

ARTICLE

What Remains? Rethinking Feminist Theories of Pregnant Embodiment through the Symbolic Language and Lived Experience of Pregnancy Loss

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Abstract

When people reach for symbolic language like metaphor in an effort to express their understanding of a complex experience like baby and pregnancy loss it is usually because everyday language is inadequate. We demonstrate how an analysis of people's accounts of stillbirth, miscarriage and termination for fetal anomaly collected in England suggests a variety of explanations for "what remains" after pregnancy loss. These include bodily traces, ashes, symbolic objects, and social relationships: a range indicative of the different physical, material, and affective elements that inform how a person understands bodily and temporal separation after pregnancy loss. We engage with the work of feminist philosophers who critique models of pregnant embodiment; those who propose parthood, and theorists who argue for more complex models of intercorporeal relationality. We then discuss insights from linguistics about embodied cognition and metaphorical language. Paying critical attention to symbolic language, combined with feminist thinking about intercorporeality, offers a methodology for analyzing the embodied metaphors that people use when they talk about their experiences of pregnancy loss. These articulations about "what remains" support our claim that the intercorporeal model of embodiment should be extended spatially and temporally beyond the moment of physical separation following pregnancy loss.

1. Introduction

"And I literally carry her everywhere now, like we take her upstairs, take her downstairs."

In this quotation, Steph, a cisgendered British woman who had undergone a termination following a diagnosis of fetal anomaly talks about how, following the cremation of her daughter, she kept the ashes in a small box, attached a photograph of

her daughter to the box, and carried it with her literally everywhere she went.¹ Both Steph's actions and her words suggest the depth of the relationship that she feels toward her daughter through a bond that continues beyond death. It also hints at the way in which Steph's sense of self and embodied identity are intertwined in her interaction with "her." The ashes have become metonymic: they are Steph's daughter and thus exceed a clinical or conventional British English understanding of "the remains." For Steph, carrying her daughter's ashes around the home is not so much a ritual or memorial act that occurs after death, but rather a means of making her daughter part of the family and everyday household activities, a form of ongoing interaction with her. In doing so, Steph sustains an emotional and physical connection to her daughter that is analogous to pregnancy ("I literally carry her everywhere"), evocative of post birth relationality, and which is also shared with other family members: "*we* take her upstairs . . ." (emphasis added). Various Eurocentric notions are challenged if we listen to accounts like Steph's; most importantly for the arguments presented in this article: the idea that pregnant embodiment ends with live birth, that is, with the physical separation of two persons and the idea of what it is to experience attachment, physically, emotionally, and socially in the context of pregnancy loss. The analysis presented here nuances understandings of what can be learned about the transformative and identity-shaping nature of pregnant embodiment in the context of reproductive loss. It also contributes to the emergent consideration of kinship in this context whereby women, as Middlemiss describes, "claim . . . their babies as human persons, situated in a kinship system in which they themselves [are] mothers to that person" (Middlemiss 2024, 164).

Specifically, this article contributes to understandings of intercorporeal embodiment in the context of reproductive loss by focusing on the continuing interaction between, in our sample, formerly pregnant women and the remains of the child who was not born alive. By bringing into conversation feminist philosophy and cognitive linguistics we foreground the facets of meaning making in contexts where metaphor and metonymy fill a void in everyday experiential language. It is important to emphasize here that many of the women we interviewed experienced pregnancy loss *as a loss* that prompted various emotions, including grief. However, we recognize that this is by no means the case for everyone. The examples that we draw from in this article reflect the narratives of the cisgendered women who shared their experiences with us, and they do not and cannot represent the wide range of responses that people—parents and others—can have when a pregnancy ends.

The imagery that Steph creates through language is moving to hear and to read, but it also raises intellectual questions that bear closer examination. These questions include: how can consideration of pregnancy and baby loss further theorization of pregnant embodiment? More specifically, how does paying attention to "what remains" as a result of this experience offer critical pathways for understandings of intercorporeality and pregnant embodiment? Often theories of embodiment about pregnancy and pregnancy loss stop at the moment of separateness in the context of live birth. Those accounts which do focus on reproductive loss often don't consider the ongoing entanglements in the context of separation without live birth. However, strong bonds between the parent and the child do not necessarily end at this point, as Steph's actions and words indicate, and these bonds need to be considered in how we conceptualize pregnant embodiment. In the context of pregnancy loss, a parent's physical and emotional attachment to what remains often plays a critical role in the grieving process.² It is not just this frame of bereavement that bears consideration because the ongoing interaction with the remains also gives rise to a sense of self, or inter-subjectivity. As described by Gail Weiss, "the

experience of being embodied is never a private affair, but is always mediated by our continual interactions with other human and nonhuman bodies" (Weiss 1999, 5).

Before going any further we need to explain the language we use, starting with our use of the word "remains." This is a word that has been subject to disquiet in discourse on reproductive loss particularly in the extent to which it is understood in a dehumanizing or de-personifying fashion. We are sensitive to this and mean no disrespect to bereaved families by using the word "remains" or by raising the question, "what remains?" Rather, we wish to attend to all the resonances that the question, "what remains?" holds for the participants who shared their accounts of pregnancy loss and stillbirth with us. In doing so we highlight some of the lasting and "remaining" interactions between family members and their child.³ We learned from our participants that "what remains" may include bodily traces on the formerly pregnant body, ashes (the material remains after cremation), grave markers, emotional relationships with the lost fetus or baby, and objects of mourning (e.g., memory boxes, photos, clothing) that have both tangible and symbolic properties. In this essay, we therefore pursue two questions. First, how do people's accounts about the intercorporeal nature of their experience further our understanding of pregnant embodiment? And second, what does the symbolic language that they employ to describe their experiences of miscarriage, termination for fetal anomaly and stillbirth, and their relationship to "what remains" suggest about that understanding of pregnant embodiment?

We also wish to provide context for the gendered language we use in this article. We use the term "women" to refer to the participants in our study who identified as cisgendered women (see also n. 2). Doing so not only attends to how the participants in our study understood themselves, but also highlights the relevance of gender to the embodied experiences that they are articulating. We also use the terms "woman" and "maternal" if that is the language employed by a philosopher whose work we are discussing. We do, however, wish to affirm that not everyone who experiences pregnancy identifies as a cisgendered woman. When we are considering the wider implications of our analyses, we therefore use the term "pregnant person."

Finally, while acknowledging the extent to which personification of the fetus has the potential to undermine the rights of the pregnant person and mindful of the wider reproductive politics, we use terms such as "child," "daughter," and "son" when they are words used by our research participants. Expressions like "not born child" may be challenging but they also reflect how some of the women understood their experience of pregnancy and their engagement with their fetus. At the same time, we are cognizant of the ways that such terms are employed within the discourse of the anti-abortion movement in the United Kingdom and elsewhere. We want to underline here that our intention is to honour the words and knowledge of our interviewees about their own experiences, rather than give credence to a politics that seeks to reduce or remove a person's rights and choices about their body. Central to the arguments outlined in this article are the needs and wishes of the pregnant person and the previously pregnant person. In a study about the decisions people make when a pregnancy ends, we had to remain alert to the political stakes of language use, as well as to the impact that using particular terms and words might have, for example, on the people we were inviting to talk to us in an interview. In English, there is no everyday language about the ends of pregnancy that is sensitive to all of the wide range of conditions and experiences that people live through. That reality is, in fact, part of the rationale for examining symbolic language use.⁴

When people reach for symbolic language, especially metaphor and metonymy, in an effort to express their understanding of a complex experience like baby and pregnancy loss it is usually because everyday language is inadequate. This article combines philosophical analysis with insights from cognitive linguistics to contribute to and further understandings of pregnant embodiment. More specifically, we show how our analysis of firsthand accounts of pregnancy loss suggests that intercorporeal embodiment should be extended both temporally and spatially beyond normative Eurocentric understandings of pregnancy beginnings and endings. We argue that the model needs to be extended temporally beyond the moment of the death of the baby or fetus, through the initial period of grief and any cremation or burial of the remains. Spatially, the sense of proximity between parent and baby does not cease at the point of physical separation and indeed proximity to the remains can become a proxy for relationality and an ongoing sense of being a parent. Furthermore, for some people in our study, the establishment and sustaining of social relations with the lost baby through, for example, regular or occasional ritual and memory-making practices suggests how certain qualities of pregnant embodiment can be reimagined and shared in relation to bodies that have not been physically entangled with the lost baby. These accounts provide an insight into making real the social life of the “never born” child, an entity Middlemiss describes as being “produced by intercorporeal experience as a separate being, but not necessarily one with independent life” (Middlemiss 2024, 199).

The expansive conceptualization of intercorporeal relationality that emerges from both our theoretical discussion and the analysis of our qualitative data challenges linear, time-limited understandings of pregnant embodiment. The maintenance of physical, social, and emotional bonds are not dependent on the period of gestation at which a pregnancy loss or stillbirth occurs. Moreover, the intensity, as well as the longevity, of these entanglements in some instances presents an ontological challenge to Eurocentric ideas about death as involving a single body, and as a marking off of, or passage into, a different, distinct state from life and from the living.

In this essay, we first set out the theoretical framework that underpins our study. We present a critical overview of understandings of embodiment in feminist philosophy starting with the work of Iris Marion Young through to considerations of pregnant embodiment in the context of pregnancy loss. Specifically, we argue for the value in engaging with what we describe as “embodied liminality” in the context of pregnancy loss (Kuberska *et al.*, 2020). Then we explore how bringing our intercorporeal conceptualization of pregnant embodiment into a dialogue with ideas about embodied cognition (from the field of cognitive linguists) highlights the insights that metaphor (and metonymy) analysis can lend to understandings of embodiment. As Sarah Clark Miller notes “[d]iscerning the moral meanings of pregnancy loss presents a challenge because miscarriage tends to exceed the extant conceptual resources and language we have at the ready. As a liminal event, it involves entities and conditions that slip between recognized categories . . . The implications of miscarriage’s in betweenness for ethics are thorny and profound, rendering standard conceptual resources wanting” (Clark Miller 2015, 142).

We then go on to present our analysis of the firsthand accounts of women, and show how, in order to cater for these varied experiences, the intercorporeal model needs to be extended both temporally and spatially. The data that we discuss are taken from *Death Before Birth*, a socio-legal, linguistic study of how people in England who have experienced miscarriage, termination, and stillbirth reached decisions concerning the disposal of the remains of pregnancy. The project also examined how their perceptions

of the law impacted on their decision-making, and how they communicated their experiences and choices to those who were there to support them (McGuinness and Kuberska 2017; Fuller et al. 2018). Across our larger study we interviewed midwives, funeral professionals, paid and voluntary support workers from the Miscarriage Association, SANDS (a nonprofit that supports people through stillbirth and pregnancy loss), and ARC (Antenatal Results and Choices), as well as people who had been supported by these professionals and agencies. Conversations about choices and decisions regarding funerals and memory-making practices recurred, since several support workers and professionals interviewed had personally experienced pregnancy and baby loss. In this essay, we draw primarily from a subset of the data comprising interviews with 35 people, all of whom had experienced miscarriage, termination for fetal abnormality (hereafter referred to as “termination”), or stillbirth in England a minimum of six months before the interview.⁵ These experiences generally were in the context of a planned or wanted pregnancy although we reject overly binary understandings of pregnancy endings along these lines (Browne 2023, 16). Specifically in the context of our arguments, as Browne argues, the intercorporeal model applies to “a spectrum of pregnancy” experiences (2018, 41), “regardless of how consciously willed or nurtured a pregnancy may be” (34).

Many people who we interviewed had to make choices about the remains of pregnancy or their baby’s body in circumstances they had never imagined because discussion of miscarriage, termination for fetal anomaly, and stillbirth has not been part of the mainstream discourse about pregnancy in England. Although there is evidence of increased visibility in general public and policy discourses it is still true to say there is a great deal of cultural silence around these topics particularly in the context of pregnancy planning. The primary aim of our essay is therefore to start to reflect the experiences of people who have undergone a range of different types of pregnancy loss in current models of pregnant embodiment and intercorporeality. We conclude the essay with a discussion of the implications that our reconceptualization of intercorporeal pregnant embodiment has for intersectional analyses of pregnancy loss.

2. Pregnant embodiment and the metaphysics of pregnancy

In this section we provide an introduction to feminist conceptualizations of pregnant embodiment starting with the work of Iris Marion Young. Young’s scholarship is considered a “turning point in feminist theories of pregnancy and motherhood” because she attempted “to articulate a balance between what she called the ‘Humanist Feminism’ of Beauvoir and the ‘Gynocentric Feminism’ of Irigaray, Kristeva, and others” (Oliver 2010, 763). Young wished to emphasize pregnancy as a way of being in the world and her work encapsulates the vagaries of pregnancy in terms of how a woman “experiences her body as herself and not herself” (Young 1984, 46). In her writing she emphasized the subjectivity and agency of the pregnant woman: “[who] experiences herself as a source and participant in a creative process. Though she does not plan and direct it, neither does it merely wash over her; rather, she is this process, this change” (Young 1984, 54). Young’s idea of the transformation of the pregnant woman has proven generative for feminist theorizations of pregnant embodiment across several decades.

That said, underpinning understandings of pregnant embodiment are different metaphysical accounts. In this article we argue in favor of an intercorporeal understanding which we think best accounts for the experiences of the women in our study. Intercorporeality can be contrasted with the “fetal container” and “parthood”

models. As Ann Cahill has argued, intercorporeality is a model of pregnancy that usefully shifts us away from an individuated understanding of how we might conceptualize the relation between pregnant woman and fetus. In doing so, it provides feminists with an alternative to an understanding of reproductive rights that is underpinned by notions of autonomy and individualization such as the “fetal container” model (Cahill 2015). Unlike the “parthood model”, the intercorporeal model seeks to give more of a constitutive role to the existence and development of the fetus in defining the co-affective interrelation between pregnant body and fetal body.⁶ Put simply, fetuses may be “part of” the “physical” pregnant body but they may also have a transformative “embodied” effect upon it. The intercorporeal model is a *relational* conceptualization of pregnant embodiment that takes into account the “extraordinary physical enmeshment” of the fetus and its mother, and the emotional “intimacy” of gestation (Little 1999, 299, 305). Embodiment is transformed by the experience of pregnancy, it does not return to the way it was before, and this is regardless of the outcome of that pregnancy. Before going on to discuss in further detail intercorporeality, and our arguments for the extent to which understandings of embodied liminality might further this, we will first outline both the “fetal container” and “parthood models.”

The fetal container is “a particular metaphysical model” which “permeates cultural practices surrounding pregnancy” in industrialized nation-states especially in the domains of medicine and commercial surrogacy (Baron 2019, 492; Kingma and Finn 2020, 358–59). As many scholars have argued, the conceptualization of a pregnant body as a “fetal container” imagines the fetus and pregnant woman as metaphysically and ethically distinct entities (e.g., Purdy 1990; Pande 2010). Baron argues that this model is problematic both in the extent to which it “constrains our moral analysis,” and can result in actions that are dismissive of the pregnant woman’s agency, as a result of what Little describes as overlooking the “thorough-going intertwinement” involved in pregnancy (Little 1999).

Elselijn Kingma also argues against this “fetal container” model, stating that “embryos/foetuses are a proper part of the pregnant organism, like organs, tissue, blood or any other body part” (Kingma and Finn 2020, 358). In an influential body of work on the metaphysics of pregnancy, the fetal container model is contrasted with the concept of “parthood” (Kingma 2019; Kingma and Finn 2020). Kingma takes her cue from feminist work that foregrounds enmeshment rather than physical separation between the maternal body and the fetus, for example, citing Iris Marion Young “who describes the fetus as ‘part of me’” (Young 1984, 50). For Kingma, and the growing body of work following her thinking, the parthood model is a more accurate way of conceptualizing pregnancy, pregnant embodiment, and the maternal–fetal relationship. Kingma prefers the Danish word “foster” over the English word “fetus” and notes that, in elaborating her conceptualization of the foster as a part of the maternal organism, she is “deliberately noncommittal about the precise spatial and temporal boundaries of fosters, and whether zygotes are fosters” (Kingma 2019, 611). Such blurriness directly challenges the idea of the host and fetus as two separate entities as they are articulated in the fetal containment model. Kingma’s argument for the parthood model also emphasizes how the notion of two separate entities is a misunderstanding of both biological processes and metaphysical argument. She subsequently imagines “the part-of relationship [as] antisymmetric” (613), an aspect of her theorization that coincides with some of our findings. For our purposes, the parthood model does not account for aspects within parent/fetal relationships that are defined by a sense of “self” and “other,” that is, by how a pregnant person may define themselves with reference to the fetus or baby. This

integrated self and *relational* understanding of pregnant embodiment can, we argue, become transformative of a person's sense of subjectivity. Therefore we turn to intercorporeal understandings of pregnancy and post pregnancy which we feel better account for our findings.

The notion of pregnant embodiment as predicated on a pregnant person's co-constituting relationship with the fetus or "corporeal intersubjectivity" (Cahill 2015) is central to the intercorporeality approach. Victoria Browne understands this as a strong type of "subpersonal" relationship "in which individuals are constituted by the unique set of relations they have with others" (Browne 2016, 393). Browne's work is germane to our thinking about pregnant embodiment for several reasons. First, she, like others, critiques feminist philosophy for assuming a live birth and largely ignoring the range of possible outcomes, including miscarriage and stillbirth (Browne 2016, 386; Browne 2018, 34; Browne 2023). Second, Browne's work underscores "the variability of the lived relationships that accompany gestation" (2016, 399), something which is in evidence in data from our own study (see, e.g., Fuller et al. 2018) and which is illustrated in the second half of this essay. Third, she further suggests that the intercorporeal model "foregrounds the dependence of the pregnant subject upon the foetal body as much as the foetal dependence upon the pregnant body, affirming the passivity and contingency that inhere as ontological features of all pregnancies . . . regardless of its ultimate outcome" (34). In drawing attention to passivity and contingency "as structural realities . . . within pregnancy" (37), Browne seeks to disrupt the linear and future-oriented temporality of pregnancy bound up in Young's work.

In this article we wish to nuance this intercorporeal understanding further by returning to this temporal aspect and in particular considering further what we describe as "embodied liminality" in the context of reproductive loss. Analysis of our research data demonstrated that pregnancy can be understood as an embodied liminal experience (Kuberska et al., 2020) but importantly for the arguments outlined here, this liminality is not undermined by outcomes that do not result in live birth. Victor Turner (1967, 1969, 1974), building on Arnold van Gennep's three key stages in rites of passage with liminality occurring at the middle stage, described this middle stage as the point of being "betwixt and between" or "on the threshold" (1969). In other words, the liminal state in Turner's understanding is unlike both what came before and what comes after. Building on Turner's work, Alison Reiheld describes miscarriage as a liminal event (2015). Browne has argued that continuing to draw from Van Geppian-influenced "rites" models

can end up reinforcing presumptions that childbirth is ultimately the whole point of pregnancy and its only guarantor of meaning. It implies that even if we view pregnancy as a creative or generative mode of being not-quite-one-thing-or-another, its ambiguity is ultimately a *temporary phase* (rather than an inescapable aspect of intercorporeal existence) that would ideally be resolved through birth/motherhood as a purportedly "stable" event or "clear" end-state of being. (Browne 2023, 107-8)

Browne here makes an important and powerful intervention. Her work highlights the value of theorizing pregnancy in and of itself rather than with a view to outcome alone, or indeed an over-emphasis on outcome. Both liminality and ambiguity can continue after a pregnancy ends regardless of outcome. Further, Browne's critique of reproductive futurism rejects an account of the present founded upon normative assumptions about

“the child” as part of a teleological vision of the future (2023, 4–5, 8–9). In doing so, she makes a case for other ways of conceptualizing and relating to futurity, and other ways of being in relation to reproductive loss. Browne does not discuss the ongoing relations that people might have to their imagined children/babies after a reproductive loss, but such accounts, we would suggest, expand an understanding of how the meaning making prompted by a pregnancy loss can continue to shape a person’s sense of self, as well as notions of intersubjectivity and relationality (see also Middlemiss 2024). “What remains” and the ongoing engagement with it is a distinct form of intersubjective sense making. We think this insight also sheds light on Browne’s question: “If pregnancy is not to be understood simply as the retrospective or prospective ‘past’ of a ‘mother-and-child’, then what kind of ‘present’ does it embody or enable?” (Browne 2023, 109).

3. Cognitive linguistic views of embodiment

In order to understand this situation in a more nuanced way, it is useful at this point to draw on cognitive linguistic views of embodiment, which emphasize the role of the body in human thinking, including abstract thinking. In doing so, we are able to foreground the importance of symbolic language, specifically metaphor and metonymy, in people’s articulations of their experiences of pregnant embodiment but especially in relation to abstract and material ideas about “what remains” after a pregnancy or baby loss. According to cognitive linguistics, much of the way in which human beings process abstract concepts reflects the ways in which they interact with the physical world through their bodies. The language that we use does not describe or reflect an objective reality but is intrinsically linked to a human-centred perspective on the world and the ways in which we interact with the world through our bodies. People’s intuitive, felt, phenomenological experiences of their own bodies shape large portions of thought and language. In other words, “people’s subjective, felt experiences of their bodies in action provide part of the fundamental grounding for language and thought” (Gibbs 2006, 9).

In cognitive linguistics, the idea of embodied cognition has been extended to include metaphorical thinking (Gibbs 2017; Littlemore 2019). In other words, basic bodily experiences and bodily interaction with the world have been shown to serve as a basis for the ways in which people think about and communicate about abstract concepts and emotions. Abstract content is related to more concrete referents via metaphor. For example, “affection” is understood in terms of “warmth,” “difficulty” is understood in terms of “weight,” and “importance” is also understood in terms of “weight.” The field has provided extensive empirical evidence for the idea that people make systematic use of metaphors such as these to reason about abstract concepts and emotions (e.g., Ackerman *et al.* 2010; Kouchaki *et al.* 2014; Meier *et al.* 2007). This evidence comes not only from studies of language in use (Akpınar and Berger 2015) but also from behavioral studies (Zhong *et al.* 2010), and neuro-imaging studies (Lacey *et al.* 2012).

However, much of this work is underpinned by an understanding of “embodied” metaphors as universal as if they draw on pan-human experiences of the body. More specifically, much of the scholarship is predicated on a male worldview and on assumptions about white, cisgendered male bodies (Littlemore 2019). If we understand gender as socially constructed and attend to the experiences and language of people who identify across a range of genders, then the interaction between gender and embodied metaphor is likely to be far more complex. There is certainly a need for a broader range of viewpoints and intersectional analysis when considering embodied metaphorical experiences within the field of cognitive linguistics. That project is beyond the scope of

what we can achieve here on the basis of one multi-disciplinary research project. Nonetheless, we trust that this article demonstrates how an analysis informed by both embodied metaphor *and* feminist philosophies of embodiment can begin to address some of the complexities of bodily experience in relation to pregnancy loss and stillbirth.

The notion of intercorporeality discussed above also presents interesting challenges to theories of embodied cognition and embodied metaphor as it cannot easily be fitted into a single category of experience. When a person is pregnant or when they have experienced a pregnancy loss, they often have to juggle several, often conflicting, identities and narratives. During the pregnancy itself, they are both “one” or “two” and after the loss they are both a parent and a bereaved person. The latter is often the most difficult to articulate. As such, these ambiguous liminal identities are very likely to shape the way in which a person processes their experiences through embodied metaphor.

In our exploration of women’s experiences of pregnancy loss below, we focus on the embodied metaphors that people use to describe their experiences. We also explore how these metaphors fit into, and are shaped by, the narratives that the women develop. This reflects our belief that a fuller understanding of the experience of pregnancy loss can only be reached by taking account of the viewpoints of the people who have experienced it (and the variety of experiences that they reported); how they lived it; the context within which it occurred, and how they dealt with it, and the ongoing relations in its aftermath. Focusing on their use of embodied metaphor helps to provide nuanced insights into these experiences.

In so doing, accounts of pregnancy and pregnancy loss also present a challenge for linguistic explanations of embodied metaphor because the experience of pregnancy is an embodied metaphor *par excellence*. The attachment that a parent has to their fetus is experienced both on a physical level and on an emotional level, and the physical experience plays a large part in shaping the emotional experience. The untimely ending of the *physical* attachment that occurs in pregnancy loss is unlikely to co-occur with a correspondingly untimely ending to the *emotional* attachment that they have with the fetus nor can it override or erase the extent to which this is a transformative experience. This presents a challenge to our understanding of how embodied metaphors work because in previous scholarship a relatively straightforward one-to-one correspondence between the physical experience and the metaphor that it underpins has always been assumed. However, if we can grapple with this challenge head on and identify what happens to the emotional attachment that people have with the fetus following pregnancy loss, paying particular attention to the ways in which they express this continued attachment through metaphor, we will reach a more nuanced understanding of how this embodied metaphor works in this complex situation. Furthermore, by exploring the variety of ways in which people express their experiences of pregnancy loss through metaphor we will also extend the intercorporeal model, making it better able to explain the myriad experiences of pregnancy loss, and open a space for explanations of how interactions with “what remains” are ongoing.

By focusing on the different ways in which people understand and perceive their bodies, we believe that an extended version of the intercorporeal model can account for different types of pregnancy loss and different emotional responses to pregnancy loss. By focusing on the different ways in which people interact with “what remains,” we believe that an extended version of the intercorporeal model can account for how pregnancy loss can transform our understandings of intersubjectivity. When intercorporeality is understood to extend through time and space, and relationality is not confined to the duration of “being pregnant” nor specific accounts of post birth intersubjectivity,

pregnant embodiment, specifically in the context of pregnancy loss, becomes a more generative concept. This leads to a more flexible model of pregnant embodiment that is also capable of encompassing bodily differences. Analyzing the metaphors within the narratives that people in these situations produce also has the potential to further our understanding of embodied metaphor itself, as it pushes at the boundaries of the types of human experience that are commonly studied using this approach.

4. “Come ON body, move on!” Accounts of pregnancy loss and embodiment

In the Death Before Birth project interviews, there are a range of ways in which people talk about and understand the pregnant woman/fetus or pregnant woman/baby relationship and their experiences of embodiment. We believe that one way of understanding the variation is in terms of clines from separateness to togetherness.

4.1 Bodily entanglements: together/separate

Participants in our research project offer vivid accounts of their experiences of pregnancy loss and stillbirth that illustrate many of the complexities discussed above. The range of accounts directly informs our engagement with the intercorporeal model. In her articulation of the model, Cahill maintains that pregnancy is “transformative” of the pregnant subject, that is, identity is “always under construction” whether the pregnancy is desired or not and regardless of the “outcome” (live birth, loss, termination). She argues that all experiences of pregnancy “involve an irreducible and corporeal intersubjectivity [that] indelibly mark a person’s identity” (Cahill 2015, 57). This idea is compelling because it extends the notions of pregnancy as a co-constituting relation between fetus and parent to experiences of wanted and unwanted pregnancy, miscarriage, termination, and stillbirth. Developing this further, our interviews also include women describing bodily disassociation and an absence of relationality as part of their pregnancy loss experience. For example, Clare, who had a termination due to fetal anomaly, described how the lack of physical cues (“I never felt any kicking”), meant that she didn’t personify the fetus as a baby nor did she understand it as part of her own body: “I think because I never felt anything kicking—I still don’t have that experience that they were a baby in me. . . . but then there wouldn’t be another word . . . there is no other word and I wouldn’t want a word to be created.” For Clare, there was no word or phrase that adequately described her experience of pregnant embodiment and she was resistant to the idea that one might be “created.” She may, perhaps, have been expressing resistance to the language and images employed within mainstream bereavement discourses in England that use personification and zoomorphism (e.g., angels, butterflies) to acknowledge the lost fetus or baby in terms of a separate, animate being. She may also be expressing an “ontological position . . . on what it was which was lost” (Middlemiss and Kilshaw 2023). That is, Clare’s refusal to label her pregnancy experience might be an expression of a liminal state of being in which she was neither not pregnant nor a parent—and she declined to bring that liminality into experience and into the social world through language.

Many women talked about the pregnant body as if it were a separate (but associated) agent with physical capabilities and cognitive capacities. So, in their remembered accounts of their pregnancy and pregnancy loss, women variously described the body as capable of “growing” (a baby or fetus), of “realizing,” “failing” and of “keeping hold” (of a baby). Interviewees often referred to their body in the third person; and, less

frequently, addressed it in the second person. There are many examples in our interview data of women attributing agency to the body and then “blaming” it for the miscarriage. As Carly, who had a miscarriage at 12 weeks, expressed it: “My primary feeling, the first feeling, was that my body had failed me totally.” Later, recalling her feelings after the miscarriage, Carly said: “There is a whole range of emotions from feeling really angry with my body and myself not knowing that it was happening and for my body for letting me down.”

Carly links an image of a Cartesian-style mind/body binary with the memory of her experiencing “a whole range of emotions,” but it is as if her body remains separate from these feelings. While the feminist notion of emotion as a form of embodied knowledge offers agency to some women’s experiences of pregnancy loss, here, it is clear that Carly’s emotions of anger and frustration were an expression of disassociating her bodily experience from affect and from her comprehension “that it was happening.” This sense of betrayal by your own body, as Clark Miller notes offers “a twisted inversion of agency, delivering the unsettling impression of being undermined by one’s own body” (Clark Miller 2015, 149). In fact, Carly underlined that disassociation when she went on to articulate her frustration with the longevity of her physical recovery from the miscarriage by imagining herself addressing her body directly in the second person: “so I was like come ON *body* move on . . . !”

Carly’s sense of separateness from her own body is at one extreme of the cline of separateness-togetherness. At first sight, her experience of dissociation appears to be at odds with a notion of bodily integrity that underpins the concept of embodiment. However, according to Lakoff and Johnson (1999), cases of inner conflict such as these would be viewed as instantiations of the “social self” metaphor, where a person is divided into a “Subject” and one or more “Selves.” Here the subject is in a somewhat adversarial relationship with one of the “selves.” They go on to argue that

there is not one Subject-Self distinction, but many. They are all metaphorical and cannot be reduced to any consistent literal conception of Subject and Self. Indeed, there is no consistency across the distinctions. Yet, the multifarious notions of Subject and Self are far from arbitrary. On the contrary, they express apparently universal experiences of an “inner life,” and the metaphors for conceptualizing our inner lives are grounded in other apparently universal experiences. (Lakoff and Johnson 1999, 278)

By using a metaphor in which she attributed conscious intentionality to her body (which is presented as one of the “Selves”), Carly made a claim about how she understood her own subjectivity after the experience of pregnancy and pregnancy loss. She expressed how her experience of pregnancy loss changed her sense of self (possibly temporarily) and how she needed her body to “move on” into a future state where, she implied, integrity might be restored. This is illustrative of the extent to which pregnancy is transformative of the subject even when a pregnancy loss is not understood in terms of an intersubjective relationship with a lost baby.

On the opposite end of the separateness-togetherness cline, some women in our dataset expressed a type of asymmetrical co-constitutive relationship with a fetus. Articulations of togetherness include, for example, women’s descriptions of relationships with an unborn baby. Carolina and her partner were faced with a difficult decision about terminating the pregnancy when they learned that their baby was severely hypoplastic, and would not survive the birth. In fact their baby died in utero, ultimately

preventing them from having to make this decision. When narrating the experience of becoming aware that her daughter had died in utero, Carolina communicated a strong expression of corporeal intersubjectivity:

Saturday evening. I just remember feeling very sort've very strong kicks from the baby and I didn't say to my husband at that point but I I sort've knew she'd gone. I'd kind've thought she's ma- that was ... I don't know how I knew I just had a very strong feeling that she'd gone. ...

in a way it was a bit of a relief really that she had sort've taken the decision out of our hands um and I was glad that she that she died peacefully with me. And we knew when she'd gone you know I said to my husband sort've later. I said to my husband I was pretty sure that she had on that Saturday night ... and kind've you know in a way I sort've think it's nice to have had that two weeks with her where I knew that she wasn't gonna survive but I could you know, I felt like I could talk to her and comfort her.

As Carolina begins to talk about the Saturday evening when she realized that her daughter had died in utero, she refers first of all to bodily knowledge (the lack of “very strong kicks”) which informed her “very strong feeling that she'd gone.” Although Carolina registers a difference here between her own living body and the dead body of her daughter, she goes on to extend their intimate, bodily connection through attachment personification (Ho 2020, 10). She attributes full agency to the unborn baby, explaining that “she had sort've taken the decision [about whether to terminate the pregnancy] out of our hands,” but also reaffirms their relationality through the idea of spending time with the unborn baby: “I could talk to her and comfort her.” Even during the process of the baby dying then, there is an understanding of physical and emotional intimacy experienced within the body, combined with an imagined, interactive, and intersubjective relationship of the type that would have taken place if her daughter had been born alive and had a childhood.

4.2 Relationality and continuing bonds

How embodiment is experienced and understood seems not to be dependent on the length of gestation, nor on the reason for the pregnancy ending, nor on the length of time that has passed since the pregnancy or baby loss. Pitt *et al.* conceptualize three different stages of embodiment after learning about an unborn child's diagnosis as “threatened pregnancy embodiment,” “in-between embodiment,” and “post-termination embodiment” (Pitt *et al.* 2016, 392). These stages could be understood in terms of chronology or temporality but might more fruitfully be understood by reference to intersubjectivity. Indeed, for many of our interviewees a sense of chronological time was disrupted by loss and grief. As they reached for language to express that temporal disruption they often also employed metaphors that indicated their sense of “what remains” when a pregnancy or baby loss occurs. For example, a recurring metaphor in our data from bereaved parents was “you carry your baby in your heart,” an image which articulates an embodied intercorporeality that continues beyond death and which extends through time and space. As a support worker from one of our partner organizations who had experienced a stillbirth decades prior to the interview put it: “your baby lives on in your heart and time seems irrelevant.” There is an affective and

sentimental power to this metaphor, of course, but as an expression of thought it is also powerful because it moves us out of the polarization of life and death, and it enables us to “think death differently” (Browne 2016, 392). Browne engages with a relational ontology to argue that, while death is not substitutable, it does belong to others not just to the person who dies (390). The set of relations and attachments that constitute a subject are identifiable not just for a person who lives a life but also for those who do not (McCarthy and Prokhovnik 2014). Women in our dataset expressed this very clearly, as Carolina put it: “Yes, she didn’t take a living breath but she was our child and she always will be you know? She’s our first daughter.”

“What remains?” for parents who have experienced a pregnancy loss or stillbirth is sometimes a strong sense not only of a continuing social bond, but also of an intersubjectivity that may be represented by (and felt to be present in) the material remains. Since our research project was an investigation into the choices and decisions that parents made about the disposal of fetal and bodily remains, we asked participants about funeral and cremation arrangements, memory-making practices, and any rituals they may have adopted. Thus, across several stages of our primary research, we heard accounts of actions taken after a miscarriage, termination for fetal anomaly, or stillbirth, from different perspectives. As a team we kept commenting on the ways that the ashes were talked about and understood as an actual, material entity but were, in fact, not always traceable, identifiable, or collectable. We were also struck by the way that many bereaved parents used symbolic language about ashes, including metonymy, which reified the ashes so that they came to represent the lost baby. We believe that the use of metonymy and the practices employed with and in relation to the ashes, buried remains, and material objects associated with the lost baby (e.g., locks of hair, teddy bears) articulate forms of relationality. Some of these examples suggest how we might extend the intercorporeal model of embodiment beyond death and loss and through time and space. While the phrase “the remains” implies separation from the body, parents often expressed relations *to* the remains and, in some cases, ways in which the remains related *to them*, which disrupt the idea of bodily separation.

In England, parents often wear an item of jewellery that symbolizes their lost child. Worn on the body, a necklace, bracelet, or ring can connote, through physical proximity, both intimacy and the continuing social bond between a parent and baby (Middlemiss 2024; Fuller and Kuberska 2022; Layne 2000).⁷ When the jewellery contains some of the ashes, the relationship between the parental body and the remains become physically adjacent in a literal sense, but how the relation to the remains is understood can be complicated by the knowledge that the ashes contain mixed materials. Jay, who had a stillborn baby at 35 weeks, explained how she wanted to have a necklace made but she was reluctant to send a portion of the ashes away to the jewellery maker:

But they’ve [the ashes] just sat in the drawer upstairs and I can’t bear to part with them, in a way, it’s like “where would I scatter them?” It’s quite hard to take a spoonful and put it in the post somewhere ’cos I feel like mmm it’s really weird, the feelings you have are really irrational? It’s like the ashes and they’re most of it is probably the casket and things but the thought of taking a spoonful of her body away and I don’t know it’s just symbolic. It’s a symbolic thing isn’t it really? Like you have all sorts of weird weird feelings about it.

Jay construed the ashes in multiple ways: metonymically, they are her baby and thus she wants to keep the ashes together; materially they are mixed matter and therefore not

only the remains of her child. Notwithstanding both of these, Jay understands that there is a socio-cultural imperative to perform some type of ritual with the ashes (but she doesn't know where to scatter them). Jay articulated this complicated understanding of her daughter's remains as "irrational" and "weird weird feelings" because we do not have conventional language for this situation of multiple construal in British English and she wanted the interviewer to know that she understands that these various ideas and feelings do not—at least superficially—appear to make sense. But as Jay narrated her connection to the ashes she was very effective at expressing how her sense of relation to her daughter is at once predicated on their bodies being separated (after labour and after cremation), yet also on their bodies (in their changed states) being physically proximate in space. Jay's account of her experiences sharply emphasizes how continual interactions and intersubjectivities can be.

Construing the ashes in multiple ways was not unique to parents who had experienced a stillbirth. Priti, who had a miscarriage at 21 weeks, echoed some of Jay's "weird feelings" when she said, "his ashes—so it sounds ridiculous really—his ashes are sitting on the sideboard. I mean, you know how mundane that is?" Similarly, Steph, who we cited in the introduction, also emphasized the banal aspect of treating the ashes as a person who is part of an everyday domestic reality when she told us, "We take her upstairs, we take her downstairs." She had experienced similar mixed ideas about the material and symbolic status of the ashes to Jay: "I was struggling with that ashes concept because online it was saying you won't get much ashes? So I had to find a really small urn" and "how would I know that the ashes that I get back would be hers?" Accepting the received ashes as her daughter's/as her daughter, Steph made her part of her home life.

Continuing bonds among parents and child were not only expressed through a reluctance to part with the remains. Hariette, who had a miscarriage at 13 weeks, scattered her son's ashes in a place that was meaningful to her and her partner in order to enable her son to be part of an imagined future family: "we wanted to go and visit him at the park and hopefully in the future have other children and take them to the park which we do now." For some parents, spatial separation from the remains caused anxiety. What if they moved away from the special place where ashes were scattered, or from the crematorium with the memorial garden, or from the domestic garden where they had planted a remembrance tree? For one parent who had chosen burial over cremation, the experience of relationality was especially intense. Deb explained how she continued to attribute physical sensation to her buried stillborn baby's body and, at first, she worried that he would be cold, so she went and sat by his grave:

I hadn't given him any socks and I just remember sitting by his grave all through the winter just wanting to dig him up, 'cos I wanted to put his socks on and that the kind of motherly instinct just doesn't doesn't go away and I wish somebody'd talked to me about the difference between cremation and burial in England because of the seasons we have like, they, I can't tell you how awful it feels every winter when he gets covered in leaves and covered in mud and 3 inches of snow on top of him.

All of these examples express some form of relationality although they express it in different ways since separation between the mother's body and the baby's body is variously construed and the role played by space and time in how connections are experienced clearly differs. But not everyone in our study understood the remains or ashes in these terms of continuing connection or intersubjectivity. Not everyone

attributed meaning to the ashes let alone understood them as a family member or metonymic for their baby. As Alice, who had a termination due to a fetal anomaly put it, “you know you try and remember the good bits and I certainly didn’t want ashes or anything like that . . . having something tangible isn’t going to make it different for me.”

There is no direct correlation in our data between the length of gestation (and timing of the pregnancy or baby loss) and parental construal of corporeal intersubjectivity. However, when a parent held religious beliefs these did appear to inform—indeed to frame—their understanding of their relationship to their baby after pregnancy loss. Our sample included practicing Muslims and Christians who variously spoke about consulting their faith leaders, Islamic scholars, and faith community members for guidance about decisions to terminate, advice about funeral arrangements, and for bereavement support. For these parents, relationality and intersubjectivity extended beyond immediate family to their faith communities and beyond death to an after-life. Noreen, for example, spoke about how her prayers always include her son who was diagnosed at 15 weeks’ gestation with Patau’s syndrome: “Whenever I pray I always thank god for all the good things in my life and I also say to him look after our little boy who’s up there with you?” As a Muslim, Noreen believes that her child is being cared for and that she will be reunited with him when she dies: “he’s with all his relatives it’s like with my side of the family my husband’s side of the family they’ve got them looking out for him and it’s just that knowing that when the time is right we’ll all be together?” Similarly, Rachel, who identified as an evangelical Christian, keeps her son, who was diagnosed with Edwards’s syndrome and who was stillborn at 41 weeks, in her daily prayers. She noted that what sustained her and husband through the experience of baby loss was “the hope of heaven. If the reality of heaven was not there what’s the point?” Both women understand their child as a separate being now existing in a different realm from themselves. They both visit their baby’s graves and understand these sites as symbolic (but not metonymic) of their lost family member.

Attending carefully to the symbolic language used by interviewees to talk about their experiences of pregnancy loss and stillbirth not only underlined the variety of peoples’ experiences, but also some of the complexities. In particular, these complexities can be seen in participants’ ideas about their body, about what remains of their lost child or fetus’ body, and how the relation between or entanglement of these is articulated in relation to time, space, and domestic or familial contexts. How people understand and express these complexities can also be inflected by religious beliefs.

While the interview accounts we have analyzed here are all from cisgendered women living in England, we believe that the analytical implications of employing embodied metaphor and the theoretical potential of engaging with a model of extended intercorporeal pregnant embodiment go beyond the parameters of this specific dataset. We discuss some of these potentialities below.

5. How metaphor moves us: towards more plural conceptualizations of pregnant embodiment

In this article, we have argued for the ways in which our understanding of intercorporeality can be furthered by engagement with cisgendered women’s accounts of their experiences of pregnancy loss. In particular, we have demonstrated the importance of embracing understandings of “embodied liminality”—an intercorporeal and relational account of pregnant embodiment that is inflected by the wide range of experiences of pregnancy and baby loss that our interviewees shared with us as they

reflected upon “what remains.” We have shown how an analysis informed by both embodied metaphor and feminist philosophies of embodiment can begin to address some of the complexities of bodily experience in relation to pregnancy loss and stillbirth. Our mode of analysis acknowledges that accounts of experience are always mediated through language. How and why people use symbolic language like metaphor and metonymy is a complex topic, but several contexts specific to our research project should be noted or reiterated here. All the participants in the Death Before Birth project shared the specific cultural and linguistic contexts of living in England and speaking English, even though for some people it was not their first language. Second, there is still a cultural silence in England around the topics of miscarriage and stillbirth even though they are experiences that, in the second decade of the twenty-first century, were more sensitively represented in newspapers and in popular culture like television soap operas. Notwithstanding these signs that social taboos are breaking down, miscarriage, termination for fetal anomaly, and stillbirth are not experiences that are readily discussed and thus finding the words to articulate what is often felt to be an inexpressible experience can be a significant challenge. Third, people shared their words with us during interviews where their stories were elicited through an open prompt to begin talking about their experience however they wished, and they were explicitly invited to reflect on their feelings if they felt comfortable doing so. Fourth, all the participants in our study had made some contact with the support agencies who were partners in our project. Those support agencies employ language and practices that are part of a discourse of pregnancy loss and bereavement, and so, as we have explored elsewhere (Fuller and Kuberska 2022), how people articulate and narrate their experiences and understanding of a pregnancy ending, of loss, and of grief, can be informed by that discourse. Thus, when we state that experience is always mediated through language, we want to signal how complicated the contexts of mediation and of communication can be.

We have deliberately, and insistently, dwelt on the metaphorical language that participants in our project used to describe their experiences, precisely because there is a dearth of conventional or everyday language with which to narrate those experiences. When they find the words by reaching for symbolic language, it provides us as scholars with a different way of thinking about the embodied, emotional aspects of the experience described. The interviewees turned to metaphor when they wanted to express more complex or emotionally intense dimensions to their experiences. Moreover, the flexible nature of metaphor allowed speakers to express contradictions within their experience because metaphorical language can hold contradictions in a way that non-metaphorical language cannot. Women whose words are quoted in this essay, for example, sometimes used metaphor to draw attention to contradictions in their thinking or conflicts of emotion, rather than seeking to resolve aspects of their experience or emotions that might appear to be “illogical.” These moments, and the language interviewees used to convey their relationship to their baby, prompted our rethinking of how to conceptualize pregnant embodiment.

The expansive conceptualization of intercorporeal relationality that emerges from our discussion challenges linear, time-limited understandings of pregnant embodiment and intercorporeality, as well as those like the “fetal container” model which are underwritten by the notion of two, separate entities, one “incubated” by the other. We have contested the idea that parental/fetal relations end with the miscarriage or stillbirth, and we have argued that the relationship is not only about social bonds and emotions, but can also be understood as intersubjective and embodied. We have also indicated how pregnant embodiment might be retheorized to integrate multiple and complex

ontologies. The experiences expressed by the women in our study disrupt Eurocentric notions of the polarization of life and death, one that depends upon a clear-cut distinction between those states of being. In some of the accounts we have analyzed in this essay, corporeal intersubjectivity does not depend on both parties being alive in the conventional sense of living and breathing in the social world. Changed states of being—ashes understood not as inanimate matter but as something akin to a person, for example—were accommodated into people’s understanding of what remained after the physiological entanglement of pregnancy ended. Relationality was also an aspect of what remained after the experience of pregnancy loss, and for some people this was expressed in terms of both emotions and through physical proximity either to ashes or to ritual objects associated with the lost baby or sitting by a grave, for example. Moreover, the relational aspect of intercorporeality is not always confined in these accounts to the once-pregnant person but is understood as experienced by other family members as well. All of these factors challenge linear, time-limited understandings of pregnant embodiment by reference to particular outcomes. To reiterate: the disruption of life and death as polarized states occurring in linear time; social and emotional bonds that continue beyond the moment of loss; and an intercorporeal relationality that is not dependent on living persons, and which might involve a web of familial and/or other social relations within which the non-living being is part of present time. These experiences cannot be mapped onto, nor contained by, a linear notion of time nor by normative Eurocentric ideas about when a life begins and ends.

In terms of the potential that our extended model has regarding whose bodies and experiences it could recognize, we would like to suggest that not only is this a model that helps to elaborate the complexities within the experience of pregnancy loss, but also across the range of experiences and bodies that live out pregnancy loss. For example, this model might mesh with a more intersectional analysis of pregnancy loss and of how decisions and choices are made about burial, cremation, and memory-making practices. Although our study focused on a relatively narrow demographic, both the theoretical model and the methodology that we have employed in this study could be used to explore experiences in other nation-states and language settings. For example, anthologies of creative writing and non-fiction such as *What God is honored here?* (Gibney and Yang 2019) make public experiences that are very differently situated both geopolitically and socio-culturally from those lived by the research participants in our project. Crucially, however, the poems and life stories in the collection draw upon symbolic language to express what cannot be said in everyday language, reminding us, once again, about the importance of paying close attention to metaphor and metonymy.

Additionally, the methodology of metaphor analysis and attention to embodied metaphor might be employed to explore a range of gendered embodied experiences of pregnancy loss and stillbirth. The extended model of intercorporeal pregnant embodiment we have elaborated here does not depend on a homogeneous cisgendered notion of the pregnant body, rather, we would suggest that trans bodies, and genderqueer bodies might also be understood within a web of relations and within a non-linear idea of time. While elaborating her concept of “suspended time,” Browne points out that “when the projected endpoint of birth does not materialize . . . the teleology unravels,” with what can be “profoundly unsettling effect” (Browne 2022, 448–49). Like Browne, we seek to disrupt the ways that temporality is often understood within theories of pregnant embodiment. In this article, we have demonstrated that the co-constituting relationality of the intercorporeal model is not dependent on a live birth. Moreover, as we have argued elsewhere, we recognize that the grief experienced in

relation to baby and pregnancy loss is non-linear and that “the temporality . . . of . . . bodies becomes radically destabilised” (Turner *et al.* 2020, 31). As this brief discussion suggests, our own understanding of intercorporeal pregnant embodiment (embodied liminality) aligns with many aspects of Browne’s model. However, while cognizant of the challenges of reproductive futurism we also wished to illustrate the extent to which “embodied liminality” in the context of pregnancy and loss can also be illuminating. Listening to the symbolic language used by the people who shared their experiences with us, we can see how they understand liminality or “in-betweenness” in various ways: as a social identity of “being a parent-not being a parent,” for example, or as a physical and affective state where they are living in a transformed body from which they experience disassociation.

When people reach for metaphor in an effort to express their understanding of a complex experience like baby and pregnancy loss it is usually because everyday language is inadequate. As the participants in our project employed symbolic language to help them articulate their lived experiences, they not only encouraged us to listen very carefully, but also to think more deeply about concepts of time, bodily boundaries, and social relations. Their words conveyed a multitude of responses to the idea of “what remains” which provoked our rethinking of feminist theories of pregnant embodiment.

Notes

1 Steph is a pseudonym. All the research participants quoted in this essay gave consent for the use of their words, had the opportunity to review the interview transcripts, and were able to choose a pseudonym.

2 Throughout this essay we use “parent” to indicate a person who has a social and/or biological relationship with a fetus or child. We have retained the use of “mother” and “maternal” when other scholars employed those terms and when our interviewees did so. We refer to the participants in our research study as women because they identified that way, but otherwise we have deliberately used gender neutral terms.

3 *Death Before Birth: Understanding, informing and supporting the choices made by people who have experienced miscarriage, termination, and stillbirth.* Funded by the ESRC (UK); project number: ES/N008359/1.

4 For further consideration of context and politics see Browne (2023, 16–21) and postscript.

5 Of the 35 participants, 31 identified as cisgendered women who had experienced a loss, three were cisgendered male partners of the female participants, and one was a cisgendered female friend of the bereaved. All participants had completed secondary education, and just over half had an undergraduate degree. Aged between 25 and 40 years old, 23 participants identified their racialization as White, five as Black, and seven as a Person of Colour. These demographics do not map onto those of the population of England at the time of the research study (2016–18), partly due to the use of convenience sampling, but also because of structural inequalities that determine who has the spare time to contribute one to two hours to a research project. We also recognize that the dataset is somewhat unbalanced in terms of gender and experience of pregnancy loss, and this is due to the partially self-selecting nature of the recruitment process. Participants were contacted through three UK-based pregnancy loss charities who were partners in our study. These were: the Stillbirth and Neonatal Death Charity (Sands), the Miscarriage Association (MA), and Antenatal Results and Choices (ARC). We also interviewed people working at all of these agencies, some of whom had themselves experienced a pregnancy or baby loss. In this essay we refer directly to one of these interviews. Although we were able to recruit cisgendered women who had experienced pregnancy loss, there was less response from their partners. We also recognize that, because we recruited our participants through support organizations, our sample is skewed toward those who felt the need for the support that these charities offer. Therefore, their experiences may not be shared by everyone who goes through pregnancy loss, as people’s responses, including grief responses, differ in nature and in strength (Muller and Thompson 2003). The three authors are white, cisgendered women. Two of us are parents; some, but not all of us, have experienced pregnancy loss. One of us identifies as queer. We share English as our first language but with national and regional variants: two of us are English; one of us is Irish. We recognize that our racialization,

level of education, our ease with spoken English and our identification as cisgendered women affords us a considerable amount of privilege within the locations where we live and work. Throughout the project, we strove to address differences in power using feminist research practices including closely attending to the experiences and words of participants; and directly involving participants in some of our research presentations and symposia.

6 We wish to thank an anonymous reviewer for underlining the need to highlight this important point.

7 We examine these material practices in more depth in our article about memory boxes, where we build upon work by anthropologist Layne (2000) and Gibson's conceptualization of "melancholy objects" (2004) (Fuller and Kuberska 2022).

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