently, if miscarriage is not spoken about at a societal and sometimes even familial, more personal level, those that might be in the position to provide support do not have the tools or awareness of this type of loss to be able to provide adequate support.

The final, overarching and more applied aim of the thesis, was to demystify discourses surrounding miscarriage in order to further the understanding of this experience. Given the taboo nature of this type of loss and by centring women's experiences in my research, I was hoping to give voice to those whose experience contradicts the normative, positive pregnancy outcomes. This small scale, yet hopefully informative research contributes to the understanding of how challenging and life-transforming experience this is for women, even years after recounting it.

The thesis should also be seen in the wider context of how the public discussion of miscarriage has evolved since the start of this project and has aimed to make a contribution to this from a perspective of discourse analysis, and in particular MCA. With the above in mind, I

330

would like to briefly address some limitations and the future directions for this research. Although the aim of the study was to examine how women construct and negotiate their story of loss in the form of case studies, a larger volume of data would make it possible to identify whether similar patterns emerge. A bigger sample of data could include a more varied women participants in terms of social variables such as age, race, nationality, profession, family status, etc. The current research comprised in-depth interviews. Future research on the experience of miscarriage would benefit from analysing other types of data, both written and oral, such as blogs, online forums, therapy sessions or focus groups. Finally, perhaps in order to avoid a gender bias, it would be advisable to hear men's voices on the subject to verify their side of the miscarriage story.

Abstract

This thesis explores the experience of miscarriage as embedded in dominant discourses of motherhood, femininity and bereavement, in the context of in-depth one-to-one semi-structured interviews with women who have suffered an early pregnancy loss. The starting point for my considerations rests on the ideas of the collaborative production of knowledge by members of culture (Burr 1995; Marecek et al. 2004), and in particular, the central role of language in constructing reality and its further maintenance (Leeds-Hurwitz 2009). Recognising the complexity of the miscarriage experience and its individual character in every woman's story of loss, necessitates the use of an integrated qualitative approach to analysing data rather than relying on just a single research perspective. Thus, within the broad framework of discourse analysis, and by employing a blend of micro-analytical approaches that includes conversation analysis (CA), membership categorisation analysis (MCA) and discursive psychology (DP), the discursive and social links between femininity, motherhood, bereavement and miscarriage are identified. Moreover, the ways in which discourses surrounding miscarriage contribute to the silencing and disenfranchisement of this experience are presented, and the discourses surrounding miscarriage are demystified.

In order to best address the complexities of these discourses in women's experiences of miscarriage, the analysis comprises two stages. Firstly, a detailed micro-level analysis with the focus on how women interviewees (re-)construct and negotiate their subjective experience of loss, as it is progressively built in their turns at talk (Stokoe 2012a) is conducted. The ways in which women invoke culturally available categories in their accounts of loss and also how they rely on commonsense knowledge about those categories to accomplish various tasks in a given local interactional context (Jayyusi 1984) are unpacked. Interviews are treated as co-constructed interactional events, in which the interviewee and interviewer negotiate meaning (Angouri et al.

2021). In the second stage, the categories proffered by women as incumbents of the membership categorisation device (MCD) 'miscarriage' - often by means of subtle interactional achievement - are then identified to better understand this clearly painful life experience. The normative social assumptions about men and women revealed through the micro-level analysis make up what are termed "symbolic constructs of femininity and masculinity" (Pawelczyk 2017: 144) as stored in the discourses of femininity and masculinity.

The introduction presents the rationale for organising women's stories of loss in the form of case studies and emphasises that interview data is treated as versions or accounts. The aims, research questions and the organisation of the thesis are outlined.

Chapter 1 presents the field of discourse analysis and aims to both introduce the field in general, and describes the methodological tools that are used in the analytical chapter. The usefulness of discourse analysis in researching personal experiences is addressed. Within discussing the discursive construction of identity, the focus is on the micro-level analysis, as well as deployment of identity categorisations.

Chapter 2 presents social and discursive constructions of femininity. It introduces the theory of social constructionism, followed by an overview of the language and gender research from the langue-in-use perspective. The historical overview of the field of language and gender is presented. The chapter also explores the social and discursive constructions of gender to show how men and women draw on various linguistic resources to construct their identities and to present themselves as certain kinds of men or women.

Chapter 3 examines social and discursive construction(s) of pregnancy and motherhood to show that these constructions have an actual impact not only on women's experiences of motherhood itself, but also on both pregnancy, and womanhood. It shows that pregnancy is constructed as an ultimately feminine experience and that discursive constructions of motherhood rely on dominant discourses based on the ideology of motherhood (Knaak 2005).

Chapter 4 discusses theoretical underpinnings of the concept of bereavement. It provides an overview of some early key grief theories, as well as investigates new, emerging theories of loss, in particular, social and discursive constructions of bereavement, including prenatal loss. It shows that grieving is a complex, socially regulated activity that is informed by the social and cultural context.

Chapter 5 provides an in-depth qualitative discourse analysis of semi-structured interviews with women who have suffered miscarriages. The constructions of femininity, motherhood and bereavement are identified and examined using the analytical tools of CA, MCA and DP.

The analysis comprises two main stages. The first part of data analysis is based on the women's accounts of loss recognised as an individual experience and organised as case studies. The second stage of the analytical section discusses the constructions of categories within the MCD 'miscarriage'.

In the conclusion, the findings from chapter 5 are used to address the aims of the thesis and provide answers to the research questions. This part identifies patterns in the construction of miscarriage accounts to ascertain whether there is any similarity of experience or whether miscarriages are individual experiences that cannot be compared. Limitations and the future directions for this research are proposed including a more varied data set.

Streszczenie

Niniejsza rozprawa doktorska bada doświadczenie poronienia osadzone w dominujących dyskursach macierzyństwa, kobiecości i żałoby w kontekście pogłębionych, częściowo ustrukturyzowanych wywiadów indywidualnych z kobietami, które doznały wczesnej utraty ciąży. Punktem wyjścia moich rozważań są idee wspólnego wytwarzania wiedzy przez członków kultury (Burr 1995; Marecek et al. 2004), a w szczególności centralna rola języka w konstruowaniu rzeczywistości i jej dalszym podtrzymywaniu (Leeds-Hurwitz 2009). Rozpoznanie złożoności doświadczenia poronienia i jego indywidualnego charakteru w przypadku każdej straty wymaga zastosowania zintegrowanego jakościowego podejścia do analizy danych, raczej niż polegania na jednej perspektywie badawczej. Zastosowana w pracy szeroko pojęta analiza dyskursu, a w szczególności analiza konwersacji (CA), analiza kategoryzacji członkostwa (MCA), i psychologia dyskursywna (DP), pozwala na ustalenie dyskursywnych i społecznych powiązań między kobiecością, macierzyństwem, żałobą i poronieniem. Pozwala ona również na ujawnienie, w jaki sposób dyskursy traktujące o poronieniu przyczyniają się do społecznej tabuizacji i negowania tego doświadczenia; oraz zidentyfikowanie dyskursów dotyczących poronienia w celu pogłębienia wiedzy na temat tego doświadczenia.

Odnosząc się do złożoności powyższych dyskursów w doświadczeniach poronienia kobiet, analiza składa się z dwóch etapów. Po pierwsze, przeprowadzana jest szczegółowa analiza na poziomie mikro, z naciskiem na to, w jaki sposób kobiety, z którymi przeprowadzono wywiady, (re-)konstruują i negocjują swoje subiektywne doświadczenie straty, ponieważ jest ono stopniowo budowane podczas interakcji (Stokoe 2012a). Na tym etapie przedstawione są także sposoby, w jakie kobiety odwołują się do kulturowo dostępnych kategorii w swoich relacjach o stracie, a także w jaki sposób polegają na tzw. zdroworozsądkowej wiedzy na temat tych kategorii, aby wykonać różne zadania w danym lokalnym kontekście interakcji (Jayyusi 1984). Wy-

wiady traktowane są jako współkonstruowane zdarzenia interakcyjne, w których rozmówca i osoba przeprowadzająca wywiad negocjują znaczenie (Angouri et al. 2021). W drugim etapie analizy zidentyfikowane zostaną kategorie proponowane przez kobiety jako członkowie urządzenia kategoryzacji członkostwa (ang. MCD) „poronienie" – często za pomocą subtelnych osiągnięć interakcyjnych – w celu lepszego zrozumienia tego wyraźnie bolesnego doświadczenia życiowego. Normatywne założenia społeczne dotyczące mężczyzn i kobiet ujawnione w wyniku analizy na poziomie mikro tworzą tak zwane „symboliczne konstrukty kobiecości i męskości" (Pawelczyk 2017: 144) jako tworzące części dyskursów kobiecości i męskości.

We wstępie przedstawiono zasadność organizowania kobiecych historii straty w formie studiów przypadków oraz podkreślono, że dane z wywiadów są traktowane jako relacje. Przedstawiono cele, pytania badawcze i strukturę rozprawy.

W rozdziale pierwszym w sposób ogólny przedstawiona jest dziedzina analizy dyskursu, jak również opisane są narzędzia metodologiczne, które są wykorzystane w rozdziale analitycznym. Ponadto zaprezentowana jest przydatność analizy dyskursu w badaniu osobistych doświadczeń. W ramach omawiania dyskursywnej konstrukcji tożsamości nacisk kładziony jest na analizę na poziomie mikro, a także na wykorzystanie procesu kategoryzacji.

W rozdziale drugim zaprezentowane są społeczne i dyskursywne konstrukcje kobiecości. Wprowadzona jest teoria konstrukcjonizmu społecznego, a następnie przegląd badań nad językiem i płcią z perspektywy języka w użyciu. Przedstawiono tu także krótki przegląd historii badań nad językiem i płcią. W tym rozdziale wyjaśniam również społeczną konstrukcję płci, aby pokazać, jak mężczyźni i kobiety korzystają z różnych zasobów językowych, by konstruować swoją tożsamość i przedstawiać się jako mężczyźni lub kobiety.

Rozdział 3 bada społeczne i dyskursywne konstrukcje ciąży i macierzyństwa, aby pokazać, że mają one namacalny/rzeczywisty wpływ nie tylko na doświadczenia kobiet związane z macierzyństwem, ale także na ciążę i kobiecość. Pokazane jest, że ciąża jest konstruowana jako doświadczenie nierozerwalnie związane z kobiecością oraz że dyskursywne konstrukcje macierzyństwa bazują na dominujących dyskursach opartych na ideologii macierzyństwa (Knaak 2005).

W rozdziale 4 omówione są teoretyczne podstawy koncepcji żałoby. Przedstawiony jest przegląd niektórych wczesnych teorii żałoby, a także nowe teorie utraty, w szczególności społeczne i dyskursywne konstrukcje strat, w tym żałoba przeżywana przez rodzica. Pokazane jest, że rozpacz jest złożona i społecznie uregulowana, a na jej przebieg ma wpływ kontekst społeczny i kulturowy.

Rozdział 5 zawiera pogłębioną jakościową analizę dyskursu wywiadów z kobietami, które doświadczyły poronień. Koncepcje kobiecości, macierzyństwa i żałoby zostały zanalizowane wykorzystując analizę kategoryzacji członkostwa, analizę konwersacji i psychologię dyskursywną. Analiza obejmuje dwa główne etapy. Pierwsza część analizy danych opiera się na relacjach kobiet o stracie, które zostały rozpoznane jako indywidualne doświadczenie i zorganizowane w formie studiów przypadków. Drugi etap części analitycznej obejmuje konstrukcje kategorii w ramach urządzenia kategoryzacji członkostwa (MCD) „poronienie".

W podsumowaniu, wyniki badań z rozdziału 5 pozwalają na odniesienie się do celów pracy oraz udzielenie odpowiedzi na pytania badawcze. Ta część identyfikuje wzorce w konstruowaniu relacji poronień, aby stwierdzić, czy istnieje jakiekolwiek podobieństwo doświadczeń lub czy poronienia są indywidualnymi doświadczeniami, których nie można porównywać. Przedstawiono ograniczenia i przyszłe kierunki badań obejmujące bardziej zróżnicowany korpus danych.

References

Al A'ali, Haleema. 2021. "Leadership language of Middle Eastern women: Using feminist poststructuralist discourse analysis to study women leaders in Bahrain", in Jo Angouri and Judith Baxter (eds.), *The Routledge handbook of language, gender, and sexuality*. Routledge: New York, 408-421.

Hepburn, Alexa. 2004. "Crying: Notes on description, transcription, and interaction", *Research on Language and Social Interaction* 37: 3, 251–290.

Allison, Dorothy. 1994. *Skin: Talking about sex, class, and literature*. Ithaca, New York: Firebrand Books.

Angouri, Jo, Meredith Marra and Shelley Dawson. 2021. "Interactional sociolinguistics in language and sexuality research: Benefits and challenges", in Jo Angouri and Judith Baxter (eds.), *The Routledge handbook of language, gender, and sexuality*. Routledge: New York, 212-225.

Angourri, Jo and Meredith Marra. 2011. "'OK one last thing for today then': Constructing identities in corporate meeting talk", in: Jo Angouri and Meredith Marra (eds.), *Constructing Identities at Work*. Houndmills: Palgrave, 85-102.

Antaki, Charles, Rebecca Barnes and Ivan Leudar. 2005. "Self-disclosure as a situated interactional practice", *British Journal of Social Psychology* 44, 2: 181–199.

Archer, John. 1999. *The nature of grief: The evolution and psychology reactions to loss*. London, UK, and New York, NY: Routledge.

Arendell, Terry. 2000. "Conceiving and investigating motherhood: The decade's scholarship", *Journal of Marriage and the Family* 62, 4: 1192 – 1207.

Atkinson, J. Maxwell. 1985. *Structures of social action*. Cambridge: Cambridge University Press.

Atkinson, Lucy. 2014. "Green moms: the social construction of a green mothering identity via environmental advertising appeals", *Consumption Markets & Culture* 17, 6: 553-572

Atkinson, Paul. 1997. "Narrative turn or blind alley?", *Qualitative Health Research* 7, 3: 325-344.

Attig, Thomas. 1991. "The importance of conceiving of grieving as an active process". *Death Studies* 15: 385-393.

Augoustinos, Martha and Danielle Every. 2007. "The language of "race" and prejudice: A discourse of denial, reason, and liberal-practical politics", *Journal of Language and Social Psychology* 26, 2: 123-141.

Austin, John. 1962. *How to do things with words*. Clarendon: Oxford.

Bailey, Benjamin. 2008. "*Interactional sociolinguistics*", in: Carol Chapelle (ed.) *Encyclopedia of applied linguistics*. Malden, MA: Wiley-Blackwell, 2314-2318.

Bailey, Danielle. 2017. "A life of grief: An exploration of disenfranchised grief in sex offender significant others", *American Journal of Criminal Justice* 3: 1-27.

Bailey, Tanetta. 2012. "Nobody talks about suicide, except if they're kidding": Disenfranchised grief, coping strategies, and suicide survivor identity in peer suicide grievers. [Unpublished PhD dissertation, Case Western Reserve University.].

Baker, Carolyn. 2000. "Locating culture in action: Membership categorisation in texts and talk", in: Alison Lee and Cate Poynton, (eds.), *Culture and text: discourse and methodology in social research and cultural studies*. St. Leonards, NSW: Allen and Unwin, 99-113.

Bakhtin, Mikhail. 1984. *Problems of Dostoevsky's poetics* (C. Emerson and M. Holoquist, Trans.). Minneapolis: University of Minnesota Press.

Bakhtin, Mikhail. 1994. *"Double-voiced discourse in Dostoevsky",* in: Pam Morris (ed.), *The Bakhtin reader*: Selected writings of Bakhtin, Medvedev, Voloshinov. Oxford: Oxford University Press, 102-111.

Bamberg, Michael and Alexandra Georgakopoulou. 2008. "Small stories as a new perspective in narrative and identity analysis", *Text and Talk* 28, 3: 377-396.

Bamberg, Michael. 2011. "Who am I? Narration and its contribution to self and identity", *Theory and Psychology* 21, 1: 3–24.

Bamberg, Michael. 2012. "Narrative practice and identity navigation", in: Jaber A. Holstein and James F. Gubrium (eds.), *Varieties of narrative analysis*. Thousand Oaks, CA: SAGE Publications, Inc., 99-124.

Barrett, Brian and Aaron Bound. 2015. "A critical discourse analysis of no promo homo policies in US schools"*, A Journal of the American Educational Studies Association* 51, 4: 267-283.

Bassin, Donna, Honey, Margaret and Meryle Mahrer Kaplan. 1994. "Introduction", in: Donna Bassin, Margaret Honey and Meryle Mahrer Kaplan (eds.), *Representations of mother-hood*. New Haven, CT: Yale University Press: 1-25.

Baxter, Judith. 2010. *The language of female leadership.* Basingstoke: Palgrave Macmillan.

Baxter, Judith. 2011. "Survival or success? A critical exploration of the use of 'double-voiced discourse' by women business leaders in the UK", *Discourse and Communication* 5, 3: 231-245.

Baynham, Mike and Anna De Fina. 2005. *Dislocations/relocations, narratives of displacement*. Manchester: St. Jerome Publishing.

Baynham, Mike. 2004. "Narrative in time and space: Beyond 'backdrop' accounts of narrative orientation", *Narrative Enquiry* 13, 2: 347-366.

Baynham, Mike. 2015. "Narrative stories research", in Anna De Fina and Alexandra Georgakopoulou (eds.), *Handbook of narrative analysis*. Malden, MA: Wiley, 119-139.

Beall, Anne E., Alice H. Eagly and Robert J. Sternberg. 2004. "Introduction", in: Alice H. Eagly, Anne E. Beall, and Robert J. Sternberg, *The psychology of gender*. New York, London: The Gulford Press, 1-8.

Benwell, Bethan and Elizabeth Stokoe. 2006. *Discourse and identity*. Edinburgh: Edinburgh University Press.

Berger, Peter L., Thomas Luckmann and Thomas Luckmann. 1966. *The social construction of reality: a treatise in the sociology of knowledge* (1st ed.). Garden City, N.Y: Doubleday.

Berger, Roni. 2015. "Now I see it, now I don't: Researcher's position and reflexivity in qualitative research", *Qualitative Research* 15, 2: 219-234.

Bergmann, Jörg R. 1992. "Veiled morality: Notes on discretion in psychiatry", in: Paul Drew and John Heritage (eds.), *Talk at work: Interaction in institutional settings*. Cambridge: Cambridge University Press, 137-162.

Berry, Mary Frances. 1993. *The politics of parenthood: Child care, women's rights, and the myth of the good mother*. New York: Viking.

Bessett, Danielle. 2010. "Negotiating normalisation: The perils of producing pregnancy symptoms in prenatal care", *Social Science and Medicine* 71: 370-377.

Beynon-Jones, Siân M. 2017. "Untroubling abortion: A discourse analysis of women's accounts", *Feminism & Psychology* 27, 2: 225–242.

Billig, Michael. 1987. *Arguing and thinking: A rhetorical approach to social psychology*. Cambridge: Cambridge University Press.

Billig, Michael. 1991. *Ideology and opinions: Studies in rhetorical psychology*. London: Sage Publications Limited.

Billig, Michael. 1999. "Whose terms? Whose ordinariness? Rhetoric and ideology in conversation analysis", *Discourse and Society* 10, 4: 543-558.

Bloch, Steven and Geraldine Leydon. 2019. "Conversation analysis and telephone helplines for health and illness: a narrative review", *Research on Language and Social Interaction* 52, 3 : 193-211.

Block, David and Victor Corona. 2014. "Exploring class-based intersectionality", *Language, Culture and Curriculum* 27, 1: 27–42.

Blommaert, Jan. 2005. *Discourse. A critical introduction*. Cambridge: Cambridge University Press.

Blommaert, Jan. 2007. "Sociolinguistic scales", *Intercultural Pragmatics* 4, 1: 1-19.

Boch Hughes, Cynthia and Judith Page-Lieberman. 1989. "Fathers experiencing perinatal loss", *Death Studies* 13, 6: 537-556.

Bonanno, George, Wortman, Camille and Randolph Nesse. 2004. "Prospective patterns of resilience and maladjustment during widowhood", *Psychology and Aging* 19, 2: 260–271.

Bonilla-Silva, Eduardo and Tyrone Forman. 2000. " 'I'm not a racist, but. . .': Mapping white college students' racial ideology in the USA", *Discourse and Society* 11,1: 50–85.

Bordo, Susan. 1993. *Unbearable weight: Feminism, western culture, and the body*. Berkeley: University of California Press.

Bourdieu, Pierre. 1977. *Outline of a theory of practice*. Cambridge, London, New York, Melbourne: Cambridge University Press.

Bowlby John. 1969. *Attachment. Attachment and loss: Vol. 1. Loss*. New York: Basic Books.

Bowlby, John and Colin Murray Parkes. 1970. "Separation and loss within the family", in: James Anthony and Cyrile Koupernik (eds.), *The child in his family: International yearbook of child psychiatry and allied professions*. New York: Wiley, 197-216.

Bowlby, John. 1961. "Separation anxiety: A critical review of the literature". *Journal of Child Psychology and Psychiatry* 1, 4: 251-269.

Bowlby, John. 1980. *Attachment and loss: Sadness and depression, volume 3*. New York: Basic Books.

Brabant, Sarah, Forsyth, Craig and Glenda McFarlain. 1995. "Life after the death of a child: Initial and long term support from others", *Omega: Journal of Death and Dying* 31,1: 67–85.

Brooks, Anna, Amanda LeCouteur and Julie Hepworth. 1998. "Accounts of experiences of bulimia: A discourse analytic study", *International Journal Eating Disorders* 24, 2: 193–205.

Brown, Penelope and Stephen Levinson. 1987. *Politeness: Some universals in language use*. Cambridge University Press: Cambridge.

Bruner, Jerome. 1986. *Actual minds, possible worlds*. Cambridge: Harvard University Press.

Bruner, Jerome. 1990. *Acts of meaning*. London: Harvard University Press.

Bucholtz, Mary. 2014. "The feminist foundations of language, gender, and sexuality research", in: Susan Ehrlich, Miriam Meyerhoff and Janet Holmes (eds.), *The handbook of language, gender, and sexuality*. John Wiley & Sons, Ltd, 21-47.

Bülow, Pia. 2004. "Sharing experiences of contested illness by storytelling", *Discourse and Society* 15, 1: 33-53.

Burr, Vivien. 2003. *Social constructionism*. London: Routledge.

Burton, Deirdre. 1978. "Towards an analysis of casual conversation", *Nottingham Linguistic Circular* 7, 2: 131-64.

Bury, Michael. 1982. "Chronic illness as biographical disruption", *Sociology of Health and Illness* 4: 2, 169-182.

Busch, Gillian Roslyn, Maryanne Theobald and Susan Danby. 2022. "The stories we tell: Stories within family mealtimes", in: Anna Filipi, Binh Thanh Ta and Maryanne Theobald (eds.), *Storytelling practices in home and educational contexts: Perspectives from conversation analysis.* Springer: Singapore, 73-92.

Butler, Judith. 1990,1999. *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.

Butler, Judith. 1993. *Bodies that matter: On the discursive limits of "sex"*. New York and London: Routledge.

Butler, Judith. 1994. "Interview by Peter Osborne and Lynne Segal, London, 1993", *Radical Philosophy* 67.

Butler, Judith. 2004. *Precarious life*: *The powers of mourning and violence*. Verso, New York: Lauren Martin.

Caldas-Coulthard, Carmen Rosa. 2020. *Innovations and challenges: Women, language and sexism*. London and New York: Routledge.

Callaghan, Jane E.M. and Lisa Lazard. 2011. "'Please don't put the whole dang thing out there!': A discursive analysis of internet discussions around infant feeding", *Psychology & Health* 27, 8: 938-955.

Callister, Lynn. 2006. "Perinatal loss: A family perspective". *The Journal of Perinatal and Neonatal Nursing* 20, 3: 227-234.

Cameron, Deborah and Don Kulick. 2003. *Language and sexuality*. New York: Cambridge University Press.

Cameron, Deborah. 1992. *Feminism and linguistic theory*. London: Macmillan.

Cameron, Deborah. 1995. *Verbal hygiene.* London New York: Routledge.

Cameron, Deborah. 1996. "The language—gender interface: challenging co-optation", in: Victoria L. Bergvall, Janet M. Bing and Alice F. Freed (eds.), *Rethinking language and gender research: Theory and practice*. Routledge, 31-53.

Cameron, Deborah. 2006. *On language and sexual politics*. London: Routledge.

Campbell, Scott and Phyllis Silverman. 1996. *Widower: When men are left alone*. Amityville, NY: Baywood Publishing Co.

Capitulo, Kathleen Boch Hughes. 2004. "Perinatal grief online", *MCN: The American Journal of Maternal Child Nursing* 29: 305–311.

Capps, Lisa and Elinor Ochs. 1995. *Constructing panic: The discourse of agoraphobia.* Cambridge: Harvard University Press.

Charmaz, Kathy and Melinda Milligan. 2006. "Grief", in: Jan Stets and Jonathan Turner (eds.), *Handbook of the sociology of emotions*. New York: Springer, 516-538.

Charmaz, Kathy. 1997. "Grief and loss of self", in: Kathy Charmaz , Glennys Howarth and Allan Kellehear (eds.), *The unknown country: Death in Australia, Britain and the USA*. London: Palgrave Macmillan, 229-241.

Castaño, Emilia. 2020. "Discourse analysis as a tool for uncovering the lived experience of dementia: Metaphor framing and well-being in early-onset dementia narratives", *Discourse & Communication* 14, 2: 115–132.

Cherry, Nicola and Brian Rodgers. 1979. "Using a longitudinal study to assess the quality of retrospective data", in: Louis Moss and Harvey Goldstein (eds.), *The recall method in social surveys*. Hove, Sussex: University of London Institute of Education, 31-47.

Cholette, Meghan. 2012. "Through the eyes of a father: A perinatal loss", *International Journal of Childbirth Education* 27, 2: 33-38.

Cicourel, Aaron Victor. 1964. *Method and measurement in sociology*. New York: Free Press.

Clayman, Steven. 2013. "Turn-constructional units and the transition-relevance place*",* in: Jack Sidnell and Tanya Stivers (eds.), *Handbook of conversation analysis*. Chichester: Wiley-Blackwell, 150-166.

Clift, Rebecca. 1999. "Irony in conversation", *Language in Society* 28: 4, 523-553.

Coates, Jennifer (ed.). 1998. *Language and gender: A reader*. Oxford: Blackwell Publishers.

Coates, Jennifer. 1987. *Women, men, and language: A sociolinguistic account of gender differences in language*. Harlow: Pearson Education.

Coates, Jennifer. 1996. *Women talk*. Oxford: Blackwell Publishers.

Coates, Jennifer. 2003. *Men talk*. Oxford: Blackwell.

Coates, Jennifer. *2004. Women, men and language*. Harlow: Pearson Longman.

Coffey, Julia. 2016. *Body work: youth, gender and health*. New York: Routledge.

Condon, John. 1986. "Management of established pathological grief after stillbirth". *American Journal of Psychiatry* 143, 8: 987-992.

Connell, Raewyn W. 1987. *Gender and power: Society, the person and sexual politics.* Stanford: Stanford University Press.

Corr, Charles. 2002. "Rethinking the concept of disenfranchised grief", in: Kenneth Doka (ed.), *Disenfranchised grief: New directions, challenges, and strategies for practice*. Champaign, IL: Research Press, 39-60.

Coulthard, Malcolm and David Brazil. 1979. "Exchange structure", in: Malcolm Coulthard and Martin Montgomery (eds.), *Studies in discourse analysis*. London: Routledge and Kegan Paul, 82-106.

Craig, Robert. 1999. "Communication theory as a field", *Communication Theory* 9, 2: 119-161.

Crenshaw, Kimberlé. 1989. "Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics", *U. Chi. Legal F.* 1989: 139.

Crenshaw, Kimberlé. 1991. "Mapping the margins: Intersectionality, identity politics, and violence against women of color", *Stanford Law Review* 43, 6: 1241–1299.

Cronon, William. 1992. "A place for stories: Nature, history, and narrative", *Journal of American History* 78, 4: 1347-76.

Crystal, David. 1987. *The Cambridge encyclopaedia of language*. Cambridge University Press: Cambridge.

Cuff, E.C. 1993. *Problems of versions in everyday situations*. Washington, DC: University Press of America.

Damasio, Antonio. 1999. *The feeling of what happens: Body and emotion in the making of consciousness*. New York: Harcourt Brace.

Darweesh, Abbas Degan and Nesaem Mehdi Abdullah. 2016. "A critical discourse analysis of Donald Trump's sexist ideology", *Journal of Education and Practice* 7, 30: 87-95.

David Silverman. 2001. *Interpreting qualitative data: Methods for analysing talk, text and interaction*. London, Thousand Oaks, New Delhi: Sage.

Davidson, Deborah and Gayle Letherby. 2014. "Griefwork online: Perinatal loss, lifecourse disruption and online support", *Human Fertility* 17, 3: 214-7.

Davies, Bronwyn and Chas Banks. 1992. "The gender trap: A feminist poststructuralist analysis of primary school children's talk about gender", *Journal of Curriculum Studies* 24, 1: 1-25.

Davies, Brownyn and Rom Harre. 1990. "Positioning: The discursive production of selves", *Journal for the theory of social behaviour* 20, 1: 43 – 63.

Davies, Julia. 2005. "We know what we're talking about, don't we?' An examination of girls' classroom-based learning allegiances", *Linguistics and Education* 15: 199–216.

de Beauvoir, Simone. *The second sex*. 1973. New York: Vintage Books.

De Fina, Anna . 2003. "Crossing borders: Time, space and disorientation in narrative", *Narrative Inquiry* 13, 2: 1-25.

De Fina, Anna and Alexandra Georgakopoulou. 2012. *Analyzing narrative. Discourse and socio-linguistic perspectives*. Cambridge: Cambridge University Press.

De Fina, Anna and Alexandra Georgakopoulou. 2015. "Introduction", in: Anna De Fina and Alexandra Georgakopoulou (eds.), *Handbook of narrative analysis*. Malden, MA: Wiley, 1-20.

Del Saz-Rubio, Milagros M. and Barry Pennock-Speck. 2009. "Constructing female identities through feminine hygiene TV commercials", *Journal of Pragmatics* 41: 2535-2556.

Devine, Carol M., Bove, Caron F. and Christine M. Olson. 2000. "Continuity and change in women's weight orientations and lifestyle practices through pregnancy and the postpartum period: The influence of life course trajectories and transitional events", *Social Science & Medicine* 50, 4: 567-582.

DeVries, Brian, Rose Lana and Vilma Falck. 1994. "Parental bereavement over the life course: A theoretical intersection and empirical review", *Omega: Journal of Death and Dying* 29, 1: 47-69.

Ditchfield, Hannah. 2020. "Behind the screen of Facebook: Identity construction in the rehearsal stage of online interaction", *New Media & Society* 22, 6: 927-943.

Doka, Kenneth. 1989. *Disenfranchised grief: Recognizing hidden sorrow*. Lexington, MA: Lexington.

Doka, Kenneth. 2002. *Disenfranchised grief: New directions, challenges, and strategies for practice.* Champaign, IL: Research Press.

Douglas, Susan J. and Meredith Michaels. 2004. *The mommy myth: The idealization of motherhood and how it has undermined women*. New York: Free Press.

Downing, Angela and Elena Martínez Caro. 2019. "Interjections and emotions: the case of gosh", in: Lachlan Mackenzie and Laura Alba-Juez (eds.), *Emotion in Discourse.* Amsterdam: John Benjamins, 87-112.

Drew, Paul and Elizabeth Holt. 1998. "Figures of speech: Figurative expressions and the management of topic transition in conversation", *Language in Society* 27, 4: 495-522.

Drew, Paul and Heritage, John. 1992. "Analyzing talk at work: An introduction", in Paul Drew and John Heritage (eds.), *Talk at work*. Cambridge: Cambridge University Press, 3-65.

Drew, Paul. 2013. "Conversation analysis and social action", *Journal of Foreign Languages* 36, 3: 2－19.

Eakins Barbara Westbrook and R. Gene Eakins. 1978. *Sex differences in human communication*. Boston: Houghton Mifflin.

Eckert, Penelope and Sally McConnell-Ginet. 2003. *Language and gender*. New York: Cambridge University Press.

Eckert, Penelope. 1996. "Vowels and nailpolish: The emergence of linguistic style in the preadolescent heterosexual marketplace", in: Natasha Warner, Jocelyn Ahlers, Leela Bilmes, Moica Oliver, Suzanne Wertheimn and Melinda Chen (eds.), *Gender and belief systems*. Berkeley: Berkeley Women and Language Group, 183-190.

Eckert, Penelope and Sally McConnell-Ginet. 1992a. "Communities of practice: Where language, gender, and power all live", in: Kira Hall, Mary Bucholtz and Birch Moonwomon (eds), *Locating power: Proceedings of the second Berkeley women and language conference*. Berkeley, CA: Women and Language Group, 89–99.

Eckert, Penelope and Sally McConnell-Ginet. 1992b. "Think practically and look locally: Language and gender as community-based practice". *Annual Review of Anthropology* 21: 461–490.

Eckert, Penelope and Sally McConnell-Ginet. 1995. "Constructing meaning, constructing selves: Snapshots of language, gender and class from Belten High", in: Kira Hall and Mary Bucholtz (eds), *Gender articulated*: *Language and the socially constructed self*. London: Routledge, 469–507.

Edley, Nigel and Margaret Wetherell. 2008. "Discursive psychology and the study of gender: A contested space", in Kate Harrington, Lia Litosseliti, Helen Saunston and Jane Sunderland (eds.), *Gender and language: Theoretical and methodological approaches*. Basingstoke: Palgrave, 161-173.

Edwards, Derek and David Middleton.1987. "Conversation and remembering", *Applied Linguistic Psychology* 1: 77-92.

Edwards, Derek and Jonathan Potter. 1992. *Discursive psychology*. London: Sage.

Edwards, Derek. 1994. "Script formulations: An analysis of event descriptions in conversation", *Journal of Language and Social Psychology* 13, 3: 211-247.

Edwards, Derek. 1995. "Two to tango: Script formulations, dispositions, and rhetorical symmetry in relationship troubles talk", *Research on Language and Social Interaction* 28, 4: 319–350.

Edwards, Derek. 1997. *Discourse and cognition*. London, Sage Publications.

Edwards, Derek. 1998. "The relevant thing about her: social identity categories in use", in: Charles Antaki, Sue Widdicombe (eds.), *Identities in talk*. London, Sage Publications, 15-33.

Edwards, Derek. 1999. "Emotion discourse", *Culture & Psychology* 5, 3: 271-291.

Edwards, Derek. 2007. "Managing subjectivity in talk", in: Alexa Hepburn and Sally Wiggins (eds.), *Discursive research in practice: New approaches to psychology and interaction.* Cambridge: Cambridge University Press, 31-49.

Edwards, Derek. 2008. "Intentionality and 'mens rea' in police interrogations: The production of actions as crimes", *Intercultural Pragmatics* 5: 2, 77–199.

Eggins, Suzanne and Diana Slade. 1997. *Analysing casual conversation*. London: Cassell.

Eggins, Suzanne. 1994. *An introduction to systemic functional linguistics*. London: Pinter Publishers.

Ehrlich, Susan, Miriam Meyerhoff and Janet Holmes (eds.). 2014. *The handbook of language, gender, and sexuality*. (2nd edition.) Chichester, West Sussex England: Malden, MA: Wiley-Blackwell.

Ehrlich, Susan. 2021. "Text trajectories and gendered inequalities in institutions", in Jo Angouri and Judith Baxter (eds.), *The Routledge handbook of language, gender, and sexuality*. Routledge: New York, 339-353.

Enfield, Nick. 2013. "Reference in conversation", in: Jack Sidnell and Tanya Stivers (eds.), *Handbook of conversation analysis*. Chichester: Wiley-Blackwell, 433-454.

Engel, George. *1961.* "Is grief a disease?: A challenge for medical research". *Psychosomatic Medicine* 23, 1: 18-22.

Ericsson, Stina. 2021. "Examining girls' peer culture-in-action: Gender, stance, and category work in girls' peer language practices", in Jo Angouri and Judith Baxter (eds.), *The Routledge handbook of language, gender, and sexuality*. Routledge: New York, 287-303.

Evsen, Nazik and Eryilmaz Gulsen. 2014. "Incidence of pregnancy-related discomforts and management approaches to relieve them among pregnant women", *Journal of Clinical Nursing* 23, 11-12: 1736–1750.

Eyer, Diane. 1996. *Motherguilt: How our culture blames mothers for what's wrong with society*. New York: Random House.

Fairclough, Norman and Ruth Wodak.1997. "Critical discourse analysis." Teun van Dijk (ed.), *Discourse as social interaction, vol 2*. London: Sage, 258-84.

Fairclough, Norman. 1989. *Language and power*. London: Longman.

Fairclough, Norman. 1992. *Critical language awareness*. London: Longman.

Fairclough, Norman. 1992. *Discourse and social change*. Cambridge: Polity Press.

Fairclough, Norman. 1995. *Critical discourse analysis*. London: Longman.

Fairclough, Norman. 2001. "Critical discourse analysis", in: Alec McHoul and Mark Rapley (eds.), *How to analyse talk in institutional settings: A casebook of methods*. New York: Continuum, 25–38.

Ferrara, Kathleen W. 1994. "Repetition as rejoinder in therapeutic discourse: Echoing and mirroring", in: Barbara Johnstone (ed.), *Repetition in discourse: Interdisciplinary perspectives*, vol. 2. Norwood, NJ: Ablex, 66-83.

Field, Nigel and Michael Friedrichs. 2004. "Continuing bonds in coping with the death of a husband", *Death Studies* 28, 7: 597–620.

Field, Nigel. 2008. "Whether to relinquish or maintain a bond with the deceased", in: Margaret Stroebe, Robert Hansson, Henk Schut and Wolfgang Stroebe (eds.), *Handbook of bereavement research and practice: Advances in theory and intervention.* Washington, DC: U.S. Psychological Association, 113–132.

Fishman, Pamela. 1978. "What do couples talk about when they're alone?", in: Douglas Burthurff and Edmund L. Epstein (eds.), *Women's language and style*. Akron, Ohio: L & S Books, 11-22.

Fishman, Pamela. 1980. "Interactional shitwork", *Heresies* 2: 99-101.

Fishman, Pamela. 1987/1983. "Interaction: the work women do", in: Barrie Thorne, Cheris Kramarae and Nancy Henley (eds.), *Language, gender and society*. Rowley, Mass: Newbury House, 89–101.

Fitzgerald, Richard and Sean Rintel. 2015. "Reorienting categories as a members' phenomena", in: Christian Tileaga and Elizabeth Stokoe (eds.), *Discursive psychology: Classic and contemporary issues*. Abingdon, Oxon: Routledge.

Fivush, Robyn. 2010. "Speaking silence: The social construction of voice and silence in cultural and autobiographical narratives", *Memory* 18,2: 88–98.

Flavin, Jeanne. 2008. *Our bodies, our crimes: The policing of women's reproduction in America.* New York: NYU Press.

Fletcher, Joyce K..1999. *Gender, power, and relational practice at work.* Cambridge, Massachusetts: MIT Press.

Flinkfeldt, Marie, Sophie Parslow and Elizabeth Stokoe. 2022. "How categorization impacts the design of requests: Asking for email addresses in call-centre interactions", *Language in Society* 51, 4: 693-716.

Foucault, Michel. 1972. *The archaeology of knowledge*. London: Routledge.

Foucault, Michel. 1978. *The history of sexuality: 1*. An Introduction. London: Allen Lane.

Foucault, Michel. 1980. *Herculine Barbin: Being the recently discovered memoirs of a nineteenth-century French hermaphrodite*. New York: Vintage Publishing.

Foucault, Michel. 1980. *Power/knowledge: Selected interviews and other writings 1972–1977*. London: Harvester Press.

Freed, Alice F. 1996. "Language and gender research in an experimentals", in: Victoria L Bergvall, Janet M. Bing and Alice F. Freed (eds.), *Rethinking language and gender research: Theory and practice*. London: Addison Wesley Longman, 54-76.

Freed, Alice F. 1999. "Communities of practice and pregnant women: Is there a connection?", *Language in Society* 28, 2: 257-271.

Freeman, Mark. 2015. "Narrative as a mode of understanding **:** method, theory, praxis", in: Anna De Fina and Alexandra Georgakopoulou (eds.), *Handbook of narrative analysis*. Malden, MA: Wiley, 21-37.

Freiberg, Jill and Peter Freebody. 2009. "Applying membership categorization analysis to discourse: When 'tripwire critique' is not enough", in: Quynh Le Thao Lê and Megan Short

(eds.), *Critical discourse analysis: An interdisciplinary perspective* New York: Nova Science Publishers, 49–64.

Freud, Sigmund. 1917. *Mourning and melancholia. The standard edition of the complete psychological works of Sigmund Freud, volume XIV (1914-1916): On the history of the psychoanalytic movement, Papers on metapsychology and other works*, 237-258.

Fussell, Susan R. and Mallie M. Moss. 1998. "Figurative language in emotional communication", in: Susan R. Fussell and Roger J. Kreuz (eds.), *Social and cognitive approaches to interpersonal communication*. Mahwah, NJ: Lawrence Erlbaum Associations, 113-141.

Galasiński, Dariusz. 2008. *Men's discourses of depression*. Basingstoke: Palgrave Macmillan.

Galasiński, Dariusz. 2017. *Discourses of men's suicide notes: A qualitative analysis*. London and New York: Bloomsbury Academic.

Gardner, Rod. 2004. "Conversation analysis", in: Alan Davies and Catherine Elder (eds.), *The handbook of applied linguistics* Oxford, Blackwell, 262–284.

Garfinkel, Harold. 1967. *Studies in ethnomethodology*. Englewood Cliffs, NJ: Prentice-Hall.

Gazso, Amber. 2004. "Women's inequality in the workplace as framed in news discourse: Refracting from gender ideology", *The Canadian Review of Sociology and Anthropology* 41: 449–473.

Gee, James Paul. 1999. *An introduction to discourse analysis: Theory and method*. Routledge: New York.

Geertz, Clifford. 1988. *Works and lives: The anthropologist as author*. Stanford: Stanford.

Georgakopoulou, Alexandra and Anna De Fina. 2015. *Handbook of narrative analysis.* Wiley – Blackwell.

Georgakopoulou, Alexandra. 2006. "Small and large identities in narrative (inter)action", in: Anna De Fina, Deborah Schiffrin and Michael Bamberg (eds.), *Discourse and identity*. Cambridge: Cambridge University Press, 83-102.

Georgakopoulou, Alexandra. 2006. "Thinking big with small stories in narrative and identity analysis", *Narrative Inquiry* 16, 1: 129-137.

Georgakopoulou, Alexandra. 2007. *Small stories, interaction and identities*. Amsterdam: John Benjamins.

Georgakopoulou, Alexandra. 2015. "Small stories research", in: Anna De Fina and Alexandra Georgakopoulou (eds.), *The handbook of narrative analysis*. Chichester: John Wiley and Sons, 253–271.

Giddens, Anthony. 1991. *Modernity and self-identity: Self and society in the late modern age.* Stanford University Press.

Gilbert, Kathleen**.** 1996. ""We've had the same loss, why don't we have the same grief?" loss and differential grief in families", *Death Studies* 20, 3: 269-283.

Glenn, Nakano Evelyn. 1994. "Social constructions of mothering: a thematic overview", in: Evelyn Nakano Glenn, Grace Chang and Linda Rennie Forcey (eds.), *Mothering: Ideology, experience, and agency*. New York: Routledge, 1-32.

Goffman, Erving. 1959. *The presentation of self in everyday life*. New York: Doubleday.

Goffman, Erving. 1976 . "Gender advertisements", *Studies in the Anthropology of Visual Communication* 3, 2 (Fall): 65–154.

Goffman, Erving. 1976. "Gender display", S*tudies in the Anthropology of Visual Communication* 3:69-77.

Goffman, Erving. 1979. *Gender advertisements*. London: MacMillan.

Gonzales-LLoret, Marta. 2013. "Pragmatics: Overview", in: Carol Chapelle (ed.) *Encyclopedia of applied linguistics*. Malden, MA: Wiley-Blackwell, 4588-4594.

Goodwin, Phillippa and Jane Ogden. 2007. "Women's reflections about their past abortions: An exploration of how emotional reactions change over time". *Psychology and Health* 22, 2: 231-248.

Graf, Eva-Maria. 2011. ""Yes then I will tell you maybe a little bit about the procedure"- Constructing professional identity where there is not yet a profession: The case of executing coaching", in: Jo Angouri and Meredith Marra (eds.), *Constructing identities at work*. Houndmills: Palgrave, 127-150.

Grant, Aimee, Melanie Morgan, Dunla Gallagher and Dawn Mannay. 2020. "Smoking during pregnancy, stigma and secrets: Visual methods exploration in the UK", *Women and Birth* 33, 1: 70-76.

Gray, John. *1992. Men are from Mars*, *women are from Venus*: *A practical guide for improving communication and getting what you want in your relationships*. New York*:* Harper Collins.

Grice, Paul. 1975. "Logic and conversation", in: Peter Cole and Jerry Morgan (eds.), *Speech acts*. New York: Academic Press, 41–58.

Gubrium, Jaber and James Holstein. 2002. "From the individual to the interview society", in: Jaber Gubrium and James Holstein (eds.), *Handbook of interview research*. Thousand Oaks, CA: Sage, 3–32.

Gumperz, John J.. 1982. *Language and social identity*. Cambridge: Cambridge University Press.

Gumperz, John. 1982. *Discourse strategies*. Cambridge, England: Cambridge University Press.

Hall, Christopher. 2011. "Beyond Kübler-Ross: Recent developments in our understanding of grief and bereavement", *InPsych* 33, 6: 8-11.

Hall, Stuart, 1986. "The problem of ideology: Marxism without guarantees", *Journal of Communication Inquiry* 10, 28–44.

Halliday, Michael and Christian Matthiessen. 1999. *Construing experience through meaning: alanguage-based approach to cognition.* London: Cassell.

Halliday, Michael. 2007. *Language and education*. London: Continuum.

Harju, Anu. 2015." Socially shared mourning: Construction and consumption of collective memory", *New Review of Hypermedia and Multimedia* 21, 1-2: 123-145.

Harper, Emma Amanda and Geneviève Rail. 2012. "Gaining the right amount for my baby': Young pregnant women's discursive constructions of health", *Health Sociology Review* 21, 1: 69-81.

Hastings, Sally. 2000. "Self-disclosure and identity management by bereaved parents", *Communication Studies* 51, 4: 352–371.

Hayano, Kaoru. 2011. "Claiming epistemic primacy: Yo-marked assessments in Japanese", in: Tanya Stivers, Lorenza Mondada and Jacob Steensig (eds.), *The morality of knowledge in conversation.* Cambridge: Cambridge University Press, 58-81.

Hayano, Kaoru. 2013. "Question design in conversation", in: Jack Sidnell and Tanya Stivers (eds.), *The handbook of conversation analysis*. West Sussex: Blackwell Publishing Ltd, 395-414.

Hayashi, Makoto. 2013. "Turn allocation and turn sharing", in: Jack Sidnell and Tanya Stivers (eds.), *Handbook of conversation analysis*. Chichester: Wiley-Blackwell, 167-190.

Hays, Sharon. 1996. *The cultural contradictions of motherhood*. New Haven: Yale University Press.

Heathcote, Anthony. 2014. "A grief that cannot be shared: Continuing relationships with aborted fetuses in contemporary Vietnam", *Thanatos* 3, 1: 29–45.

Hecht, Michael, Ronald Jackson and Sidney Ribeau. 2003. *African American communication: Exploring identity and culture.* Mahwah, NJ: Lawrence Erlbaum.

Hekman, Francesca. 2015. *Lesbian lives in Soviet and post-Soviet Russia*. London: Palgrave Macmillan.

Hekman, Susan. 2014. *The feminine subject*. Cambridge: Polity Press.

Henley, Nancy M. and Cheris Kramarae. 1991. "Gender, power, and miscommunication", in: Nikolas Coupland, Howard Giles and John M Wieman (eds.), *"Miscommunication" and problematic talk*. Newbury Park, CA: Sage, 18-43.

Henry, Frances and Carol Tator. 2002. *Discourses of domination: racial in the Canadian English-language press*. Toronto: University of Toronto Press.

Hepburn, Alexa and Galina Bolden. 2017. *Transcribing for social research*. London: SAGE Publications Ltd.

Heritage John and Sue Sefi. 1992. "Dilemmas of advice, aspects of the delivery and reception of advice in interactions between health visitors and first time mothers", in: Paul Drew and John Heritage (eds.), *Talk at work*. Cambridge: Cambridge University Press, 359–417.

Heritage, John. 1984. "A change-of-state token and aspects of its sequential placement", in: J. Maxwell Atkinson (ed.), *Structures of social action. Studies in emotion and social interaction*. Cambridge: Cambridge University Press, 299-345.

Heritage, John. 1988. "Explanations as accounts: a conversation analytic perspective", in: Charles Antaki (ed.), *Analyzing everyday explanation: A casebook of methods.* London: Sage, 127–144.

Heritage, John. 2012. "Epistemics in action: Action formation and territories of knowledge", *Research on Language and Social Interaction* 45, 1: 1-29.

Heritage, John. 2013. "Language and social institutions: The conversation analytic view", *Journal of Foreign Languages* 36, 4: 2-27.

Herriman, Jennifer. 2013. "Systemic functional linguistics", in: Carol Chapelle (ed.), *Encyclopedia of applied linguistics.* Malden, MA: Wiley-Blackwell, 5987-5994.

Hester, Stephen and Peter Eglin. 1997. *Culture in action: Studies in membership categorisation analysis.* Washington, DC: University Press of America.

Hester, Stephen. 1998. "Describing deviance in school: Recognizably educational psychological problems", in: Charles Antaki, Sue Widdicombe (eds.), *Identities in talk*. London, Sage Publications, 133–150.

Hirschman, Lynette. 1973. *Female-male differences in conversational interaction* . (Paper presented at annual meeting of the Linguistic Society of America. San Diego, CA.).

Holmes, Janet and Stephanie Schnurr. 2006. "'Doing femininity' at work: More than just relational practice", *Journal of Sociolinguistics* 10, 1: 31-51.

Holmes, Janet, Maria Stubbe and Bernadette Vine. 1999. "Constructing professional identity: 'doing power' in policy units", in: Srikant Sarangi and Celia Roberts (eds.), *Discourse in the workplace: Communication in institutional and professional settings*. The Hague: Mouton, 351-385.

Holmes, Janet. 1995. *Women, men and politeness*. London: Longman,

Holmes, Janet. 1997. "Women, language and identity", *Journal of Sociolinguistics* 2, 1: 195-223.

Holstein, Jaber A. and James F. Gubrium. 2000. *The self we live by: Narrative identity in a postmodern world.* New York: Oxford University Press.

Holstein, Jaber A. and James F. Gubrium. 2004. "The active interview", in: David Silverman (ed.), *Qualitative research: Theory, methods and practice* (2nd ed.). Thousand Oaks, CA: Sage, 140-161.

Holstein, James A. and Jaber F. Gubrium. 2003. *Inside interviewing: New lenses, new concern.* Thousand Oaks, CA: Sage.

Holstein, Timothy John. 2001. "*The art(fulness) of open-ended interviewing: Some considerations on* analysing interviews*, Qualitative Research* 1, 3: 303-323.

Holt, Elizabeth and Paul Drew. 1988. "Complainable matters: The use of idiomatic expressions in making complaints", *Social Problems* 35, 4: 398-417.

Holt, Elizabeth. 1996. "Reporting on talk: The use of direct reported speech in conversation". *Research on Language and Social Interaction* 29: 3, 219-245.

Holt, Elizabeth. 2010. "The last laugh: Shared laughter and topic termination", *Journal of Pragmatics* 42: 6, 1513-1525.

Hopper, Robert and Curtis LeBaron 1998. "How gender creeps into talk", *Research on Language and Social Interaction* 31, 1: 59-74.

Horne, Judith and Sally Wiggins. 2009. "Doing being 'on the edge': Managing the dilemma of being authentically suicidal in an online forum", *Sociology of Health and Illness* 31, 2: 170-184.

Horton-Salway, Mary. 2001. "The construction of M.E.: The discursive action model", in: Margaret Wetherell, Stephanie Taylor and Simeon Yates (eds.), *Discourse as data: A guide to analysis.* London: Sage Publications Ltd, 147 -188.

Horwood, Grace and Martha Augoustinos. 2022. "'It's more than sadness': The discursive construction of depression on Australian depression websites", *Qualitative Health Research* 32, 7:1185-1196.

Hutchby, Ian. 2007. *The discourse of child counselling*. Amsterdam: John Benjamins.

Hutchon, David. 1998. "Understanding miscarriage or insensitive abortion: Time for more defined terminology?" *American Journal of Obstetrics and Gynecology* 179, 2: 397-398.

Hymes, Dell. 1972. "Models of the interaction of language and social life", in: John Gumperz and Dell Hymes (eds.), *Directions in sociolinguistics*. New York: Holt, Rinehart and Winston, 35-71.

Hyvärinen, Matti. 2008. "Analysing narratives and storytelling", in: Pertti Alasuutari, Leonard Bickman and Julia Brannen (eds.), *The SAGE handbook of social research methods*. Los Angeles: Sage, 447-460.

Jackson, Clare. 2011. "The gendered 'I'", in: Susan Speer and Elizabeth Stokoe (eds.), *Conversation and gender*. Cambridge: Cambridge University Press, 31-47.

Jaihu, Edona. 2019. "Factor affecting turn-taking: Overlapping or self-selection – A conversation analysis in Prishtina, Kosovo", *Context*, *Persepective in Language, Linguistics and Media* 1: 202-214.

Jaworska, Sylvia. 2018. "'Bad' mums tell the 'untellable': Narrative practices and agency in online stories about postnatal depression on Mumsnet", *Discourse Context & Media* 25: 25-33.

Jayyusi, Lena. 1984. *Categorization and the moral order*. Boston: Routledge and Kegan Paul.

Jefferson, Gail. 1974. "Error correction as an interactional resource", *Language in Society 3*, 2: 181-199.

Jefferson, Gail. 1984. "On the organization of laughter in talk about troubles", in J. Maxwell Atkinson and John C. Heritage (eds.), *Structures of social action: Studies in conversation analysis.* Cambridge, UK: Cambridge University Press, 346-369.

Jefferson, Gail. 1984. "Transcription Notation," in: John Atkinson and John Heritage (eds.), *Structures of social interaction*. New York: Cambridge University Press, ix-xvi.

Jefferson, Gail. 1985. "On the interactional unpackaging of a 'gloss.'", *Language in Society* 14, 4: 435-466.

Jefferson, Gail. 1990. "List-construction as a task and a resource", in: George Psathas (ed.), *Interaction competence*. Washington, D.C.: University Press of America, 63-92.

Jefferson, Gail. 2004. "At first I thought" A normalizing device for extraordinary events", in: Gene H. Lerner (ed.), *Conversation analysis: Studies from the first generation*. Amsterdam: Benjamins, 131-167.

Jennifer Coates. 1998. *Language and gender: A reader*. Malden, MA: Blackwell Publishers.

Jespersen, Otto. 1922. *Language: Its nature, development and origin*. London: Allen and Unwin.

Jette, Shannon. 2006. "Fit for two? A critical discourse analysis of Oxygen Fitness magazine", *Sociology of Sport Journal* 23,4: 331-351.

Johnson, Brittany, Kate Russell and Louisa Peralta. 2022. "The 'good mother'discourse in 'success stories' of Australian weight loss centres: a critical discourses analysis", *Qualitative Research in Sport, Exercise and Health* 14, 5: 759-777.

Johnson, Sally and Ulrike Hanna Meinhof . 1997. *Language and masculinity*. Oxford: Blackwell.

Johnstone, Barbara. 2008. *Discourse analysis*. Oxford: Blackwell.

Johnstone, Barbara. 2015. *"Discourse analysis and narrative"*, in: Anna De Fina and Alexandra Georgakopoulou (eds.), *Handbook of narrative analysis.* Malden, MA: Wiley, 152-167.

Jonas-Simpson, Christine and Eileen McMahon. 2005. "The language of loss when a baby dies prior to birth: Cocreating human experience". *Nursing Science Quarterly* 18, 2: 124-130.

Jordan, John. 2001. "Is suicide bereavement different? A reassessment of the literature", *Suicide and Life-threatening Behaviour* 31, 1: 91-102.

Jourard, Sidney Marshall and Paul Lasakow. 1958. "Some factors in self-disclosure", *Journal of Abnormal and Social Psychology* 56, 1: 91-98.

Jourard, Sidney Marshall. 1971. *Self-disclosure. An experimental analysis of the transparent self*. New York: Wiley.

Kádár, Dániel Z. and Michael Haugh. 2013. *Understanding politeness*. Cambridge: Cambridge University Press.

Kahu, Ellar and Mandy Morgan. 2007. "Weaving cohesive identities: New Zealand women talk as mothers and workers", *Kōtuitui: New Zealand Journal of Social Sciences Online* 2, 2: 55-73.

Katarina Eriksson Barajas. 2008. "Beyond stereotypes? Talking about gender in school book-
talk", *Etnography and Education* 3, 2: 129-144.

Kebir, Yasmina and Valérie Saint-Dizier de Almeida. 2022. "Identifying the structural and func-
tional dimensions of chronic disease follow-up interviews", *Health Communication* 12:
1-15.

Kessler, Suzanne and Wendy McKenna. 1978. *Gender: An ethnomethodological approach.*
New York: Wiley-Interscience.

Kiełkiewicz-Janowiak Agnieszka and Joanna Pawelczyk. 2010. "Deconstructing ambivalent
sexism in discourse: a cross-generational study of Polish men's and women's attitudes",
in: Claire Maree and Kyoko Satoh (eds.), *Proceedings of the 6th biennial international
gender and language association. IGALA6* . Tokyo: Tsuda College, 175-185.

Kingsolver, Barbara. 1990. *Animal dreams*. New York: HarperCollins.

Kirkman, Bradley L., Mathieu, John E., Cordery, John L., Rosen, Benson and Michael Kuken-
berger. 2011. "Managing a new collaborative entity in business organizations: under-
standing organizational communities of practice effectiveness", *Journal of Applied Psy-
chology* 96, 6: 1234-1245.

Kitzinger Celia and Rose Rickford. 2007. "Becoming a 'bloke': The construction of gender in
interaction", *Feminism and Psychology* 17, 2: 214-223.

Kitzinger, Celia and Jenny Mandelbaum. 2013. "Word selection and social identities in talk in
interaction", *Communication Monographs* 80, 2: 176-198.

Kitzinger, Celia. 2002. "Doing feminist conversation analysis", in: Paul McIlvenny (ed.) *Talking
gender and sexuality*. Amsterdam: John Benjamins , 49-77.

Kitzinger, Celia. 2004. "Feminist approaches", in: Clive Seale, David Silverman, Jay Gubrium
and Giampietro Gobo (eds.), *Qualitative research practice*. London: Sage Publications,
125-40.

Kitzinger, Celia. 2005. "Heteronormativity in action: Reproducing the normative heterosexuality
in 'after hours' calls to the doctor", *Social Problems* 52, 4: 477-498.

Klass, Dennis and Goss, Robert. 2003. "The politics of grief and continuing bonds with the dead:
The cases of Maoist China and Wahhabi Islam", *Death Studies* 27, 9: 787-811.

Klass, Dennis, Silverman, Phyllis and Steven Nickman. 1996. *Continuing bonds: New under-
standings of grief*. Washington, DC: Taylor and Francis.

Kleinman, Arthur. 1998. *The illness narrative. Suffering healing and the human condition*. New York: Basic Books.

Klenke, Karin. 1996. *Woman and leadership: A contextual perspective*. New York: Springer.

Knaak, Stephanie. 2005. "Breast-feeding, bottle-feeding and Dr. Spock: The shifting context of choice", *The Canadian Review of Sociology and Anthropology* 42, 2: 197-216.

Komter Martha. 2013. "Conversation analysis in the courtroom", in: Jack Sidnell and Tanya Stivers (eds.), *Handbook of conversation analysis*. Chichester: Wiley-Blackwell, 612-629.

Kosatica, Maida. 2022. *The burden of traumascapes*. London: Bloomsbury.

Kotz, Liz. 1992. "The body you want: Liz Kotz interviews Judith Butler", *Artforum,* 31,3*:* 82-89.

Kramarae, Cheris and Paula A. Treichler. 1990. *A feminist disctionary*. London: Pandora.

Kramer, Cheris. 1977. "Perceptions of female and male speech", *Language and Speech* 20: 151-161.

Kress, Gunther and Teo van Leeuven. 2001. *Multimodal discourse*. London: Bloomsbury Academic.

Kristiansen, Maria, Younis, Tarek, Hassani, Amani and Aziz Sheikh. 2016. "Experiencing loss: A Muslim widow's bereavement narrative", *Journal of Religion and Health* 55, 1: 226-240.

Kruk, Bartłomiej. 2015. "'I can't bear the thought that he might not recognise me': Personal narratives as a site of identity work in the online Alzheimer's support group", *Communication and Medicine* 12, 2-3: 273-286.

Kübler-Ross, Elisabeth and David Kessler. 2005. *On grief and grieving: Finding the meaning of grief through the five stages of loss*. New York, Toronto: Scribner.

Kübler-Ross, Elisabeth. 1969. *On death and dying*. Macmillan: New York.

Kupferberg, Irit. 2010. "Narrative and figurative self-construction in meaningful stories", *Linguagem em (Dis)curso* 10:2, 369-390.

Kurhila, Salla. 2005. "Different orientations to grammatical correctness", in: Keith Richards and Paul Seedhouse (eds.), *Applying conversation analysis*. Basingstoke: Palgrave Macmillan, 143-158.

Kyratzis, Amy and Jiansheng Guo. 1996. "'Separate worlds' for girls and boys?: Views from children's same-sex and mixed-sex friendship groups", in: Dan Isaak Slobin, Julie Ger-

hardt, Amy Kyratzis, and Jiansheng Guo (eds.)*, Social interaction, social context, and language*. Mahwah, NJ: Erlbaum Associates, 555-575.

Labov, William and Joshua Waletzky. 1967. "Narrative analysis: Oral versions of personal experience", in: June Hehns (ed.), *Essays on the verbal and visual Arts*. University of Washington Press, 3-38.

Labov, William. 1966. *The social stratification of English in New York*. Washington D.C.: Center for Applied Linguistics.

Labov, William. 1969. *The study of nonstandard English*. Washington, D.C.: National Council of Teachers of English.

Labov, William. 1971. "Variation in language", in: Carroll Reed (ed.), *The learning of language*. Champaign, IL: National Council of Teachers of English, 187-222.

Labov, William. 1972. *Sociolinguistic patterns*. Philadelphia: University of Pennsylvania Press.

Labov, William. 1982. Speech actions and reactions in personal narrative", in: Deborah Tannen (ed.), *Georgetown University round table on languages and linguistics 1981: Analyzing discourse: Text and talk*. Washington: Georgetown University Press, 219-247.

Lakoff, Robin. 1975. *Language and woman's place*. New York: Harper Row.

Land, Victoria and Celia Kitzinger. 2007. "III. Contesting same-sex marriage in talk-in-interaction", *Feminism & Psychology* 17: 2, 173-83.

Lang, Ariella, Gottlieb, Laurie and Rhonda Amsel. 1996. "Predictors of husbands' and wives' grief reactions following infant death: The role of marital intimacy", *Death Studies,* 20, 1: 33-57.

Lathrop, Anthony and Leona VandeVusse. 2011. "Affirming motherhood: Validation and invalidation in women's perinatal hospice narratives", *Birth* 38, 3: 256-65.

Lave, Jean and Etienne Wenger. 1991. *Situated learning: Legitimate peripheral participation.* Cambridge: Cambridge University Press.

Layne, Linda. 1997. *"*Breaking the silence: An agenda for a feminist discourse of pregnancy loss", *Feminist Studies* 23, 2: 289-315.

Lazar, Michelle M. 2006. ""Discover the power of femininity! Analyzing global "power femininity" in local advertising", *Feminist Media Studies* 6, 4: 505-517.

Lazar, Michelle M. 2009. "Entitled to consume: Postfeminist femininity and a culture of post-critique", *Discourse & Communication* 3, 4: 371-400.

Lazar, Michelle. 2000. "Gender, discourse and semiotics: The politics of parenthood representations", *Discourse & Society* 11, 3: 373-400.

Lazar, Michelle. 2014. "Recuperating feminism, reclaiming femininity: Hybrid postfeminist identity in consumer advertisements", *Gender and Language* 8, 2: 205-224.

Leeds-Hurwitz, Wendy. 2009. "Social construction of reality", in: Stephen W. Littlejohn and Karen A. Foss (eds.), *Encyclopedia of communication theory*. Thousand Oaks, CA: Sage, 892-895.

Lerner, Gene H. 1994. "Responsive list construction: A conversational resource for accomplishing multifaceted social action", *Journal of Language and Social Psychology* 13: 20-33.

Lester, Jessica Nina. 2014. "Discursive psychology: Methodology and applications", *Qualitative Psychology* 1, 2: 141-143.

Levinson, Stephen. 2013. "Action formation and ascription", in: Jack Sidnell and Tanya Stivers (eds.), *Handbook of conversation analysis*. Chichester: Wiley-Blackwell, 103-130.

Licoppe, Christian. 2021. "The politics of visuality and talk in French courtroom proceedings with video links and remote participants", *Journal of Pragmatics* 178: 363-377.

Lind, Amy and Stephanie Brzuzy. 2008. *Battleground: Women, gender and sexuality*. Westport: Greenwood Publishing Group, Incorporated.

Lindemann, Erich. 1944. "Symptomatology and management of acute grief", *American Journal of Psychiatry* 101: 141-148.

Lindstrom, Anna and Marja-Leena Sorjonen. 2013. "Affiliation in conversation", in: Jack Sidnell and Tanya Stivers (eds.), *The handbook of conversation analysis*. West Sussex: Blackwell Publishing Ltd, 350-369.

Litosseliti, Lia. 2006. *Gender and language: Theory and practice*. Routledge.

Lucius-Hoene, Gabriele and Arnulf Deppermann. 2000. "Narrative identity empiricized. A dialogical and positioning approach to autobiographical research Interviews", *Narrative Inquiry* 10, 1: 199-222.

Lupton, Deborah. 1998. *The emotional self: A sociocultural exploration*. London: Sage.

Lupton, Deborah. 1999. *Risk*. London: Routledge.

Macdonald, Mary Ellen, Kennedy, Kimberly, Moll, Sandra, Pineda, Carolina, Mitchell, Lisa, Stephenson, Peter and Susan Cadell. 2015. "Excluding parental grief: A critical discourse analysis of bereavement accommodation in Canadian labour standards", *Work: A Journal of Prevention, Assessment and Rehabilitation* 50, 3: 511-526.

Machung, Anne. 1989. "Talking career, thinking job: Gender differences in career and family expectations of berkeley seniors", *Feminist Studies* 15, 1: 35-58.

Maci, Stefania. 2021. ""Living-with-dying": The elderly's language of terminal illness", *Working with Older People* 25, 3: 220-229.

Mackenzie, Jai. 2021. "Analysing gendered discourses online child-centric motherhood and individuality in Mumsnet Talk", in: Jo Angouri and Judith Baxter (eds.), *The Routledge handbook of language, gender, and sexuality.* New York: Routledge, 181-196.

MacNaughton, Glenda. 2006. "Constructing gender in early-years education", in: Christine Skelton, Becky Francis and Lisa Smulyan (eds.), *The SAGE handbook of gender and education.* London: SAGE Publications Ltd, 127-138.

Malacrida, Claudia. 1999. "Complicating mourning: The social economy of perinatal death". *Qualitative Health Research* 9, 4: 504-519.

Maltz, Daniel and Ruth Borker. 1982. "A cultural approach to male-female miscommunication", in: John Gumperz (ed.), *Language and social identity.* Cambridge: CUP: 196-216.

Mandelbaum, Jenny. 2013. "Storytelling in conversation", in: Jack Sidnell and Tanya Stivers (eds.), *The handbook of conversation analysis.* West Sussex: Blackwell Publishing Ltd, 492-508.

Marecek, Jeanne, Mary Crawford and Danielle Popp. 2004. "On the construction of gender, sex, and sexualities", in: Eagly, Alice H., Beall, Anne E. and Robert J. Sternberg (eds.), *The psychology of gender.* New York: The Guilford Press, 192-216.

Margareta Bredmar, Per Linell. 1996. "Reconstructing topical sensitivity: Aspects of face-work in talks between midwives and expectant mothers", *Research on Language and Social Interaction* 29, 4: 347-379.

Markens, Susan, Browner, C.H. and Nancy Press. 1997. "Feeding the foetus: On interrogating the notion of maternal-foetal conflict", *Feminist Studies* 23, 2: 351-372.

Marra, Meredith, Bernadette Vine and Janet Holmes. 2022. "Workplace interaction", *Handbook of Pragmatics: 25th Annual Installment* 25: 177.

Marris, Peter. 1986. *Loss and change* (revised edition). London: Routledge.

Marshall, Joyce L., Godfrey, Mary and Mary J. Renfrew. 2007. "Being a 'good mother': Managing breastfeeding and merging identities", *Social Science & Medicine* 65: 2147-2159.

Martikainen, Jari. 2022. "Membership categorization analysis as means of studying person perception", *Qualitative Research in Psychology* 19, 3: 703-721.

Martin Emily. 1987. *The woman in the body: A cultural analysis of reproduction*. Boston: Beacon Press.

Martin, Terry and Kenneth Doka. 2000. *Men don't cry...Women do: Transcending gender stereotypes of grief*. New York, London: Routledge Taylor and Francis Group.

Martin, Zelly. 2022. "'The day joy was over:' Representation of pregnancy loss in the news", *Feminist Media Studies*, 1-16.

Mattingly, Cheryl. 1998. *Healing dramas and clinical plots: The narrative structure of experience*. New York: Cambridge University Press.

Maybin, Janet. 2002. "''What's the hottest part of the Sun? Page 3!' children's exploration of adolescent gender identities through informal talk.", in: Lia Litosseliti and Jane Sunderland (eds.), *Gender identity and discourse analysis. Discourse approaches to politics, society and culture 2.* Amsterdam: John Benjamins, 257-273.

McAdams, Dan. 1993. *The stories we live by: Personal myths and the making of the self*. New York: Morrow.

McCarthy, Michael, Christian Matthiessen and Diana Slade. 2010. "Discourse analysis", in: Norbert Schmitt (ed.), *An introduction to applied linguistics*. London: Hodder Education, 53-69.

McCarthy, Nina. 2012. "Grief as a social emotion: Theoretical perspectives", *Death Studies* 36, 8: 679-711.

McCreight, Bernadette Susan. 2004. "A grief ignored: Narratives of pregnancy loss from a male perspective", *Sociology of Health and Illness* 23, 4: 326-350.

McLoughlin, Linda. 2021. "Judged and condemned: Semiotic representations of women criminals", in Jo Angouri and Judith Baxter (eds.), *The Routledge handbook of language, gender, and sexuality*. Routledge: New York, 494-508.

Meghan, The Duchess of Sussex. 2020. The losses we share. (https://www.nytimes.com/2020/11/25/opinion/meghan-markle-miscarriage.html) (date of access: 2 June 2017).

Mendieta, Jenny Alexandra. 2013. "Narrative research: An alternative approach to study language teaching and learning", *Folios* 37: 135-147.

Messerschmidt, James W. 2019. "The salience of 'hegemonic masculinity'", *Men and Masculinities* 22, 1: 85-91.

Mills, Sara. 2003. *Gender and politeness*. Cambridge: Cambridge University Press

Mills, Sara. 2004. *Discourse*. London: Routledge.

Mishler, Elliot. 1986. *Research interviewing: Context and narrative*. Cambridge: Harvard University Press.

Money, John and Anke A Ehrhardt. 1972. *Man & woman, boy & girl: the differentiation and dimorphism of gender identity from conception to maturity*. Baltimore MD: Johns Hopkins University Press.

Motschnebacher, Heiko. 2009. "Speaking the gendered body: The performative construction of commercial femininities and masculinities via body-part vocabulary", *Language in Society* 38, 1: 1-22.

Mullany, Louise. 2007. *Gendered discourse in the professional workplace*. Basingstoke: Palgrave Macmillan.

Mulvihill, Aileen and Trish Walsh. 2014. "Pregnancy loss in rural Ireland: An experience of disenfranchised grief", *The British Journal of Social Work* 44, 8: 2290-2306.

Munakampe, Margarate, Charles Michelo and Joseph A. Zulu. 2021. "Critical discourse analysis of adolescent fertility in Zambia: A postcolonial perspective", *Reproductive Health* 18, 75: 1-12.

Murphy, Elizabeth. 1999. "'Breast is best': Infant feeding decisions and maternal deviance", *Sociology of Health and Illness* 21: 187-208.

Murphy, Samantha. 2012. "Reclaiming a moral identity: Stillbirth, stigma, and 'moral mothers'", *Midwifery* 28, 4: 476-80.

Murphy-Lawless, Jo. 1998. *Reading birth and death. A history of obstetric thinking*. Cork: Cork University Press.

Nagar, Ila. 2021. "Digital ethnography in the study of language, gender, and sexuality", in Jo Angouri and Judith Baxter (eds.), *The Routledge handbook of language, gender, and sexuality*. Routledge: New York, 150-163.

Nash, Meredith. 2011. ""You don't train for a marathon sitting on the couch": Performances of pregnancy 'fitness' and 'good' motherhood in Melbourne, Australia", *Women's Studies International Forum* 34: 50-65.

Neimeyer, Robert and Nancy Keesee. 1998. "Dimensions of diversity in the reconstruction of meaning", in: Kenneth Doka and Joyce Davidson (eds.), *Living with grief: Who we are, how we grieve.* Washington, D.C.: Hospice Foundation of America, 223-237.

Neimeyer, Robert. 1999. "Narrative strategies in grief therapy", *Journal of Constructivist Psychology* 12: 65-85.

Neiterman, Elena. 2012. "Doing pregnancy: Pregnant embodiment as performance", *Women's Studies International Forum* 35: 372-383.

Nordanger, Dag. 2007. "Discourses of loss and bereavement in Tigray, Ethiopia", *Culture, Medicine and Psychiatry* 31: 173-194.

Norwood, Kristen. 2013. "Grieving gender: Trans-identities, transition, and ambiguous loss", *Communication Monographs* 80, 1: 24-45.

Nussbaum, Martha. 1999. "The professor of parody: The hip defeatism of Judith Butler", *The New Republic* 8, 22: 37-45.

O'Barr, William M. 1994. *Culture and the ad: Exploring otherness in the world of advertising.* Boulder, Colo: Westview Press.

O'Leary, Joann and Clare Thorwick. 2005. "Fathers' perspective during pregnancy, postperinatal loss". *Journal of Obstetric, Gynecologic and Neonatal Nursing* 3, 1: 78-86.

O'Neill, Brenda. 1998. "A father's grief: Dealing with stillbirth", *Nursing Forum* 33, 4: 33-37.

Ochs, Elinor and Lisa Capps. 2001. *Living narrative: Creating lives in everyday storytelling.* Cambridge, MA, US: Harvard University Press.

Ochs, Elinor. 1992. "Indexing gender", in: Alessandro Duranti and Charles Goodwin (eds.)*, Rethinking context*: *Language* as an *interactive phenomenon*. Cambridge: Cambridge University Press, 335-358.

Ohara, Yumiko and Scott Saft. 2003. "Using conversation analysis to track gender ideologies in social interaction: toward a feminist analysis of a Japanese phone-in consultation TV program", *Discourse and Society* 14, 2: 153-72.

Ostermann, Ana Cristina. 2017. "'No mam. You are heterosexual': Whose language? Whose sexuality?", *Journal of Sociolinguistics* 21, 3: 348-370.

Orr, Elizabeth, Susan M. Jack, Wendy Sword, Sandra Ireland and Lois Ostolosky. 2017. "Understanding the blogging practices of women undergoing in vitro fertilization (IVF): A discourse analysis of women's IVF blogs", *The Qualitative Report* 22, 8: 2206-2230.

Paechter, Carrie. 2006. "Masculine femininities/feminine masculinities: Power, identities and gender", *Gender and Education* 18, 3: 253-263.

Pakuła, Łukasz, Pawelczyk, Joanna and Jane Sunderland. 2015. *Gender and sexuality in English language education: Focus on Poland*. London: British Council.

Patino, Adriana. 2019. "Reflexivity", in Karin Tusting (ed.) *The Routledge handbook of linguistic ethnography.* London: Routledge, 213-228.

Paulus, Trena, Hebah Al-Khateeb, Jessica Lester, Rick Hess and Alicia Williams. 2023. "A discourse analysis of suicide ideation assessment among first year health professional students enrolled in a communications course", *Qualitative Health Communication 2*, 1: 73-89.

Pawelczyk, Joanna and Małgorzata Talarczyk. 2017. "'What should a woman do and imagine to have bulimia?': Co-constructing patient expertise in psychotherapy with bulimia patients", *Communication & Medicine* 14: 135-149.

Pawelczyk, Joanna. 2011. *Talk as therapy. Psychotherapy in a linguistic perspective.* Berlin/Boston: Mouton de Gruyter.

Pawelczyk, Joanna. 2013. "Coping online with loss: Implications for offline clinical contexts", *Language@Internet* 10: article 8.

Pawelczyk, Joanna. 2017. "'It wasn't because a woman couldn't do a man's job': Uncovering gender ideologies in the context of interviews with American female and male war veterans", *Gender and Language*, *11*, 1: 121-150.

Pawelczyk, Joanna. 2021. "Unpacking the complexity of gender integration in the U.S. military using discourse analysis: The case of servicewomen's talk around "having to prove themselves"", *Studia Anglica Posnaniensia*, 56, 1: 551-577.

Payne, Sheila, Horn, Sandra and Marilyn Relf. 1999. *Loss and bereavement.* Open University Press, Buckingham.

Peräkylä, Anssi and Marja-Leena Sorjonen. 2012. *Emotion in interaction.* New York: Oxford University Press.

Peräkylä, Anssi. 2004. "Two traditions of interaction research", *British Journal of Social Psychology* 43, 1: 1-20.

Petraki, Eleni, Baker, Carolyn and Michael Emmison. 2007. "Moral versions of motherhood and daughterhood in Greek-Australian family narratives", in: Michael Bamberg, Anna de Fina and Deborah Schiffrin (eds.), *Selves and identities in narrative and discourse.* Amsterdam: John Benjamins, 107-132.

Pettigrew, Thomas. 1979. "Racial change and social policy", *Annals of American Academy of Political and Social Science* 441, 114-131.

Philips, Susan U. 2021. "Using Communities of Practice and ethnography to answer sociolinguistic questions", in Jo Angouri and Judith Baxter (eds.), *The Routledge handbook of language, gender, and sexuality*. New York:Routledge , 136-149.

Pichler, Pia and Eva Eppler. 2009. *Gender and spoken interaction.* Basingstoke and New York: Palgrave Macmillan.

Pointer, Lindsey. 2020. *The restorative justice ritual*. (1st edition.) Milton Park, Abingdon, Oxon ; New York, NY: Routledge.

Pollock, Della. 1999. *Telling bodies, performing birth: Everyday narratives of childbirth*. New York: Columbia University Press.

Pomerantz, Anita and John Heritage. 2013. "Preference", in: Jack Sidnell and Tanya Stivers (eds.), *The handbook of conversation analysis*. West Sussex: Blackwell Publishing Ltd, 210-229

Pomerantz, Anita. 1978. "Compliment responses*:* Notes on the cooperation of multiple constraints*"*, in: Jim Schenkein, (ed.), *Studies in the organization of conversational interaction*. New York: Academic Press, 79-*112*.

Pomerantz, Anita. 1980. "Telling my side: "Limited access" as a fishing device"*, Sociological Inquiry* 50, 3-4: 186-198.

Pomerantz, Anita. 1986. "Extreme case formulations: A way of legitimizing claims", *Human Studies* 9: 219-230.

Potter, Jonathan and Alexa Hepburn. 2005. "Qualitative interviews in psychology: Problems and possibilities", *Qualitative Research in Psychology* 2, 281-307.

Potter, Jonathan and Alexa Hepburn. 2008. "Discursive constructionism", in: James Holstein and Jaber Gubrium (eds.), *Handbook of constructionist research*. New York: Guilford Press, 275-293.

Potter, Jonathan and Alexa Hepburn. 2012. "Eight challenges for interview researchers", in: Jaber F. Gubrium & James A. Holstein (eds.), *The SAGE handbook of interview research: The complexity of the craft*. Thousand Oaks, CA: SAGE Publications, Inc., 555-570.

Potter, Jonathan and Derek Edwards. 2001. "Discursive social psychology", in: Peter Robinson and Howard Giles (eds.), *The new handbook of language and social psychology*. London: John Wiley, 103-118.

Potter, Jonathan and Margaret Wetherell. 1987. *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage Publications Ltd.

Potter, Jonathan and Michael Mulkay. 1985. "Scientists'interview talk: Interviews as a technique for revealing participants' interpretative practices", in: Michael Brenner, Jennifer Brown and David Canter (eds.), *The interview: Uses and approache*s. London: Academic Press, 247-271.

Potter, Jonathan. 1996. *Representing reality discourse, rhetoric and social construction*. London Thousand Oaks, California: Sage.

Previtali, Federica, Pirjo Nikander and Johanna Ruusuvuori. 2023. "Ageism in job interviews: Discreet ways of building co-membership through age categorisation", *Discourse Studies* 25, 1: 25-50.

Rando, Therese. 1984. *Grief, dying and death*. Illinois: Research Press.

Rando, Therese. 1991. "Parental adjustment to the loss of a child", in: Danai Papadatou and Constantine Papadatos (eds.), *Children and death*. New York: Hemisphere Publishing, 233-253.

Rando, Therese. 1993. *Treatment of complicated mourning*. Champaign, IL: Research Press.

Rapley, Timothy John. 2001. "The art(fulness) of open-ended interviewing: Some considerations on analysing interviews", *Qualitative Research* 1, 3: 303-323.

Reimers, Eva. 2003. "A reasonable grief - discursive constructions of grief in a public conversation on raising the shipwrecked M/S Estonia", *Mortality* 8, 4: 325-341.

Reinharz, Shulamit. 1992. *Feminist methods in social research*. New York: Oxford University Press, Inc.

Reisigl, Martin and Ruth Wodak. 2000. *The semiotics of racism. Approaches in critical discourse analysis*. Vienna: Passagen.

Reynolds, Andie. 2013. Community development as competing discourses: Using poststructuralist discourse theory to deconstruct UK community development praxis. [Paper presented at The call to community: Poststructural thought and tolitical alternatives, University of Manchester.].

Ribbens McCarthy, Jane. 2006. *Young people's experiences of loss and bereavement: Towards an interdisciplinary approach*. Maidenhead, UK: Open University Press.

Riches, Gordon and Pam Dawson. 1996. "Communities of feeling: The culture of bereaved parents", *Mortality* 1, 2: 143-162.

Riessman, Catherine Kohler. 1990a. *Divorce talk: Women and men make sense of personal relationships*. New Brunswick, NJ: Rutgers University Press.

Riessman, Catherine Kohler. 1990b. "Strategic uses of narrative in the presentation of self and illness", *Social Science and Medicine* 30, 11: 1195-1200.

Riessman, Catherine Kohler. 1991. "Beyond reductionism: Narrative genres in divorce accounts", *Journal of Narrative and Life History* 1, 1: 4l-68.

Riessman, Catherine Kohler. 1993. *Narrative analysis, qualitative research methods* (Volume 30). Newbury Park, London and New Delhi: Sage.

Riessman, Catherine Kohler. 2001. "Analysis of personal narratives", in: Jaber Gubrium and James Holstein (eds.), *Handbook of interview research*. Thousand Oaks, CA: Sage, 695-710.

Riessman, Catherine K. 2021. "Looking back, looking forward", *Narrative Works 10*, 117-124.

Rodgers, Ornaith. 2015. ""Relinquish the reins": Persuasion and consensus in the discourse of pregnancy and childbirth advice literature", *Women and Birth* 28: 40-46.

Roen, Katrina, Jonathan Scourfield and Elizabeth McDermont. 2008. "Making sense of suicide: A discourse analysis of young people's talk about suicidal subjecthood", *Social Science and Medicine* 67, 12: 2089-2097.

Root, Robin and C.H. Browner. 2001. "Practices of the pregnant self: Compliance with and resistance to prenatal norms", *Culture, Medicine and Psychiatry* 25, 2: 195-223.

Rosaldo, Renato. 1989. "Introduction: Grief and the headhunter's rage", in: Renato Rosaldo (ed.), *Culture and truth: The remaking of social analysis*. Boston, MA: Beacon Press, 1-21.

Rosaldo, Renato. 1993. *Culture and truth: The remaking of social analysis*. Boston: Beacon.

Rosenberg, B.G. and Brian Sutton Smith. 1972. *Sex and identity*. New York: Holt, Rinehart, and Winston.

Rosenkrantz, Paul, Susan Vogel, Helen Bee, Inge Broverman and Donald M. Broverman. 1968. "Sex-role stereotypes and self-concepts in college students", *Journal of Consulting and Clinical Psychology* 32, 3: 287-295.

Rosenkrantz, Paul , Helen Bee, Susan R. Vogel and Inge K. Broverman. 1968. "Sex-role stereotypes and self-concepts in college students", *Journal of Consulting & Clinical Psychology* 32, 3: 287-295.

Roulston, Kathryn. 2004. "Ethnomethodological and conversation analytic studies", in: Kathleen deMarrais and Stephen Lapan (eds.), *Foundations for research: Method of inquiry in education and the social sciences*. Mahwah, NJ: Lawrence Erlbaum, 139-160.

Roulston, Kathryn. 2019. "Introduction: Examining the social practices of interviewing", in: Kathryn Roulston (ed.), *Interactional studies of qualitative research interviews*. Amsterdam/Philadelphia: John Benjamins Publishing, 3-27.

Ruusuvuori, Johanna. 2013. "Emotion, affect and conversation", in: Jack Sidnell and Tanya Stivers (eds.), *Handbook of conversation analysis*. Chichester: Wiley-Blackwell, 330-349.

Sacks, Harvey, Emanuel Schegloff and Gail Jefferson. 1974. "A simplest systematics for the organization of turn-taking for conversation", *Language* 50, 4: 696.

Sacks, Harvey. 1967. "The search for help: no one to turn to", in: Edwin Shneidman (ed.), *Essays in self destruction.* New York: Science House, 203-23.

Sacks, Harvey. 1992. *Lectures on conversation* (volume 1 and 2). Oxford: Basil Blackwell.

Sacks, Harvey. 1995. *Lectures on conversation* (volume 1 and 2). Oxford: Blackwell.

Sahadi, Jeanne. 2016. Stunning lack of women in corporate leadership roles worldwide. (https://money.cnn.com/2016/02/08/pf/women-corporate-leadership/) (date of access: 2 June 2017).

Salih, Sara. 2003. *Judith Butler*. London and New York: Routledge.

Samuelsson, Margaret, Ingela Radestad and Kerstin Segesten. 2001. "A waste of life: Fathers' experience of losing a child before birth", *Birth* 28, 2: 124-130.

Sandelowski, Margarete. 1991. "Telling stories: Narrative approaches in qualitative research", *The Journal of Nursing Scholarship* 23, 3: 161-166.

Sandlund, Erica. 2004. Feeling by doing: the social organization of everyday emotions in academic talk-in-interaction. [Unpublished Doctoral dissertation, Department of English, Karlstad University.].

Sarangi, Srikant and Celia Roberts. 1999. *Talk, work and institutional order: Discourse in medical, mediation and management settings*. Berlin: Mouton de Gruyter.

Sarangi, Srikant. 2017. "Editorial: En'gaze'ment with text and talk", *Text & Talk* 37, 1: 1-23.

Sarangi, Srikant. 2010. "Healthcare interaction as an expert communicative system: an activity analysis perspective", in: Jürgen Streeck (ed.), *New adventures in language and interaction. Pragmatics and beyond new series*. Amsterdam: John Benjamins, 167-197.

Schegloff, Emanuel, Gail Jefferson and Harvey Sacks. 1977. "The preference for self- correction in the organization of repair in conversation", *Language* 53, 2: 361-382.

Schegloff, Emanuel. 1968. "Sequencing in conversational openings", *American Anthropologist* 70, 6: 1075-1095.

Schegloff, Emanuel. 1987. "Analyzing single episodes of interaction: An exercise in conversation analysis", *Social Psychology Quarterly* 50, 2: 101-114.

Schegloff, Emanuel. 1989. "Reflections on language, development, and the interactional character of talk-in-interaction", in: Marc Bornstein and Jerome Bruner (eds.), *Interaction in human development.* Lawrence Erlbaum Associates, 139-153.

Schegloff, Emanuel. 1997. "Whose text? Whose context", *Discourse and Society* 8, 2: 165-187.

Schegloff, Emanuel. 2000. "When "others" initiate repair", *Applied Linguistics* 21, 2: 205-243.

Schegloff, Emanuel. 2007. *Sequence organization in interaction: A primer in conversation analysis* (Volume 1). Cambridge: Cambridge University Press.

Schegloff, Emanuel. 1999. "Discourse, pragmatics, conversation, analysis", *Discourse Studies* 1, 4: 405－435.

Schiffrin, Deborah. 1987. *Discourse markers* (Volume 5). Cambridge: Cambridge University Press.

Schiffrin, Deborah. 1992. "Anaphoric then: Aspectual, textual and epistemic meaning", *Linguistics* 30, 4: 753-92.

Schiffrin, Deborah. 1994. *Approaches to discourse*. Oxford: Blackwell.

Schnurr, Stephanie and Nor Azikin Mohd Omar. 2021. "More than builders in pink shirts: Identity construction in gendered workplaces", in Jo Angouri and Judith Baxter (eds.), *The Routledge handbook of language, gender, and sexuality*. Routledge: New York, 197-211.

Schnurr, Stephanie and Olga Zayts. 2011. "Be(com)ing a leader: A case study of co-construting identities at work", in: Jo Angouri and Meredith Marra (eds.), *Constructing identities at work*. Houndmills: Palgrave, 40-60.

Schuman, Amy. 2005. *Other people's stories: Entitlement claims and the critique of empathy.* Urbana, IL: University of Illinois Press.

Schur, Edwin M.. 1984. *Labeling women deviant*: *Gender, stigma, and social control.* New York: Random House.

Seale, Clive. 1998. "Qualitative interviewing", in: Clive Seale (ed.), *Researching society and culture.* London: Sage, 202-216.

Searle, John. 1965 "What is a speech act?", in: Max Black (ed.), *Philosophy in America*. Ithaca, New York: Cornell University Press, 221-239.

Searle, John. 1969. *Speech acts. An essay in the philosophy of language*. Cambridge: Cambridge University Press.

Searle, John. 1975. "Indirect speech acts", in: Peter Cole and Jerry Morgan (eds.), *Syntax and semantics volume 3: Speech Act.* New York: Academic Press, 59-82.

Shamir, Milette and Jennifer Travis. 2002. *Boys don't cry? Rethinking narratives of masculinity and emotion in the US.* New York: Columbia.

Shattuck, Julie. 1996. The interplay between EFL textbooks, teacher behaviour and gender. [Unpublished MA dissertation, Lancaster University.].

Shildrick, Margrit. 1996. "Judith Butler", in: Stuart Brown, Dina Collinson and Robert Wilkinson (eds.), *Blackwells Biographical Dictionary of Twentieth-Century Philosophers.* Oxford: Blackwell, 117-118.

Shoff, Carla and Tse-Chuan Yang. 2013. "Understanding maternal smoking during pregnancy: does residential context matter?", *Social Science & Medicine* 78, C: 50-60.

Siegel, Derek P. 2021. "Wanting a "feminist abortion experience": Emotion work, collective identity, and pro-choice discourse", *Sociological Forum* 36: 471-490.

Silfver, Eva, Allison J. Gonsalves, Anna T. Danielsson and Maria Berge. 2022. "Gender equality as a resource and a dilemma: interpretative repertoires in engineering education in Sweden", *Gender and Education* 34, 8: 923-939.

Silverman, David. 1993. *Interpreting qualitative data: Methods for analysing talk, text and interaction.* London: Sage Publications.

Silverman, David. 1997. *Discourses of counselling: HIV counselling as social interaction.* London: Sage.

Silverstein, Michael. 2006. "Pragmatic indexing", in: Keith Brown (ed.), *Encyclopaedia of language and linguistics, 2ⁿᵈ Edition, Volume 6.* Amsterdam: Elsevier, 14-17.

Sinclair, John McHard and John McHard Coulthard. 1975. *Toward an analysis of discourse: the English used by teachers and pupils.* Oxford University Press.

Sinclair, Amanda. 1998. *Doing leadership differently. Gender, power and sexuality in a changing business culture.* Melbourne, Australia: Melbourne University.

Skalle, Camilla Erichsen and Anje Müller Gjesdal. 2021. *Transnational narratives of migration and exile. Perspectives from the humanities.* Oslo: Scandinavian University Press.

Smith, David. 2018. Michelle Obama reveals miscarriage and condemns 'reckless' Trump in new book. (https://www.theguardian.com/us-news/2018/nov/09/michelle-obama-book-miscarriage-ivf-treatment-trump) (date of access: 5 June 2022).

Smithson, Janet and Elizabeth H. Stokoe. 2005. "Discourses of work–life balance: Negotiating 'genderblind' terms in organizations", *Gender, Work & Organization* 12, 2: 147-168.

Smrdelj, Rok and Mojca Pajnik. 2022. "Intersectional representation in online media discourse: reflecting anti-discrimination position in reporting on same-sex partnerships", *Gender, Technology and Development* 26, 3: 463-484.

Sokalska-Bennett, Aleksandra. 2017. "'Imagine a boy who is adopted by a pair of lesbians (poor little sod)…': A membership categorisation analysis of online comments on same-gender adoption:", *Journal of Language and Sexuality* 6, 1: 61-89.

Speer, Susan and Elizabeth Stokoe. 2011. *Conversation and gender*. Cambridge: Cambridge University Press.

Spender, Dale. 1980. *Man made language*. London: Routledge.

Stake, Robert E. 2022. *The art of case study re*search. Thousand Oaks, London, New Delhi: SAGE Publications Inc.

Steffan, Belinda. 2021. "Managing menopause at work: The contradictory nature of identity talk", *Gender, Work and Organisation* 28: 195-214.

Stivers, Tanya and Jeffrey Robinson. 2006. "A preference for progressivity in interaction", *Language in Society* 35, *3:* 367-392.

Stivers, Tanya. 2013. "Sequence organisation", in: Jack Sidnell and Tanya Stivers (eds.), *Handbook of conversation analysis*. Chichester: Wiley-Blackwell, 191-209.

Stockill, Clare and Celia Kitzinger. 2007. "Gendered 'people': How linguistically non-gendered terms can have gendered interactional relevance", *Feminism and Psychology*, 17: 2, 224-236.

Stokoe, Elizabeth and Janet Smithson. 2001. "Making gender relevant: Conversation analysis and gender categories in interaction", *Discourse and Society* 12, 2: 243-269.

Stokoe, Elizabeth H. and Jodi Wallwork. 2003. "Space invaders: The moral-spatial order in neighbour dispute discourse", *British Journal of Social Psychology* 42, 4: 551-569.

Stokoe, Elizabeth. 2003a. "Doing gender, doing categorisation: Recent developments in language and gender research", *Interactional Sociolinguistics* 2, 1: 1-12.

Stokoe, Elizabeth. 2003b. "Mothers, single women and sluts: Gender, morality and membership categorization in neighbour disputes", *Feminism and Psychology* 13, 3: 317-344.

Stokoe, Elizabeth. 2006. "On ethnomethodology, feminism, and the analysis of categorial reference to gender in talk-in-interaction", *The Sociological Review* 54, 3: 467-494.

Stokoe, Elizabeth. 2009. *"Doing actions with identity categories: Complaints and denials in neighbour disputes", Talk and Text* 29, 1: 75-97.

Stokoe, Elizabeth. 2012a. "Categorial systematics", *Discourse Studies*, 14, 3: 345-354.

Stokoe, Elizabeth. 2012b. "Moving forward with membership categorization analysis: Methods for systematic analysis", *Discourse Studies*, 14, 3: 277-303.

Stoppard, Janet M.. 2000. *Understanding depression: Feminist social constructionist approaches*. London: Routledge.

Stroebe, Wolfgang and Margaret Stroebe.1987. *Bereavement and health.* Cambridge, England: Cambridge University Press.

Stommel, Wyke, Harry van Goor and Martijn Stommel. 2019. "Other-attentiveness in video consultation openings: A conversation analysis of video-mediated versus face-to-face consultations", *Journal of Computer-Mediated Communication* 24, 6: 275-292.

Stubbe, Maria, Chris Lane, Jo Hilder, Bernadette Vine, Meredith Marra, Janet Holmes and Ann Weatherall. 2003. "Multiple discourse analyses of a workplace interaction", *Discourse Studies* 5, 3: 351-388.

Sullivan, Cath. 2015. "'Bad mum guilt': the representation of 'work-life balance' in UK women's magazines, Community", *Work & Family* 18, 3: 284-298.

Sunderland, Jane, Cowley, Maire, Abdul Rahim, Fauziah, Leontzakou, Christina and Julie Shattuck. 2002. "From representation towards discursive practices: gender in the foreign language textbook revisited", in: Lia Litosseliti and Jane Sunderland (eds.), *Gender identity and discourse analysis*. Amsterdam, Philadelphia: John Benjamins: 223-255.

Sunderland, Jane. 1994. *Exploring gender: Questions and implications for English language education*. New York: Prentice Hall.

Sunderland, Jane. 2000. "Baby entertainer, bumbling assistant and line manager: Discourses of fatherhood in parentcraft texts", *Discourse and Society* 11, 2: 249-274.

Sunderland, Jane. 2000. "Baby entertainer, bumbling assistant and line manager: discourses of fatherhood in parentcraft texts", *Discourse and Society* 11, 2: 249-274.

Sunderland, Jane. 2004. *Gendered discourse*. New York: Palgrave Macmillan.

Sunderland, Jane. 2006. "'Parenting' or 'mothering': The case of modern childcare magazines", *Discourse and Society* 17, 4: 503-528.

Sunderland, Jane. 2006. "'Parenting' or 'mothering': The case of modern childcare magazines'", *Discourse and Society* 17, 4: 503-528.

Sutherland, Olga, Andrea LaMarre, Carla Rice, Laura Hardt and Nicole Jeffrey. 2016. "Gendered patterns of interaction: A Foucauldian discourse analysis of couple therapy", *Contemporary Family Therapy* 38: 385-399.

Sutherland, Olga, Forbes, Laura, Hodgson, Blair and Kelvie McLaren. 2014. "Digital actualisations of gender and embodiment: Microanalysis of online pregnancy discourse", *Women's Studies International Forum* 47, A: 102-114.

Sveen, Carl-Aksel and Fredrik Walby. 2008. "Suicide survivors' mental health and grief reactions: A systematic review of controlled studies". *Suicide and life-threatening behavior* 38, 1: 13-29.

Talbot, Mary M. 1997. "'Randy fish boss branded a stinker': coherence and the construction of masculinities in a British tabloid newspaper", in: Sally Johnson and Ulrike Hanna Meinhof (eds.), *Language and masculinity*. Oxford: Blackwell, 173-187.

Tannen, Deborah. 1982. *Analyzing discourse text and talk.* Georgetown University round table on languages and linguistics 1981. Washington: Georgetown University Press.

Tannen, Deborah. 1986. *That's not what I meant*!: *How converstional style makes or breaks your relations with others*. New York: William Morrow.

Tannen, Deborah. 1990. *You just don't understand: women and men in conversation*. New York: William Morrow.

Taylor, Janelle S. 2008. *The public life of the fetal sonogram: Technology, consumption, and the politics of reproduction*. Piscataway, NJ: Rutgers.

Taylor, John. 1989. *Linguistic categorization: Prototypes in linguistic theory*. Oxford: Clarendon Press.

Tennent, Emma and Ann Weatherall. 2021. "Performance in action: Walking as gendered construction practice in drag king workshops", in Jo Angouri and Judith Baxter (eds.), *The Routledge handbook of language, gender, and sexuality*. Routledge: New York, 258-271.

Tiidenberg, Katrin and Nancy K. Baym. 2017. Learn it, buy it, work it: Intensive pregnancy on Instagram. *Social Media + Society* 3, 1.

Tileaga, Cristian and Elizabeth Stokoe 2015. "Introduction: The evolution of discursive psychology: from classic to contemporary themes", in: Christian Tileaga and Elizabeth Stokoe (eds.), *Discursive psychology: Classic and contemporary issues*. Abingdon, Oxon: Routledge, 1-12.

Törrönen, Jukka and Kalle Tryggvesson. *2015*. "Alcohol, health, and reproduction", *Critical Discourse Studies* 12, 1: 57-77.

Tracy, Karen. 2002. *Everyday talk: Building and reflecting identities*. New York: Guilford Press.

Uchida, Aki. 1998. "The orientalization of Asian women", *Women's Studies International Forum* 21, 2: 161-174.

Ussher, Jane M. 2006. *Managing the monstrous feminine: Regulating the reproductive body*. London: Routledge.

Valentine, Christine. 2008. *Bereavement narratives: Continuing bonds in the twenty-first century*. London: Routledge.

Van den Berg, Merel M., Merel C van Maarle MC, Madelon van Wely and Mariëtte Goddijn. 2012. "Genetics of early miscarriage", *Biochim Biophys Acta,* 1822(12):1951-9.

Van Dijk, Teun 2009."Critical discourse studies: A sociocognitive approach", in: Ruth Wodak and Michael Meyer (eds.), *Methods of critical discourse analysis*. London: Sage, 62-86.

Van Dijk, Teun. 1989. "Mediating racism: The role of the media in the reproduction of racism", in: Ruth *Wodak* (ed.), *Language, power, and ideology. Studies in political discourse.* Amsterdam Philadelphia: J. Benjamins, 199-226.

Van Dijk, Teun. 1993. "Discourse, power and access", in: Carmen Rosa Caldas (ed.), *Studies in critical discourse analysis*. London: Routledge, 84-104.

Van Leeuwen, Theo. 1995. "Representing social action", *Discourse and Society* 6, 1: 87-107.

Watson, Rod. 1997. "Some general reflections on 'categorization' and 'sequence' in the analysis of conversation", in Hester, Stephen and Peter Eglin (eds.), *Culture in action: studies in membership categorization analysis*. Washington, D.C., University Press of America: 49-76.

Weatherall, Ann and Maria Stubbe. 2015. "Emotions in action: Telephone-mediated dispute resolution", *British Journal of Social Psychology* 54, 2: 273-290.

Weatherall, Ann. 2002. "Towards understanding gender and talk-in-interaction", *Discourse & Society* 13, 6: 767-781.

Weatherall, Ann. 2002. *Gender, language and discourse*. London, England: Routledge.

Weaver-Hightower, Marcus. 2012. "Waltzing Matilda: An autoethnography of a father's stillbirth", *Journal of Contemporary Ethnography* 41, 4: 462-491.

Weinstein, Jeremy. 2008. *Working with loss, death and bereavement: A guide for social workers*. Los Angeles: Sage Publications.

Wells, Kathleen. 2010. "A narrative analysis of one mother's story of child custody loss and re-gain", *Children and Youth Services Review* 33, 3: 439-447.

Wenger, Etienne. 1998. "Communities of practice: Learning, meaning and identity", *Journal of Mathematics Teacher Education* 6, 2: 185-194.

West, Candance and Don Zimmerman. 1983."Small insults: a study of interruptions in cross-sex conversations between unacquainted persons", in: Barrie Thorne, Cheris Kramare and Nancy Henley (eds.), *Language, Gender and Society*. Rowley, MA: Newbury House, 102-117.

West, Candance and Don Zimmerman. 1987. "Doing gender", *Gender and Society* 1, 2: 125-151.

Wetherell, Margaret and Potter, Johathan. 1992. *Mapping the language of racism: Discourse and the legitimation of exploitation*. London: Harvester Wheatsheaf and Columbia University Press.

Wetherell, Margaret, Hilda Stiven and Jonathan Potter. 1987. "Unequal egalitarians: a preliminary study of discourses concerning gender and employment opportunities", *British Journal of Social Psychology* 26: 59-71.

Wetherell, Margaret. 1998. "Positioning and interpretative repertoires: Conversation analysis and post-structuralism in dialogue", *Discourse and Society* 9, 3: 387-412.

Whittle, Andrea and Frank Mueller. 2010. "Strategy, enrolment and accounting: The politics of strategic ideas", *Accounting, Auditing and Accountability Journal*, 23, 5: 626-646.

Widdicombe, Sue. 2015. "Some relevant things about gender and other categories in discursive psychology", in: Cristian Tileagă and Elizabeth Stokoe (eds.), *Discursive psychology: Classic and contemporary issues*. Abingdon, Oxon: Routledge, 194-209.

Wiggins, Sally and Jonathan Potter. 2008. *"*Discursive psychology", in*: Carla Willig and Wendy Stainton-Rogers (eds.), *The SAGE handbook of qualitative research in psychology.* London: Sage Publications Ltd, 72-89.

Wiggins, Sally. 2017. *Discursive psychology: Theory, method and applications*. London: Sage Publications Ltd.

Wigginton, Brita and Michelle N. Lafrance. 2015. "How do women manage the spoiled identity of a 'pregnant smoker'? An analysis of discursive silencing in women's accounts", *Feminism and Psychology* 26, 1: 30-51.

Wigginton, Britta and Michelle Lafrance. 2016. "How do women manage the spoiled identity of a 'pregnant smoker'? An analysis of discursive silencing in women's accounts", *Feminism and Psychology* 26, 1: 30-51.

Wilkinson, Sue and Celia Kitzinger. 2011. "Conversation analysis", in: Ken Hyland and Brian Paltridge (eds.), *Continuum companion to discourse analysis*. London: Continuum, 22-37.

Wilkinson, Sue and Celia Kitzinger. 2003. "Constructing identities: A feminist conversation analytic approach to positioning in action", in: Rom Harré and Fathali Moghaddam (eds.), *The self and others: Positioning individuals and groups in personal, political, and cultural contexts*. Westport, CT: Praeger, 157-180.

Wilkinson, Sue and Celia Kitzinger. 2006. "Surprise as an interactional achievement: Reaction tokens in conversation", *Social Psychology Quarterly* 69, 2: 150-182.

Wilkinson, Sue and Celia Kitzinger. 2008. "Using conversation analysis in feminist and critical research", *Social and Personality Psychology Compass* 2, 2: 555- 573.

Williams, Kate, Kurz, Tim, Summers, Mark and Shona Crabb. 2012. "Discursive constructions of infant feeding: The dilemma of mothers' 'guilt'", *Feminism & Psychology* 23, 3: 339-358.

Wing, David, Burge-Callaway, Katherine, Rose Clance, Pauline and Lisa Armistead. 2001. "Understanding gender differences in bereavement following the death of an infant: Implications for treatment", *Psychotherapy* 38, 1: 60-73.

Wodak, Ruth and Michael Meyer. 2008. *Methods for critical discourse analysis*. London: Sage.

Wood, Linda A. and Rolf O. Kroger. 2000. *Doing discourse analysis: Methods for studying action in talk and text*. London: Sage Publications.

Woollett, Anne and Ann Phoenix. 1991. "Psychological views of mothering", in: Ann Phoenix, Anne Woollett and Eva Lloyd (eds.), *Motherhood: meanings, practices and ideologies*. London: Sage Publications, 28-46.

Worden William. 2009. *Grief counselling and grief therapy a handbook for the mental health practitioner*. New York: Springer Publishing Company.

Worden, William. 1991. *Grief counselling and grief therapy: A handbook for the mental health practitioner*. New York: Springer.

Worell, Judith. 2002. *Encyclopedia of women and gender: Sex similarities and differences and the impact of society on gender*. San Diego, CA: Academic Press.

Wortham, Stanton. 2000. "Interactional positioning and narrative self-construction", *Narrative Inquiry* 10, 1: 157-184.

Yin, Robert K. 2022. *Case study research and applications*. Los Angeles, London: SAGE Publications Inc.

Yopo Díaz, Martina. 2021. "The biological clock: Age, risk, and the biopolitics of reproductive time", *Sex Roles* 84, 11: 765-778.

Yorburg, Betty. 1974. *Sexual identity, sex roles and social change*. New York: John Wiley and Sons.

Young, Katharine Galloway. 1987. *Tale worlds and story realms: The phenomenology of narrative*. Boston: Martins Nijhoff.

Zimmerman, Don. and Candace West. 1975. "Sex roles interruptions and silences in conversations", in: Barrie Thorne and Nancy Henley (eds.) *Language and sex: Difference and dominance.* Rowley, MA: Newbury House, 105-129.

Zimmerman, Don. 1992. "The interactional organization of calls for emergency assistance", in: Paul Drew and John Heritage (eds.), *Talk at work: Social interaction in institutional settings*. Cambridge: Cambridge University Press, 418 — 469.

Ziółkowska, Justyna, Galasiński, Dariusz and Natalia Bajkowska. 2015. "Continuing bonds from a discourse analytic perspective", *Polish Psychological Bulletin* 46, 4: 587-593.

Appendices

Appendix A: Advert posted on a miscarriage forum

I am currently writing my PhD on women's experiences of miscarriage. For personal reasons, I am hoping to somehow contribute to the breaking of the taboo over talking about miscarriage in public and improving the care received after.

As part of my project I am interviewing women who have experienced miscarriages and I am now trying to find more women who have experienced loss/es and are who willing to talk to me about it.

If you or anyone you know would be willing to be interviewed, could you please pass my contact details onto them: **aleksandra.bennett@gmail.com**

If you would like more details about my project or you would like to contact my supervisor, please use the email provided as well.

Many thanks,

Aleksandra

Appendix B: Discussion topics and question prompts used for interviews

Introduction
1. Do you think that miscarriage is a taboo topic?
2. Why are the media silent on the topic of miscarriage?
3. Why do you think people do not talk about it openly?

The circumstances of the loss
4. When did you find out that you miscarried?
5. What were the circumstances?
6. Did you go to hospital/clinic?
7. Did you go back to work quickly after?

Hospital experience and help received
8. Did you have good experiences in the hospital?
9. What help did you receive?
10. Did doctors/nurses help you?
11. Did doctors see you as a patient or a bereaved mother?
12. Do you think women should be seen as mothers or patients? Do you think the help received would be different?
13. Did you receive help from a psychologist in the hospital?
14. Did you receive any professional help outside the hospital? Was it offered?

Reactions of people
15. Did you tell many people about it? Who knew about it?
16. How did people react after you told them that you miscarried?
17. Do you think that people realized what you were though after a miscarriage?
18. Do you think men understand the loss?
19. Did someone ever invalidate or minimise your experience?
20. What support from people did you receive?

Reactions of family
21. Do you think that you miscarriage influenced the whole family?
22. How did your family members react?
23. What kind of support did you receive from them?
24. Who offered you the most sympathy/empathy?
25. Did you meet with any negative/upsetting reactions?

Coping

26. How did you cope with your loss?
27. Do you think men and women cope differently?
28. What helped you the most?
29. Did you grieve?
30. If yes, how was this grief different from that of a different family member?

Closing

31. What would you advise women who miscarried?
32. How can bereaved women be helped? How could help in England be improved?

Appendix C: Glossary of transcript symbols (Hutchby 2007:ix-x)

(0.5)	Numbers in brackets indicate a gap timed in tenths of a second.
(.)	A dot enclosed in brackets indicates a 'micropause' of less than one tenth of a second.
=	Equals signs are used to indicate 'latching' or absolutely no discernible gap between utterances; or to show the continuation of a speaker's utterance across intervening lines of transcript.
[ ]	Square brackets indicate the points where overlapping talk starts (left bracket) and ends (right bracket). Although the start of an overlap is always marked, the end is only sometimes marked.
[[	Double left square brackets indicate turns that start simultaneously.
(( ))	Double brackets are used to describe a non-verbal activity: for example ((banging sound)). They are also used to enclose the transcriber's comments on contextual or other relevant features.
( )	Empty brackets indicate the presence of an unclear utterance or other sound on the tape.
.hhh	h's preceded by a dot are used to represent audible inward breathing.
hhhh	The more h's, the longer the breath. h's with no preceding dot are used in the same way to represent outward breathing.
huh heh hih	Laugther is transcribes using 'laugh tokens' which, as far as the transcriber is able, represent the individual sounds that speakers make while laughing.
sou:::nd	Colons indicate the stretching of a sound or a word. The more colons the greater the extent of the stretching.
so- . ,	A dash indicates a word suddenly cut-off during an utterance. Punctuation marks are not used grammatically, but to indicate prosodic aspects of the talk. A full stop indicates a falling tone; commas indi-

?	cate fall-rise or rise-fall (i.e. a 'continuing' tone); question marks indicate a marked rising tone.
↑↓	Upward and downward arrows are used to mark an overall rise or fall in pitch across a phrase.
a̲:	Underlining of a letter before a colon indicates a small drop in pitch during a word.
a:̲	Underlining of a colon after a letter indicates a small rise in pitch at that point in the word.
Underline	Other underlining indicates speaker emphasis. Words may be underlined either in part or in full, depending on the enunciation.
CAPITALS	Capitals mark a section of speech markedly louder than that surrounding it.
→	Arrows in the left margin point to specific parts of the transcript discussed in the text.
° °	Degree signs are used to indicate that the talk between them is noticeably quieter than surrounding talk.
< >	Outward chevrons are used to indicate that the talk between them is noticeably slower than surrounding talk.
> <	Inner chevrons are used to indicate that the talk between them is noticeably quicker than surrounding talk.